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Chapter 1: A Historical Review of Psychoanalytic Paradigms



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Philosophers of science agree that all pursuit of knowledge, scientific or otherwise, is highly determined by the underlying theories that the investigator holds of the universe he is observing. Without a theory, we are unable to select data from the massive jumble of impressions that constantly assail us. Neither psychoanalysts nor naive psychologists—the man in the street—are able to function without a theory. It is desirable, however, for the psychoanalyst to know what his theory is, since it will determine important actions he takes in the course of his work. The purpose of this book is to help us know which theories we hold and to try to understand the consequences of those theories for our clinical activity.

Our psychoanalytic literature has maintained that there is a close relationship between psychoanalytic theory and psychoanalytic practice. However, since psychoanalytic theory has often been elaborated at high levels of abstraction, that unity of theory and practice may not always be as clear as we would wish. Theories that lack significant consequences for clinical work may be interesting for other purposes, but clearly cannot be held to be clinically valuable. It seems to be a characteristic of complex fields—cosmology, evolution, social science, psychology—that large and overarching theories are constructed in an attempt to provide guidance and justification for the

investigator in what may otherwise be a disorganized terrain. These theories usually include within them an attempt to imagine back to first causes; an effort to understand the moment of creation, as it were, in order to unify all subsequent observation. In psychoanalysis, the effort to construct those experience-distant theories, the metapsychology of psychoanalysis, has often seemed excessively remote from the activities of data collection and organization; so much so that the late George Klein once suggested that we call a moratorium on theorizing and try instead to discover the nature of our clinical data. Of course, we cannot call a moratorium on theorizing, but we can examine the effects of our ideas on our clinical behavior.

While the title of this chapter is “A Historical Review of Psychoanalytic Paradigms,” I would like to revise that title and suggest that we should talk about psychoanalytic theories or ideas. The term *paradigm*, as developed by Kuhn, refers to a core conception around which new data accumulates. It seems to me not to apply to the many revisions of Freud's theory that have been suggested over the last three-quarters of a century, some of which will be discussed in this book. I think that Freud was the only true revolutionary, and other psychoanalysts, no matter how non-Freudian or anti-Freudian, have been playing variations on the themes Freud established. The paradigm Freud constructed, in grossly oversimplified form, consisted of a claim of psychic determinism; a method of investigation—free association; a descriptive-explanatory proposition that behavior is influenced or determined by powerful feelings and ideas occurring out of awareness—the dynamic unconscious; and a treatment method based on the recognition of the central role of transference. It is my suggestion that these core ideas form the agreed upon base for any set of propositions that should go by the title, “Psychoanalysis.” While one or another school has from time to time claimed that theirs is a new psychoanalytic paradigm, and perhaps in the narrow sense of the term that is correct, I think it best to put that issue aside as we try to scan the shifts in theoretical stance and the new ideas on the relationships of the models of the mind to clinical work.

The depth psychology which Freud both discovered and invented, and which generally goes by the name of psychoanalysis, has enjoyed its enormous success as an explanatory system because its few basic propositions are open to endless elaboration, revision, and refinement; and because the special investigative mode of communicated introspection in the transference relationship produces a unique knowledge of the mind. Rather quickly after he began his investigations, Freud developed a relatively simple description of human behavior as having dynamic, economic, and topographic qualities. He believed that any interesting human act could be understood if we knew three things: first, the nature of the mental forces contending for control of access to action (the dynamic proposition); second, the relative strengths of these forces; and third, a delineation of which of these forces, experienced as ideas and feelings, were conscious and which were not. But even as Freud was making his clinical discoveries and putting them into the form of descriptive propositions, he was already at work on his Project; an early effort to place his clinical discoveries in a larger neurophysiologic theoretical framework from which the clinical data would be derivative. I will not recount here the development of Freud's metapsychology, but I do want to emphasize the enormous importance to psychoanalysis of Freud's attitudes toward his theories and discoveries. In 1925a, Freud was able to say of his topographic scheme, "Such ideas as these are part of a speculative superstructure of psychoanalysis, any portion of which can be abandoned or changed without loss or regret the moment its inadequacy has been proved" (p. 33). In fact, he did change his theories often and radically in response to new insights. In a famous passage in 1937 he referred to his theoretical superstructure as "The Witch Metapsychology. Without metapsychological speculation and theorizing—I have almost said fantasizing—we shall not get another step forward. Unfortunately, here as elsewhere, what our Witch reveals is neither very clear nor very detailed" (p. 225). Freud knew full well the difference between his dispensable theories and his

