

Article

SELF-CONSTITUTION AND “INFRASTRUCTURAL” CHANGE: AN INTERDISCIPLINARY ACCOUNT OF PSYCHOANALYTIC ACTION

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Beyond revealing unconscious pathological identifications and traits—including their past usefulness but current toxicity—what techniques in our psychoanalytic practice can lead to change? Radically different from mainstream philosophical views advocating that such undesirable self-aspects should not be endorsed as Self, psychoanalysts hold that these negative traits must instead be understood as part of one’s Self. But then what? Investigating concepts from classical conditioning, neuroscience, the philosophy of mind and action, and psychoanalytic practice itself, this article will suggest a *preliminary* account of the mechanism of action of psychoanalytic work *after* insight.

KEY WORDS: de-identification; mind-body physicalism; classic conditioning; technical issues of working-through; akrasia; emotional muscle; technical issues after insight; influence of life experiences of analyst

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INTRODUCTION

What leads to change in our psychoanalytic work? How can knowing and understanding unconscious pathological and undesirable elements of ourselves—elements we didn’t know and certainly didn’t understand—help us to be different, better? Considerable effort is required even to learn of these troubling aspects; more still to understand them. This is the work taking place routinely within the normal process of psychoanalysis, where

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many transferences develop and then are analyzed. So far, so good; but this is indeed only so far. There is an unanswered further question. After the recognition and understanding of problematic self-aspects, after developing insight, we need to ask, Then what? Freud often wrote as if his patients, after understanding the meaningful origins of their unconsciously motivated irrational neurotic behavior, would thereafter just behave more rationally, less neurotically. Here is what he says for instance about Little Hans (Freud, 1909a):

But I must now enquire what harm was done to Hans by dragging to light in him complexes that are not only repressed by children but dreaded by their parents? ... On the contrary, the only results of the analysis were that Hans recovered, that he ceased to be afraid of horses, and that he got on to rather familiar terms with his father (Freud, 1909a, p. 145).

Even more telling are Freud’s final comments in the Rat Man case (Freud, 1909b). It is clear here that Freud attributed the curative result to the extensive and detailed uncovering of the Rat Man’s unconscious connections—connections believed by Freud and his patient to have underlain and caused the Rat Man’s former symptomatic and highly undesirable Self-notions.

We should not be justified in expecting such severe obsessional ideas as were present in this case to be cleared up in any simpler matter or by any other means. When we reached the solution that has been described above, the patient’s rat delirium disappeared (Freud, 1909b, p. 220).

But because this clear and happy outcome is not the experience of most analysts and most patients—in fact it was not the consistent experience of Freud either (see the story of the Wolf Man, [Freud, 1918]² or the story of Freud’s other long term patient, Frau Elfriede Hirschfeld, [Falzeder, 1994]³)—we need to investigate possible additional mechanisms that allow or promote change toward successful outcomes, when persons “own” their role in their difficulties and identify with more constructive ways of being and living.

INITIAL WORK TOWARD DE-IDENTIFYING: WHAT WE ALREADY KNOW AND WHAT WE ALREADY DO

Radically different from the account of Self-Constitution widely regarded as mainstream in philosophy of action circles, a philosopher colleague and I presented a new view of Self-Constitution very much influenced by

psychoanalytic principles. The mainstream philosophical picture can be summarized thus: “Identify the undesirable elements and then subdue and extrude them...Do not allow [these] unlicensed parts of your psychology to become your will [your Self]” (Fileva & Brakel, forthcoming).

This view’s most prominent proponent is Harry Frankfurt. Although Frankfurt later refined his view somewhat (see especially, Frankfurt, 1991), his early distinction between the willing and unwilling addict makes clear the enduring essentials of this sort of extruding account (Frankfurt, 1977). Frankfurt’s recommendations (which follow below) are admittedly outside the therapeutic matrix, without clinical considerations, and from a particular philosophical perspective. They are nonetheless important, targeted not to the willing addict—one who accepts, even embraces the addiction—but to the unwilling addict—the addict who does not endorse the actions and desires associated with his/her pathological addiction:

In rejecting the desire...the person withdraws himself from it. He places the rejected desire outside the scope of his preferences...Although he may continue to experience the rejected desire as occurring...the person brings it about...that the occurrence is an external one. The desire is then no longer to be attributed strictly to him... (Frankfurt, 1977, p. 67).

