

XXXII

FURTHER RECOMMENDATIONS IN THE
TECHNIQUE OF PSYCHO-ANALYSIS¹

RECOLLECTION, REPETITION AND WORKING THROUGH

(1914)

IT seems to me not unnecessary constantly to remind students of the far-reaching changes which psycho-analytic technique has undergone since its first beginnings. Its first phase was that of Breuer's catharsis, direct concentration upon the events exciting symptom-formation and persistent efforts on this principle to obtain reproduction of the mental processes involved in that situation, in order to bring about a release of them through conscious operations. The aims pursued at that time, by the help of the hypnotic condition, were 'recollection' and 'abreaction'. Next, after hypnosis had been abandoned, the main task became that of divining from the patient's free associations what he failed to remember. Resistances were to be circumvented by the work of interpretation and by making its results known to the patient; concentration on the situations giving rise to symptom-formation and on those which lay behind the outbreak of illness was retained, while abreaction receded and seemed to be replaced by the work the patient had to do in overcoming his critical objections to his associations, in accordance with the fundamental psycho-analytic rule. Finally, the present-day technique evolved itself, whereby the analyst abandons concentration on any particular element or problem, contents himself with

¹ First published in *Zeitschrift*, Bd. 11., 1914; reprinted in *Sammlung*, Vierte Folge. [Translated by Joan Riviere.]

studying whatever is occupying the patient's mind at the moment, and employs the art of interpretation mainly for the purpose of recognizing the resistances which come up in regard to this material and making the patient aware of them. A rearrangement of the division of labour results from this; the physician discovers the resistances which are unknown to the patient; when these are removed the patient often relates the forgotten situations and connections without any difficulty. The aim of these different procedures has of course remained the same throughout: descriptively, to recover the lost memories; dynamically, to conquer the resistances caused by repression.

One is bound to be grateful still to the old hypnotic technique for the way in which it unrolled before us certain of the mental processes of analysis in an isolated and schematic form. Only this could have given us the courage to create complicated situations ourselves in the analytic process and to keep them perspicuous.

Now in those days of hypnotic treatment 'recollection' took a very simple form. The patient put himself back into an earlier situation, which he seemed never to confound with the present, gave an account of the mental processes belonging to it, in so far as they were normal, and appended to this whatever conclusions arose from making conscious what had before been unconscious.

I will here interpolate a few observations which every analyst has found confirmed in his experience. The forgetting of impressions, scenes, events, nearly always reduces itself to 'dissociation' of them. When the patient talks about these 'forgotten' matters he seldom fails to add: 'In a way I have always known that, only I never thought of it'. He often expresses himself as disappointed that not enough things come into his mind which he can hail as 'forgotten', which he has never thought of since they happened. Even this desire on his part is fulfilled, however, particularly

in cases of conversion-hysteria. The 'forgotten' material is still further circumscribed when we estimate at their true value the screen-memories which are so generally present. In many cases I have had the impression that the familiar childhood-amnesia, which is theoretically so important to us, is entirely outweighed by the screen-memories. Not merely is much that is essential in childhood preserved in them, but actually all that is essential. Only one must understand how to extract it from them by analysis. They represent the forgotten years of childhood just as adequately as the manifest content represents the dream-thoughts.

The other group of mental processes, the purely internal mental activities, such as phantasies, relations between ideas, impulses, feelings, connections, may be contrasted with impressions and events experienced, and must be considered apart from them in its relation to forgetting and remembering. With these processes it particularly often happens that something is 'remembered' which never could have been 'forgotten', because it was never at any time noticed, never was conscious; as regards the fate of any such 'connection' in the mind, moreover, it seems to make no difference whatever whether it was conscious and then was forgotten or whether it never reached consciousness at all. The conviction which a patient obtains in the course of analysis is quite independent of remembering it in that way.

In the manifold forms of obsessional neurosis particularly, 'forgetting' consists mostly of a falling away of the links between various ideas, a failure to draw conclusions, an isolating of certain memories.