core findings. It would, however, be terribly misleading if we were to think that Freud held his theories lightly. While he showed an extraordinary theoretical flexibility himself, he was almost equally intolerant of theoretical deviation by others, and even resented theoretical inventiveness among his own followers. The unfortunate episode with Tausk, Freud's stated aim of having the International Psychoanalytic Association serve as a central clearinghouse for ideas so that they could be conformed with analytic doctrine before being given a public hearing, and his relations with his followers, were indications of his need, personally, to create the major theories. These tendencies of Freud assured the orderly development of certain aspects of psychoanalysis, but forced other important ideas into oppositional schools or onto sidetracks where they could not interact with the main directions of psychoanalytic development. This situation has changed only recently—a book such as this one would have been inconceivable only a decade ago.

Furthermore, it is important to note that Freud, while clear at certain periods about the dispensable and indispensable aspects of this theory, at other times defended most ferociously parts of the theory which were surely not the unalterable core of psychoanalysis, but data-dependent propositions which could be revised without any damage to the integrity of the psychoanalytic theoretical structure. Questions of the nuclear role of the Oedipus complex in neurogenesis, or of the centrality of energetic propositions for psychoanalytic explanation, would be examples of this.

The *indispensable* core of psychoanalysis has always consisted of a very few propositions, to which I alluded earlier, and which remain constant through the various changes and shifts of Freud's thinking. Psychic determinism refers to the concept that psychological actions have psychological causes and that those causes can be studied. The concept of psychic determinism is essential, since the alternative is a random series of events not amenable to scientific explanation. Implied in the concept of psychic determination is a system of motivation. Freud's

motivational system is based on the pleasure-unpleasure principle; behavior is understood as the adaptive effort to maximize experiences of pleasure and escape from unpleasure. Furthermore, the origins of behavior lie, at least in part, in the biological nature of the organism itself and are not simply responses to stimuli from the outside world; the organism is driven. Another core concept, the genetic-developmental proposition, also derives from the concept of psychic determinism, and states that all behavior is understood as a sequence of behaviors developing out of earliest infantile events. And finally, the concept of the dynamic unconscious, which I have described earlier, is a core proposition.

Attached to this theoretical core are two propositions I have already mentioned that form the clinical core of psychoanalysis. These are communicated introspection through free association; and the phenomenon of transference in the patient -therapist interaction.

I would like now to describe in a very brief form a few of the major shifts in Freud's own thinking. I will then go on to mention a few of the major theoretical schools which arose as deviations from, or in opposition to, Freud's thought, and will then discuss some of the enduring ambiguities and points of contention that have emerged as long-standing differences among psychoanalysts, and have been a stimulus for new ideas or schools.

Freud initially believed that he had discovered the etiology of neurosis in the actual event of childhood sexual seduction. In this conception, an interpersonal event was the trauma that led to the unresolved conflict expressed in the compromise of the symptom. The subsequent abandonment of the seduction hypothesis, which I believe was an essential step for the development of psychoanalysis rather than social theory, led to a focus on fantasy and on the sources of fantasy in instinct or drive.

This second theory, emphasizing fantasy, effectively removed social interaction from the center of analytic thought,

and led to an attempt to understand all actions as ultimately stemming from biologically based sexual drives. A third major shift occurred with the creation of the dual instinct theory, giving equal weight to aggression and sexuality, and with the revised theory of anxiety, which placed the perception of danger in the center of analytic attention. A danger situation was specified as the fear of helplessness resulting from loss—the loss of mother, the loss of mother's love, the loss of the penis, or the loss of the superego's love. This third theoretical revision restored interaction with, and adaptation to, the real world as an essential part of psychoanalytic explanation.

