

JUNG'S AND GRODDECK'S ANALYTIC PRACTICE: ALTERNATIVE METHODS THAT HAVE PREVAILED OVER FREUD'S PSYCHOANALYSIS.

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ABSTRACT

This paper shows that Georg Groddeck and Carl Gustav Jung shared a common cultural background, in which Carl Gustav Carus's theory of the psyche was preeminent. Accordingly, they emphasized symbolization and unconscious creativity. These aspects affected their clinical work, aimed at pioneering therapies: Jung with schizophrenics, Groddeck treating physical diseases. They overcame the limits of the psychoanalysis of their time and, going beyond neurosis, discovered the pre-Oedipal period and the fundamental role of mother-child relationship. While Freud's technique was based on a one-person paradigm, both Jung and Groddeck considered analytic therapy as a dialectical process, ushering in a two-person paradigm. Therefore, they did not use the couch; a setting that is assessed in the light of recent research on mirror neurons. It is also highlighted that the analytic groups influenced by Groddeck and Jung have developed similar ideas in both theory and technique; a fact that may induce further studies on the history of depth psychology.

Keywords: Carl Gustav Carus – Ferenczi – Freud – Groddeck – Jung – analytic technique – couch – mirror neurons

RESUMEN

Este artículo muestra que Georg Groddeck y Carl Gustav Jung compartían un trasfondo cultural común, en el cual la teoría de la psique de Carl Gustav Carus era preeminente. De acuerdo a ello, ambos enfatizaron la simbolización y la creatividad inconsciente. Estos aspectos incidieron en su trabajo clínico, orientando a terapias pioneras: Jung con esquizofrénicos, Groddeck en el tratamiento de las enfermedades orgánicas. Ellos superaron los límites del psicoanálisis de su tiempo y, fueron más allá de la neurosis, descubriendo el período Preedípico y el papel fundamental de la relación madre-hijo. Mientras que la técnica de Freud se basaba en un paradigma de una persona, tanto Jung como Groddeck consideraron la terapia analítica como un proceso dialéctico, marcando el comienzo de un paradigma de dos personas. Por lo tanto, ellos no usaron el sofá; un encuadre que se evalúa a la luz de las recientes investigaciones sobre las neuronas espejo. También se destaca que los grupos analíticos influenciados por Groddeck y Jung han desarrollado ideas similares tanto en la teoría como en la técnica; un hecho que puede inducir más estudios sobre la historia de la psicología profunda.

Palabras claves: Carl Gustav Carus - Ferenczi - Freud - Groddeck - Jung - técnica analítica - diván - neuronas espejo.

1. INTRODUCTION

Georg Groddeck, a German physician, founded modern psychosomatic medicine and was associated with the Psychoanalytic Society of Berlin. In previous papers (Balenci 1993, 2018), the closeness of Groddeck and Jung's main concepts -Es and Selbst- was discussed. These concepts are translated in English with the terms It and Self; they constitute the nucleus of a perspective -towards the human being, the psyche, and the unconscious- which is very different from Freud's.

Since Groddeck was kept on the side-lines of the psychoanalytic movement, he is not very well known even today; especially outside Germany. Although there are translations in English of his main books and articles, 'their influence is almost unnoticeable' (Dimitrijevic 2008, p. 143). This situation can also be explained with the fact that Groddeck's works are not written in a scientific style. His viewpoint was: 'Our profession is one of practical achievement. [...] Our task is less that of thinking up valid theories than of finding working hypotheses that are of use in treatment' (Groddeck 1917, p. 128). Groddeck was a physician, son of a physician and the favourite pupil of Ernst Schweningen, Imperial chancellor Otto von Bismarck's personal physician (Haas & Eilers 2001). Groddeck spent most of his life in the spa town of Baden-Baden, leading the clinic *Marienhöhe* for more than thirty years. He began to be interested in psychoanalysis in 1913 -when Jung left the psychoanalytic movement- and started contacting Sigmund Freud in 1917.

There is no evidence that Groddeck and Jung knew each other. Nevertheless, two authors (Balenci 1993, 2018; Dimitrijevic 2008) have shown that they had relevant theoretical aspects in common. Actually, Groddeck and Jung shared a similar cultural background: the strong influence of the theories of Johann Wolfgang von Goethe, Carl Gustav Carus, Eduard von Hartmann and Friedrich Nietzsche. The latter is particularly related to the origins of It and Self (Balenci 2018). Among the other three, Carus was a fundamental figure for the beginning of depth psychology and, at the same time, he was the connection between Goethe and von Hartmann. Indeed, Carus had Goethe as his friendly mentor for many years in Dresden, Germany (Hillman 1970, p. 7) and 'was the source of von Hartmann and of the later philosophers of the unconscious' (Ellenberger 1970, p. 208).¹

2. CARUS'S MODEL OF THE PSYCHE

Carl Gustav Carus (1789–1869), an exponent of *Naturphilosophie* and Romantic medicine (Leibbrand 1937), was a comparative anatomist and a phrenologist, University professor of gynaecology and director of the obstetrical clinic physician of the King of Saxony, and also an appreciated landscape painter. Carus's studies on embryology led him to phylogenesis-ontogenesis recapitulation, later theorized by Ernst Haeckel. He advocated medical care to be an art towards the human being as a totality—body and soul in a holistic and monistic view. Carus was the first systematic theorist of the unconscious (Bell 2010, p. 156). His book *Psyche* opens with this sentence: '*The key to an understanding of the nature of the conscious life of the soul lies in the sphere of the unconscious*' (Carus 1846/1851, p. 17. Italics in the text). Carus -using the word *unconscious* as a noun and not only as an adjective- gave it a full dignity towards consciousness, thereby creating a dialectical polarity between them. Moreover, it should be pointed out that his conception overcame Descartes's dualism and the Illuminist view that the light of consciousness and rationality was the only positive aspect of the psyche. Conversely, it must be noted that dualism and the primacy of consciousness would remain unchanged along the entire evolution of Freud's theories.

