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Frieda Fromm-Reichmann's *Principles of Intensive Psychotherapy*

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Notes on Frieda Fromm-Reichmann's biography (Klaus Hoffmann)

As the oldest of three sisters, she was born in 1889 in Karlsruhe. Her father worked in a bank, her mother was a trained teacher and stayed at home. The family belonged to the German-Jewish middle class and was politically quite progressive. Her maternal grandmother played the piano with Clara Schumann, her mother's sister was the famous social democratic writer and politician Helene Simon.

After completing the final examination for university studies in 1907, Fromm-Reichmann started her medical studies in Königsberg where the family had moved in 1893. In 1914, she finished her dissertation on pupillary changes in schizophrenics. The paper was published and is even relevant in present neuropsychiatric research. Her teacher was the famous neurologist Kurt Goldstein. During the First World War, she worked as his assistant in the neurological department of the university hospital in Königsberg. She examined and treated many brain-injured soldiers and published several important papers about neurotraumatology along with Goldstein. They developed a holistic approach concerning psychiatric questions. Later on, Goldstein propagated along with Gelb the network

theory: There is no isolated disturbance of one single neuron, there are different disturbances in different strings - and in an analogous way, one can see psyche and society. Foulkes will later take this theory for his basis for group analysis.

During her work in Königsberg, she used to sit day and night with the severely disturbed patients and discovered that Freud's transference concept became very important for her. Supported by Goldstein, she increasingly studied psychoanalysis and decided to work in psychotherapy and to start a training analysis. The only place then in Germany for structured inpatient psychotherapy was Johannes Heinrich Schultz' Weisser Hirsch sanatorium in Dresden, where Fromm-Reichmann worked from 1920 to 1923. Her training analysis, she started with Wittenberg in Munich (note the time involved in these years!), after his death she completed it with Hanns Sachs in Berlin. She published papers on psychoanalysis in general medical journals. At the same time, the psychiatrist Hans Prinzhorn worked in Weisser Hirsch. He claimed psychoanalysis to be the important basic science for psychiatry (1923) - a thesis Fromm-Reichmann would later on confirm in the US. Prinzhorn is still famous today for the pictures of mentally ill he collected in Heidelberg. In the late 1920s, he left psychoanalysis as it became for him too



positivistic; he became an adherent of Klages' Schicksalsanalyse. In Dresden, he lived with the famous modern dancer Mary Wigman - Fromm-Reichmann will later refer to her experiences with modern dancers in Dresden - and she will introduce dance therapy for psychotics in Chestnut Lodge. It may be that she started to treat psychotic patients psychoanalytically in Dresden. In contrast to Freud's scepticism, Karl Abraham, Karl Landauer, Carl Gustav Jung, Paul Schilder and Ludwig Binswanger started to report their experiences of treatment with these patients in these years.

In 1924, she left Weisser Hirsch, in part because she disliked Schultz and the work with mainly „upper class fools” and founded her own sanatorium in Heidelberg. It was kosher Jewish, and patients stayed there for treatment including milieu work. One of Fromm-Reichmann's analysands was - Erich Fromm. They already knew each other in Dresden, Erich being the friend of Frieda's school friend Golde Ginsburg, later Leo Löwenthal's wife. Frieda and Erich fell in love and married on 16 June 1926 in Heidelberg. Frieda described it this way in 1956: „You see, I began to analyze Erich. And then we fell in love and we stopped. That much sense we had! Erich and I married when I was thirty-six, and we married in the middle of the sanatorium experience.” (1989, p. 480)

Frieda Fromm-Reichmann, as she now called herself, became a full member of the German Psychoanalytic Society in December 1926. In addition to her practice and clinic in Heidelberg, Frieda became quite active in a psychoanalytic group which constituted itself in Frankfurt. From October to December 1925, members of the later Frankfurt Psychoanalytic Institute gave altogether six lectures at the University Teaching Hospital in Frankfurt. Frankfurt thus became one of the first places where psychoanalysis was acknowledged as a science with equal rights (Rothe 1987, p 30).