Our account, which we call “understanding first” (Fileva & Brakel, forthcoming) and which derives almost entirely from psychoanalytic theory, is obviously quite different. Briefly we aver that toxic identifications, undesirable traits and desires, should not (cannot) be extruded, and thus quite prematurely (wrongly) held as “not-me.” To do so is mere wishful thinking. Instead, such elements need to be recognized as part of one’s Self. This usually takes place in an earlier stage in the usual psychoanalytic work, discovering negative self-aspects and identifications as they emerge in the transference. Next, the patient and analyst can explore the meaningful, perhaps even useful (at least perceived as useful), early role for these toxic identifications and self-aspects when first taken on. Along with this, and quite importantly, the patient can comprehend his/her agential role in employing these toxic elements. Then in the next phase, the patient can readily appreciate a fundamental contrast: The deleterious, undesirable trait/desire/identification, while still a part of the Self, no longer serves any useful role. With this in mind, the patient can agentially try to de-identify, etc. Note, it is quite deliberately that I write “try to de-identify” because, not only is it hard, but more significantly, it is not clear *how* a person acquires de-identification. The section below is devoted to investigating theories pertaining to how one can de-identify internal aspects, specifically identifications, which are no longer viable and frankly harmful.

HOW TO DE-IDENTIFY

Why is it so hard?

First, let us explore why it is so hard to de-identify. There are several possibilities, with some more relevant for particular persons than others. Thus, for some people an identification that is no longer desirable, and is in fact toxic, comprises a lot of one’s Self. Take for example, Mr. A., a patient who has closely identified with his bullying father—this a rather classic case of identification with the aggressor.⁴ Mr. A. bullied routinely, with the notion that the world consists only of those who bully and those who get bullied. His father (Dr. A. Sr.) bullied his work associates and patients, and even more painfully, the A. family children, as well as his own wife, Mrs. A. Sr., my patient’s mother. In the treatment Mr. A. was made aware that this sort of either/or choice is typical for young children, but that he had had, and continued to have, some agency in identifying with his bullying father. Actually, other important objects (persons) with whom to identify, neither bullied nor bullying, were available in his childhood, and young adulthood, and continue to be available now in his middle adult years.

Mr. A.’s case demonstrates another reason that de-identifying is so hard, namely, that continued identification allows the identify-er to maintain continued “good relations” with the original object, even if this original object is dead. Mr. A.’s father saw the world in terms of Winners and Losers (reminiscent of Trump’s father), and if Mr. A. so much as mitigated his bullying ways, he was sure his father would see him as a Loser.

Let me turn to a different patient to illustrate another very potent reason why de-identifying is so hard. The patient, my very first and most enduring psychoanalytic patient, is *me*, Linda A.W. Brakel. This example describes the influence of an aspect of the analyst’s life experiences. And the issue concerns pleasure. To the extent there is unconscious (or even conscious) pleasure along with the pain of a toxic identification, that negative identification will be hard to modify. As a 3-year-old child I underwent a major surgical procedure, with all its antecedent and post-surgical goings-on. Although it went very well, it was obvious, even to me, that my parents both felt helpless, and that my mother in particular believed from that point forward that I was going to die. I have identified with this view of my mother’s, both to keep in good relations with her, as above; and for the following formerly unconscious pleasures. There is a relief factor, which occurs whenever I undergo an acute attack of “I’m going to die” but soon learn that the medical findings are not so bad. The pleasure here is best understood by reviewing a famous and seminal experiment, whose finding were reported in a *Psychological Science* journal article with the revealing title: “When More Pain is Preferred to Less: Adding a Better Ending”

(Kahneman et al., 1993). Kahneman more recently (2011, p. 382) recounted the basics: People preferred increasing the duration of moderate displeasure—keeping a hand in very cold water longer; this in order to experience a significant lessening of displeasure at the end—as water temperature was raised to a comfortable level. Relatedly in my case: the good medical news that the bad medical news is not so bad, is often delivered by doctors, parental transference figures who are quite the opposite of my helpless, overwhelmed parents.

