

INTRODUCTION: THE CLINICAL PARADIGM

What could an entirely rational being speak of with another entirely rational being?

—Emmanuel Levinas

I have yet to meet the famous Rational Economic Man theorists describe. Real people have always done inexplicable things from time to time, and they show no sign of stopping.

—Charles Sanford, Jr.

As I grow older I pay less attention to what men say. I just watch what they do.

—Andrew Carnegie

Be master of mind rather than mastered by mind.

—Zen proverb

There's a Zen tale about a person who noticed a disturbing bump under a rug. This person tried to smooth out the rug, but every

time she did so, the bump reappeared. In utter frustration, she finally lifted up the rug, and to her great surprise, out slid an angry snake.

In an organizational context, this story can be viewed as a metaphor for the occasions when, in making interventions, we deal only with the symptoms. Inevitably, despite our attempts to smooth things over, the snake beneath—the underlying cause—keeps working its mischief. Unless we pull out that snake and deal with it, it will confound our best efforts to improve organizational efficiency.

Like the woman with the rug, too many management scholars restrict themselves to a mechanical view of life in the workplace. They look at surface phenomena—bumps on the rug—rather than at deep structure. Too often, the collective unconscious of business practitioners and scholars alike subscribes to the myth that the only thing which matters is what we see and know (in other words, that which is conscious). That myth is grounded in organizational behavior concepts of an extremely rational nature—concepts based on assumptions about human beings made by economists (at worst) or behavioral psychologists (at best). The social sciences, ever desperate to gain more prestige, seem unable to stop pretending to be natural sciences; they cannot relinquish their obsession with the directly measurable [1]. For far too many people, the spirit of the economic machine appears to be alive and well and living in organizations. Although the existing repertoire of “rational” concepts has proven time and again to be insufficient to untangle the really knotty problems that trouble organizations, the myth of rationality persists.

Consequently, organizational behavior concepts used to describe processes such as individual motivation, communication, leadership, interpersonal relationships, group and intergroup processes, corporate culture, organizational structure, change, and development are based on behaviorist models, with an occasional dose of humanistic psychology thrown in for good measure. Such an approach (behind which hovers the irrepressible ghost of Frederick Taylor, the premier advocate of scientific management)

guarantees a rather two-dimensional way of looking at the world of work. Many executives believe that behavior in organizations concerns only conscious, mechanistic, predictable, easy-to-understand phenomena. The more elusive processes that take place in organizations—phenomena that deserve rich description—are conveniently ignored.

That the organizational man or woman is not just a conscious, highly focused maximizing machine of pleasures and pains, but is also a person subject to many (often contradictory) wishes, fantasies, conflicts, defensive behavior, and anxieties—some conscious, others beyond consciousness—isn't a popular perspective for most business-people. Neither is the idea that concepts taken from such fields as psychoanalysis, psychodynamic psychotherapy, and dynamic psychiatry might have a place in the world of work. Such concepts are generally rejected out of hand on the grounds that they're too individually based, too focused on abnormal behavior, and in the case of the psychoanalytic method of investigation, too reliant on self-reported case studies thereby creating problems of verification.

Valid as some of these criticisms may be, the fact remains that any meaningful explanation of humanity requires different means of verification than do the so-called hard sciences. In spite of what philosophers of science like to say about this subject, no causal claim in clinical psychology (or history and economics, for that matter) can be verified in the same way as can claims in empirical sciences such as experimental physics or astronomy. When we enter the realm of a person's inner world—seeking to understand that individual's desires, hopes, and fears—efforts at falsification are as important as the truths they conceal.