Carus's model of the psyche is very complex and does not attribute the main role to consciousness. 'The unconscious is the *primordial source of life*. Its life is also most intimately merged with the life of the universe' (Carus 1846/1851, p. 83. Italics in the text). He called *generalization* 'the especially close connection of the unconscious with the non-individual, general world' (p. 78), so that the biological bases of the psyche belong to the totality of nature. Thereby, Carus attributed 'nature's healing power' (p. 87) to the unconscious, whose energy he called *life force* with a vitalistic approach: 'the essence of the soul, eternal in itself, is more active in the unconscious than in consciousness. It is never interrupted but is active throughout life. Consciousness cannot do this; it needs a periodic return into the unconscious, a return we call sleep' (Carus 1846/1851, p. 74). About this, it is worthwhile reporting that Carus theorized dreams as symbols of development.

The psyche is divided into four parts in Carus's model, from an unindividuated *absolute unconscious* to partly individuated relative unconscious and *empirical consciousness* to an individuated *self-consciousness* (Bell 2010, p. 166). We can see the progressive individuation of the psychic structures, from the biological bases of the absolute unconscious to the individual reflection of self-consciousness. Carus was also one of the first Germanic authors to use the term *Urbild* -primordial image (Shamdasani 2003, p. 298). Hence, we can find some roots of Jung's concepts of *unus mundus*, libido, collective unconscious, archetype, and individuation from the aforementioned.

Despite the relevance of his ideas, today 'Carus is the forgotten man of the history of German psychological theory' (Bell 2010, p. 156). Nevertheless, Hans Schaer (1946), James Hillman (1970, pp. 10–13) and Henri Ellenberger (1970, p. 729) recognized Carus as a precursor of Jung's ideas; like recently Sonu Shamdasani (2003, pp. 164–167). Jung himself defined Carus as the founder of the psychology of the unconscious (Jung [1955–1956] 1970, p. 554) and plainly asserted: 'My conceptions are much more like Carus than like Freud' (de Angulo 1952, p. 207). Previously, Schaer (1946, p. 33) had written: 'Comparing Freud's, Jung's, and Carus's teachings concerning the unconscious, one soon remarks that Jung is nearer to Carus than is Freud.' Jung had read Carus -along with Kant, Goethe, Schopenhauer, von Hartmann, and Nietzsche- as a student and quoted him twenty-three times in the *Collected Works*.

Also Groddeck has been recognized as a descendant of Carus (Ellenberger 1970, p. 844; Bell 2010, p. 158) and 'Groddeck's theory is essentially similar to that of Carus' (Alexander & Selesnick 1966, p. 392).

3. GRODDECK AND JUNG AS FOLLOWERS OF CARUS'S NATURPHILOSOPHIE

Jung -along with Groddeck (Balenci 2018)- followed Carus's 'notion of an autonomous, creative, compensatory function of the unconscious' (Ellenberger 1970, p. 208). Groddeck and Jung also shared the peculiar standpoints of refusing to set their discoveries in principles and of being critical towards scientificity (Martynekewicz 1997; Shamdasani 2003).

Scientificity represents a key matter of contrast with Freud, who refused Goethe and *Naturphilosophie* because of his need of mental security in the world of exact science (Whyte 1978, p. 179). We can see Freud as a descendant of the Enlightenment. He followed Hermann Helmholtz's biophysical medicine and Johann Herbart's theory of the unconscious. Freud's teachers were physiologist Ernst Brücke, pathoanatomical psychiatrist Theodor Meynert, and neurologist Jean-Martin Charcot (Amacher 1965; Sulloway 1979; Makari 2008). It is worth noting that Groddeck had Hermann Helmholtz, Emil Du Bois-Reymond, and Ernst Brücke as teachers in Berlin. They were exponents of the same physico-chemical physiology school to which Freud belonged. Groddeck admired Du Bois-Reymond but then chose Schweninger's naturopathic and holistic medicine (Martynekewicz 1997, pp. 92–95).

Unlike Freud, both Jung and Groddeck were heirs of Carus and shared their main philosophical references. However, there is an important difference between them: Groddeck was sceptical of knowledge and rationality (Poster 2009, p. 202; Hristeva & Poster 2013, p. 247), even about consciousness, while Jung's writings are the testimony of his unceasing wish to know in manifold fields. It is possible to propose an explanation of this divergence with their different position towards the theory of Carus.

Balenci (2018, p. 15) showed why Groddeck's theory should be placed in the *Weltanschauung* of analytical psychology. Consequently, Hillman's (1970, p. 10) affirmation that 'Carus provides the background for understanding the *Weltanschauung* of Jung' can also be applied to Groddeck. However, when Hillman writes that Jung 'never forgot the importance of usual consciousness' -thereby in contrast with Carus's position- we find a divergence with Groddeck, who instead remained completely aligned with the theory of Carus. Actually, the idealistic vision of the latter did not consider the darkness and the possible destructiveness of the unconscious. Groddeck, too, had an only positive view of the unconscious and, for him, the role of consciousness is passive, if not marginal. Indeed, Groddeck (1912, p. 254) claimed: 'There is no such thing as an I; it is a lie, a distortion, to say: "I think, I live." It should be: "it thinks, it lives". It, that is the great mystery of the universe. There is no I'. These sentences in Nietzschean style express a strong relativization

of the ego. A relativization that made Mark Poster (2009, p. 196) talk about Groddeck's thought as an 'Eastern philosophy'.²

Therefore, even if Groddeck was more idealistic and radical, both he and Jung were pioneers who considered the unconscious as another intellect and a spring of creativity; thereby deeply differentiating themselves from Freud's idea of the Id as a chaos (Balenci 2018, pp. 9–10). Groddeck's and Jung's main concepts It and Self were theoretical and clinical at the same time: hence, they represented reference points for a holistic approach in therapy. In this regard, it is worth showing the closeness of their position about the mind–body problem. Groddeck (Freud & Groddeck 1988, pp. 32–33) wrote to Freud that he was convinced 'that the distinction between body and mind is only verbal and not essential, that body and mind are one unit [... F]rom the first I rejected a separation of bodily and mental illnesses, tried to treat the individual patient, the It in him'. And this was Jung's (1931, p. 524) standpoint: 'The distinction between mind and body is an artificial dichotomy, an act of discrimination based far more on the peculiarity of intellectual cognition than on the nature of things.'