A final example of one of the difficulties in de-identification comes from a patient who is an internal medicine doctor. She talked of a long-standing harmful self-view, picturing herself as alone, abandoned, having to take care of herself, even when she is but minimally able, being so young and small. Beginning in early childhood, she felt that for different reasons neither parent was able or willing to attend to her when exigencies would arise. Her mother, successful in the world but also domineering, and often frankly mean, was too self-involved, while her father was too engaged in placating her mother.

As an adult professional she finds this self-view highly problematic, especially insofar as it also entails an identification with her arrogant, aggressive mother. This can interfere with relations both at home and at work, as she misjudges others' intent, feeling put-upon to take on everything, even as she feels incompetent or over-taxed. But my patient suggests that this self-view, as problematic as it is, might be hard to modulate to the extent that it keeps something else at bay—something that is both more realistic, but also more distressing. Note, I am writing this in the Summer of 2021. Given that my patient is a practicing internal medicine doctor who has continued to work during the ongoing deadly COVID-19 pandemic, it is not hard to conjure just what sort of thing, both more realistic and distressing, one would want to defensively “keep at bay.”

Techniques for De-identifying

Granted that it is a difficult task, what can one do after first recognizing and then wanting to change a pathological identification? First, there are the regular extensions of psychoanalysis. Again, patients can begin to appreciate, likely in the transference, that the patient him/herself has had agency in continuing the harmful identification past its original usefulness. Also, patients can discover that there are (and perhaps were) other objects with whom to identify. Moreover, patients wanting to de-identify can allow and promote understanding of the real person with whom the patient has identified. Why was Mr. A.'s father such a bully? Why did his mother put up

with it? What accounted for my patient’s mother’s overarching self-concern? Why was my mother convinced that I would die young?⁵

Further psychoanalytic techniques are less well understood, but clearly relevant to de-identification processes. I refer here to “working-through” and relatedly grieving. In both, the basic notion is that reviewing/re-working the problematic or painful contents from different angles helps to effect actual change. The working through process is often not smooth, but full of enactments: “When two personalities meet, if they make sufficient contact to be aware of each other, they create an emotional storm... One does not immediately know what the emotional storm is, but the problem is how to make the best of it” (Bion, 1979, p. 247). Michael Feldman (2009) writes that “‘making the best of it’ refers to the struggle to become aware of this fact, to tolerate the experience and to begin to examine the nature of the disturbance” (Feldman, 2009, p. 161). The “emotional storm” is Bion’s characterization of resistance/transference as mediated by countertransference and only imperfectly communicated interpretive comments.

Although admittedly speculative, I have posited a different perspective (Brakel, 2013, Chapter 3), a brain-based view of mental content—one that could give specific substance to this sort of working-through mechanism. My account advances a particular physicalist (as opposed to dualist) solution to the mind/body problem, “Diachronic Conjunctive Token Physicalism” (DiCoToP). In this view every singular mental event (including mental contents) exists as a brain event consisting of an assembly of neurons, along with whatever neurochemical processes facilitate their connection. That there is nothing over and above these brain goings-on makes this account a physicalist view.⁶ Each singular instance of the same event/same mental content (each token)—take for example, “I miss my dog”—is populated by a slightly different neuronal network, insofar as it occurs at a different time and likely a different place. The sum of all of these instances of this content, i.e., all of their slightly variable neuronal assemblies (the conjunction), over time (diachronic), comprises the mental content. Let’s use once again the following mental content as a simple example, “I miss my dog.” According to the DiCoToP account of mental events: Dealing with the grief that that particular mental content represents requires a great number of neuronal assembly re-alignments, summed over time (i.e., necessary experiential re-workings of that particular mental content in myriad contexts). Working-through neurotic contents, including harmful negative identifications, would proceed in a similar fashion.