GIVING THE UNCONSCIOUS ITS DUE

The best bridge from the certainties of the empirical sciences to the ambiguities of the human mind is what I call the “clinical

paradigm”—a conceptual framework that not only recognizes but celebrates the human factor, building on psychoanalytic concepts and techniques. Though the notion that there’s more to organizational behavior than meets the eye is anathema to many management scholars, practitioners who deny the reality of unconscious phenomena—who refuse to bring those phenomena to consciousness and take them into consideration—increase the gap between rhetoric and reality. Rejecting the clinical paradigm is a mistake, plain and simple. After all, it’s individuals who make up organizations and create the units that contribute to social processes. Even en masse, however, people are subject to laws which cannot be tested by experimental physics. Moreover, like it or not, “abnormal behavior” is more “normal” than most people are prepared to admit. All of us have a neurotic side. Mental health and illness aren’t dichotomous phenomena but opposing positions on a continuum. Furthermore, whether a person is labeled normal or abnormal, exactly the same psychological processes apply.

In light of these observations, management scholars and leaders need to revisit the following questions: Is the typical executive really a logical, dependable human being? Is management really a rational task performed by rational people according to sensible organizational objectives? Given the plethora of highly destructive actions taken by business and political leaders, we shouldn’t even have to ask. It should be clear that many of those activities which are incomprehensible from a rational point of view, signal that what really goes on in organizations takes place in the intrapsychic and interpersonal world of the key players, below the surface of day-to-day behaviors. That underlying mental activity and behavior needs to be understood in terms of conflicts, defensive behaviors, tensions, and anxieties.

It’s something of a paradox that, while at a conscious level we might deny the presence of unconscious processes, at the level of behavior and action we live out such processes every day all over the world. Though we base business strategies on theoretical

models derived from the “rational economic man”, we count on real people (with all their conscious and unconscious quirks) to make and implement decisions. Even the most successful organizational leaders are prone to highly irrational behavior, a reality that we ignore at our peril.

When the illusions created by the concept of homo economicus prevail over the reality of homo sapiens, people interested in what truly happens in organizations are left with a vague awareness that things that they can’t make sense of are occurring. When faced with knotty organizational situations, they feel ineffective and helpless. Far too many well-intentioned and well-constructed plans derail daily in workplaces around the world because of out-of-awareness forces that influence behavior.

Those plans include all change efforts that rely on intervention techniques which focus on the rational side of human behavior to the exclusion of the emotional side. Efforts by traditional organizational change agents—men and women burdened by the legacy of homo economicus—generally come across as overly optimistic and even naïve. Only by accepting that executives just like the rest of us aren’t paragons of rationality can we understand why such plans derail and put them back on track again—or better yet, keep them from derailing in the first place [2]–[4].

Experience has shown that in the case of many knotty organizational situations, the clinical paradigm can go a long way toward bringing clarity and providing long-lasting solutions. And no body of knowledge has made a more sustained and successful attempt to deal with the meaning of human events than psychoanalysis. The psychoanalytic method of investigation, which observes people longitudinally (that is, over time), offers an important window into the operation of the mind, identifying meaning in the most personal, emotional experiences. Its method of drawing inferences about meaning out of otherwise incomprehensible phenomena is more effective than what competing theories have to offer. By making sense out of executives’ deeper wishes and fantasies, and

showing how these fantasies influence behavior in the world of work, the psychodynamic orientation offers a practical way of discovering how organizations really function.

TAPPING INTO PSYCHOANALYTIC THEORIES AND TECHNIQUES

The fact that a growing number of management scholars are realizing that they need to pay attention to weaker, below-the-surface signals in the organizational system is noteworthy in the context of articles in the popular press asking whether Sigmund Freud is dead. People who pose this question are usually focused exclusively on Freud's own views from the early 20th century, forgetting that psychoanalytic theory and therapy have continued to evolve since that time. Psychoanalytic theory has become increasingly sophisticated, incorporating the findings from domains such as dynamic psychiatry, developmental psychology, anthropology, neurophysiology, cognitive theory, family systems theory, and individual and group psychotherapy. To condemn present-day psychoanalytic theory as outdated is like attacking modern physics because Newton never understood Einstein's theory of relativity. Although various aspects of Freud's theories are no longer valid in light of new information about the workings of the mind, fundamental components of psychoanalytic theory have been scientifically and empirically tested and verified, specifically as they relate to cognitive and emotional processes [5]–[6]. As disappointing as it may be to some of his present-day critics, many of Freud's ideas retain their relevance.

