Introducción

En las páginas que siguen se halla la gran mayoría de los artículos escritos por psicoanalistas a los que Lacan se refirió durante su seminario *Los escritos técnicos de Freud*. Los presentamos en su versión original o bien en la traducción autorizada al inglés, una vez que éste se convirtió en la lengua oficial de la IPA. La lista de estos documentos se constituyó a partir del libro de Diana Estrín, *Lacan día por día*. Está la mayoría, pero no todos, por lo que esta recopilación puede ser suplementada en cualquier momento, ante nuevos hallazgos.

El encabezado de cada artículo dice el año de publicación, el título, el nombre de la revista en que fue publicado, el volumen y la página de incio en la revista original. A continuación se reitera el título del artículo y el nombre de su autor.

Para facilitar la realización de citas se ha conservado la paginación original de la revista original, indicada por un número entre corchetes del lado izquierdo. En consecuencia las notas a pie de página suelen ir antes de estos números y no al final de cada página del presente documento.

El registro existente de este seminario (versión JL) presenta un grave problema en las fechas de las primeras lecciones, por lo cual, en vez de indicar las fechas en donde se citan los artículos, el lector puede referirse al índice que lleva al artículo que busque. Por otra parte, suele suceder que Lacan cite en dos sesiones distintas de su seminario un artículo, por lo cual un *Vide supra* indica al lector que el artículo se encuentra ya reproducido.

En diversas ocasiones en este seminario, Lacan muestra que un rasgo fundamental de su método de lectura de Freud residía en leer los libros y artículos que Freud ha citado en sus textos. Con este material, ahora es posible aplicar a los seminarios de Lacan ese método lacaniano de lectura.

Feliz lectura,

Comité editorial de e-diciones de la École lacanienne de psychanalyse

1950) CHANGING THERAPEUTICAL AIMS AND TECHNIQUES IN PSYCHO-ANALYSIS. INT. J. PSYCHO-ANAL., 31:117 (IJP)

CHANGING THERAPEUTICAL AIMS AND TECHNIQUES IN PSYCHO-ANALYSIS[1]

MICHAEL BÁLINT

I.

I think it may be taken for granted that every analyst is at pains to learn from his own technical errors and mistakes. Conversely, this means that our individual technique is continually changing through gradually accumulating individual experience—let us hope, for the better. Are we justified in assuming that this is also true of psycho-analytical technique in general? Is the therapeutic work of the rank and file analyst of to-day different from that of his colleague of say thirty, twenty, or even ten years ago? and if so, what is the difference and what has brought it about? As the title of my paper suggests, my contention is that psycho-analytic technique has changed, in fact has been changing continuously, ever since its first description by Freud in the technical chapter of the *Studies in Hysteria*.[2]

To put this process into true perspective, the survey ought to start with the techniques (in the plural) described by Breuer and Freud in their book. For the sake of brevity, however, I shall restrict myself to that part of the history of the technique which is contemporary with my analytical lifetime.

When I started to practise psycho-analysis (in 1922), the whole of our thinking was under the influence of two momentous works of Freud's: *From the History of an Infantile Neurosis*[3] and *Beyond the Pleasure Principle*.[4] Theoretically the aim of all psycho-analytical therapy was defined by Freud—for all time to come, as we thought then—in his three famous synonymous formulæ: 'overcoming the patient's resistance', 'removal of infantile amnesia', and 'making the unconscious conscious'. It is important to bear in mind that at that time 'unconscious' was equivalent to what we now call the 'repressed', and 'infantile amnesia' meant hardly more than the Œdipus situation, the 'nuclear complex' of all mental development. Accordingly, the practical task of an analysis was: (1) to reconstruct the patient's instinctual development, in particular to find out which of his sexual component instincts remained repressed and could not be integrated under the genital primacy; (2) to reconstruct the historical Œdipus situation; and (3) to relieve the castration anxiety, originating—as we then thought—from the Œdipus situation, mainly from the father, both for boys and girls.