In a further (and similarly speculative) attempt to explain working-through, I have held that there is an important parallel between aspects of classic psychoanalytic technique and the de-conditioning (if not complete extinction) of unconditioned aversive responses to various conditioned

triggers—triggers that thereby activate pathological identifications and/or other undesirable self-traits. (Brakel, 2013, Chapter 2). The parallel operates as follows: From the side of classic conditioning, researchers (See Mystkowski & Mineka, 2007, p. 218; Mystkowski, Craske, & Echiverri, 2002, p. 414) have found that in order for extinction to be successful, the conditioned stimulus—the event, item, or situation conditioned to predictably precede the unconditioned aversive stimulus and therefore the automatic toxic response—must now be presented in many trials, over time, and in multiple different settings *without* the unconditioned stimuli to follow. These are termed “Safe-here” and “Safe now” trials. From the side of psychoanalysis, the patient can experience, just such “Safe-here” and “Safe now” episodes of conditioned triggers to which the analyst responds kindly/benignly—in other words always without the unconditioned stimuli (e.g., censure, ridicule) that had usually followed. Without the unconditioned stimuli, the toxic aversive automatic response-sequelae are avoided. And as for the requirement that many and myriad contexts for “Safe-here” “Safe-now” trails are needed—this requirement is met within the multiple different transferences developed over time in the psychoanalytic setting.

In addition to working-through, there is another potential avenue to travel in order to change one’s negative identifications after recognizing and then owning them. This avenue can be found in an area best characterized as belonging to two domains: (a) developmental psychoanalysis and (b) the philosophy of action. Child and adult psychoanalysts Kerry and Jack Novick (2001, 2003, 2006, 2010, 2011), in a series of publications advanced a concept they call, “emotional muscle” which they explain “...grew first for us out of our clinical work, as we grappled with the limitations of insight alone to effect lasting change” (2011, p. 137). With improving one’s emotional muscle, a metaphor readily analogous to the familiar task of building physical muscle, the Novicks suggest that a person can increasingly participate in a list of qualities and capacities that are almost universally valued and best described as “...virtues, strengths, will, character, grit...[with] one common thread...that they all imply effort, resolve, and strength” (pp. 135–136).

In the same spirit, on the philosophy of action account too, changing harmful but familiar patterns—patterns consequent to primitive but ingrained harmful identifications—requires strength of will. When this strength is insufficient, and a person thereby acts contrary to his/her own rational judgment of his/her best interest, that act is termed an “akratic” act (Davidson, 1970). The word *akrasia* is Greek and literally means weakness of will. So how can understanding the descriptive characteristics of *akrasia* help in the process of de-identification? Returning to Mr. A. above, suppose he’s in a situation in which the desire to bully some underling is almost

irresistible. “Almost” is the operative word here because he’s recognized not only the origins of this identification, but also its highly problematic nature for his own sense of well-being. So, what can he do? I have proposed (Brakel, 2009) the following psychological reconfiguring in this type of situation: Suppose instead of Mr. A. thinking, “I will just bully this guy now; it is just one more time, and that will be my last bullying act” he could say, “In my new Self-identification as a non-bully, I will forgo bullying this guy now, and resist future opportunities.” My model here was a smoker, desiring henceforth to be a non-smoker, with the pull of one cigarette now at time, t –i.e., synchronic; weighing against the non-smoker designation over time, t , $t+1$, $t+2$, ... $t+n$ —a new diachronic self-label.

Let me offer one final technique for de-identifying, a technique that is at once most easily accessible and also the one entailing the most erudition. I will also give it two names: (a) The Whistle a Happy Tune Method, and (b) Changes in Behavior Effect Brain Synaptic Changes. Noting that (b) is quite consistent with the DiCoToP mind/body view offered (earlier), let’s take up the (a) version first. Consider the following lyrics (shortened a bit) from “Whistle a Happy Tune,” (Rodgers & Hammerstein, 1951) one of the popular songs from “The King and I:” (Lang & Bracket, 1956).

Whenever I feel afraid,
 I...whistle a happy tune,
 So no one will suspect I’m afraid,...
 The result of this deception,
 Is very strange to tell,
 For...I fool myself as well,...
 I whistle a happy tune, And every single time,
 The happiness in the tune,
 Convinces me that I’m not afraid,
 Make believe you’re brave...
 [And] You may be as brave,
 As you make believe you are.

First performed in 1951, the science behind the content of the song—that behavioral changes can produce synaptic brain changes [i.e., Method (b) above]—was just beginning. A Polish neurophysiologist, Konorski (1948), first proposed that neuronal connections underwent morphological changes consequent to learning. Shortly after that, Hebb (1949) postulated neural plasticity as the underlying mechanism of learning. “Hebbian plasticity” animates the 70 plus years of research, still being undertaken, and largely bears this postulate out. For example, it has been fairly well

established that at least two different types of neuronal changes occur consequent to behavioral tasks, including learning.