Groddeck came to psychoanalysis after more than twenty years of practical medicine according to the teachings of Schweninger, a naturopathic physician who mostly used diet, hydrotherapy, and massage, being opposed to drugs. As Groddeck (1917, p. 120) himself put it: 'I did not come to psychoanalysis through treating nervous diseases like most of Freud's pupils but was forced to practice psychotherapy and psychoanalysis because of my physico-therapeutic activity with chronic physical complaints. The success of *post hoc ergo propter hoc* taught me that it is as justifiable to consider the body dependent on the soul and to act on this assumption as vice versa'. Therefore, Groddeck had become an expert in the treatment of resistance, ambivalence, and of secondary morbid gain in chronic patients. In the clinic *Marienhöhe*, his therapeutic method became a combination of psychotherapy and physical care, systematically infringing on the Freudian rule of abstinence (Rudnytsky 1996, p. 8). Regardless, Groddeck healed his patients, also 'many "incurables"' (Simmel 1926, p. 6), gaining the name of 'wonder doctor' (Grossman & Grossman 1965, p. 58; Will 1987, p. 143). He refused the separation between psychological and physical diseases and believed that any illness could be cured by psychoanalysis, which he combined with all medical treatment.

4. GRODDECK'S INFLUENCE ON FERENCZI

In 1920, Groddeck met Sándor Ferenczi at The Hague psychoanalytic congress. They became friends and letters were exchanged until Ferenczi's death in 1933. Groddeck was older than Ferenczi and the latter went every year to Baden-Baden to be treated by Groddeck for his physical disturbances. Along with friendship, a professional collaboration was created between them in which the influence of Groddeck on Ferenczi is apparent (see Ferenczi & Groddeck 2002; Fortune 2002, p. 86). Groddeck, unlike Freud, had no interest in excelling over Ferenczi. In fact, their correspondence was based on open sincerity and they also experienced mutual analysis (Haynal 2002, p. 87; Poster 2009, p.199). Groddeck had discovered this procedure during Miss G.'s long treatment which he had begun in 1909 (Rudnytsky 2002, p. 177). Miss G.'s 'childlike attitude' towards Groddeck (1923, pp. 221–223) compelled him 'to assume the mother's role', leaving his usual authoritative manner as a 'father-doctor' that he had learned from Schweninger.

Before contacting Freud, Groddeck had outlined a dialectical idea of therapy and had discovered the mother transference. Freud would never have accepted such views. Regarding transference, Freud focused solely on the father-child tie, while Jung and Groddeck widened their attention to maternal transference (Makari 2008, p. 354). Ferenczi was influenced by Groddeck for many other therapeutic attitudes, as Herbert Will (1994, pp. 727-732) has shown: to encourage regression ('become a child again'), to emphasize the importance of emotionality, to intensify the transference analysis, to adopt a natural and sincere attitude, to grant relaxation and freedom, to understand the language of the body in the symptom, to promote play as a form of relationship, to discern the unconscious connection between analyst and patient, to encourage the patient to express his or her criticism of the analyst.

Currently, not only is there evidence that Groddeck supported Ferenczi's clinical experiments -even against Freud's opinion- but it is also increasingly clear that Ferenczi developed the original psychoanalytic ideas which Groddeck sketched and did not carry out himself (Fortune 2002; Poster 2009; Hristeva & Poster 2013). Indeed, Groddeck was focused on 'treating patients' (Freud & Groddeck 1988, p. 78). He was concerned with therapeutic and not with theoretical issues (Schacht 1988, p. 9). Consequently, 'Groddeck had many original ideas related to his clinical practice. But he had no interest in formulating a theory or having disciples or a school' (Poster, Hristeva & Giefer 2016, p. 171).

5. GRODDECK'S AND JUNG'S THERAPEUTIC CONCEPTIONS

In not wanting disciples, Groddeck was like Jung, who did not just accept the idea that there were *Jungians* (Shamdasani 2003, pp. 344–347). It is important to note that Rudnytsky (2002, pp. 179 and 181) put together Ferenczi, Groddeck, and Jung like those innovators who developed 'alternatives to strictly Freudian models of therapy and technique' up to risk mutuality.³

Gottfried Heuer's (2001, 2017) recent research has brought to light the importance of the Austrian psychoanalyst Otto Gross also for the genesis of mutual analysis. In fact, Gross had borrowed this dialectical approach from the concept of mutualism of French egalitarian philosopher Pierre-Joseph Proudhon and from the book *Mutual Aid* by Russian anarchist Pjotr Kropotkin (Heuer 2017, p. 59). Gross conducted mutual analyses for years in informal ways and places. Therefore, during his 1908 hospitalization at the *Burghölzli* to detox from drug addiction, Gross taught Jung mutuality (pp. 73-86). In his letter to Freud on May 25, 1908 (McGuire 1974, p. 153), Jung wrote: 'Whenever I got stuck, he analysed me. In this way my own psychic health has benefited too'. Their relationship became so close that Jung called Gross 'my twin brother' (p. 156) and identified with him (Roustang 1976, p. 65). Subsequently, Jung practiced a mutual analysis with Maria Moltzer.

Additionally, Ferenczi appreciated Gross's ideas so much that he quoted his papers. They became friends and exchanged letters, which have not been found. Therefore, Gross influenced Ferenczi and it is certain that Gross theorized and practiced mutual analysis before Ferenczi (Heuer 2017, pp. 106-107). Gross prematurely died in 1920, but his non-hierarchical conception of analysis was carried on by his friends Jung and Ferenczi. From the beginning of his psychiatric career, Jung (1961, pp. 144-180) was interested in the psychology of mental patients, their personality, and individuality. He adopted an attitude of listening that allowed him to find content in the psychoses, also through the analysis of dreams. Having understood that the language of schizophrenics had a meaning, Jung treated schizophrenia psychotherapeutically from the early 1900s.

