

The Phenomenon of Depression: Existential Analysis and Psychoanalysis in Dialogue

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Abstract:

Scientific exchange between different psychotherapeutic traditions is rare. This paper attempts to initiate a dialogue between Psychoanalysis and Existential Analysis with regard to depressive disorder. We apply a facile process diagram for comparing the two psychotherapy approaches. We find similarities concerning the descriptive levels but not with regard to the psychogenetic and psychodynamic constellations. This raises the question if there is a connection between the psychoanalytic ‘fundamental depressive conflict’ and the existential-analytic ‘disturbance of feeling the fundamental value of life’. Answering this question requires the ability to translate these central concepts into either the terminology of Existential Analysis or Psychoanalysis. This translation is failing. Consequences are discussed.

Keywords: Depression, Existential Analysis, Psychoanalysis, Dialogue between therapeutic schools, value feeling.

1. Introduction

Our article attempts to initiate a dialogue between Psychoanalysis (mainly in the tradition of Otto Kernberg) and Existential Analysis (in the tradition of Alfried Längle) with regard to depressive disorders. It is motivated by the lack of a profound scientific exchange between the different psychotherapeutic traditions in general. We consider an exchange between psychotherapeutic schools to be important for various reasons. Firstly, we become aware of our own biases concerning the other therapeutic tradition. Secondly, by contrasting one therapeutic tradition with the other, their anthropological assumptions and limitations become apparent. Thirdly, we assume that by considering one phenomenon from different perspectives, one can achieve a more complete picture concerning that phenomenon. This probably means, that Psychoanalysis and Existential Analysis ought to be seen as complementary, rather than as opposing concepts, because they may work on different levels of observation. While Psychoanalysis lays an emphasis on the developmental and psychodynamic aspects of the individual person; Existential Analysis adopts a more phenomenologically-orientated form of observation (Längle, 2007). Concerning psychological disorders, the term ‘phenomenological’ can be understood as specific type of answer to a ‘*What is ...?*’ type of question, that is an ontic description of a phenomenon. The ‘*What is ...?*’ question focuses on an *experiential* consideration, which brings to light the deeper ground of the disorder.

Psychoanalysis, however, understands the *'What is...?'* question as an invitation to explore inner causes in terms of psychodynamic patterns. It understands human beings from the perspective of their psychological structure and their conscious and unconscious conflicts (Kernberg, 1976; 1993; Rudolf, 2008a; Müller-Pozzi, 2008; 2009).

Our question in this study is as follows: *'Are the concepts of Existential Analysis and Psychoanalysis concerning the disorder of depression mutually informative, or are they incompatible?'* Our method of answering this question contains five steps. In the first step, we propose a process diagram of depression, which is suitable for both therapeutic schools. In the second step, we fill in the diagram with both psychoanalytic and existential analytic content. In the third step, we show similarities and differences between both schools of thought. In the fourth step, we address difficulties in translating concepts from one theory to another. In the fifth step, we consider the consequences of a synopsis between the two therapeutic schools.

2. A comparison on the pathogenesis of depression from an Existential-Analytic and a Psychoanalytic perspective

As mentioned, we take the following process diagram as a basis for our line of thought (Mertens, 2006):

(a)	Aetiological factors
(b)	Psychogenetic constellations
(c)	Psychodynamic constellations
(d)	Collapse of the previous processing mode
(e)	Depressive symptom formation

Table 1: Process diagram of depression

- (a) Aetiological factors: include triggering factors for the emergence of a depressive disorder (ICD-10)
- (b) Psychogenetic factors include the deficits/reactions, which primarily result from the aetiological factors.
- (c) Psychodynamic constellations include all mechanisms, which are necessary for maintaining the psychic balance in terms of well-being in the face of the psychogenetic factors.
- (d) Collapse of the previous processing mode includes different forms of crises: e.g.
- (e) The formation of the depressive syndrome is the consequence of (d) and can take several forms.