Soon after (1922–26) we learnt from Freud his final ideas about the structure of the mind.[5] Since then it has been an established custom to view any neurotic symptom, in fact any mental phenomenon, as a compromise between the three factors: the *id*, the ego and the super-ego. The aim of therapy was, as reformulated by Freud: 'Where *id* was, ego shall be'. In practice this meant a new, an additional task: to help the patient to repair the faulty places in his ego structure, and in particular to aid him to abandon some of his costly defensive mechanisms and to develop less costly ones.

It is obvious that the three older formulations and the new one are not identical. In my opinion they are the psycho-analytic expression of the centuries-old dilemma of all the biological sciences: does function determine structure— *the functional or dynamic approach* —or does structure determine function— *the structural or topic approach* ?[6]

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[1]Parts of this paper were read at the 16th International Psycho-Analytical Congress, Zürich, August, 1949.
[2]Breuer-Freud: *Studies in Hysteia*. Nervous and Mental Disease Monogr. Series No. 61. (In German, 1895).
[3]Freud, S.: *Collected Papers*, Vol. III (in German, 1918).
[4]Freud, S.: London, 1920.
[5]Freud, S.: *The Ego and the Id*, London, 1923; *Group Psychology and the Analysis of the Ego*, London, 1922; *Inhibitions, Symptoms and Anxiety*, London, 1936 (in German, 1926).
[6]It is an interesting problem, which certainly deserves proper examination, why in psycho-analysis—contrary to the general trend in medicine—the structural approach came so late after the functional, and why in spite of its late appearance it was able so quickly and so easily to attain such great importance in theory.

The relative importance of these two approaches dominated all theoretical discussions on therapy and technique in the following years. The dynamic approach laid more emphasis on 'content', was more concerned with the 'repressed' and the 'unconscious', which meant roughly the inhibited, repressed sexual gratifications, and was aiming at achieving a break-through of such repressed instincts, [7] at liberating them from repression, and establishing a free enjoyment of their gratification. To put it briefly, the main concern of the dynamic approach was the *id*. The topic approach, on the other hand, laid more emphasis on the study of the habitual defensive mechanisms, which roughly meant the developmental faults in the mental structure, especially the relative strengths of the ego and the super-ego.

It is perhaps interesting to note that all Freud's case histories—all dating, it is true, from before 1914—contain practically nothing but 'dynamic' or 'content' interpretations. And secondly that in *Studies on Hysteria*[8] Freud explicitly stated that his method of catharsis (or was it even then psycho-analysis?) could cure only hysterical symptoms and not a hysterical constitution; as far as I know, the statement has been neither revoked nor qualified.

A very important feature is that all the formulations of therapeutic aims put forward by Freud, i.e. both the earlier three synonymous ones expressing the dynamic approach, and the newer one expressing the topic approach, are concerned only with the individual. I shall call this limitation the *physiological or biological bias*. This fact has been repeatedly quoted as a severe criticism of psycho-analysis, in particular by certain sociologists and anthropologists, from both the extreme left and the extreme right. This criticism, though not entirely unfounded, is in fact unfair and unjust, since it deliberately neglects certain important developments in our technique. It is true, however, that the fault is partly our own, for we have omitted to change our theoretical notions so as to include the results of our changed technique.

II

This new orientation in our technique started almost imperceptibly by paying proper attention—in addition to the 'contents' of the free associations and to the detection of the patient's habitual defence mechanisms—to the *formal elements* of the patient's behaviour in the psycho-analytical situation. ('Formal' in English has two meanings: (1) perfunctory, or according to the rules of propriety; and (2) concerned with the form, not verbal. In this paper I shall use the word mainly in its second sense, but have no objection if the reader understands it to include both.) These formal elements include, among others, the changing expressions of the patient's face.[9] his way of lying on the couch, of using his voice, of starting and finishing the session, his intercurrent illnesses, even a passing malaise, and especially his way of associating.[10] At first such attention to, and subsequent interpretation of, these formal elements was thought to be a subtle trick or a lucky hit, and only gradually did we become aware of the immense value for therapeutic purposes of the consequent nothing and interpreting of as many of these formal elements as possible. Nowadays this is fully recognised, and has become part and parcel of our everyday work, especially of our teaching activity in supervising our candidates.