1933 the Nazis were in power. Frieda Fromm-Reichmann left Heidelberg on 1 July 1933 and went to Strassbourg. There, she continued to see her patients. Being disappointed by the French psychoanalysis of those days, she left France and emigrated to Palestine.

In 1935, she went to the US. „There, Erich

Fromm called Ernest Hadley in 1935 to see if there was work for Frieda in Washington. Hadley was analyzing Dexter Bullard Sr. and asked him if he needed summer help from a German-Jewish immigrant. Bullard at first said no, then changed his mind... Erich opened the door to Chestnut Lodge for Frieda.” (Silver, fax 11.10.1992)

When Frieda came to the US, she was a very qualified psychiatrist and psychoanalyst. The four important men in her life were quite different: Sigmund Freud, whom she seems never to have met personally, was a big inspiration for her theoretical work. Once she was accepted as a psychoanalyst, she followed and published his theories without criticism. Kurt Goldstein was her great neurological and psychiatric teacher who opened for her the doors to the scientific world, but also to J.H. Schultz and perhaps also to the USA.

By contrast, Erich Fromm, at first her analysand, impressed her by his genius. He became one of the strongest internal critics of Freud, whereas Frieda would never have directly criticized any of her idols. Once Erich was gone in the early thirties, Georg Groddeck became quite important: the wild analyst, the chaotic thinker par excellence. The weaknesses as well as the strengths of Frieda Fromm-Reichmann might lie in the fact that she always tried to do both: to work hard, to be scientifically correct and to strive towards genius and uniqueness.

Frieda's Principles of Intensive Psychotherapy (Hedi Haffner-Marti)

In the preface to *Principles of Intensive Psychotherapy* (1960) Frieda Fromm-Reichmann tells us that the work represents an elaboration on a lecture course which had been prepared for publication upon the request of many of her students. In these lectures Fromm-Reichmann addresses herself to psychoanalytically interested psychiatrists, young psychoanalysts and „other serious students of living” (p. VII). Serious students of living - the study of living - I find this a startling definition of the work that most of us that are united here today are involved in. It



points to the core of the philosophical background of Fromm-Reichmann's theoretical and practical work. Like Harry Stack Sullivan, one of the four great teachers to whom she dedicates the book - the other three being Sigmund Freud, Kurt Goldstein and Georg Groddeck - Fromm-Reichmann considers interpersonal relations, the processes that involve or go on between people, as the very essence of human living. She writes:

„Emotional difficulties in living are difficulties in interpersonal relationships... We can understand human personality only in terms of interpersonal relationships. There is no way to know about human personality other than by means of what one person conveys to another, that is, in terms of his relationship with him.” (1960, p. XIV.)

In Sullivan's and Fromm-Reichmann's opinion psychiatry, psychoanalysis, psychotherapy can be defined as the science and art of interpersonal relationships (Fromm-Reichmann 1959, p. 91). But not only psychotherapists are experts in this field. In a truly democratic attitude Fromm-Reichmann points out to a patient how she had grown to be an expert too. The young woman was ambivalent about leaving the clinic. Fromm-Reichman asked her why she was so afraid of an actual ultimate recovery. The patient's response was „to burst into tears and say with great feeling: 'Are you surprised that I am afraid of actually getting well and having to return to live among my family and friends? Remember that, while I have spent eight years in mental hospitals, they have been in contact with the whole outside world. They have gone through school and college, seen new movies and plays; some of them are married and have children. They have followed political developments and all that sort of thing.' The patient's outburst gave [Fromm-Reichmann] an opportunity to point out to her that while she had been hospitalized she had gained a far greater amount of experience and knowledge as to what goes on within and between people than any of her relatives or friends. After all, had she not studied and observed the emotional reactions of and the interplays between herself,

fellow-patients, nurses, and doctors? The patient was startled, she stopped crying and said with a note of happy relief in her voice: 'Hmm? So it is all a matter of having the courage to look at things from the other side of the fence?'" (1960, pp. 129-130.)