2.1. Pathogenesis of depression from a psychoanalytic perspective

It is hard to speak of depression with a capital 'D' from a psychoanalytic point of view, as we do not normally encounter that phenomenon in a pure form, but rather in a mixed composition (e.g. with hysteria; Freud, 1952, pp. 256 – 257). Hence, speaking of depression includes a step of abstraction and beyond that the result depends on the theory and approach of the respective psychoanalytic

school. Despite such challenges, we can find a common ground for understanding depression potentially as the depressive (as the compulsive and the hysteric, etc.) “*is part of basic orientations of the human condition*”ⁱ (Nissen, 2013, p. 57). A central feature of depression may be characterised as suffering a loss with its processing dynamic. We drew up a shortlist out of the extensive psychoanalytic literature concerning depression, which we found quite convincing. It stretches through from Sigmund Freud's “*Trauer und Melancholie*” (Freud 1946), Melanie Klein's (1962) *depressive position*, Edith Jacobson's (1991) specific investigation of depression, to Otto Kernberg's (1976; 2002) object relations theory. For the purpose of comparing psychoanalytic and existential-analytical conceptions in this article, two recent and converging psychoanalytic approaches will be used, those of Gerd Rudolf (2008b) and Wolfgang Mertens (2006). They stand in the tradition just outlined.

(a) According to Mertens (2006), the aetiological factors include physical and mental mistreatment, separations, hospitalisation, and institutionalisations, as well as the traumatisation of the early mother-child relationship. Hence, basic needs are frustrated creating a situation in which the person experiencing the loss does not give up those needs, and, as such, they have to deal with aggressive feelings due to that frustration. As a consequence, the depressed person suffers from high levels of inner tension.

(b) Concerning psycho-genetic constellations, Gerd Rudolf assumes a fundamental attachment conflict; in other words, a fundamental depressive conflict can be viewed as the underlying foundation for depressive disorders. Thereby, he refers to Freud and his assumption that the melancholic person suffers from a loss that remains partly ‘unconscious’. It is the deep frustration of the fundamental longing for reliability of the object (the safety/protection by the object) that remains alive in the subconscious. Furthermore, Rudolf's conception is based on the difference between the perspectives of ‘conflict’ and ‘structure’. His perspective of ‘conflict’ actually contains two aspects: i) “*Being allowed to feel a longing for the object and to express that desire versus being forced to suppress that desire along with associated affects*” (Rudolf, 2008b, p. 121); as well as ii) “*the desire to entirely have the good object and to devalue and destroy the same person as a negative object due to its unattainability.*” (Rudolf, 2008b, p. 121). Concerning the perspective of ‘structure’, the focus is on the degree of integration of self and object representations and any affects. Mertens (2006) further describes other psycho-genetic constellations, like depressiogenic primary emotions, deficient mentalisation of affects, or the difference between a predisposition to anaclitic or self-critical depression.

(c) Concerning the psychodynamic constellation, which processes the depressive basic-conflict, Rudolf distinguishes six possibilities: The conflict may be unconsciously channelled into: (i) altruistic-overprotective behaviour (where the effort is always to be perfectly useful, e.g. towards

own children); (ii) a narcissistic attitude (where the depressive dependency on objects is replaced with grandiose independence of any objects); (iii) a schizoid attitude (where ‘objects’ are strictly avoided, and there seems to be no need for narcissistic admiration); (iv) oral-regressive behaviour (which improves well-being by randomly incorporating any objects); (v) philobatic behaviour (creating positive feelings by exhaustive and/or risky activities, e.g. extreme sports); or (vi) creative or humorous processing (trying to see troubles of human life from its bright side).

(d) The collapse of the previous processing mode includes different forms of crises, like *“loss of employment, insecurity, insult, separation, illness, financial loss, empty nest syndrome and situations of temptations”* (Mertens 2006, p. 274).