As an archaeologist of the mind, Freud believed that neurotic symptoms can be used to decode why people behave the way they do. As conspicuous signifiers of a person's inner world, they can be seen, he believed, as "the royal road to an understanding of the

unconscious.” I contend that this perspective can be applied, by analogy, to organizations: just as every neurotic symptom has an explanatory history, so has every organizational act; just as symptoms and dreams can be viewed as signs replete with meaning, so can specific acts, statements, and decisions in the boardroom. Likewise, the repetition of certain phenomena in the workplace suggests the existence of specific motivational configurations. The identification of cognitive and affective distortions in an organization’s leaders and followers can help executives recognize the extent to which unconscious fantasies and out-of-awareness behavior affect decision-making and management practices in their organization.

Freud himself didn’t make any direct observations about the application of his ideas to the world of work (although later in life he became interested in society at large), but several of his followers—psychoanalysts such as Melanie Klein, Wilfred Bion, and Donald Winnicott—applied aspects of his theories to the workplace. The ideas of these psychoanalysts have been further explored by a large number of clinically informed scholars of organizations [2]–[4]; [7]–[16]. The work of these scholars has gone a long way toward creating a deep and rich understanding of life in organizations. Their insights have also opened the way to more effective consultation and intervention in organizations.

The clinical paradigm, with its broadly integrative psychodynamic perspective, has much to contribute to our understanding of organizations and the practice of management. A psychologically informed perspective can help us understand the hidden dynamics associated with individual motivation, leadership, collusive situations, social defenses, toxic organizational cultures, “neurotic” organizations (that is, organizations tainted by the particular neurosis of its top executive), and the extent to which individuals and organizations can be prisoners of their past.

Advocates of the clinical paradigm recognize the limits of rationality and reject a purely economist, behaviorist view of the world of work. They have concluded that behavioral and statistical data-gathering experiments can supply only a partial understanding of complex organizational phenomena, contrary to what advocates of management as a natural science would have us believe. An additional dimension of analysis is needed to comprehend organizational behavior and the people working in the system: we have to factor in that which is directly observable.

Scholars of management need to recognize that organizations as systems have their own life—a life that’s not only conscious but also unconscious, not only rational but also irrational. The clinical paradigm is essential to provide insight into that life, into the underlying reasons for executive and employee behavior and actions. To understand the whole picture, we need to pay attention to these presenting internal and social dynamics, to the intricate dance between leaders and followers, and to the various unconscious and invisible psychodynamic processes and structures that influence the behavior of individuals, dyads, and groups in organizations. People who dismiss the complex clinical dimension in organizational analysis cannot hope to go beyond a relatively impoverished, shallow understanding of life in organizations.

In business as in individual life, psychological awareness is the first step toward psychological health. The truth is that by denying the reality of the unconscious, by refusing to make it conscious and work with it, we have institutionalized the chasm between reality and rhetoric. Organizations can’t perform successfully if the quirks and irrational processes that are part and parcel of the organizational participants’ inner world aren’t taken into consideration by top management. Because unconscious dynamics have a significant impact on life in organizations, organizational leaders (and followers) must recognize and plan for those dynamics.

PHILOSOPHICAL UNDERPINNINGS OF THE CLINICAL PARADIGM

Having looked at the clinical paradigm in general terms, we're now ready to examine its philosophical underpinnings. These are based on four premises:

First, the clinical paradigm argues that there's a rationale behind every human act—even those that are apparently irrational. This point of view stipulates that all behavior has an explanation. Because that explanation is often elusive—inextricably interwoven with unconscious needs and desires—one has to do “detective work” to tease out hints and clues regarding perplexing behavior. More important, though, finding meaning in seemingly irrational behavior requires emotional intelligence. Whether one is an analyst helping an individual reach self-understanding or an organizational consultant working with executives to diagnose an entire organization, effective deconstruction can take place only when the “detective's” perception is acute enough to cope with a barrage of mitigating factors, including resistances, ingrained behavior patterns, transference reactions and projective mechanisms.