Fromm-Reichmann's work *Principles of Intensive Psychotherapy* can be used as a primer on psychoanalytic psychotherapy. Fromm-Reichmann does not presuppose a wide understanding and acceptance of psychoanalytic concepts such as the role of conflict, transference and countertransference or repression. She explains them and puts them in a historical context. All the more it may come as a surprise to many a student, that she neither starts with a description of the psychoanalytic understanding of the therapeutic process nor patients' personality traits or characteristics of their disorders. She begins with the *therapist's part in the doctor-patient relationship*. What are the basic requirements as to his personality and professional abilities? She answers:

„If I were asked to answer this question in one sentence, I would reply, 'The psychotherapist must be able to listen.' This does not appear to be a startling statement, but it is intended to be just that. To be able to listen and to gather information from another person in this other person's own right, without reacting along the lines of one's own problems or experiences, of which one may be reminded, perhaps in a disturbing way, is an art of interpersonal exchange which few people are able to practice without special training. To be in command of this art is by no means tantamount to actually being a good psychiatrist, but it is the prerequisite of all intensive psychotherapy.” (1960, p.7.)

What helps the therapist to be a good listener? What hinders him? Over and over again Fromm-Reichmann makes clear that if he seriously wants to do intensive psychotherapy, he should have gone through a personal analysis as part of his training. He must be ready to investigate his own personality and interpersonal relationships. As a follower of Sullivan, Fromm-



Reichmann describes human behavior as generally directed toward the pursuit of satisfaction and security, satisfaction pertaining to the bodily organization (need for sexual gratification, sleep, avoidance of hunger and physical loneliness) and security meaning the fulfillment of a person's wishes for prestige, social respect, achievement of self-respect (1960, p. 9). To forego the temptation of using his patients for his own needs, the therapist must have enough sources of satisfaction and security in his non-professional life.

Listening to this general statement we might be prompted to think „Well, of course. That goes without saying“. It is in paying attention to the more detailed descriptions and the clinical examples illustrating what Fromm-Reichmann means that we discover what makes her so deeply convincing. Hence, let me quote her again: After having discussed how the necessity to make a living and the desire for sexual gratification do have a bearing upon the therapist's ability to listen, Fromm-Reichmann mentions the need for sleep. She says:

We are confronted here with another basic belief of Fromm-Reichmann: The therapist can only hope to be successful if he extends respect to the mental patient. The patient's low self-esteem is one of the reasons why he needs psychotherapy. The therapist must endeavor to improve it and, by all means, he should avoid hurting it.

Just as pressing as the more bodily needs are man's wishes for prestige, social acceptance, respect from others and self-respect. They are just as liable to interfere with the doctor's ability to listen as his needs for satisfaction. Examples that Fromm-Reichmann cites (1960, p. 13-21) are that the therapist may be tempted to hide his insecurity behind professional pompousness, trying to impress the patient rather than be impressed by the patient's suffering. Or he may assume an attitude of personal „irrational authority“ which Erich Fromm describes in *Escape from Freedom* (1941). He may cultivate the patient's dependence and admiration instead of working toward growth and encouraging the patient to use his own judgement. For the sake of his own reputation he may push a patient into accomplishing

things before he is ready for it, risking deep discouragement of the patient when he fails in his premature efforts.

The greatest test of endurance which the therapist's sense of security undergoes is when he is subjected to the mental patient's display of hostility. Fromm-Reichmann does not think that people are born to be hostile and aggressive. Yet every mental patient *will have* to express a certain amount of hostility in his intercourse with the therapist for two reasons: He has experienced hostility in his relations to the emotionally significant caregivers in the past and transfers the anger and resentment felt toward them onto the doctor. Furthermore, we know symptoms to be both the expression of the patient's anxiety and a defense against it. Since the therapist's efforts are directed toward minimizing the defenses he is bound to become the target of hostility which represents the patient's attempt to ward off the rising anxiety. Again, Fromm-Reichmann warns us of an all too common trap into which the psychiatrist may fall:

„Some psychiatrists seem to believe that they can exhibit their unadulterated willingness to listen constructively to patients' outbursts of hostility by inviting them, in so many words, to 'express (their) hostility'. This does not work, of course. First, one is not apt to follow any suggestion of a person toward whom one feels angry or resentful, much less the invitation to express one's resentment. Second, it is not likely to be followed because no one actually feels or thinks about his anger in terms of 'hostility'. The very use of the abstract term may make the patient feel that his anger, his rage, his fury, his resentment, etc., are minimized or not taken seriously when referred to as 'hostility'. Therefore, the psychiatrist who invites his patient to express (his) hostility, protects himself wittingly or unwittingly from becoming the actual target of this hostility.“ (1960, p. 23.)

Fromm-Reichmann's insights and experiences are valuable both for the work with neurotic and more disturbed people. But it is in her application of psychoanalysis to the treatment of schiz-



oid, schizophrenic and psychotic patients that she is most ingenious. And it is in contact with these patients that an unrecognized, unadmitted lack of security on the part of the therapist has the most devastating effect. She writes:

„Where there is lack of security, there is anxiety; where there is anxiety, there is fear of the anxieties in others. The insecure psychiatrist is, therefore, liable to be afraid of his patients' anxiety. Hence he may not want to hear about their anxiety and their anxiety-provoking experiences...he is liable to obstruct his patients' verbalizations and the investigation of important emotional material. Moreover, to the patient the psychiatrist's anxiety represents a measuring rod for his own anxiety-provoking qualities. If the therapist is very anxious, the patient may take that as a confirmation of his own fear of being threatening, that is, 'bad'." (1960, pp. 24-25.)

How beneficial a relatively fearless approach can be a patient explained to Fromm-Reichmann after having recovered from an acute psychotic stage:

„You remember”, she said, „when you once came to see me and I was in a wet pack and asked you to take me out? You went for a nurse and I felt very resentful because that meant to me that you were afraid to do it yourself and that you actually believed that I was a dangerous person. Somehow you felt that, came back, and did it yourself. That did away with my resentment and hostility toward you at once, and from then on I felt I could get well with you because if you were not afraid of me, that meant that I was not too dangerous and bad to come back into the real world you represented.” (1959, p. 125.)

In all her writing Fromm-Reichmann warns us not to use her teachings in a dogmatic way. So she is quick to add:

„The statement that the psychiatrist should be able to endure a patient's hostile outbursts

in word and action is by no means identical with the suggestion that he ought to grant every patient the freedom to express his hostile impulses at random. Many neurotics, especially hysterics, indulge in verbalized and play-acted hostile dramatizations... In such cases the psychiatrist should interfere with the patients's display of hostility. Note, however, that he does so for the benefit of the patient and of the psychotherapeutic process, and not because of his own anxiety.” (1960, pp. 25-26.)

Fromm-Reichmann's technique of treating patients is based on Freud's concepts of psychoanalytic psychotherapy with neurotics: She aims at clarifying the patient's difficulties with his fellow-men through observation and investigation of the mutual relationship between herself and the patient, both in its transference and its factual aspects. With her interventions she hopes to facilitate the access to the awareness of previously dissociated and repressed events and the emotional reactions belonging to these events. Probably more so than earlier psychoanalysts she is sensitive to the inevitable expression of anxiety connected with such recall and the defenses against it. With her interpretations she tries to translate into the language of consciousness what the patient communicates to her without being aware of its contents or dynamics. She establishes connections between what the patient reveals and other experiences of his historical or present emotional background. She pays close attention to her own reactions to the patient's manifestations and uses them as an additional source of understanding of their implicit meaning (1960, pp. IX, 69-70, 80). A point of departure from Freudian theory is Fromm-Reichmann's thinking about the Oedipus complex. Like Fromm she does not believe in its universality. Consequently unresolved oedipal feelings need be the kernel neither of every neurosis nor of the interchange between patient and therapist (1960, pp. 6, 99). With others Fromm-Reichmann is convinced that, in addition to the sexual and destructive drives, there are also other powerful desires at the foundation of neurotic and psychotic conflicts. She thinks of the need for love and dependence, the quest for



power, the need for prestige and perfection, and reactive hostility and resentment against those who frustrate the realization of these and other drives (1959, p. 50).