(e) The formation of a depressive syndrome as a result of (d) can take various forms (Rudolf, 2008b, pp. 138-164). These include depression in the strict sense, suicidal tendencies, addictions or depressive somatisations. Depression in the strict sense includes: a depressive experience of the self (e.g. loss of sense of life); specific emotions (e.g. depressive mood); depressive body signals (e.g. no appetite, exhaustion); and a depressive vulnerability in stressful life events (Rudolf, 2008b, pp. 140-141). Depression and ‘suicidality’ often go hand in hand, but not inevitably: the potential for suicide increases when we find a loss of important objects, a loss of self-esteem, humiliation, or a withdrawal from reality and illness (Rudolf, 2008b, pp. 143-144). The fundamental depressive conflict occasionally gives rise to addictions of all kinds or depressive somatisations, e.g. somatoform pain disorder.

2.2 Depression from an existential-analytic point of viewⁱⁱ

(a) Aetiological factors: Existential analysis focuses on the ontic-phenomenological comprehension of mental disorders, and on a diagnostic based on four fundamental conditions of human existence (Längle, 2005). He conceptualises: (1) The world as actual reality and potential space; (2) Life itself, including values and relationships; (3) Being oneself (authenticity and individuality); (4) Meaning. The diagnostic is based on these dimensions. Existential analysis understands depression as a disturbance of these fundamental values. In a restricted sense, existential analysis deals with psycho-patho-genesis. Längle also describes three reasons, which can lead to a disturbance of the basic value:

(i) Genesis on the basis of deficiency: The person’s childhood was characterised by a deficiency of care. The child did not receive enough love, proximity, or the warmth of a loving home. This type of genesis leads to a feeling that the world itself could be all right, but the person them Self came off badly.

(ii) Genesis on the basis of traumatic experiences: Due to emotional damage, the person builds a protective armour to avoid further mental injuries. This leads to a lack of openness towards

others, and the world in general, and a weakness in feeling valued (orig. dt. *Wertfühlen*). This type of genesis leads to a feeling of having suffered too much.

(iii) Genesis on the basis of disposition: The person is born with a deficiency of vitality. The type of endogenous depression belongs in this group. It leads to a general 'lived' feeling or experience of being too weak to cope with life's struggles.

(b) Psychogenetic constellations: Existential analysis pre-supposes that depression is grounded in a deficiency of feeling valued. The concept of 'feeling value' is based on the phenomenology of Max Scheler (1957).ⁱⁱⁱ Values have nothing in common with general rules or norms. Values share a subjective and an objective part: Values are "*effects of objects and mental contents, which emotionally move human beings and initiate feelings*" (Längle, 2003, p. 51). Existential analysis understands values as being relational in-so-far-as there is something in the world that moves a person, be it a piece of music, a movie, an encounter with people, an animal, or a work task. The feeling of those values is the foundation for being and acting in an authentic way. Only if the person is able to really feel what is important to him or her, can they orient their actions according to their personal values.

Existential analysis also describes the ground of depressive disorders as a deficiency of feeling fundamental values (Längle 2004, p. 9f.). These fundamental values include both an objective and a subjective part. The objective part is a positive response to the question: '*Is it good, in principle, that I am alive?*' '*Is life itself good?*' The objective part covers the mental attitude towards life in a general sense, and the person's life in a specific sense. The subjective part of the fundamental value is understood as the fundamental relationship towards the person's life, which is expressed in the feeling that the person 'values' their life. This positive relationship is the source of their vitality.

Furthermore, the subjective feeling of the fundamental value of life is the reference point for feeling other values in the world. It determines the emotional quality of the person's life, and how they perceive themselves in the world. In cases of depressive disorders, life itself is experienced as impoverished, or lessened in some way. If life itself is not experienced as good, on the one hand the reference point for the feeling of values is lacking, and on the other hand the person shies away from turning towards a life that is not experienced as valuable and good. The person is not open towards the world and is not able to come close to it. Values – as well as pain – cannot touch the person. The lack of openness leads to a lack of resonance between the person and the rest of the world in general. The tenuous relationship towards life diminishes more and more. The low vitality dries up even further. The depressive feelings thus become generalised.

