

PART II

THE PRACTICAL TASK

CHAPTER VI

THE TECHNIQUE OF PSYCHO-ANALYSIS

A DREAM, then, is a psychosis, with all the absurdities, delusions and illusions of a psychosis. A psychosis of short duration, no doubt, harmless, even entrusted with a useful function, introduced with the subject's consent and terminated by an act of his will. None the less it is a psychosis, and we learn from it that even so deep-going an alteration of mental life as this can be undone and can give place to the normal function. Is it too bold, then, to hope that it must also be possible to submit the dreaded spontaneous illnesses of mental life to our influence and bring about their cure?

We already know a number of things preliminary to such an undertaking. According to our hypothesis it is the ego's task to meet the demands raised by its three dependent relations—to reality, to the id and to the super-ego—and nevertheless at the same time to preserve its own organization and maintain its own autonomy. The necessary precondition of the pathological states under discussion can only be a relative or absolute weakening of the ego which makes the fulfilment of its tasks impossible. The severest demand on the ego is probably the keeping down of the instinctual claims of the id, to accomplish which it is obliged to maintain large expenditures of energy on anicathexes. But the demands made by the super-ego too may become so powerful and so relentless that the ego may be paralysed, as it were, in the face of its other tasks. We may suspect that, in the economic conflicts which arise at this point, the id and the super-ego often make common cause against the hard-pressed ego which tries to cling to reality in order to retain its normal state. If the other two become too strong, they succeed in loosening and altering the ego's organization, so that its proper relation to reality is disturbed or even brought

cause of anxiety for the ego.

As the dream-work proceeds, sometimes the unconscious will press forward more successfully and sometimes the ego will defend itself with greater energy. Anxiety dreams are mostly those whose content has undergone the least distortion. If the demand made by the unconscious is too great for the sleeping ego to be in a position to fend it off by the means at its disposal, it abandons the wish to sleep and returns to waking life. We shall be taking every experience into account if we say that a dream is invariably an *attempt* to get rid of a disturbance of sleep by means of a wish-fulfilment, so that the dream is a guardian of sleep. The attempt may succeed more or less completely; it may also fail, and in that case the sleeper wakes up, apparently woken precisely by the dream. So, too, there are occasions when that excellent fellow the night-watchman, whose business it is to guard the little township's sleep, has no alternative but to sound the alarm and waken the sleeping townspeople.

I will close this discussion with a comment which will justify the length of time I have spent on the problem of the interpretation of dreams. Experience has shown that the unconscious mechanisms which we have come to know from our study of the dream-work and which gave us the explanation of the formation of dreams also help us to understand the puzzling symptoms which attract our interest to neuroses and psychoses. A conformity of such a kind cannot fail to excite high hopes in us.

to an end. We have seen it happen in dreaming: when the ego is detached from the reality of the external world, it slips down, under the influence of the internal world, into psychosis.

Our plan of cure is based on these discoveries. The ego is weakened by the internal conflict and we must go to its help. The position is like that in a civil war which has to be decided by the assistance of an ally from outside. The analytic physician and the patient's weakened ego, basing themselves on the real external world, have to band themselves together into a party against the enemies, the instinctual demands of the id and the conscientious demands of the super-ego. We form a pact with each other. The sick ego promises us the most complete candour—promises, that is, to put at our disposal all the material which its self-perception yields it; we assure the patient of the strictest discretion and place at his service our experience in interpreting material that has been influenced by the unconscious. Our knowledge is to make up for his ignorance and to give his ego back its mastery over lost provinces of his mental life. This pact constitutes the analytic situation.

No sooner have we taken this step than a first disappointment awaits us, a first warning against over-confidence. If the patient's ego is to be a useful ally in our common work, it must, however hard it may be pressed by the hostile powers, have retained a certain amount of coherence and some fragment of understanding for the demands of reality. But this is not to be expected of the ego of a psychotic; it cannot observe a pact of this kind, indeed it can scarcely enter into one. It will very soon have tossed us away and the help we offer it and sent us to join the portions of the external world which no longer mean anything to it. Thus we discover that we must renounce the idea of trying our plan of cure upon psychotics—renounce it perhaps for ever or perhaps only for the time being, till we have found some other plan better adapted for them.