At our *Institute for Psychoanalysis* in Zürich and Kreuzlingen we discussed selected papers of Fromm-Reichmann with a group of psychotherapists and „other serious students of living” such as psychiatric nurses. Fromm-Reichmann’s practical advice and the clinical examples illustrating her profound experience in handling disturbed people were felt to be extremely helpful, encouraging and stimulating to the beginners as well as to the more experienced members of our group. We considered the suggested modifications of the classical psychoanalytic setting and technique convincing when dealing with psychotic patients. Let me give you some examples:

Fromm-Reichmann does not recommend the use of the couch. The psychotic patient needs the therapist as a bridge to reality. His lack of orientation in the outer world has to be counteracted by the visible and audible reality of another person (1960, p. 12). Owing to the difference between the schizophrenic’s sense of time and ours Fromm-Reichmann warns against rigidly scheduled one-hour interviews (1959, p. 171). For various reasons she considers it to be strictly contraindicated to encourage psychotic patients to freely associate. It carries with it the possible danger of inducing and increasing disintegrated thinking (1960, p. 72). Although she is convinced that it is an important presupposition for a therapeutically valid interpersonal exchange between patient and analyst to assume that most schizophrenic productions are meaningful, she agrees with other psychoanalysts of her time, that the investigation of motives, ego-defenses, the origin and timing of psychotic productions is more beneficial to the treatment than the analysis of content (1959, p. 166). She explains:

„With the schizophrenic, interpretation of dynamics and genetics is *the* approach needed...the schizophrenic patient himself, as a rule, is aware of the content meaning of what he communicates about his inner experience in his private world, no matter how cryptic his communications may sound to the

listener. The listening psychiatrist may need an interpretation of the meaning of the manifestations of his schizophrenic patient, but it is a rare occurrence for the patient to need help in understanding the immediate content meaning. The patient, though, does have a prevailing need for help in becoming aware of and in learning to understand the genetic and dynamic background and the unknown implications of his conflicts and his symptomatology... By this statement I do not mean to advocate, however, that the therapist exclude reformulations of the contents of vague and indirect or symbolic schizophrenic communications and insights. They frequently become therapeutically meaningful to the patient only when he hears them clearly and directly reformulated in the rational language of the therapist.” (1960, pp. 86-87).

It can happen that symptoms disappear without the patient and the therapist ever coming to understand their content, as Fromm-Reichmann illustrates with the following clinical example:

„A hospitalized paranoid schizophrenic in her middle thirties, who had been overtly disturbed for thirteen years, started tending toward recovery after many months of intensive psychotherapy. One of her main symptoms until then had been the delusion of the appearance of ‘The Line’. As yet the patient has not told the psychiatrist what ‘The Line’ is; it may be she does not even know herself. However, she has succeeded, upon the inquiry of the therapist, in telling him each time what event preceded the appearance of ‘The Line’, until they finally discovered what type of events in the patient’s life created its appearance. ‘The Line’ has now disappeared, and its elimination seems to have contributed greatly to the general improvement in the patient’s condition:” (1960, p. 19.)

Another danger implied in overrating the significance of free associations according to Fromm-Reichmann is

„the possibility that the therapist may fail to



pay close enough attention to apparently inconsequential factual events in the current lives of patients...the investigation of a patient's current interpersonal dealings should never, under any circumstances, be neglected. It is mandatory for the psychiatrist to press for their recital because they are an important source of information." (1960, p. 73) „Special attention should be paid to the crisis which precipitated his entering treatment and which may recur while he is undergoing psychotherapy." (1959, p. 95).

This, of course, does not mean that Fromm-Reichmann wants associative thinking to be totally barred from the psychotherapeutic process. It proves to be helpful to the schizophrenic and the therapist in cases where they are both at a loss in regard to the clarification of certain themes under discussion (1960, p. 76).