(c) Psychodynamic constellations: Due to the disturbance of the ability to feel or experience value, the basis of personal decisions and actions has to be replaced to avoid the feeling of emptiness (Längle 2004, p. 11f.). Psychodynamic defence reactions and attitudes become instituted, which initially bring some relief. Characteristic compensations are orientations towards external demands, rules, norms, requirements, desires or societal guidelines. These generate pressure and lead to resignation and/or to possibly rigid behaviours. All natural actions change towards a performance of obligations, from *'I want'* to *'I have to do'* (as a defence reaction). Another characteristic behaviour is the comparison with others in order to bridge the lack of feeling of one's own value and the value of life. The situational relief through psychodynamic defence reactions leads to an emotional maelstrom, and this misleads the person so that they carry on taking the easiest (proscribed) way, instead of facing a potentially conflictual situation. Psychodynamic defence reactions and attitudes therefore become more and more generalised.

(d) Collapse of the previous processing mode: In the long run, the cost of the defence reaction is high. The cost of effort results in or increases the feeling: *"This isn't living anymore!"* To obey all those internalised duties leads to overload and exhaustion. Additional stress factors include changing circumstances, new environments, and traumatic incidents.

(e) The formation of the depressive syndrome: The level of energy decreases more and more; on the one hand, due to the exhaustion of inner conflicts, and also due to the lack of any nourishing vitality. The formation of the depressive syndrome is ultimately an escape from the depressive dynamic and the abandonment of the orientation towards duties and obligations.

2.3 Similarities and differences between Psychoanalysis and Existential Analysis – referring the two psychotherapeutic schools to the same phenomenon?

	Psychoanalysis (PA)	Existential Analysis (EA)	Similarities between PA und EA?
<i>(a) Aetiological factors</i>	Traumatic experiences in the early mother-child relationship	Deficiency Trauma Disposition	Broadly
<i>(b) Psychogenetic constellations</i>	Fundamental depressive conflict	Disturbance of feeling values & the fundamental value of life	No
<i>(c) Psychodynamic constellations</i>	Altruistic-overprotective, narcissistic, schizoid, oral-regressive, philobatic processing,	Generalised defence reactions	No

	creative processing		
(d) Collapse of the previous processing mode	Exhaustion, burdensome living conditions	Exhaustion, burdensome living conditions	Yes
(e) Formation of the depressive syndrome, symptoms	Depressive syndrome, suicidal tendencies, addiction, somatization	Depressive Syndrome	Broadly

Table 2: Comparison between Psychoanalysis and Existential Analysis in the process diagram of depression.

Comparing Psychoanalysis and Existential Analysis (Table 2), we find similarities concerning the descriptive level: that is the aetiological factors; the collapse of the previous processing mode; and the formation of the depressive syndrome. With regard to the psychogenetic and psychodynamic constellations, we find different explanatory models. While Existential Analysis describes the ‘ground’ for the depressive syndrome as a disturbance in feeling the fundamental values of life, Psychoanalysis refers to the depressive’s fundamental conflict. Due to the divergence in the psychogenetic constellation, the psychodynamic constellations differ as well. Existential Analysis describes them as generalised defence reactions; Psychoanalysis refers to the dynamic unconscious.

At this point, we can refine our original question to focus on the issue of whether there is a connection between the depressive fundamental conflict (PA) and the disturbance in feeling the fundamental value of life (EA). Answering this question requires the ability to translate the psychoanalytic ‘fundamental depressive conflict’ into the terminology of Existential Analysis and, vice versa, the ‘disturbance of feeling the fundamental value of life’ into psychoanalytic terminology. In the event that translatability is possible, the relationship between the two concepts can be made more visible. In the following section, we attempt to translate the Existential Analytic concept of ‘feeling the fundamental value of life’ into Psychoanalytic terms.

2.4 Is it possible to translate the central concepts of Existential Analysis and Psychoanalysis into the other’s language?