Finally, there is the invention of the structural schema of ego, id, and superego, a hypothesis which has had extraordinary explanatory power and which led eventually to an emphasis on the centrality of the ego's executive role, both in providing the signal of anxiety and in constructing the defenses which organize the characterologic and symptomatic constructions of ongoing individual life. This shift from id analysis toward ego analysis was strongly assisted by Anna Freud and Hartmann.

All of these changes and advances in psychoanalytic thinking were parts of what Freud referred to as the metapsychological, that is, the *dispensable* aspect of theoretical explanation. This is not to gainsay their importance in leading us to new data and clinical advances.

While Freud, in a way, saw everything, it is clear that he had biases and predilections which made it difficult for him to give evenhanded attention to matters that today seem of major importance. I refer to such ideas as the developmental significance of the real role of real parents and the culture they represent; the significance of preoedipal events; the role of dependency, attachment, and safety in development alongside the role of instinctual drives; the central organizing and synthesizing functions of an ego or self; and the importance of nonconflictual aspects of development, to mention but a few. These, and other areas of Freud's opposition or inattention have been the gaps in the standard theory which many of the

alternate or revised psychoanalytic theories have attempted to fill.

A portion of the growth of psychoanalytic theory can be seen as the effort to incorporate, often without acknowledgement, the valid aspects of the critique of oppositional schools. Recently, for example, Sullivan's work has increasingly reappeared in mainstream psychoanalysis, not always with attribution.

The first serious challenges to Freud's psychoanalysis came from Jung and Adler (whose theories are not discussed in this work). Putting aside all of the fascinating data concerning the personal relationship of Freud and Jung, their disagreement was theoretically profound from the start, and Jung was never able to accept either the central role of sexuality in Freud's thought or the concept of mechanism. Jung insisted on a more magical and mystical mode of explanation. However, his critique of libido theory and his focus on a central role for some version of self-concept were important determiners in Freud's struggle with issues of narcissism, and played a part in the gradual rise of ego psychology.

Adler founded his school of individual psychology because of his conviction that the central motivator for human action was the drive for superiority or mastery or assertion. Freud responded to Adler's deviation by condemning Adler's abandonment of psychoanalysis, but Freud eventually found the way to introduce aggression into his own theoretical framework.

Finally, I will mention Otto Rank, whose theory of the birth trauma emphasized issues of loss and merging as the original sources of anxiety. Again, Freud, convinced by Abraham that Rank had to be abandoned, eventually revised his own theory of anxiety to take into account the very issues which Rank had raised.

These major figures founded schools or movements which survive today. Rank was a powerful influence on the social work movement in the United States and can properly be considered the father of brief, time-limited focal psychotherapy. Some

Jungian theorists believe that if one strips the mysticism from Jung one can see Jung's current relevance as a leader both in understanding issues of narcissism and in pointing to the importance of ongoing developmental changes throughout the life cycle.

Existential analysis is another psychoanalytic school of thought which has been influential, and is also not represented in this book. The effort of the existentialists has been to bring psychoanalysis back to the phenomenologic core of the interaction of the persons involved in the analytic process and the description of their direct experience. In the view of the existentialists, Freud's love affair with his metapsychology and with nineteenth century scientific ideas of causality had led to the errors of reductionism and mechanization. Clearly, those currently interested in hermeneutic propositions in analysis share a similar view.

It is my suggestion that Freud's protectiveness of his ideas and his belief that the development of psychoanalysis would best be served by founding a movement rather than a forum for open scientific discussion of competing ideas, while probably essential for the rapid triumph of psychoanalysis within western culture, also contributed to the sectarianism of early psychoanalytic thought and the tendency for each new system to attempt completion and closure. It is significant that after the early splits with Jung, Adler, and Rank, psychoanalysts with different or opposing ideas, especially in Europe, tended to "bore from within," managing to remain a part of mainstream psychoanalysis and gradually exerting a powerful influence. Klein, Fairbairn, and Winnicott fall into this category as do Kohut, Rado, and Kardiner in America. The gradual maturation of psychoanalytic thought and the psychoanalytic movement has led to a diminution of fear and cultism, the willingness to give up shibboleths, and to renewed attempts to look to our clinical experience and to the data from adjacent sciences, such as infant observation or linguistics, for assistance in understanding what we think about and how we should act therapeutically.