In a recent summary article in *Frontiers in Cellular Neuroscience* regarding research in this area, the authors (Mateos-Aparicio & Rodriguez-Moreno, 2019, p. 2) state: “In parallel with activity-dependent changes in synaptic strength and efficiency of synaptic transmission, structural modification of axonal, dendritic branches, and spine morphology occurs, a phenomenon called structural synaptic plasticity.” Moreover, these authors conclude (p. 3): “Indeed the ability to manipulate specific neuronal pathways and synapses has important implications for therapeutic and clinical interventions that will improve our health.” Various promising therapies, they conclude (p.3), behavioral as well as neuropharmacological and neurophysiological (deep brain stimulation) “...are all based on our current understanding of brain plasticity.” Indeed, what follows from the brain’s plasticity as outlined, both here and in the DiCoToP mind/body account, are neuronal synaptic changes leading to neuronal network changes, which when reinforced by continued behavioral inputs, effect behavioral changes. Thus, as you continue to act bravely, you may become brave, and ultimately be brave.

CAN THESE TECHNIQUES WORK FOR CHANGING TOXIC POLITICAL IDENTIFICATIONS?

This section must unfortunately be rather brief. The simple answer to this section’s title question, is likely “No.” These techniques cannot work insofar as those whose political self-identification are widely regarded as toxic, do not themselves categorize these identifications as toxic. In fact, these very identifications are often worn as proud badges of tribal belonging (see Brakel & Foxall, 2022). Those with these toxic identifications therefore lack any desire to de-identify. They are in this way like Frankfurt’s willing addicts (described earlier)—persons who willfully (with agency) embrace their addiction as part of their Self.

There can, however, be exceptions. In the arduous course of analyzing a whole person, even firmly held and frankly toxic political views might be modified—this as a concomitant, unexpected, and happy outcome to the shared analytic work on aspects of the patient’s Self that he/she has deemed painful and in need of change.⁷

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NOTES

1. Linda A. W. Brakel, MD, is an Associate Professor (adjunct) in Psychiatry and a Faculty Research Associate (adjunct) in Philosophy, both at the University of Michigan. She is also on the faculty of the Michigan Psychoanalytic Institute. Brakel has had around 40 years of experience as a clinical psychoanalyst, and has spent some decades in empirical investigations of researchable aspects of psychoanalytic theory, mostly involving primary process. Her most recent work is interdisciplinary—philosophy of mind, action, and experimental philosophy; and evolutionary and cognitive psychology. Brakel has co-authored 3 books and authored 4 solo volumes. These last include: *Philosophy, Psychology, and the A-Rational Mind* (Oxford University Press, 2009), *Unconscious Knowing* (Oxford University Press, 2010), *The Ontology of Psychology* (Routledge, 2013); *Investigations into the Trans Self and Moore’s Paradox* (Palgrave-Macmillan, 2021).
2. “Sergei Pankejeff, a wealthy Russian aristocrat, sought treatment with Freud in 1910, a few years after both his only sibling (the older sister) and his father committed suicide. He suffered from serious depression, spent time in various sanatoriums, in treatment with several doctors, but none of them was able to cure him. He became the famous Wolf Man case of Freud (1918), who conceptualized the inner world of his patient but was unable to deal with the immediacy of the transference of his complex case (Meltzer, 1978). At age 79, Mr. Pankejeff was interviewed and he lamented that all his life he was in and out of analysis, with his condition worsening, and told the interviewer in despair that ‘the whole thing looks like a catastrophe. I am in the same state as when I came to Freud, and Freud is no more’ (Obholzer, 1982)” (as cited in Kupermann, 2017, p. 263). [Eds.]
3. As pointed out earlier, Freud’s early view was that interpretations would lead naturally to timely change (Freud, 1909a, 1909b). Since then, in the widening scope of psychoanalysis (Stone, 1954), we have learned that many patients require a much longer period of enactment, of “working through, possibly full of emotional storms” as Bion (1979) explained. Some of Freud’s long-term patients, for example, the very well-known case of the Wolf Man (Freud, 1918) or the less familiar Frau Elfriede Hirschfeld, often challenged the patience of Freud. Freud treated Frau Hirschfeld for many years, and described her case in at least six papers under different pseudonyms (Falzeder, 1994, p. 325). Frau Hirschfeld chronically frustrated Freud with her refusal or inability to accept his interpretations. He called her “analytically of no use for anybody” (p. 309). Freud struggled with his countertransference toward Frau Hirschfeld, was torn between his empathic devotion and a wish to withdraw from a deep understanding and to treat her strictly. This case led to a turning point of Freud’s more critical and pessimistic assessment of the curative powers of psychoanalysis (p. 318). [Eds.]
4. Frankel (2017) asks: “How do children react to gross emotional abandonment and exploitation by their parents? These children feel compelled to “subordinate themselves like automata to the will of the aggressor to divine each one of his desires and to gratify these; completely oblivious of themselves they identify themselves with the aggressor” (Ferenczi, 1933, p. 162). The other person’s desires replace the child’s own wishes and perceptions. [We note that this use of the term identification with the aggressor differs from,