Längle distinguishes three emotional components that are implicated in the perception of values: 1) The intentional feeling of values, which appears as attraction; 2) The excess of a positive feeling, the vitality, which is the driving force for the realisation of the value; 3) The emotional state, which supports the perception of the value. If these three emotional aspects come together, it can be seen as a criterion that the person relates to a (objective) value, which is significant for that specific subject. Since depressive patients have a weakness with regard to the intentional feeling of values, they tend to lack (2) and (3) as well.

How can it be comprehended that a *certain* subject views a *certain* object in the world as being valuable, which does not have the same meaning (value) for another subject? Längle refers to

the concept of similarity between the subject and the valued object. Therefore, an interaction can occur as two different aspects are involved in experiencing a value: The subject and the (objective) value that the subject gives it. The feeling of value arises from the relationship between the value and the person. Due to the individuality of the person, the perception of value differs between individuals, even though values are often understood as objective facts. Längle emphasises that values have no instrumental character of their own. Things are not intrinsically valuable just because they have an impact on pleasure. Value and pleasure are associated, but it is not possible to reduce one to the other. For Längle, a deficiency in the feeling of value is grounded in a weak fundamental value, the value of life itself. If there is no value to life, or this is not felt, the person can become depressed because he or she is not able to experience any pleasure.

While the concept of feeling values may sound quite abstract, it can be illustrated with a simple example of a person who is able to feel values and therefore is not depressed:

I go into a bookstore, look around, and see a novel whose title attracts me (i.e. intentional feeling of a value). I take the book from the shelf, read the summary, and skim some pages. Due to the feeling of the value, my motivation arises to buy the book (i.e. positive feeling, driving force). I buy the book and I am looking forward reading it. Elated, I am going to a café and start reading the first chapter (i.e. realising of the value, pleasure as a supporting emotion).

For a proper illustration, we should also use an example of a non-depressive person because otherwise we would not be able trying to translate the central concept of 'feeling value' into psychoanalytic terms. This is an experiential example: is it now possible to translate this scene in the psychoanalytic language? A translation into psychoanalytic terms faces the following difficulty: The material of the psychoanalytic inquiry is *generated* within the psychoanalytic encounter (transference and counter-transference). It is not just *brought into* the session (Warsitz & Küchenhoff, 2015, p. 97ff.), in-so-far-as it is not actually possible to translate an arbitrary scene (like the book store example), detached from the person's psychoanalytical situation. Nevertheless, it is possible to propose a translation according to various meta-psychological variants.

We will now focus on the central aspect, namely *the attraction of a book* (i.e. intentional feeling of a value): we can use the structural model consisting of Id, Ego and Superego, as developed in Object Relations theory as our basis: a) The motivation is mainly libidinous, without significant participation by the Ego (such as it is the colour, or the cover that attracts me); b) The Ego is involved in terms of a rational-intellectual attitude (such as a technical book that fits into my field of work); c) The Superego is predominant in the sense that I will (unconsciously) avoid some books, or I feel that I am only allowed to stay in the non-fiction section, due to a certain idealism; and d) All aspects are integrated through mentalisation by the Ego (Fonagy *et al.*, 2002).

For the purpose of clarifying, we can now outline a fictional Psychoanalytic situation. The male patient lies on the couch. After a longish break, he tells the analyst: “*Now it comes to my mind that I was in a bookstore yesterday, and one of the books really spoke to me!*” This description triggers (in the analyst’s mind) the picture of a book with a mouth, accompanied with a spooky and funny feeling. A scene from a Harry Potter film comes into her mind. At the same time, she feels curious how the scene will continue. But the patient remains silent. He does not tell her the title or the content of the book. The analyst recognises a feeling of unmet curiosity and possibly of being ‘teased’ by the patient’s silence.

