

patients the most efficacious remedy for their sufferings available at the present time ; but you are contributing your share to that enlightenment of the many from which we expect to gain the authority of the community in general and thus to achieve the most far-reaching prophylaxis against neurotic disorders.

XXVI

OBSERVATIONS ON ' WILD ' PSYCHO-ANALYSIS¹

(1910)

A FEW days ago an elderly lady, under the protection of a female friend, called upon me for a consultation, complaining of anxiety-states. She was in the second half of the forties, fairly well preserved, and had obviously not yet finished with her womanhood. A divorce from her last husband had been the occasion exciting the anxiety-states ; but the anxiety had become greatly intensified, according to her account, since she had consulted a young physician in the suburb she lived in, for he had informed her that her sexual desires were the cause of her anxiety. He said that she could not tolerate the loss of intercourse with her husband, and so there were only three ways by which she could recover her health—she must either return to her husband, or take a lover, or satisfy herself. Since then she had been convinced that she was incurable, for she would not return to her husband, and the other two alternatives were repugnant to her moral and religious feelings. She had come to me, however, because the doctor had said that I was responsible for this new opinion, and that she had only to come and ask me to confirm what he said, and I should tell her that this and nothing else was the truth. The friend who was with her, a still older, pinched and unhealthy-looking woman, then implored me to assure the patient that the doctor was mistaken. It could not possibly be true, for she herself had been

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a widow for many years, and had remained respectable without suffering from anxiety.

I will not dwell on the awkward predicament in which I was placed by this visit, but instead will consider the conduct of the practitioner who sent this lady to me. First, however, it will be as well to adopt a cautious attitude, which may possibly not be superfluous—indeed we will hope so. Long experience has taught me—as it may others—not to accept straight away as true what patients, especially nervous patients, relate about their physician. A neurologist not only easily becomes the object of many of the patient's hostile feelings, whatever method of treatment he employs; he must also sometimes resign himself to accepting responsibility, by a kind of projection, for the buried repressed wishes of his nervous patients. That such accusations then nowhere find more credence than among other physicians is a melancholy but a significant circumstance.

I have some grounds, therefore, for hoping that this lady gave me a tendenciously distorted account of what her physician had said, and that I do a man who is unknown to me an injustice by connecting my remarks about 'wild' psycho-analysis with this incident. But all the same, by doing so I may perhaps prevent others from acting wrongly towards their patients.

Let us suppose, therefore, that her medical practitioner spoke to the patient exactly as she reported of him. Everyone will at once vouchsafe the criticism that if a physician holds it necessary to discuss the question of sexuality with a woman he must do so with tact and consideration. Compliance with this demand, however, coincides with carrying out certain of the *technical* regulations of psycho-analysis; moreover, the physician in question was ignorant of a number of the *scientific* principles of psycho-analysis or had misapprehended them, and thus showed how little understanding of its nature and purposes he had in fact acquired.

We will begin with the second of these, with his scientific errors. His advice to the lady shows clearly in what sense he understands the expression 'sexual life'—in the popular sense, namely, in which by sexual needs nothing is meant but the need for coitus or analogous acts producing orgasm and emission of sexual secretions. The physician cannot have been unaware, however, that psycho-analysis is commonly reproached with having extended the connotation of the term 'sexual' far beyond its usual range. The fact is undisputed; whether it may justly be used as a reproach shall not be discussed here. In psycho-analysis the term 'sexuality' comprises far more; it goes lower and also higher than the popular sense of the word. This extension is justified genetically; we reckon as belonging to 'sexual life' all expressions of tender feeling, which spring from the source of primitive sexual feelings, even when those feelings have become inhibited in regard to their original sexual aim or have exchanged this aim for another which is no longer sexual. For this reason we prefer to speak of *psycho-sexuality*, thus laying stress on the point that the mental factor should not be overlooked or underestimated. We use the word sexuality in the same comprehensive sense as that in which the German language uses the word *lieben* (to love). And we have long known that a mental lack of satisfaction with all its consequences can exist where there is no lack of normal sexual intercourse; as therapists, too, we have constantly to remember that the unsatisfied sexual trends (the substitutive satisfactions of which in the form of nervous symptoms we have to combat) can often find only very inadequate outlet in coitus or other sexual acts.