and precedes, Anna Freud's (Freud, 1936) usage, which is about ridding oneself of the helplessness of victimization by becoming an aggressor toward someone else.] Why does the child identify and comply? To manage the out-of-control parent in order to survive, first of all; and to feel approved of, valued, important, loved, wanted by the parent—to feel they belong in the family, which, for children, is key to survival. The child has no choice. But no one can wholly give herself over to helplessness, or forsake her psychic existence completely. The child will try to salvage part of herself, albeit unconsciously; she will take illusory control through fantasy, and insist that she is loved by her abusive—but loved and needed—parent; the abuse may even be seen as love. Ferenczi wrote that in the abused child's mind, even as she gives up her self and submits, the aggressor "disappears as part of the external reality, and becomes intra- instead of extra- psychic; the intra-psychic is then subjected, in a dream-like state as is the traumatic trance, to the primary process, i.e. according to the pleasure principle it can be modified or changed by the use of positive or negative hallucinations. In any case, the attack as a rigid external reality ceases to exist and in the traumatic trance the child succeeds in maintaining the previous situation of tenderness" (Ferenczi, 1933, p. 162). (Frankel, 2017, p. 219.) [Eds.]

5. This one I can answer at least partially. When my mother was a child, her own mother got a diagnosis from the Cleveland Clinic [no less] that she, my grandmother, would only live into her 30s. This was wrong—my grandmother died at 86—but this prognostic diagnosis led to profound fear, deleteriously affecting my mother's childhood, and therefore mine.
6. Diachronic Conjunctive Token Physicalism (DiCoToP) is technically speaking, a reductive physicalist account. For a basic level understanding of the differences between reductive and non-reductive physicalism see Brakel, 2013, Chapter 3.
7. One can wonder about other techniques for changing identifications. Take a recent experiment brought to my attention thanks to the editor, Dr. Galdi: Two political scientists (Broockman & Kalla, 2022) conducted a field study with over 700 self-identified strongly conservative Fox-news-watching participants. Forty percent of these persons were randomly assigned to the treatment group. This entailed incentivizing them by giving them \$15 an hour to watch 7 hours of CNN news per week for one month. Three days after the viewing portion of the study ended, the researchers found that compared with the control participants, the treated group demonstrated (p.3) "...changes in evaluations of Donald Trump and Republican candidates and elected officials." These changes were significant and uniformly in the direction of a less positive view of Trump and Republicans. However, the results of a follow-up assessment several weeks later—given the thrust of the current psychoanalytic article—are perhaps more salient. There, Broockman and Kalla (p.3): "...found [that] these impacts largely receded as treated participants primarily returned to their prior viewership habits...[Moreover] that participants' attitudes meaningfully shifted at first away from...[but] then back towards their partisan side along with changes in their viewership behavior..." Clearly these are not the sort of longstanding therapeutic changes one aspires to and works for in psychoanalysis. The editors agreed with my conclusion, but emphasized that it would be unrealistic to expect lasting changes after a ONE MONTH experiment. The fact that those small, albeit fleeting, changes took place at all, underlines the thesis that a less rigidly strident environment can be potentially helpful for people with strong and inflexibly held identifications.

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