According to the meta-psychological variants, this description mainly fits into a) which is a libidinous motivation, because the patient’s narrative triggers drive impulses within the analyst. A translation of the scene “being attracted by a book” into psychoanalytic concepts fails, due to two reasons: firstly, psychoanalysis has its focus of research within the psychoanalytic situation (*Junktim von Forschen und Heilen*) and not on contents detached from this situation; secondly, a translation of the above phenomenon (which is central for Existential Analysis), fails because Psychoanalysis cannot conceptualise the actual notion of the intentional feeling of values, because it does not refer to Scheler's (1954) concept of intentionality.

It is therefore not possible to translate specific Existential Analytical conceptions into the Psychoanalytic language without missing the specific content. It can be assumed that the same is true should the translation process be performed in reverse. On the one hand, the central conceptions of one therapeutic school are missing in the other school; on the other hand, this result leaves us with the fundamental question whether the clinical phenomenon itself changes, due to the divergence of basic concepts. This is because clinical phenomena do not exist without linguistic access, but rather as constructs of interpretation. It is therefore not surprising that Existential Analysis and Psychoanalysis cannot be understood as complementary in a straightforward manner. Thus, the two conceptions are similar to other sciences that describe one phenomenon from different angles or levels.

3. Conclusion

Both therapeutic schools have achieved successes in the treatment of depressive disorders (Buchheim *et al.*, 2012; Leuzinger-Bohleber 2013; Leichsenring *et al.*, 2014; Laireiter *et al.*, 2000; Steinert, 2001), despite fundamental differences in theory and practice. This can be understood only if we interpret our process diagram of depression (Table 1) as a narrative structure containing the beginning, the course / process, and the end (for the time being), of a story about depression. It seems that both Psychoanalysis and Existential Analysis can provide coherent theoretical narratives of the depressive syndrome. These narratives share some similarities, but they diverge in other

respects. Conceivably, the respective narratives provide a stable orientation for both the therapist and the patient, within which other influential factors can come into effect, especially the therapeutic relationship.

With regard to our research question: *'Are the concepts of Existential Analysis and Psychoanalysis concerning the disorder of depression mutually informative, or are they incompatible?'* the following conclusion is proffered. Due to translational difficulties, it is impossible to define one conceptualisation completely within the terminology of another school. Psychoanalysis and Existential Analysis focus on divergent aspects of depression. Because of their differing anthropological concept, certain aspects remain mutually unrecognized. This incompatibility appears detrimental (at a first glance), however it can be understood as advantageous, because it provides a more comprehensive approach to the phenomenon of depression.

Considering the similarities between Existential Analysis and Psychoanalysis concerning the descriptive elements (Table 2), it is plausible to assume that there is a connection between the fundamental conflict in depression and the disturbance of feeling values. This could be formulated as follows: the aetiological factors – in particular traumatic experiences in the early mother-child relationship – result in a depressive fundamental conflict, as well as in a disturbance of feeling values, because – for a child – the mother is tantamount to life itself (in the Existential Analytical sense). If the child is not able to build a secure relationship with his/her mother – due to the lack of attachment – it results in the feeling that life itself is not good, hence this adds to a deficiency in feeling the basic value of life. The two conceptions can be combined through the construct of a 'longing for' relationship. Psychoanalysis and Existential Analysis deal with this 'longing for' type of relationship in a different manner. It is conceivable that through the treatment, on one level, changes on another level might occur. Resolving the depressive conflict deepens the basic relationship towards life, the ability of feeling value, and vice versa. Case studies are required to test this assumption further. In theory, a depressive patient should show signs of both the depressive conflict, and a deficiency of feeling the basic value of life.

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Endnotes:

ⁱ The English translation here is our own.

ⁱⁱ See the proceedings of the 2004 conference, 'Tagungsbericht: Das Wesentliche sehen, Phänomenologie in Psychotherapie und Beratung' ['The Phenomenology in Psychotherapy and Counselling']

ⁱⁱⁱ Scheler, 1957, Kapitel: Das Problem des Eudaimonismus – Die Zusammenhänge von Gefühlszustand und sittlichem Wert. [Chapter: The problem of eudaemonism - connections between emotional states and moral values.]