Psycho-analysis is open today in a way that it never was before. The change is particularly apparent in America. In Europe, Kleinian and other object-relational approaches have coexisted with ego psychology for decades. In America, the successes of the ego psychological point of view have largely excluded other points of view until very recently.

Many factors have contributed to the change in psychoanalysis toward scientific openness. The widespread basic acceptance of psychoanalysis in the general culture and the profound interest in psychoanalysis in academia have led to psychoanalytic theorizing by theologians, philosophers, neurobiologists, historians, anthropologists, literary critics, and others. No one can control the flow of ideas any longer, and ideas from outside the fold cannot be dismissed. The perceived change in the patient population, with an alleged increase in narcissistic pathology, not easily treatable by standard methods; the awareness of frequent therapeutic failures; the increasing length of analysis; the changing views of science; and the change of authority relations in our society which subtly influence the doctor-patient relationship; have all contributed toward a loosening of once firmly held psychoanalytic belief systems and to the competition of ideas in the field.

I would like now to outline a few of the enduring conceptual disputes in psychoanalysis around which schools of thought and modes of practice have tended to cluster.

Freud at one time said that belief in the Oedipus complex as the nucleus of neurosis is a shibboleth separating analysts from nonanalysts. I (1983) have elsewhere delineated Freud's own later ambivalence toward this pronouncement. However, the issue of the central role of the Oedipus complex is a continuing source of lively debate. It is central for Kleinian theorists, self psychologists, and at least some object-relational psychoanalysts to maintain that the crucial events of neurogenesis are preoedipal in nature and are reconstructible within the psychoanalytic situation. This is an instance of an important debate which, it seems, could be refereed by the accumulation

of clinical data. So far, however, the same clinical data are used by the opposing theorists to prove their different views, a matter to which I will return. The issue of Oedipal or preoedipal etiology is an important one since it shifts the focus in our understanding of etiologic events of neurosis and character pathology and changes our clinical interventions in the psychoanalytic situation.

A second issue concerns the significance—even the psychic reality—of the actual environment of maturation and development. The classical psychoanalytic view has emphasized the genetic viewpoint, which focuses on the intrapsychic experience of the world and is relatively uninterested in the actual world in which that intrapsychic experience developed. There is a subtle assumption that the maturational stages of drives will have a more dominant effect on outcome than the accidents of environment. In contrast, the developmental view, essential for Kohut and Sullivan, important for Winnicott, posits that the *actual* behaviors of the mother are a determining part of the infant's experience; and furthermore that the infant is a more or less accurate registrar of the mother, and the infantile experience is recoverable in analysis. Data from infant psychiatry research heavily support the significance attributed to the beneficent or malevolent influences of the real mother in shaping development. However, the counterargument of adult analysts is that while that data is relevant for child rearing, it is irrelevant for the conduct of psychoanalysis, since in analysis we have available only the reconstructed narrative of the patient in the analytic situation. That reconstruction has little or no truth value, nor is the issue of truth relevant for analytic purposes. What the patient internalized is what the situation was.

A third significant discussion concerns the nature of the unit studied in psychoanalysis. Is the unit of study an individual, or an interaction? Sullivan, some of the object relations theorists, and Kohut, at times, have insisted that the appropriate unit is, at the least, an infant-parent dyad, and that, in fact, we have no way to conceive of the infant apart from the tie to the

parent. For Sullivan the self is constructed out of the reflections of one's self received from others. Kohut, somewhat less radically, conceives a biologically developing self powerfully influenced by the actions of others. On the other hand, Kohut approaches the interpersonal point of view in his conception of the individual as "living in a sea of self-objects," and always requiring actual objects for the maintenance of internalized self-objects, without which the self shrivels.