Anyone not sharing this psycho-analytical point of view has no right to call to his aid psycho-analytical theories concerned with the ætiological significance of sexuality. By emphasizing exclusively the somatic factor in sexuality he certainly simplifies the problem

greatly, but he alone must bear the responsibility for what he does.

A second and equally gross misunderstanding is discernible behind the physician's advice.

It is true that psycho-analysis puts forward lack of sexual satisfaction as the cause of nervous disorders. But does it not also go much further than this? Is its teaching to be ignored as too complicated when it declares that nervous symptoms arise from a conflict between two forces—on the one hand, the libido (which is for the most part excessive), and on the other, a too severe aversion from sexuality or a repression? No one who remembers this second factor, which is by no means secondary in importance, can ever believe that sexual satisfaction in itself constitutes a remedy of general reliability for the sufferings of neurotics. A good number of nervous persons are, indeed, either in the actual circumstances or altogether incapable of satisfaction. If they were capable of it, if they were without their inner resistances, the strength of the instinct itself would point the way to satisfaction for them even though no physician recommended it. What is the good, therefore, of advice such as that supposed to have been given to this lady by her physician?

Even if it could be justified scientifically, it is not advice that she can carry out. If she had had no inner resistances against onanism or against a liaison she would of course have adopted one of these measures long before. Or does the physician think that a woman of over forty has never heard of such a thing as taking a lover, or does he overestimate his influence so much as to think that she could never decide upon such a step without medical recommendation?

All this seems very simple, and yet it must be admitted that there is one factor which often complicates the issue in forming a judgement. Some nervous states which we call the *actual* neuroses, such as typical neurasthenia and pure forms of anxiety-

neurosis, obviously depend on the physical factor in sexual life, and we have no certain knowledge of the part played in them by the mental factor and by repression. In such cases it is natural that the physician should first consider some 'actual' therapy, some alteration in the physical sexual way of life, and he does so with perfect justification if his diagnosis is correct. The lady who consulted the young physician complained chiefly of anxiety-states, and so he probably assumed that she was suffering from an *anxiety-neurosis*, and felt justified in recommending an actual therapy to her. Again a convenient misapprehension! A person suffering from anxiety is not for that reason necessarily suffering from anxiety-neurosis; a diagnosis of it cannot be based on its name; one has to know what manifestations are comprised in an anxiety-neurosis, and be able to distinguish it from other pathological states in which anxiety appears. My impression was that the lady in question was suffering from anxiety-hysteria, and the whole value of such nosographical distinctions, one which quite justifies them, lies in the fact that they indicate a different aetiology and a different therapy. No one who took into consideration the possibility of anxiety-hysteria in this case would have fallen into the error of neglecting the mental factors, as this physician did with his three alternatives.

Oddly enough, the three therapeutic alternatives of this would-be psycho-analyst leave no room for—psycho-analysis! This woman can only be cured of her anxiety by returning to her husband, or by satisfying her needs by onanism or with a lover. And where does analytic treatment come in, the treatment which we regard as the first remedy in anxiety-states?

This brings us to the *technical* errors to be remarked in the way that, according to our assumption, this physician proceeded. The idea that a neurotic is suffering from a sort of ignorance, and that if one removes this ignorance by telling him facts (about the

causal connection of his illness with his life, about his experiences in childhood, and so on) he must recover, is an idea that has long been superseded, and one derived from superficial appearances. The pathological factor is not his ignorance in itself, but the root of this ignorance in his *inner resistances*; it was they that first called this ignorance into being, and they still maintain it now. In combating these resistances lies the task of the therapy. Telling the patient what he does not know because he has repressed it, is only one of the necessary preliminaries in the therapy. If knowledge about his unconscious were as important for the patient as the inexperienced in psycho-analysis imagine, it would be sufficient to cure him for him to go to lectures or read books. Such measures, however, have as little effect on the symptoms of nervous disease as distributing menu-cards in time of famine has on people's hunger. The analogy goes even further than its obvious application, too; for describing his unconscious to the patient is regularly followed by intensification of the conflict in him and exacerbation of his symptoms.