The second premise on which the clinical paradigm rests is that a great deal of mental life—thoughts, feelings, and motives—lies outside of conscious awareness. People aren't always aware of what they're doing—much less why they're doing it. Though hidden from rational thought, the human unconscious affects (and in some cases even dictates) conscious reality. Even the most “rational” people have blind spots, and even the “best” people have a shadow side—a side that they don't know—and don't want to know. What's more, people work to increase their blind spots: they develop defensive structures over time that make them blind not only to their motivation for a certain dysfunctional behavior but also to the behavior itself even though that behavior may be obvious to everyone else. Regrettably, people who fail to see their own dysfunctional behavior

can't take responsibility for it. Though it's not pleasant to admit that one is sometimes a prisoner of the unconscious—we cherish the illusion that we're in control of our lives, after all—accepting the presence of the cognitive and affective unconscious can be liberating, because it helps us understand why we do the things we do and how we might change for the better.

The third premise underlying the clinical paradigm is that nothing is more central to who a person is than the way he or she expresses and regulates emotions. Along with cognition, emotions determine behavior; and characteristic patterns of emotion, thought, and behavior shape personality. The emotional reactions of infancy are primarily biological, and they're tied to the most basic human need systems. From early on, however, socialization occurs through the mediation of the primary caretakers. As socialization progresses, developmental processes enable the individual to take on the various emotional "roles"—sadness, joy, and so on.

While all humans are born with a particular temperament, this constitutional quality gives us only a predisposition to certain emotions. Before we're able to express any given emotion, the imagery associated with that particular feeling-state has to be internalized. Such internalization occurs as the child grows and matures and learns from socialization. By the time adulthood is reached, the regulation of emotions has become an integral part of one's personality, and mood-state can be used as a barometer of psychological and physical well-being. How a person perceives and expresses emotions may change as the years go by, however, depending on one's life experiences [17]–[19].

The experiencing of emotions enables people to come into greater contact with themselves, to find out what they feel (as opposed to what they think) about things, what they like and dislike, and what they want and don't want. Some people are able to express emotions appropriately and comfortably, while others struggle to find words for what they feel, and associate emotions (sometimes even those that we think of as positive) with painful

thoughts. Emotions color experiences with positive and negative connotations, creating preferences. Emotions form the basis for the internalization of mental representations of the self and others that guide relationships throughout one's life. Furthermore, emotions serve people in many adaptive and defensive ways, depending on the personal "script" of their inner theater.

The fourth premise underlying the clinical paradigm is that human development is an inter- and intrapersonal process. We're all products of our past, influenced until the day we die by the developmental experiences given by our caretakers [20]–[25]. Childhood experiences play an absolutely crucial role in personality development, particularly in the way people relate to others. These experiences contribute to specifically preferred response patterns that in turn result in a tendency to repeat certain behavior patterns. The psychological imprints of primary early caregivers—particularly our parents—are so strong that they cause a confusion in time and place, making us act toward others in the present as if they were significant people from the past; and these imprints stay with us and guide our interactions throughout our lives. Though we're generally unaware of experiencing "transference"—the term given by psychologists to this confusion in time and place—we may relate to our boss as we did to our mother, or to an important client as we did to our father. The mismatch between the reality of our present situation and our subconscious scenario (colleagues or clients aren't parents, after all) may lead to bewilderment, anxiety, depression, anger, and even aggression.