A fourth issue concerns the varying prescriptions for the proper behavior of the therapist in the therapeutic situation. Freud suggested that the analyst should maintain a neutrality similar to that of a surgeon who must inflict pain on his patient, and the analyst should be a reflecting mirror in which the patient may see himself. At the same time, we know from numerous descriptions of Freud with his patients that he was able to act spontaneously, and even idiosyncratically, in ways that we would never tolerate today. Freud seemed to take for granted that the analyst behaved humanely and decently, with little concern for any disruptive effects on the treatment due to the analyst's behavior. All the available evidence indicates that Freud himself was at a rather far remove from the model of the silent analyst creating a climate of libidinal abstinence, which some have taken as the classical analytic stance. Questions of the meaning and role of empathic responsiveness, or the holding environment, or technical neutrality, or the analyst as screen, are not new. Ferenczi and Rank, in 1922, were critical of the silent analyst. Fairbairn (1952), at the end of his career, abandoned the use of the couch, which he likened to placing an infant in a crib which prevented his seeing his parents; he believed this was a setting of cruelty, not neutrality.

This issue of the proper stance of the analyst relates to another long-standing question concerning the role of the analyst as a real person in the here-and-now treatment situation, influencing the manifestations of the transference. Is transference interactive, or is it a private fantasy of the patient imposed upon the neutral analyst? Furthermore, is the significant

treatment event the reconstruction of the past out of which the transference has been created, or is it the affective experience in the current relationship to the analyst? Clearly, interpersonal analysts, joined by self psychologists, Merton Gill, and others, will view these matters differently from analysts following what until recently was assumed to be Freud's standard technique.

Yet another long-lasting debate concerns the basic constitution of the human nature which different theories describe. Freud's infant and adult is, by nature's design, in opposition to an environment which must tame and inhibit his pleasures. Instinct and society are, of necessity, in conflict; ambivalence is the norm and conflict is inevitable. In sharpest contrast, Kohut's infant and, I suspect Jung's and Sullivan's, are, by their nature, potentially consonant with their environment, provided the environment does not fail them through malevolence or unresponsiveness. Clearly, one's view on whether or not the individual is seen as inevitably conflicted and ambivalent, or potentially harmonious in his quest for self-realization—Freud's guilty man in contrast to Kohut's tragic man—will powerfully influence the content and timing of interpretations. In fact, the entire goal of psychoanalysis will vary with one's views on this issue.

I will briefly allude to only a few more such divisions within psychoanalysis. The question of whether psychoanalysis is, by its nature, a hermeneutic discipline; that is, a purely psychological and linguistic effort at understanding meanings, or whether it is a scientific causal discipline with biological roots, is seriously debated today. Here, Lacan, Kohut, and Schafer would part from ego-psychological views. Implied in much of what I have already said, is the complex ongoing discussion over what in psychoanalysis is the therapeutic element—the interpretation, the empathic experience, the holding environment, the regressive opportunity for new growth, and so on.

In all of these debates the sides have not remained static. All of psychoanalysis has been affected by the perception that our patient population has undergone a profound change from

neurotic to characterologic. Whether the patients have changed or whether we have changed, the resulting need for newer, creative solutions to clinical problems has contributed to the more open climate of psychoanalytic discussion and to the subtle but important changes in the theory and practice of all parties. We have increasingly heard and learned from each other, and, I suspect, that while our debates remain sharp, our best practice is more alike than it used to be; an indication either that aspects of our clinical work are not explained by our theory or that dearly held theories are irrelevant for clinical work.

During the past several years there has been a definite shift in psychoanalytic interest toward a clarification of what it is that we actually do in psychoanalysis, rather than how we think about what we think we do. American Psychoanalytic Association panels on the clinical consequences of different models of the mind, the International Psychoanalytic Association conference in July 1983 on "The Analyst at Work," and the present volume, are part of the trend. This return to the clinical core of psychoanalysis will, if carried out diligently, lead to new and better and more productive theoretical constructions, which will, in turn, inform our clinical work.

I will now briefly discuss some of the characteristics of models of the mind, suggesting a model of models.