There is, however, another class of psychical patients who clearly resemble the psychotics very closely—the vast number of people suffering severely from neuroses. The determinants of their illness as well as its pathogenic mechanisms must be the same or at least very similar. But their ego has proved more resistant and has become less disorganized. Many of them, in spite of their maladies and the inadequacies resulting from them, have been able to maintain themselves in real life.

These neurotics may show themselves ready to accept our help. We will confine our interest to *them* and see how far and by what methods we are able to 'cure' them.

With the neurotics, then, we make our pact: complete candour on one side and strict discretion on the other. This looks as though we were only aiming at the post of a secular father confessor. But there is a great difference, for what we want to hear from our patient is not only what he knows and conceals from other people; he is to tell us too what he does *not* know. With this end in view we give him a more detailed definition of what we mean by candour. We pledge him to obey the *fundamental rule* of analysis, which is henceforward to govern his behaviour towards us. He is to tell us not only what he can say intentionally and willingly, what will give him relief like a confession, but everything else as well that his self-observation yields him, everything that comes into his head, even if it is *disagreeable* for him to say it, even if it seems to him *unimportant* or actually *nonsensical*. If he can succeed after this injunction in putting his self-criticism out of action, he will present us with a mass of material—thoughts, ideas, recollections—which are already subject to the influence of the unconscious, which are often its direct derivatives, and which thus put us in a position to conjecture his repressed unconscious material and to extend, by the information we give him, his ego's knowledge of his unconscious.

But it is far from being the case that his ego is content to play the part of passively and obediently bringing us the material we require and of believing and accepting our translation of it. A number of other things happen, a few of which we might have foreseen but others of which are bound to surprise us. The most remarkable thing is this. The patient is not satisfied with regarding the analyst in the light of reality as a helper and adviser who, moreover, is remunerated for the trouble he takes and who would himself be content with some such role as that of a guide on a difficult mountain climb. On the contrary, the patient sees in him the return, the reincarnation, of some important figure out of his childhood or past, and consequently transfers on to him feelings and reactions which undoubtedly applied to this prototype. This fact of transference soon proves to be a factor of undreamt-of importance, on the one hand an instrument of irreplaceable value and on the

other hand a source of serious dangers. This transference is *ambivalent*: it comprises positive (affectionate) as well as negative (hostile) attitudes towards the analyst, who as a rule is put in the place of one or other of the patient's parents, his father or mother. So long as it is positive it serves us admirably. It alters the whole analytic situation; it pushes to one side the patient's rational aim of becoming healthy and free from his ailments. Instead of it there emerges the aim of pleasing the analyst and of winning his applause and love. It becomes the true motive force of the patient's collaboration; his weak ego becomes strong; under its influence he achieves things that would ordinarily be beyond his power; he leaves off his symptoms and seems apparently to have recovered—merely for the sake of the analyst. The analyst may shamefacedly admit to himself that he set out on a difficult undertaking without any suspicion of the extraordinary powers that would be at his command.

Moreover, the relation of transference brings with it two further advantages. If the patient puts the analyst in the place of his father (or mother), he is also giving him the power which his super-ego exercises over his ego, since his parents were, as we know, the origin of his super-ego. The new super-ego now has an opportunity for a sort of *after-education* of the neurotic; it can correct mistakes for which his parents were responsible in educating him. But at this point a warning must be given against misusing this new influence. However much the analyst may be tempted to become a teacher, model and ideal for other people and to create men in his own image, he should not forget that that is not his task in the analytic relationship, and indeed that he will be disloyal to his task if he allows himself to be led on by his inclinations. If he does, he will only be repeating a mistake of the parents who crushed their child's independence by their influence, and he will only be replacing the patient's earlier dependence by a new one. In all his attempts at improving and educating the patient the analyst should respect his individuality. The amount of influence which he may legitimately allow himself will be determined by the degree of developmental inhibition present in the patient. Some neurotics have remained so infantile that in analysis too they can only be treated as children.