We know that, despite Jung's opposition, there are Jungian schools. Rudnytsky (2002, p. 92) reminds us that Ferenczi has had a strong 'impact on contemporary clinicians', while Groddeck has been neglected. The publication of his correspondence to Ferenczi (Fortune 2002, p. 86) has shown the necessity to reconsider Groddeck's 'role in generating original ideas within the psychoanalytic domain'. The influence of Groddeck on Ferenczi's ideas was also acknowledged by Ferenczi (1930, pp. 122–123; Ferenczi & Groddeck 2002, p. 49) himself. Only recently, has Groddeck begun to be recognized. In the therapeutic field he was a pioneer for his *dialectical conception* of the analytic relationship (Rudnytsky 2002, p. 177); for his *maternal turn*, transforming the analytic attitude into 'mothering' with a passive attitude (Hristeva & Poster 2013, p. 233); for his view of *countertransference* as a constructive concept (Poster, Hristeva & Giefer 2016, p. 173). Each of these aspects is significantly close to Jung's conception of analytic therapy. Indeed, Jung (1935a, para. 2) wrote: 'If I wish to treat another individual psychologically at all, I must for better or worst give up all pretensions to superior knowledge, all authority and desire to influence. I must perforce adopt a dialectical procedure consisting in a comparison of our mutual findings.' About passivity, Jung (1935a, para. 7) maintained that 'the therapist is no longer the agent of treatment but a fellow participant in a process of individual development.' Jung did not write much on countertransference because he preferred to talk about two transferences. Accordingly, this was his view: 'The countertransference is then just as useful and meaningful, or as much of a hindrance, as the transference of the patient' (Jung 1916/1948, p. 273).

The similarities between Groddeck and Jung concern more general topics, such as a great relevance given to symbolization. Consistent with his relativization of the ego, to Groddeck (1922, p. 166) ‘the symbol is a means by which the unconscious guides consciousness’. For him, every aspect of the human being is symbolic because s/he is ‘symbol-minded’; a ‘symbolizing creature’ (p. 171). This remained his pivotal belief, so much so that *Der Mensch als Symbol* is the title of the latest book by Groddeck (1932). He saw both neurotic and organic symptoms as symbolic expressions of the unconscious which need to be understood in the patient’s specific life situation (Groddeck 1922, p. 170). According to him, therefore, symbolization is fundamental but concerns only the individual -thus differentiating from Jung (Will 1987, p. 137), who extended the symbol to a cultural and mythological level.

Moreover, both Groddeck and Jung discovered the pre-Oedipal period connected to the fundamental role of mother-child relationship. In Groddeck’s view, the Freudian ‘phallocentrism gives way to matricentrism’ (Lewinter 1990, p. 55). On the other hand, Jung (1911–1912) dealt with these topics in *Psychology of the Unconscious*, the book that marked his separation from Freud.

Groddeck was also an innovator in using play in the therapy of children (Hristeva & Poster 2013, pp. 245–247) and prefigured the role of transitional phenomena in the transference, many years before Donald Winnicott (Rudnytsky 2002, p. 188). For the relevance of the contribution provided by Groddeck, a name should be attributed to the current of thought which has resulted from the collaboration of German Georg Groddeck and Hungarian Sándor Ferenczi: *Baden-Baden–Budapest branch of psychoanalysis*. Indeed, such current of thought led to ‘a paradigm shift’⁴ in psychoanalysis (Wallerstein 1998; Poster 2009), whose beginning up until recently had only been attributed to Ferenczi and the Hungarian school.⁵ Whereas, this paradigm shift should be linked to ‘a dialectic rather than a dogmatic conception of therapy’ due to Groddeck’s It (Rudnytsky 2002, p. 192). It is worth noting that Jung’s Self also led to a dialectical conception of therapy (Balenci 2018).

In the same year, Groddeck (1923) exposed his ideas in *The Book of the It* and Freud (1923) published *The Ego and the Id*. The statement of the second Freudian topography found its main counterweight in Groddeck’s *Book of the It* (Rudnytsky 2002, p. 143). Whereby, a ‘theoretical schism’ (Poster, Hristeva & Giefer 2016, p. 172) occurred between Freud’s one-person paradigm of ego psychology and Groddeck’s two-person paradigm, mostly because of their different vision of the unconscious and of *das Es* (Will 1985; Balenci 1993, 2018). Hence, Groddeck must be considered a ‘progenitor’ of the relational turn in psychoanalysis, of attachment theory, and of the Independent tradition of object relations theory (Rudnytsky 2002, pp. 98, 143).

Unlike Freud’s structural model, which implies a colonization of the Id by the Ego, the notion of It highlights the positive role of the unconscious and leads to an analyst’s attitude of humility. According to Groddeck, the therapeutic process is conducted by the patient’s It. Groddeck (1926, p. 126) wrote: ‘in the treatment itself it is not the doctor who is the essentially active partner, but the patient. The doctor’s chief danger is Hybris.’ To Groddeck (1928, p. 213), the therapist is ‘fully in the service of the patient’, who ‘uses the doctor’s psychic services [... until the possibility of] the strange turning point where the relationship of doctor and patient is reversed, where the patient becomes the doctor and decides himself what he is to do with his servant’s services and even whether he wants to accept them at all’ (p. 215).