The main results of this extensive study may be summed up under two heads. Firstly, these formal elements of the patient's behaviour in the psycho-analytical situation are very closely linked with the patient's *character* ; it is extremely difficult to change them, even to make the patient become aware of their peculiar nature, since they appear absolutely 'natural' to him; obviously the force activating them must be very strong; as is well known, Freud classified it under the repetition compulsion. Secondly, these formal elements of behaviour are part and parcel of the patient's *transference*, expressing both his general—lasting—sentiments towards the world, and his present—passing—attitudes towards a particular object—his analyst; consequently they have to be regarded as phenomena of some skind of *object relation* —often

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[7]e.g. Kaiser, H.: 'Probleme der Technik', *Int. Z. f. Psychoanal*., (1934), 20, 490–522.
[8] Freud, S.: *The Ego and the Id*, pp. 228–229 (3rd German edition).
[9] First observed and described by Freud in *Studies on Hysteria*, but I have not been able to find any reference to his interpreting it to the patient.
[10] All these first mentioned by Ferenczi. *Cf*. his papers Nos. 8, 14–15, 22–24, 27, 29, 45, 77 *in Further Contributions*, London, 1926. (In German: 1913, 1914, 1915 and 1919.)

of a primitive type—which has been revived in (or perhaps by) the psycho-analytical situation. The consequent study of these formal elements of the patient's behaviour in the psycho-analytical situation was, in my opinion, the main factor that brought about a fundamental change, indeed a very great improvement, in our technical skill; though I readily admit that other contributory factors were also at work.

This new orientation in our technique aims, first and foremost, at understanding and interpreting every detail of the patient's transference *in terms of object relations*. In fact, Strachey[11] in an often-quoted paper, maintained that transference interpretations alone have any curative (mutative) value. Whether we accept this statement or not, it is certainly true that nowadays hardly anybody tries to analyse neurotic symptoms or character traits directly; they are dealt with en passant, so to speak, while analysing the 'transference'. And we may proudly say that our present-day technique is a very fine, safe and reliable instrument indeed for understanding, and dealing with, transference phenomena, i.e. object relations.

At present we are in the queer situation that technically we can deal fairly well even with complicated problems of object-related attitudes or emotions which on the other hand are rather difficult to describe with our present theoretical concepts. (Later, when discussing Mrs. Klein's contributions, I shall have to qualify this statement.) To show how far our technique is ahead of our theory, let me quote one example. It is well known that we have no proper systematized classification of mental illnesses, not even properly defined pathological entities—only a fairly large collection of well-sounding labels. To-day, to diagnose a case is always a difficult task; the result is usually an uncertain, rather haphazard, and not even very important label; and as soon as any particular label has been attached to a particular patient, a heated controversy breaks out challenging its correctness. To quote a few frequently recurring vexed questions: what is the difference between a mild epilepsy and a hysteria? or between a severe hysteria and an incipient schizophrenia? or between criminality and certain pathological characters? and so on. Our theory is very weak indeed on these points. Technically, however, we can deal fairly well with all these cases, despite their uncertain labelling.

III

The difference is striking. On the theoretical side we have excellent, concise, pregnant terms which, however, help us little; on the technical side we have well-founded, sharply delineated clinical pictures for the description of which we must use lengthy and clumsy formulæ, often whole sentences, for lack of proper terms. I think that the cause of this queer and embarrassing

situation is the same limitation that compelled Freud not to go beyond the individual when formulating the aims of psycho-analytic therapy. I called it the *physiological or biological bias*. It is a highly interesting fact that this bias is a self-imposed restriction; in his characteristic way, with matter-of-fact frankness, Freud conscientiously recorded his reasons for imposing the restriction upon himself.

In *Inhibitions, Symptoms and Anxiety*[12] he stated explicitly that he had deliberately chosen as the basis of his psychological theories the *clinical experiences with obsessional neurotics* because in this neurosis all conflicts and mental processes are internalized (in German: *verinnerlicht*).[13] For the future development of Freud's theories, as we all know, the study of melancholia was the paramount source. In recent years we have been able to watch Mrs. Klein, who—faithfully following Freud—has also used melancholia (depression) and still more recently schizoid and paranoid states as the main sources for the development of her ideas.14 All these pathological forms have a common quality which may be called a bias; that is, the more or less complete *withdrawal from their objects*.