THE INNER THEATER

Freud focused on the human unconscious—that part of our being which, hidden from rational thought, affects and interprets our conscious reality. The impact of unconscious processes is

considerable in the world outside work—in the domains of creativity, love, and friendship, for example—as most people would readily acknowledge; but it also has a considerable effect on thought, behavior, and outcomes in organizational life. Each organizational participant has to deal with what can be described as his or her “inner theater”—the programming that each person has incorporated from his or her genetic inheritance and infant experience. Although everyone from the mail clerk to the CEO has a unique theme, it’s the inner theater of executives that concerns us here. Given the power that executives wield, the influence of their inner theater on the rest of the organization is considerable.

Our inner theater results from a combination of nature and nurture. Although our brains are genetically hardwired with certain instinctual behavior patterns, this wiring isn’t irrevocably fixed. Through the nature-nurture interface, highly complex motivational need systems determine the unique internal theatre of the individual—the stage on which the major themes that define the person are played out. These motivational need systems are the rational forces that lie behind behaviors and actions that are perceived to be irrational. As gasoline fuels an engine, the cognitive and emotional patterns that develop out of these interrelated motivational need systems fuel our behavior. For each one of us, our unique mixture of motivational needs will determine our personality. Especially over the crucial first months and years of our life (though in later years as well, to a lesser extent), rewiring occurs in response to developmental factors that we are exposed to.

The interface of our motivational needs with environmental factors (especially human factors, in the form of caretakers, siblings, teachers, and other important figures) defines our essential uniqueness. The mental schemas that are the outcome of this interface are then carried within us for the rest of our lives, guiding our subsequent relationships with others. These mental representations of our self, others, and relationships help us make sense of all aspects of reality, serve as the standard by which we judge what

we see and decide what we want, and govern our motivations and actions. These representations become the operational code that determines how we react across situations [26]–[27]. They influence how we act and react in our daily lives, whether at home, at play, or at work.

MOTIVATIONAL NEED SYSTEMS

The British philosopher Jeremy Bentham, in an effort to explain human behavior, argued that nature has placed mankind under the government of two sovereign masters, pain and pleasure. These masters govern us in all that we think, do, and say. We can take his view of human nature one step further through the notion of motivational need systems. Motivational need systems serve as the operational code that drives behavior. Each of these need systems is operational in every person beginning at infancy and continuing throughout the life-cycle, altered by the forces of age, learning, and maturation.

The importance that any one of the need systems has in an individual is determined by three regulating forces: innate and learned response patterns, the role of significant caretakers, and the extent to which the individual attempts to recreate positive emotional states experienced in infancy and childhood. As these forces and need systems interact during maturation, mental schemas emerge—“templates” in the unconscious, if you will. These schemas create symbolic model scenes (what I like to call “scripts” in a person’s inner theater) that regulate fantasy and influence behavior and action [20]–[21]; [28]–[30].

Some of these motivational need systems are more basic than others. At the most fundamental is the system that regulates a person’s physiological needs—that is, needs for food, water, elimination, sleep, and breathing. Another system handles an individual’s needs for sensual enjoyment and (later) sexual excitement,

while still another deals with the need to respond to certain situations through antagonism and withdrawal. Although these primary need systems impact the work situation to some extent, two other, higher-level systems are of particular interest for life in organizations: the attachment/affiliation need system and the exploration/assertion need system.

Let's look at the need for attachment/affiliation first. Among humans there exists an innately unfolding experience of human relatedness [31]–[34]. Humankind's essential humanness is revealed in their seeking relationships with other people, in sharing something. As the pediatrician and psychoanalyst Donald Winnicott used to say, there's no such thing as a baby, only a mothering pair. The baby can't do without the mother. That need for attachment, beginning in infancy but lasting throughout life, involves the process of engagement with other human beings, the universal experience of wanting to be close to others. It also involves the pleasure of sharing and affirmation. When the human need for intimate engagement is extrapolated to groups, the desire to enjoy intimacy can be described as a need for affiliation. Both attachment and affiliation serve an emotional balancing role by confirming an individual's self-worth and contributing to his or her sense of self-esteem.