Like his master Schweninger, natural healing was Groddeck’s belief, but it was also shared by Jung (1951, para. 252; Stein 1998, p. 39) due to their common background in *Naturphilosophie*.⁶ Thus, doctors can treat patients, but it is nature that heals them. The Latin sentence ‘Natura sanat, medicus curat’ was used by Groddeck (1913) even as the title of one of his books. He saw awakening ‘the patient’s will-to-health’ as the aim of his treatments (Collins 1951, p. 25). That is why, according to Groddeck (1928, p. 218), ‘the fundamental task of all psychotherapy is the tracing and dissolving of resistance’. Since the latter is mostly unconscious, to Groddeck the analytic approach represents the best way to achieve this task. Remarkably, Jung (1911, p. 199) also attributed a fundamental role to resistance, so much so that he wrote: ‘What is characteristic of the diseased mind, therefore, is not the ambivalence but the resistance’ as an effect caused by the feeling-tone complex.

For his alternative stance to Freud's, Groddeck had many opponents in the psychoanalytic movement -the strongest of which was Ernest Jones (1953), the writer of Freud's biography. Nevertheless, Groddeck also had followers, such as Smith Ely Jelliffe, Felix Deutsch, Franz Alexander, Michael Balint, Flanders Dunbar, and George Engel in the development of psychosomatic medicine (Poster 2009, p. 203). After The Hague congress he gained the support of Frieda Fromm-Reichmann, Karen Horney, Otto Rank, and Ernst Simmel, along with Ferenczi (Grossman & Grossman 1965, p. 97). Afterward, also Frances Deri, Elizabeth Federn, Erich Fromm, William Inman, Lou Andreas-Salomé, Clara Thompson became Groddeck's admirers.⁷

Furthermore, his clinic *Marienhöhe* became a model as a psychoanalytic hospital. Ernst Simmel started *Sanitarium Schloss Tegel* in Berlin in 1927 and was an inspirer of the psychoanalytic turn of *Menninger Clinic* in Topeka, Kansas (Peck 1966). Frieda Fromm-Reichmann became the director of *Chestnut Lodge Hospital* in Rockville, Maryland. Barbara Dionis Petratos (1990) points out that Fromm-Reichmann -a psychiatrist and a psychoanalyst- collaborated in Groddeck's clinic in 1934, learning from him the importance of early mothering and the idea of disease as a form of symbolic self-expression (see Groddeck 1889–1934; Grotjahn 1945). In the United States, Fromm-Reichmann 'referred to Groddeck in her lectures and assigned her students his work to study' (Dionis Petratos 1990, p. 159). Whereby, Groddeck's thought was present at Chestnut Lodge⁸ and eventually influenced Harold Searles, a leading schizophrenia analyst.

Searles widely developed Groddeck's therapeutic approach in his work with chronic psychotic patients. He held in high regard the meaning of transference and resistance, fully questioning the analyst's countertransference feelings (Searles 1979). His paper 'The patient as therapist to his analyst' is a theory on mutual analysis. It directly quotes Groddeck as a courageous pioneer for having described 'the patient's functioning as therapist to the doctor' in *The Book of the It* (Searles 1975, p. 446).

David Sedgwick (1993) compared Searles' and Jung's psychotherapeutic models for their similarities. In such models the analyst assumes a 'natural, "human" role' (p. 140), is spontaneous (p. 123), nondirective (p. 126), and empathic -namely is able to have a 'true identification with the client' (p.128).⁹ These skills require that the therapist does not defend him or herself from the patient with the help of a continuous work of self-analysis. 'For Jung and Searles, it is the relationship between therapist and client that is the fundamental factor and mode of cure' (p. 74) -a relationship where the unconscious communications play a decisive role, like for Groddeck.

6. JUNG'S ANALYTIC STYLE

Jung began his psychiatric job in the *Burghölzli* hospital of Zurich in 1900, working assiduously to treat psychotics, including chronic ones. 'Jung's interest in the psychology of schizophrenia has been maintained throughout his career' (Bennet 1961, p. 29). Gaetano Benedetti (1973, p. 410) of Basel University, Switzerland, had the opportunity to discuss psychotherapy of schizophrenia with Jung, realizing that Jung's therapeutic abilities surpassed the theoretical ones on this topic. It was just Jung's work with schizophrenics that led him to be the first to discover the importance of countertransference. Benedetti showed that Jung was also the first in the psychological treatment of psychosis, to the point that 'before Jung a psychotherapy of schizophrenia, in the modern and scientific sense of the word, did not even exist' (p. 413). Nevertheless, according to Benedetti (p. 412), Jung had a significant limit in 'the absence of a technique'. It should be noted that such absence was a conscious and generalized decision, which Jung did not limit to schizophrenia treatments.

Actually, Jung's (1954) twelve papers in his book on *The Practice of Psychotherapy* do not even provide practical indications for analytic technique. Peter Homans considered 'The Transcendent Function' (Jung 1916/1958), written in 1916, as the best essay on the principles of Jungian analysis. Although, 'Once Jung had formulated his core process, his ideas underwent little change' (Homans 1995, p. 165). Thus, Jung expounded only general principles. However, he provided an explanation for not wanting to propose a technique. Since the cardinal concept of his theory is the process of individuation and each individuality is unique, 'the therapist must abandon all his preconceptions and techniques and confine himself to a purely dialectical procedure, adopting the attitude that shuns all methods' (Jung 1935a, para. 6). Infact, to Jung

(1945, p. 88) the only technical tool is the analyst's personality; his or her 'human quality' is the crucial factor (Jung 1929, para. 174). Therefore, given that the therapist is equally a part of the psychic process of treatment, Jung (1929, para. 166; 1951, para. 237) suggested that every analyst should submit him or herself to a training analysis before doing analytic work with patients.

As for the frequency, Jung (1935a, para. 26; 1935b, para. 43) used 'three or four sittings a week' in difficult cases, adding: 'As a rule I content myself with two, and once the patient has got going, he is reduced to one. In the interim he has to work at himself, but under my control. [...] I break off the treatment every ten weeks or so, in order to throw him back on his normal milieu.' Thereby, the patient has both economic savings and does not become too dependent on the analyst.