Another advantage of transference, too, is that in it the

patient produces before us with plastic clarity an important part of his life-story, of which he would otherwise have probably given us only an insufficient account. He acts it before us, as it were, instead of reporting it to us.

And now for the other side of the situation. Since the transference reproduces the patient's relation with his parents, it takes over the ambivalence of that relation as well. It almost inevitably happens that one day his positive attitude towards the analyst changes over into the negative, hostile one. This too is as a rule a repetition of the past. His obedience to his father (if it is his father that is in question), his courting of his father's favour, had its roots in an erotic wish directed towards him. Some time or other that demand will press its way forward in the transference as well and insist on being satisfied. In the analytic situation it can only meet with frustration. Real sexual relations between patients and analysts are out of the question, and even the subtler methods of satisfaction, such as the giving of preference, intimacy and so on, are only sparingly granted by the analyst. A rejection of this kind is taken as the occasion for the change-over; probably things happened in the same way in the patient's childhood.

The therapeutic successes that occurred under the sway of the positive transference are open to the suspicion of being of a *suggestive* nature. If the negative transference gains the upper hand, they are blown away like chaff before the wind. We observe with horror that all our trouble and labour hitherto have been in vain. Indeed, what we might have regarded as a permanent intellectual gain by the patient, his understanding of psycho-analysis and his reliance on its efficacy, suddenly vanish. He behaves like a child who has no power of judgement of his own but blindly believes anyone whom he loves and no one who is a stranger to him. The danger of these states of transference evidently lies in the patient's misunderstanding their nature and taking them for fresh real experiences instead of reflections of the past. If he (or she) becomes aware of the strong erotic desire that lies concealed behind the positive transference, he believes that he has fallen passionately in love; if the transference changes over, then he feels insulted and neglected, he hates the analyst as his enemy and is ready to abandon the analysis. In both these extreme cases he has forgotten the pact that he made at the beginning of the treatment

and has become useless for continuing the common work. It is the analyst's task constantly to tear the patient out of his menacing illusion and to show him again and again that what he takes to be new real life is a reflection of the past. And lest he should fall into a state in which he is inaccessible to all evidence, the analyst takes care that neither the love nor the hostility reach an extreme height. This is effected by preparing him in good time for these possibilities and by not overlooking the first signs of them. Careful handling of the transference on these lines is as a rule richly rewarded. If we succeed, as we usually can, in enlightening the patient on the true nature of the phenomena of transference, we shall have struck a powerful weapon out of the hand of his resistance and shall have converted dangers into gains. For a patient never forgets again what he has experienced in the form of transference; it carries a greater force of conviction than anything he can acquire in other ways.

We think it most undesirable if the patient *acts* outside the transference instead of remembering. The ideal conduct for our purposes would be that he should behave as normally as possible outside the treatment and express his abnormal reactions only in the transference.

The method by which we strengthen the weakened ego has as a starting-point an extending of its self-knowledge. That is not, of course, the whole story but it is a first step. The loss of such knowledge signifies for the ego a surrender of power and influence; it is the first tangible sign that it is being hemmed in and hampered by the demands of the id and the super-ego. Accordingly, the first part of the help we have to offer is intellectual work on our side and encouragement to the patient to collaborate in it. This first kind of activity, as we know, is intended to pave the way to another, more difficult, task. We shall not lose sight of the dynamic element in this task, even during its preliminary stage. We gather the material for our work from a variety of sources—from what is conveyed to us by the information given us by the patient and by his free associations, from what he shows us in his transferences, from what we arrive at by interpreting his dreams and from what he betrays by his slips or *parapraxes*. All this material helps us to make constructions about what happened to him and has been forgotten as well as about what is happening in him now