The need for exploration/assertion also has a lot to do with who a person becomes and how that person sees him- or herself. The need for exploration—closely associated with cognition and learning—affects a person's ability to play and to work. This need is manifested soon after birth: infant observation has shown that novelty, as well as the discovery of the effects of certain actions, causes a prolonged state of attentive arousal in infants. Similar reactions to opportunities for exploration continue into adulthood. Closely tied to the need for exploration is the need for self-assertion—that is, the need to be able to choose what we want to do. Playful exploration and manipulation of the environment in response to exploratory-assertive motivation produces a

sense of effectiveness and competency, of autonomy, initiative, industry, and efficacy [35]–[36]. Because striving, competing, and seeking mastery are fundamental characteristics of the human personality, exercising assertiveness—following our preferences, acting in a determined manner—serves as a form of affirmation.

As noted above, each motivational system is either strengthened or loses power in reaction to innate and learned response patterns, the developmental impact of caretakers, and the ability to recreate previous emotional states. Through the nature-nurture interface, these highly complex motivational systems eventually determine the unique internal theater of the individual—the stage on which the major themes that define the person are played out. These motivational systems are the rational forces that lie behind behaviors and actions that are perceived to be irrational. We bring to every experience a style of interacting, now scripted for us, that we learned initially in childhood. In other words, how we related to and interacted with parents and other close caregivers during the early years affects how we relate to others—especially authority figures—now in our adulthood.

CORE CONFLICTUAL RELATIONSHIP THEMES

The basic script of a person’s inner theater is determined by the motivational need systems described above. Within that basic script, however, certain themes develop over time—themes that reflect the preeminence of certain inner wishes that contribute to our unique personality style. These “core conflictual relationship themes” (CCRT) translate into consistent patterns by which we relate to others [37]. Put another way, our basic wishes color our life-scripts, which in turn shape our relationships with others, determining the way we believe others will react to us and the

way we react to others. People's lives may be colored by the wish to be loved, for example, or the wish to be understood, or to be noticed, or to be free from conflict, or to be independent, or to help—or even to hinder, or to hurt others.

When we go to work, we take these fundamental wishes—our core conflictual relationship themes—into the context of our workplace relationships. We project our wishes on others and, based on those wishes, rightly or wrongly anticipate how others will react to us; then we react not to their actual reactions but to their perceived reactions. Who among us doesn't know a leader who is the epitome of conflict avoidance, tyrannical behavior, micromanagement, manic behavior, inaccessibility, or game-playing? That dominant style, whatever it may be, derives from the leader's primary core conflictual relationship theme. So potent is a person's driving theme that a leader's subordinates are often drawn into collusive practices and play along, turning the leader's expectations into self-fulfilling prophecies. Unfortunately, the life-scripts drawn up in childhood on the basis of our core conflictual relationship themes often become ineffective in adult situations. They create a dizzying merry-go-round that takes affected leaders into a self-destructive cycle of repetition.

USING THE CLINICAL PARADIGM TO REWRITE DYSFUNCTIONAL SCRIPTS

As was noted earlier, there's strong continuity between childhood and adult behavior. As the saying goes, Scratch a man or woman and you'll find a child! This doesn't mean that we can't change as adults; it simply means that by the time we reach the age of thirty, a considerable part of our personality has been formed [38]–[39]. Unless we recognize the extent to which our present is determined by our past, we make the same mistakes over and over.

Organizations the world over are full of people who are unable to recognize repetitive behavior patterns that have become dysfunctional. They're stuck in a vicious, self-destructive circle and don't even know it—much less know how to escape. The clinical paradigm can help such people recognize their strengths and weaknesses, understand the causes of their resistance to change, and recognize where and how they can become more effective. It can help them recognize those elements of their inner theater that confine rather than liberate, and help them rescript those elements. In other words, it can offer choice.

It is tragic that there is such a difference between what we are and what we could be. If we want things to be different, we must start by being different ourselves.

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