No memory of one special kind of highly important experience can usually be recovered: these are experiences which took place in very early childhood, before they could be comprehended, but which were *subsequently* interpreted and understood. One gains a knowledge of them from dreams, and is compelled to believe in them on irresistible evidence in the structure

of the neurosis; moreover, one can convince oneself that after his resistances have been overcome the patient no longer invokes the absence of any memory of them (sensation of familiarity) as a ground for refusing to accept them. This matter, however, is one demanding so much critical caution and introducing so much that is novel and startling that I will reserve it for special discussion in connection with suitable material.¹

To return to the comparison between the old and the new techniques; in the latter there remains very little, often nothing, of this smooth and pleasing course of events belonging to the former. There are cases which, under the new technique, conduct themselves up to a point like those under the hypnotic technique and only later abandon this behaviour; but others behave differently from the beginning. If we examine the latter class in order to define this difference, we may say that here the patient *remembers* nothing of what is forgotten and repressed, but that he expresses it in *action*. He reproduces it not in his memory but in his behaviour; he *repeats* it, without of course knowing that he is repeating it.

For instance, the patient does not say that he remembers how defiant and critical he used to be in regard to the authority of his parents, but he behaves in that way towards the physician. He does not remember how he came to a helpless and hopeless deadlock in his infantile searchings after the truth of sexual matters, but he produces a mass of confused dreams and associations, complains that he never succeeds at anything, and describes it as his fate never to be able to carry anything through. He does not remember that he was intensely ashamed of certain sexual activities, but he makes it clear that he is ashamed of the treatment to which he has submitted himself, and does his utmost to keep it a secret; and so on.

¹ [Cf. Freud, 'From the History of an Infantile Neurosis', COLLECTED PAPERS, vol. iii.—Trans.]

Above all, the beginning of the treatment sets in with a repetition of this kind. When one announces the fundamental psycho-analytical rule to a patient with an eventful life-history and a long illness behind him, and then waits for him to pour forth a flood of information, the first thing that happens often is that he has nothing to say. He is silent and declares that nothing comes into his mind. That is of course nothing but the repetition of a homosexual attitude, which comes up as a resistance against remembering anything. As long as he is under treatment he never escapes from this compulsion to repeat; at last one understands that it is his way of remembering.

The relation between this compulsion to repeat and the transference and resistance is naturally what will interest us most of all. We soon perceive that the transference is itself only a bit of repetition, and that the repetition is the transference of the forgotten past not only on to the physician, but also on to all the other aspects of the current situation. We must be prepared to find, therefore, that the patient abandons himself to the compulsion to repeat, which is now replacing the impulse to remember, not only in his relation with the analyst but also in all other matters occupying and interesting him at the time, for instance, when he falls in love or sets about any project during the treatment. Moreover, the part played by resistance is easily recognized. The greater the resistance the more extensively will expressing in action (repetition) be substituted for recollecting. The ideal kind of recollection of the past which belongs to hypnosis is indeed a condition in which resistance is completely abrogated. If the treatment begins under the auspices of a mild and unpronounced positive transference, it makes an unearthing of memories like that in hypnosis possible to begin with, while the symptoms themselves are for the time quiescent; if then, as the analysis proceeds, this transference becomes hostile or unduly intense, consequently necessitating repression, remem-

bering immediately gives way to expression in action. From then onward the resistances determine the succession of the various repetitions. The past is the patient's armoury out of which he fetches his weapons for defending himself against the progress of the analysis, weapons which we must wrest from him one by one.

The patient reproduces instead of remembering, and he reproduces according to the conditions of the resistance; we may now ask what it is exactly that he reproduces or expresses in action. The answer is that he reproduces everything in the reservoirs of repressed material that has already permeated his general character—his inhibitions and disadvantageous attitudes of mind, his pathological traits of character. He also repeats during the treatment all his symptoms. And now we can see that our special insistence upon the compulsion to repeat has not yielded any new fact, but is only a more comprehensive point of view. We are only making it clear to ourselves that the patient's condition of illness does not cease when his analysis begins, that we have to treat his illness as an actual force, active at the moment, and not as an event in his past life. This condition of present illness is shifted bit by bit within the range and field of operation of the treatment, and while the patient lives it through as something real and actual, we have to accomplish the therapeutic task, which consists chiefly in translating it back again into terms of the past.