Since, however, psycho-analysis cannot dispense with making this disclosure to patients, it prescribes that two conditions are to be fulfilled before it is done. First, by preparatory work, the repressed material must have come very near to the patient's thoughts, and secondly, he must be sufficiently firmly attached by an affective relationship to the physician (transference) to make it impossible for him to take fresh flight again.

Only when these two conditions are fulfilled is it possible to recognize and to overcome the resistances which have led to the repression and the ignorance. Psycho-analytic measures, therefore, cannot possibly dispense with a fairly long period of contact with the patient, and attempts to bully the patient during his first consultation by brusquely telling him the hidden things one infers behind his story are technically

reprehensible; they mostly lead to their own doom, too, by inspiring a hearty dislike for the physician in the patient and putting an end to any further influence.

Besides all this, one may sometimes make a false inference, and one is never in a position to discover the whole truth. In psycho-analysis these exact technical precautions take the place of a vague demand, implying a peculiar talent, for 'medical tact'.

It is not enough, therefore, for a physician to know a little of what psycho-analysis has discovered; he must also have familiarized himself with its technique if he wishes his medical practice to be guided by a psycho-analytic point of view. This technique is even to-day not to be learnt from books, and it is certainly not to be discovered independently without great sacrifices of time, labour and success. It is to be learnt, like other medical measures, from those who are already proficient in it. In forming a judgement on the incident that I took as a starting-point for these remarks, therefore, it is a matter of some significance that I do not know the physician who is said to have given the lady such advice and have never before heard his name.

Neither for myself nor for my friends and co-workers is it pleasant to claim in this way a monopoly in the use of psycho-analytic technique. But in face of the danger to patients and to the cause of psycho-analysis which one foresees in this 'wild' psycho-analysis, we have no other choice. In the spring of 1910 we founded an International Psycho-Analytical Association, in which the members admit their participation by allowing publication of their names, in order to be able to repudiate responsibility for what is done by those who do not belong to us and yet call their methods 'psycho-analysis'. For as a matter of fact 'wild' analysts of this kind do more harm to the cause of psycho-analysis than to individual patients. I have often found that a clumsy feat of a similar kind led to good results in the end, although it first produced an

exacerbation of the patient's condition. Not always, but still often. When he has abused the physician enough and feels impervious enough to any further influence of the kind, his symptoms give way, or he decides to take some step leading to recovery. The final improvement then 'comes of itself,' or is ascribed to some entirely harmless treatment by another physician to whom the patient turned afterwards. In the case of the lady whose complaint against her doctor we have heard, I should say that, in spite of all, the wild psycho-analyst did more for her than some highly respected authority who might have told her she was suffering from a 'vasomotor neurosis'. He did force her attention to the real cause of her trouble, or in that direction, and in spite of all her struggles that cannot be without some favourable results. But he has done himself harm and helped to intensify the prejudices which patients feel, owing to their natural resistances, against the ways of psycho-analysts. And this can be avoided.

XXVII

THE EMPLOYMENT OF DREAM-INTERPRETATION IN PSYCHO-ANALYSIS¹

(1912)

THE *Zentralblatt für Psychoanalyse* was not designed solely to keep its readers informed of the advances made in psycho-analytical knowledge, and itself to publish lesser contributions to the subject; but it aims also at presenting to the student a clear outline of what is already known, so that by means of suitable directions the beginner in analytical practice should be saved waste of time and effort. Henceforward, therefore, articles of a didactic nature and a technical content, not necessarily containing new matter, will appear in this Journal.

The question with which I now intend to deal is not that of the technique of dream-interpretation; neither the methods by which dreams may be interpreted nor the use of such interpretations when made will be considered, but merely the way in which the analyst should employ the art of dream-interpretation in the psycho-analytic treatment of patients. There are undoubtedly different ways of going to work in the matter, but then the answer to questions of technique in analysis is never a matter of course. Although there may perhaps be more than one good road to follow, still there are very many bad ones, and a comparison of the various methods can only be illuminating, even if it should not lead to a decision in favour of any particular one.

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[The following six papers (omitting No. XXX.) originally formed a Series of Papers on Technique, and are reprinted together in the *Sammlung*.—ED.]