without his understanding it. But in all this we never fail to make a strict distinction between *our* knowledge and *his* knowledge. We avoid telling him at once things that we have often discovered at an early stage, and we avoid telling him the whole of what we think we have discovered. We reflect carefully over when we shall impart the knowledge of one of our constructions to him and we wait for what seems to us the suitable moment—which it is not always easy to decide. As a rule we put off telling him of a construction or explanation till he himself has so nearly arrived at it that only a single step remains to be taken, though that step is in fact the decisive synthesis. If we proceeded in another way and overwhelmed him with our interpretations before he was prepared for them, our information would either produce no effect or it would provoke a violent outbreak of *resistance* which would make the progress of our work more difficult or might even threaten to stop it altogether. But if we have prepared everything properly, it often happens that the patient will at once confirm our construction and himself recollect the internal or external event which he had forgotten. The more exactly the construction coincides with the details of what has been forgotten the easier will it be for him to assent. On that particular matter *our* knowledge will then have become *his* knowledge as well.

With the mention of resistance we have reached the second and more important part of our task. We have already learnt that the ego protects itself against the invasion of undesired elements from the unconscious and repressed id by means of anticathexes, which must remain intact if it is to function normally. The more hard-pressed the ego feels, the more compulsively it clings (as though in a fright) to these anticathexes, in order to protect what remains of itself from further irruptions. But this defensive purpose does not by any means accord with the aims of our treatment. What we desire, on the contrary, is that the ego, emboldened by the certainty of our help, shall dare to take the offensive in order to reconquer what has been lost. And it is here that we become aware of the strength of these anticathexes in the form of *resistances* to our work. The ego draws back in alarm from such undertakings, which seem dangerous and threaten unpleasure; it must be constantly encouraged and soothed if it is not to fail us. This resistance, which persists throughout the whole treatment and is renewed

at every fresh piece of work, is known, not quite correctly, as the *resistance due to repression*. We shall find that it is not the only one that faces us. It is interesting to notice that in this situation the party-divisions are to some extent reversed: for the ego struggles against our instigation, while the unconscious, which is ordinarily our opponent, comes to our help, since it has a natural 'upward drive' and desires nothing better than to press forward across its settled frontiers into the ego and so to consciousness. The struggle which develops, if we gain our end and can induce the ego to overcome its resistances, is carried through under our direction and with our assistance. Its outcome is a matter of indifference: whether it results in the ego accepting, after a fresh examination, an instinctual demand which it has hitherto rejected, or whether it dismisses it once more, this time for good and all. In either case a permanent danger has been disposed of, the compass of the ego has been extended and a wasteful expenditure of energy has been made unnecessary.

The overcoming of resistances is the part of our work that requires the most time and the greatest trouble. It is worth while, however, for it brings about an advantageous alteration of the ego which will be maintained independently of the outcome of the transference and will hold good in life. We have also worked simultaneously at getting rid of the alteration of the ego which had been brought about under the influence of the unconscious; for whenever we have been able to detect any of its derivatives in the ego we have pointed out their illegitimate origin and have instigated the ego to reject them. It will be remembered that it was one of the necessary preconditions of our pact of assistance that any such alteration of the ego due to the intrusion of unconscious elements should not have gone beyond a certain amount.

The further our work proceeds and the more deeply our insight penetrates into the mental life of neurotics, the more clearly two new factors force themselves on our notice, which demand the closest attention as sources of resistance. Both of them are completely unknown to the patient, neither of them could be taken into account when our pact was made; nor do they arise from the patient's ego. They may both be embraced under the single name of 'need to be ill or to suffer', but they have different origins though in other respects they are of a kindred nature. The first of these two factors is the sense of

guilt or consciousness of guilt, as it is called, though the patient does not feel it and is not aware of it. It is evidently the portion of the resistance contributed by a super-ego that has become particularly severe and cruel. The patient must not become well but must remain ill, for he deserves no better. This resistance does not actually interfere with our intellectual work, but it makes it inoperative; indeed, it often allows us to remove one form of neurotic suffering, but is ready at once to replace it by another, or perhaps by some somatic illness. The sense of guilt also explains the cure or improvement of severe neuroses which we occasionally observe after real misfortunes: all that matters is that the patient should be miserable—in what way is of no consequence. The uncomplaining resignation with which such people often put up with their hard fate is most remarkable, but also revealing. In warding off this resistance we are obliged to restrict ourselves to making it conscious and attempting to bring about the slow demolition of the hostile super-ego.