Joseph Henderson (1975, p. 115) thus described Jung's behaviour in analysis: 'During most interviews he paced back and forth, gesturing she talked, and he talked of everything that came to his mind, whether about a human problem, a dream, a personal reminiscence, an allegorical story, or a joke. Yet he could become quiet, serious, and extremely personal, sitting down almost too close for comfort and delivering a pointed interpretation of one's miserable personal problem so its bitter truth would really sink in. And yet he made some his best life-changing observations indirectly, offhand, as if they were to be accepted lightly -even joyously'. Jung (1935c, p. 139) himself said: 'I reject the idea of putting the patient upon a sofa and sitting behind him. I put my patients in front of me and talk to them as one natural human being to another, and I expose myself completely and react with no restriction.'

Jung's anti-methodological stance and his reluctance to form a school may have been reasons to seek technical tools elsewhere in many of his followers, who have turned to the Freudian technique and to the use of the couch. The latter was seen as an analyst's defence by Jung (1946, p. 171 and note 16). Afterwards, communication scholars have regarded it as a physical setting in which the therapist's superior position is extreme (Haley 1963, p. 72).

7. THE USE OF THE COUCH VS. FACE-TO-FACE POSITION

Freud first used the couch for the therapy of hysteria and later for the other neuroses, recommending a surgeon's cold attitude to analysts in his writings on technique even though he himself was hearty and spontaneous with patients (Balenci 1997). Freud (1913, pp. 133–134) wrote: 'I hold to the plan of getting the patient to lie on a sofa while I sit behind him out of his sight. This arrangement has a historical basis; it is the remnant of the hypnotic method out of which psychoanalysis was evolved. But it deserves to be maintained for many reasons. The first is a personal motive, but one which others may share with me. I cannot put up with being stared at by other people for eight hours a day (or more). Since, while I am listening to the patient, I, too, give myself over to the current of my unconscious thoughts, I do not wish my expressions of face to give the patient material for interpretations or to influence him in what he tells me'.

Therefore, Freud honestly recognized the defensive function that the couch performed towards his patients. From a sign of weakness, nonetheless, the couch has become the emblem itself of psychoanalytic therapy; a real 'iconic status' (Friedberg & Linn 2012). This fact may also explain the spread of its use among Jungians, whose professional identity has been lacking -like they are Jung's unwanted children. Kirsch (2000, p. 54) notes that adopting rules and frame of the psychoanalytic model 'has been a common pattern' among Jungian analysts from many countries, including Germany, Britain, and the United States.

Michael Fordham (1978, pp. 65–70) theorized the advantages of the couch, well aware of going against Jung's position.¹⁰ In fact, the couch is a foreign body in Jung's way of understanding analytic process. Groddeck also did not use the couch, and neither the white coat (Will 1987, pp. 147, 165). Fordham (1978, p. 67) defended the couch as 'a manifest indication that the analysand is different from the analyst [...]; he is in some sense a patient who wants treatment [...] and] not just a social occasion'. One could reply that payment is enough to remind the analysand how things are, but Fordham's intention to claim medical power is apparent. This represents the opposite of Jung's and Groddeck's conceptions, which considered analytic therapy as a real dialectical process, ushering in a *two-person paradigm*.

Wallerstein (1998, p. 1021) was the first to talk about paradigm shift: 'a shift away from a natural science, positivistic model anchored in a one-person psychology based on the intrapsychic vicissitudes of the patient's instinctual strivings and the defences ranged against them, all of this authoritatively surveyed by an objective, neutral analyst, the privileged arbiter of the patient's reality, and on the patient's neurosis as projected onto the analytic blank screen -away from all that, to the ramifications of a two-person psychology' for an interpersonal, object-relational, intersubjective, and perspectivist approach.

It appears comprehensible to find a strong criticism of the couch as the 'most striking' psychoanalytic ritual by one of Groddeck's followers, Erich Fromm (1959, pp. 107–108). Frieda Fromm-Reichmann also treated patients face-to face (McGlashan & Fenton 1998), like other neo-Freudians of the Interpersonal School of Psychoanalysis. Among them, Searles (1963, pp. 645–650;1972, p. 227), who showed the important role of the therapist's face as a mirror in the process of the patient's ego-integration, like it happens in early childhood with the mother's face. On the same line, discussing the reasons to adopt face-to-face arrangement, Jung (1935c, para. 319) maintained that it is the analyst's 'duty to accept the emotions of the patient and to mirror them.'

The role of mirroring is important for any analytical therapy, because it performs a fundamental function in empathy and also in maturational identifications -for the therapist, too (Balenci 1987). Recent research carried out at the University of Parma, Italy, has identified the physiological basis of empathic processes in a mirror neuron system.¹¹ Since these processes are activated by facial expressions (Iacoboni 2009), the human 'capacity to echo the perception of the faces and gestures of others and code them immediately in visceromotor terms, supplies the neural substrate for an empathic sharing' (Rizzolatti & Sinigaglia 2008, p. 192). These studies have explained the neurologic basis of nonverbal intersubjective communication (Gallese 2003), and with recent infant and psychotherapy research, they have provided evidence that the couch is a depriving factor for the patient (Lingiardi & De Bei 2011). In fact, a face to-face position allows visual and nonverbal communications, which are not possible using the couch as Freud did. Today there is, thus, a scientific support for Groddeck's and Jung's therapeutic arrangement which is capable of allowing a higher relational information for both the analyst and the patient. Thereby, the latter can also regress to the primary mother-child relationship and heal his or her early damage of the 'basic fault' (Balint 1968).

8. THE INDEPENDENCE OF GRODDECK'S AND JUNG'S IDEAS FROM FREUD

It is interesting to note that the time span of Jung's and Groddeck's collaboration with Freud was similar, about six and a half years: from 1906 to 1913 for Jung; from 1917 to 1923 for Groddeck.¹² Today there is solid evidence that both Groddeck and Jung had their own system before entering the psychoanalytic movement and they kept it also afterwards: Groddeck as an outsider in that movement; Jung leaving Vienna psychoanalysis. An important fact to highlight -as already noted by Roustang (1976, pp. 59, 165)- is that neither of them remained psychologically independent of Freud, but their ideas did. Groddeck and Jung, consequently, have been joined together as analytical alternatives to psychoanalysis, as 'theories of human nature which are vitalist in character, and which, while recognizing the mechanisms of mind, lay stress on the creative power of life and the idea of man as a whole, in relation not only to his infantile but also to his adult problems and needs' (Collins 1951, p. 19).