Causing memories to be revived under hypnosis gives the impression of an experiment in the laboratory. Allowing 'repetition' during analytic treatment, which is the latest form of technique, constitutes a conjuring into existence of a piece of real life, and can therefore not always be harmless and indifferent in its effects on all cases. The whole question of 'exacerbation of symptoms during treatment', so often unavoidable, is linked up with this.

The very beginning of the treatment above all

brings about a change in the patient's conscious attitude towards his illness. He has contented himself usually with complaining of it, with regarding it as nonsense, and with underestimating its importance; for the rest, he has extended the ostrich-like conduct of repression which he adopted towards the sources of his illness on to its manifestations. Thus it happens that he does not rightly know what are the conditions under which his phobia breaks out, has not properly heard the actual words of his obsessive idea or not really grasped exactly what it is his obsessive impulse is impelling him to do. The treatment of course cannot allow this. He must find the courage to pay attention to the details of his illness. His illness itself must no longer seem to him contemptible, but must become an enemy worthy of his mettle, a part of his personality, kept up by good motives, out of which things of value for his future life have to be derived. The way to reconciliation with the repressed part of himself which is coming to expression in his symptoms is thus prepared from the beginning; yet a certain tolerance towards the illness itself is induced. Now if this new attitude towards the illness intensifies the conflicts and brings to the fore symptoms which till then had been indistinct, one can easily console the patient for this by pointing out that these are only necessary and temporary aggravations, and that one cannot overcome an enemy who is absent or not within range. The resistance, however, may try to exploit the situation to its own ends, and abuse the permission to be ill. It seems to say: 'See what happens when I really let myself go in these things! Haven't I been right to relegate them all to repression?' Young and childish persons in particular are inclined to make the necessity for paying attention to their illness a welcome excuse for luxuriating in their symptoms.

There is another danger, that in the course of the analysis, other, deeper-lying instinctual trends which

had not yet become part of the personality may come to be 'reproduced'. Finally, it is possible that the patient's behaviour outside the transference may involve him in temporary disasters in life, or even be so designed as permanently to rob the health he is seeking of all its value.

The tactics adopted by the physician are easily justified. For him recollection in the old style, reproduction in the mind, remains the goal of his endeavours, even when he knows that it is not to be obtained by the newer method. He sets about a perpetual struggle with the patient to keep all the impulses which he would like to carry into action within the boundaries of his mind, and when it is possible to divert into the work of recollection any impulse which the patient wants to discharge in action, he celebrates it as a special triumph for the analysis. When the transference has developed to a sufficiently strong attachment, the treatment is in a position to prevent all the more important of the patient's repetition-actions and to make use of his intentions alone, *in statu nascendi*, as material for the therapeutic work. One best protects the patient from disasters brought about by carrying his impulses into action by making him promise to form no important decisions affecting his life during the course of the treatment, for instance, choice of a profession or of a permanent love-object, but to postpone all such projects until after recovery.

At the same time one willingly accords the patient all the freedom that is compatible with these restrictions, nor does one hinder him from carrying out projects which, though foolish, are not of special significance; one remembers that it is only by dire experience that mankind ever learns sense. There are no doubt persons whom one cannot prevent from plunging into some quite undesirable project during the treatment and who become amenable and willing to submit the impulse to analysis only afterwards.

Occasionally, too, it is bound to happen that the untamed instincts assert themselves before there is time for the curbing-rein of the transference to be placed on them, or that an act of reproduction causes the patient to break the bond that holds him to the treatment. As an extreme example of this, I might take the case of an elderly lady who had repeatedly fled from her house and her husband in a twilight state, and gone no one knew where, without having any idea of a motive for this 'elopement'. Her treatment with me began with a marked positive transference of affectionate feeling, which intensified itself with uncanny rapidity in the first few days, and by the end of a week she had 'eloped' again from me, before I had time to say anything to her which might have prevented this repetition.