It is less easy to demonstrate the existence of another resistance, our means of combating which are specially inadequate. There are some neurotics in whom, to judge by all their reactions, the instinct of self-preservation has actually been reversed. They seem to aim at nothing other than self-injury and self-destruction. It is possible too that the people who in fact do in the end commit suicide belong to this group. It is to be assumed that in such people far-reaching defusions of instinct have taken place, as a result of which there has been a liberation of excessive quantities of the destructive instinct directed inwards. Patients of this kind are not able to tolerate recovery through our treatment and fight against it with all their strength. But we must confess that this is a case which we have not yet succeeded in completely explaining.

Let us once more glance over the situation which we have reached in our attempt at bringing help to the patient's neurotic ego. That ego is no longer able to fulfil the task set it by the external world (including human society). Not all of its experiences are at its disposal, a large proportion of its store of memories have escaped it. Its activity is inhibited by strict prohibitions from the super-ego, its energy is consumed in vain attempts at fending off the demands of the id. Beyond this, as a result of continuous irruptions by the id, its organization is impaired, it is no longer capable of any proper synthesis, it is

torn by mutually opposed urges, by unsettled conflicts and by unsolved doubts. To start with, we get the patient's thus weakened ego to take part in the purely intellectual work of interpretation, which aims at provisionally filling the gaps in his mental assets, and to transfer to us the authority of his super-ego; we encourage it to take up the struggle over each individual demand made by the id and to conquer the resistances which arise in connection with it. At the same time we restore order in the ego by detecting the material and urges which have forced their way in from the unconscious, and expose them to criticism by tracing them back to their origin. We serve the patient in various functions, as an authority and a substitute for his parents, as a teacher and educator; and we have done the best for him if, as analysts, we raise the mental processes in his ego to a normal level, transform what has become unconscious and repressed into preconscious material and thus return it once more to the possession of his ego. On the patient's side a few rational factors work in our favour, such as the need for recovery which has its motive in his sufferings, and the intellectual interest that we may awaken in him in the theories and revelations of psycho-analysis; but of far greater force is the positive transference with which he meets us. Fighting against us, on the other hand, are the negative transference, the ego's resistance due to repression (that is, its unpleasure at having to lay itself open to the hard work imposed on it), the sense of guilt arising from its relation to the super-ego and the need to be ill due to deep-going changes in the economics of his¹ instincts. The share taken by the last two factors decides whether the case is to be regarded as slight or severe. Apart from these, a few other factors may be discerned as having a favourable or unfavourable bearing. A certain psychical inertia, a sluggishness of the libido, which is unwilling to abandon its fixations, cannot be welcome to us; the patient's capacity for sublimating his instincts plays a large part and so does his capacity for rising above the crude life of the instincts; so, too, does the relative power of his intellectual functions.

We shall not be disappointed, but, on the contrary, we shall find it entirely intelligible, if we reach the conclusion that the final outcome of the struggle we have engaged in depends on

¹ [*Seine*.¹ This can be either 'its' or 'his'; it seems much more likely to refer to the person as a whole rather than to the ego.]

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quantitative relations—on the quota of energy we are able to mobilize in the patient to our advantage as compared with the sum of energy of the powers working against us. Here once again God is on the side of the big battalions. It is true that we do not always succeed in winning, but at least we can usually recognize why we have not won. Those who have been following our discussion only out of therapeutic interest will perhaps turn away in contempt after this admission. But here we are concerned with therapy only in so far as it works by psychological means; and for the time being we have no other. The future may teach us to exercise a direct influence, by means of particular chemical substances, on the amounts of energy and their distribution in the mental apparatus. It may be that there are other still undreamt-of possibilities of therapy. But for the moment we have nothing better at our disposal than the technique of psycho-analysis, and for that reason, in spite of its limitations, it should not be despised.