Although both Jung and Groddeck had considerable influence, they were not interested in creating a school. However, Jung was somehow forced to do it, but 'no formal training was ever instituted by him.' (Fordham 1979, p. 280). In the United States, some of Groddeck's followers also formed an independent group of classical psychoanalysis. This group was led by Clara Thompson and became the American Academy of Psychoanalysis in 1956.¹³ Groddeck's influence came to Britain through Ferenczi's analysands, Michael Balint and Melanie Klein.¹⁴ The migration of Groddeck's theoretical and technical innovations to Melanie Klein was pointed out (Grotjahn 1966, p. 319; Giampieri Deutsch 1996, p. 235; Hristeva & Poster 2013, p. 245).

Balint and Klein were the first British object-relations theorists, followed by Ronald Fairbairn, Harry Guntrip, and Donald Winnicott. Other psychoanalysts referable to the Baden-Baden–Budapest branch were

John Rickman, Sándor Radó, Geza Roheim, Harry Stack Sullivan, Margaret Mahler, John Rosen, John Bowlby, René Spitz, and Heinz Kohut.¹⁵ Among these psychoanalysts there are authors much studied by Jungians for their relational orientation; mainly Klein, Winnicott, and Kohut. This fact can be explained by the common origin of analytical psychology and the Baden-Baden–Budapest branch of psychoanalysis. The different evolutions of these two veins of depth psychology might depend on their founders' interests: Jung was mostly a researcher, while Groddeck focused on therapy.¹⁶ Apart from this divergence, they shared fundamental aspects of analytic process.

Freud's therapeutic aim was to find a compromise between the patient's instinctual drives and social demands. Whereas, both Groddeck and Jung would have agreed on the motto that Groddeck had taken from Nietzsche: 'Become who you are!'¹⁷ (Will 1987, p. 170). Moreover, Groddeck's idea of the intense unconscious mutual influence existing within the analytic dyad would have its counterpart in Jung's (1946) alchemical metaphor. Jung wrote: 'the doctor is as much "in the analysis" as the patient. He is equally a part of the psychic process of treatment and therefore equally exposed to the transforming influences.' (Jung 1929, para. 166). Finally, Jung's idea that every analysis requires a different method agrees with Groddeck's belief that 'the personalized approach to each patient [is] an essential requirement.' (Will 1987, p. 141).

Freud's technique had been created for the therapy of hysterics, while Jung developed his psychotherapeutic style treating psychotics in the *Burghölzli* hospital, where he 'was a pupil of Eugen Bleuler' (Jung [1948] 1951, para. 1155; see McLynn 1997, pp. 55–75). Before meeting Freud, Jung went to Paris to study Pierre Janet's psychological analysis for a semester in 1902 (Bair 2003, pp. 68–69).¹⁸ Jung himself recognized Bleuler, Pierre Janet, and Théodore Flournoy¹⁹ as the teachers who above all influenced him (Shamdasani 2003, p. 93). Jung worked on his word association test from 1904 and began teaching psychotherapy at Zurich University from 1906 (Lewis 1957; Ellenberger 1970, p. 668). Accordingly, Jung was using a psychological approach in psychiatry years before coming into contact with psychoanalysis. There is no doubt that this first period of psychotherapy has set up Jung's way of relating to patients and his methodology. The latter was thus developed in the treatment of psychiatric cases, aimed at reaching the psychotic levels of the patient's personality.

In his writings, Jung has repeatedly contrasted his constructive-synthetic method with Freud's reductive method. Homans (1995, pp.162-173) highlighted that, even in his mature years, Jung consistently sought to determine Freud's thought in relation to his own, presenting 'his theories as a fulfillment of Freud's views' (p. 163). Jung's (1954) papers on psychotherapy also are more concerned with criticizing Freud's therapy than with specifying his own. Hence, we can argue that Jung maintained an indirect dialogue with Freud, being unable to fully process the mourning of detachment. Jung thus contributed to the narrative that he was a mere pupil of Freud and then a dissident of the psychoanalytic movement (Freud 1914, pp. 57-66; Jones 1953, p. 430; Alexander & Selesnick 1966, pp. 234-248; Taylor 2009, p. 339). On the contrary, when Jung became interested in psychoanalysis he had already discovered complexes and was the deputy director of the most prominent psychiatric hospital in Europe. In addition, he had already begun to have connections with the French-Swiss English-American psychotherapeutic alliance (Shamdasani 1995; Taylor 1996), in which the friendship between William James and Théodore Flournoy -from 1890 to 1910 (Le Clair 1966)- was a fundamental element (McLynn 1997, pp. 145-146). We have to be especially grateful for Ellenberger's (1970) and Shamdasani's (2003, 2005) research that subtracted Jung from a Freudocentric perspective.

9 CONCLUSION: THE SCHOOLS OF ANALYTICAL PSYCHOLOGY AND THE BADEN-BADEN–BUDAPEST BRANCH OF PSYCHOANALYSIS

The 'Freudian legend' (Ellenberger 1970, p. 547; Sulloway 1979; Borch-Jacobsen & Shamdasani 2012) has determined 'the complete mislocation of Jung and complex psychology in the intellectual history of the twentieth century' (Shamdasani 2003, p. 13). Although Jung's sources have been numerous and varied, his psychology should be placed in the current of psychodynamic thought to which we have seen it historically belongs: Carus's theory of the psyche. This is the same theory that shaped Groddeck's work, which gave rise to what we called above the Baden-Baden–Budapest branch of psychoanalysis. Jung (1945, para. 204) himself wrote that Carus's medical philosophy had been an anticipation of modern psychotherapy.