Some of the modifications Fromm-Reichmann found valuable have to do with the schizophrenic's extremely intensive and sensitive transference reactions. Because of early damage and frustrations the schizophrenic is suspicious and distrustful of everyone, particularly of the psychotherapist who approaches him with the intention of intruding into his isolated world and personal life. However, once he has accepted the therapist his dependence on him is great and has to be handled with care. Owing to his deeply rooted insecurity he is very sensitive to disappointments. And the therapist cannot avoid disappointing the patient now and then. He is to misunderstand him at times and be misunderstood. The patient will respond helplessly with an outburst of hostility or with renewed withdrawal. These outbursts are accompanied by anxiety, feelings of guilt, and fear of retaliation, which, in turn, lead to increased hostility. Consequently contact with the schizophrenic must begin with a long preparatory period of daily interviews (1959, pp. 118-122). What Fromm-Reichmann means by this the following example shows:

„One patient shouted at me every morning for six weeks, 'I am not sick; I don't need any doctor; it's none of your damned business.' At the beginning of the seventh week

the patient offered me a dirty, crumpled cigarette. I took it and smoked it. The next day he had prepared a seat for me by covering a bench in the yard, where I met him, with a clean sheet of paper. 'I don't want you to soil your dress,' he commented. This marked the beginning of his acceptance of me as a friend and therapist." (1959, p. 122).

In her early work Fromm-Reichmann stressed the utmost sensitivity and caution in approaching the schizophrenic. She and her colleagues treated them with as much acceptance, permissiveness and as little rejection as could possibly be administered without damage to the institution, to personnel and other patients. Nothing short of actually destructive or suicidal action was prohibited. Later she and her colleagues learned that this was not the only, or even the best, way of establishing an effective interpersonal treatment background, one reason being

„that this type of doctor-patient relationship addresses itself too much to the rejected child in the schizophrenic and too little to the grown-up person before regressing. Something in every non-deteriorated adult schizophrenic senses, at least dimly, that his disaster cannot be solved by one person's offering him a type of acceptance otherwise not mutually obtainable in adult society. Therefore, the psychoanalyst also should address himself to the patient on the level of his present chronological age." (1959, p. 165.)

„We now realize that what we have long known to be true for neurotic patients also holds true for schizophrenics. The suffering from lack of love in early life cannot be made up for by giving the adult what the infant has missed. It will not have the same validity now that it would have had earlier in life. Patients have to learn to integrate the early loss and to understand their own part in their interpersonal difficulties with the significant people of their childhood." (1959, p. 203.)

With my numerous verbatim quotations of Fromm-Reichmann's writing I hope that I have given you some insight into several characteristic qualities of this woman: She is a defender of



psychoanalysis where psychoanalytic insights and technique prove to be helpful. Where her own experience does not coincide with them, she departs from them clearly and decidedly. She is capable of admitting mistakes and of correcting them. She is ready to learn from her patients. In her contacts with patients and colleagues she is both sensitive, tactful and courageously straightforward. Her deep compassion totally lacks sentimentality. Her commitment to her work is undoubtedly convincing. So I would like to let her have the last word and to end by presenting you one more quotation that shows how fully she is oriented toward the therapist's and the schizophrenic patient's reality when setting the goals for the therapeutic process:

„The recovery of many schizophrenics depends upon the psychotherapist's freedom from conventional attitudes and prejudices. These patients cannot, and should not be asked to, accept guidance toward a conventional adjustment to the customary requirements of our culture, much less to what the individual therapist personally considers these requirements to be. The therapist should feel that his role in treating schizophrenics is accomplished if these people are able to find for themselves, without injury to their neighbors, their own sources of satisfaction and security, irrespective of the approval of their neighbors, of their families, and of public opinion. This attitude is required because, as a rule, a schizophrenic's recovery

will not include the change of his premorbid schizoid personality to another personality type... [Fromm-Reichmann is] convinced that many schizophrenics who remain ill could recover if the goal of treatment were seen in the light of the needs of a schizoid personality, not according to the needs of the non-schizophrenic, conforming, good-citizen psychiatrist.” (1959, p. 175.)

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