Each creator of a model is trying to offer an explanation of a puzzling characteristic of human behavior. (Clearly each investigator finds his puzzle out of his own psychological makeup; it is an important aspect of psychoanalysis that all theories are subject to psychoanalytic understanding and reconstruction. Any product of the human mind can be scrutinized psychoanalytically, but that understanding does not affect the scientific validity of the model that has been constructed.) Having identified his problem, each theorist looks to first causes: where in earliest development did this problem appear, either as a part of normal infancy or as a result of infantile trauma, deprivation, or constitutional error. Having identified a first cause, the theorist then looks to its effects on development

and to the defensive modes it excites. Each theorist then expands his puzzle solution into a theory for the entirety of the mind. Finally, a logical method of undoing the pathology is suggested, usually involving both a therapeutic attitude and a direction of interpretation.

For example, if one thinks of Sullivan as focusing on problems of alienation and anomie as a core problem of human living, one can observe that he then postulated infantile anxiety, arising as a contagion from the mother, as a first cause. It would then be reasonable that from that first cause an interpersonal theory and technique would be constructed in the effort to solve the problem. Similarly, if one conceives of observing inauthenticity and the false self as the core problem, one finds the first cause as a failure of good enough mothering, and the solution in a provision of a holding environment. Again, one can see Kohut's core puzzle as a question of how one develops an enfeebled self, and his postulated first cause as the mother's failure of empathic responsiveness. In helping to build a self, the remedy then lies in a repair of self-object ties through the provision of the previously missing empathic responsiveness. Melanie Klein, interested in primitive childhood thinking, postulates forms of an infantile psychotic core which gains dynamic power because of faulty internalizations. The solution lies in direct cognitive interpretation of the psychotic reenactments of the transference.

Further, as we read the literature of each school, it becomes clear that each theorist tends to see the patients that fit the theory, or perhaps they reconstruct their patients in ways that fit the theory. For example, it seems clear that Kleinian psychoanalysts see a much sicker population than the ego psychologists.

One can follow this exercise in models further and demonstrate that each school is attempting to deal with a *specific* human problem and then broadens its scope to include the full spectrum of human behavior. It would be my suggestion that the core of Freud's model, to which I alluded earlier, is the only

model that provides for that full spectrum of human behavior, while the others provide for special, although often important variants.

One of the issues to be raised concerns the question of specificity of treatment. Are different schools designed for the treatment of different kinds of patients, or does each have a technique that treats everyone? In an earlier paper (unpublished), I have suggested that our current theoretical plurality provides an excellent opportunity to test the efficacy of different treatments. To my surprise, theorists of very different persuasions quickly united to say that they were all doing the same psychoanalysis, only each was doing it a little better. We should take the opportunity of this competition of theories to emphasize the *differences* in clinical work; not for the sake of argument, but because only by understanding our differences can we begin to test different treatment methods, expose to public scrutiny what we actually do, and hope to learn to do it better.

Finally, a word of caution: Our theoretical and clinical debates are likely to be long lasting. It is, fortunately for our patients, but unfortunately for research, the case that psychoanalysis cannot be conducted with an as-if attitude. If we do not believe in our theories and techniques, then we cannot conduct the experiment which would allow us to determine their truth or falsity. For example, Kohut recommends for certain narcissistic patients a long noninterpretive period at the beginning of the analysis. Without, at least, a very sympathetic view of Kohut's theories, it is not possible to maintain a noninterpretive stance for several years in the face of the patient's regression, aggressions, idealizations, denigrations, and so on. The work of analysis is too taxing for us to attempt a stance we do not believe in; furthermore, our patients quickly catch on if we are faking it. In science, we are dependent on the replication of reports by different scientists in different laboratories. Unfortunately, in psychoanalysis, we cannot replicate the experimental setting, since we are, ourselves, the major portion of the experimental apparatus as well as the experimenter. We neither

duplicate easily, nor can we be blind to our own activity. The problem of validation is a serious one and will require that we all cooperate if we are to produce new clinical data and learn new methods.

- 20 -

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