The main instrument, however, for curbing the patient's compulsion to repeat and for turning it into a motive for remembering consists in the handling of the transference. We render it harmless, and even make use of it, by according it the right to assert itself within certain limits. We admit it into the transference as to a playground, in which it is allowed to let itself go in almost complete freedom and is required to display before us all the pathogenic impulses hidden in the depths of the patient's mind. If the patient does but show compliance enough to respect the necessary conditions of the analysis we can regularly succeed in giving all the symptoms of the neurosis a new transference-colouring, and in replacing his whole ordinary neurosis by a 'transference-neurosis' of which he can be cured by the therapeutic work. The transference thus forms a kind of intermediary realm between illness and real life, through which the journey from the one to the other must be made. The new state of mind has absorbed all the features of the illness; it represents, however, an artificial illness which is at every point accessible to our interventions. It is at the same time a piece of real life, but adapted to our purposes by

specially favourable conditions, and it is of a provisional character. From the repetition-reactions which are exhibited in the transference the familiar paths lead back to the awakening of the memories, which yield themselves without difficulty after the resistances have been overcome.

I might break off at this point but for the title of this paper, which requires me to discuss a further point in analytic technique. The first step in overcoming the resistance is made, as we know, by the analyst's discovering the resistance, which is never recognized by the patient, and acquainting him with it. Now it seems that beginners in analytic practice are inclined to look upon this as the end of the work. I have often been asked to advise upon cases in which the physician complained that he had pointed out his resistance to the patient and that all the same no change had set in; in fact, the resistance had only then become really pronounced and the whole situation had become more obscure than ever. The treatment seemed to make no progress. This gloomy foreboding always proved mistaken. The treatment was as a rule progressing quite satisfactorily; only the analyst had forgotten that naming the resistance could not result in its immediate suspension. One must allow the patient time to get to know this resistance of which he is ignorant, to 'work through' it, to overcome it, by continuing the work according to the analytic rule in defiance of it. Only when it has come to its height can one, with the patient's co-operation, discover the repressed instinctual trends which are feeding the resistance; and only by living then through in this way will the patient be convinced of their existence and their power. The physician has nothing more to do than to wait and let things take their course, a course which cannot be avoided nor always be hastened. If he holds fast to this principle, he will often be spared the disappointment of failure in cases where all the time he has conducted the treatment quite correctly.

This 'working through' of the resistances may in practice amount to an arduous task for the patient and a trial of patience for the analyst. Nevertheless, it is the part of the work that effects the greatest changes in the patient and that distinguishes analytic treatment from every kind of suggestive treatment. Theoretically one may correlate it with the 'abreaction' of quantities of affect pent-up by repression, without which the hypnotic treatment remained ineffective.

XXXIII

FURTHER RECOMMENDATIONS IN THE
TECHNIQUE OF PSYCHO-ANALYSIS¹

OBSERVATIONS ON TRANSFERENCE-LOVE

(1915)

EVERY beginner in psycho-analysis probably feels alarmed at first at the difficulties in store for him when he comes to interpret the patient's associations and deal with the reproduction of repressed material. When the time comes, however, he soon learns to look upon these difficulties as insignificant and instead becomes convinced that the only serious difficulties are encountered in handling the transference.

Among the situations to which the transference gives rise, one is very sharply outlined, and I will select this, partly because it occurs so often and is so important in reality and partly because of its theoretical interest. The case I mean is that in which a woman or girl patient shows by unmistakable allusions or openly avows that she has fallen in love, like any other mortal woman, with the physician who is analysing her. This situation has its distressing and its comical aspects as well as its serious ones; it is so complicated, and conditioned by so many factors, so unavoidable and so difficult to dissolve, that discussion of it has long been a pressing need of analytic technique. But since those who mock at the failings of others are not always themselves free from them, we have hardly been inclined to rush in to the fulfilment of this task. The obligation of professional discretion, which cannot be

¹ First published in *Zeitschrift*, Bd. III., 1915; reprinted in *Sammlung*, Vierte Folge. [Translated by Joan Riviere.]