Currently, the two-person paradigm has supplanted Freud's one-person psychology even in the psychoanalytic field (Rudnytsky 2002, p. 143). Hence, Jung's and Groddeck's relational approach has proved to be a better therapeutic conception. Nevertheless, the post-Jungians often have not followed Jung's principles in analytic practice. They have made large use of the clinical research carried out by Freudian analysts, chiefly among those who belong to the Baden-Baden–Budapest branch. And most of the latter, interestingly, are the same theorists that Andrew Samuels (1985, pp. 9–11) called *unknowing Jungians*: Michael Balint, Wilfred Bion, John Bowlby, Ronald Fairbairn, Harry Guntrip, Melanie Klein, Heinz Kohut, Margaret Little, Heinrich Racker, Harold Searles, René Spitz, Donald Winnicott, and others.

These findings should be required to be discussed on theoretical and clinical levels. It is hoped that the present paper -which connects two strands that have been kept apart to this day- may induce further studies on the history of depth psychology, as well as on Jungian theory and therapy.

MAIN INFLUENCES ON GRODDECK AND JUNG			
Johan Wolfgang von Goethe – Friedrich Nietzsche Carl Gustav Jung – Eduard von Hartmann			
GEORG GRODDECK (1856-1934)		CARL GUSTAV JUNG (1875-1961)	
1885-87	Born in Bad Kösen, Germany Hermann Helmholtz, Emil Du Bois-Reymond, Ernest Brüke (Medical School of Berlin)	1900-09	Born in Kesswil, Switzerland Eugen Bleuler (Burgozli psychiatric hospital) Théodore Flournoy
1888-98	Ernest Schweninger (from Berlin Medical School to Baden-Baden)	1900-20	
1900-34	Director of the clinic Marienhöhe in Baden-Baden	1902-03	Pierre Janet (one semester)
1917-23	Sigmund Freud	1906-13	Sigmund Freud and the psychoanalytical movement
From 1920	Associated with the Psychoanalytical Society of Berlin	1914-18	Confrontation with the unconscious and research Analytical psychology
1920-33	Friendship with Sandor Ferenczi	From 1919	
		1948	Foundation of the Jung Institute in Zurich
Baden-Baden - Budapest Branch of psicoanalysis		School of Analytical Psychology	

Figura 1. Philosophical, theoretical and professional influences in the life of Georg Groddeck and Carl Gustav Jung.

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Notas al final

- 1.- About von Hartmann's work and influence, see Whyte (1978, pp. 163–166) and Gardner (2010).
- 2.- About Jung's complex relationship with Eastern thought, see Coward (1991) which includes an annotated bibliography on Jung and Eastern traditions.
- 3.- Otto Rank was also an innovator in the psychoanalytic movement, from which he came out after the publication of *The Trauma of Birth* (Rank 1924). His book written with Ferenczi (Rank & Ferenczi 1923) focused on the analytic situation and the maternal transference. Nonetheless, Rank 'remained dogmatic and inflexible in his clinical practice' (Rudnytsky 2002, p. 93. See Alexander & Selesnick 1966, pp. 248–252; Makari 2008, pp. 353–365).
- 4.- On this concept of paradigm, see Kuhn (1970).
- 5.- About the history of this school and the two waves of emigration of members of the Hungarian Psychoanalytical Society in 1919–1926 and in 1938–1941, see Mészáros (2010)
- 6.- In his broad historical-philosophical correlation between Naturphilosophie and Jungian theory, Arzt (2008, p. 16) states that analytical psychology is the most important intellectual movement that the 20th century produced for the formulation of a contemporary natural philosophy.
- 7.- See Hristeva & Poster (2013, p. 251) about Groddeck's direct and indirect influence on generations of psychoanalysts.
- 8.- See Silver (1996) also for Groddeck and Ferenczi's influence on American psychoanalysis.
- 9.- On the identification processes of the analyst with the patient, see Balenci (1987).
- 10.- Fordham has been the leader of English analytical psychology from 1943 to 1995, but he always was ambivalent towards Jung. He was greatly influenced by Melanie Klein, Donald Winnicott, and other object-relations psychoanalysts, combining psychoanalytic concepts and technique with Jungian analysis. (Kirsch 2000, pp. 44–57).
- 11.- Anatomically, it is located in the prefrontal cortex and is connected to the limbic system, the premotor and motor cortex.
- 12.- Groddeck's collaboration with Freud ended after the publication of *The Ego and the Id*, where Groddeck's term *das Es* was distorted. Groddeck wrote a bitter letter to Freud on 27 May 1923, expressing his disappointment (Freud & Groddeck 1988, p. 80). Afterwards, their correspondence went on in a more formal and discontinuous way (Roustang 1976, pp. 156–163); see also Will (1985). About Freud's difficulties with friendships, see Gay (1988).
- 13.- Among its first affiliates there were Franz Alexander, Roy Grinker, Abram Kardiner, Jules Masserman, Sándor Radó
- 14.- 'Without exception, Ferenczi's analysands have shown great enthusiasm for Groddeck' (Grossman & Grossman 1965, p. 200).
- 15.- About Kohut's self as a return of Groddeck's ideas, see Balenci (2018, pp. 57–58).
- 16.- In the field of group therapy, Groddeck's technique led to Jacob Moreno's psychodrama. In the medical field, Groddeck's ideas were carried out by English obstetrician Grantly Dick-Read for natural childbirth (Grotjahn 1966, p. 319).
- 17.- Originally from the poet Pindar of ancient Greece.
- 18.- About the relevance of Janet's theory to Jung, see Haule (1984) and Monahan (2009)
- 19.- Flournoy instigated Jung to get a sabbatical in Paris to study with Binet and Janet (Bair 2003, p. 68). Flournoy's (1899) book *From India to the Planet Mars* was a point of reference for his early works (including Jung 1902, 1905, 1907). About Jung's connection with Geneva psychology, see Witzig (1982), Shamdasani (1996), and Bair (2003).