This bias becomes still more striking if we contrast these pathological forms with those which helped and compelled us to learn the new technique; which in fact initiated all analytical techniques. Firstly, there is hysteria, where everything happens with one eye on the objects; a very instructive history is that of Frl. Anna O.'s

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11Strachey, James: 'The Nature of the Therapeutic Action of Psychoanalysis', *Int. J. Psycho-Anal*. (1934), 15, 127–159.
12Freud, *The Ego and the Id*, pp. 60–61.
13Freud, *The Ego and the Id*, Chapters V and VII.
14e.g. Klein, M.: 'A Contribution to the Psychogenesis of Manic-Depressive States', *Int. J. Psycho-Anal*. (1935), 16, 145–174; 'Mourning and its Relation to the Manic-Depressive State', *Int. J. Psycho-Anal*. (1940), 21, 125–153; Notes of Some Schizoid Mechanisms', *Int. J. Psycho-Anal*. (1946), 27, 99–109.
15Breuer-Freud: *Studies on Hysteria*.

case, with the many changes of her object relations to Breuer, which in turn compelled Breuer to ever new adaptations, i.e. changes in his technique.[15] Then the two types that make up a good half, if not two-thirds, of all our patients: the many forms of sexual disturbances and the acting-out type of character neuroses. In all these forms *objects are of paramount importance*. Whereas in obsessional neurosis or melancholia psycho-analytic theory was able to describe the clinical observations in concise dynamic terms, revealing the typical mental constellation that led to this particular kind of symptoms—in hysteria, in sexual disorders, and still more so in character neurosis our theoretical descriptions are rather primitive. We have not been able to isolate any well-defined, easily identifiable clinical types comparable to those in obsessional neurosis or in melancholia, and still less to describe them in concise dynamic terms. In fact, one is justified in saying that a clinical system of these latter illnesses does not as yet exist.

Here we meet the same queer situation, but from a different angle. Our theory has been mainly based on the study of pathological forms which use internalization extensively and have only weakly cathected object-relations; our technique was invented and has been mainly developed when working with pathological forms such as hysteria, sexual disorders, character neurosis, all of which have strongly cathected object-relations. This, however, is only natural, as our true field of study is the *psycho-analytical situation*, a situation where relations to an object—admittedly a very peculiar object—are of overwhelming importance. A good deal of internal contradiction and of conflicting tendencies in psycho-analysis becomes understandable if we always bear in mind this double origin of our technique and theory.

Instead of speaking of a 'double origin' we might say that our theory and technique are differently biased. The bias influencing our theory led Freud to formulate the aims of therapy in a way that limited the description to the individual. I called it *the physiological or biological bias.*[16] It is much more difficult to find a suitable name for the bias influencing our technique. Suitable names or technical terms are usually the fruits of good theories—a good degree of skill is not sufficient for that—and, as I said, a good theory of our present technique is not yet existent. For want of a better term I propose to call this bias the object or perhaps object-relation bias.

The reason why it is so difficult to find a suitable name is that all our concepts and technical terms—except two—have been coined under the physiological bias and are, in consequence, highly individualistic; they do not go beyond the confines of the individual mind. The two exceptions are 'object' and 'object-relation', which have had a very interesting career indeed. Together with 'source' and 'aim', the 'object' of an instinct was made a technical term by Freud in his *Three Contributions*.[17] And it led a very modest existence in the shadow of its two much more important siblings. The 'source of an instinct' became the basis of classification in our theory of instincts; almost all the human instincts that we know of are called by names denoting their sources; which means that we think in terms borrowed from biology—or more correctly, *anatomy* —which knows only the individual and no object-relations. The development of the mind in its early stages, we thought, was determined by the instinctual aims, i.e. gratifications (and frustrations); the most gratifying instinct of the time, the prevalent instinct, organizing the libido under its own rule, and prescribing what object was to be chosen and the individual's relation to it. Thus developed the theory of the pre-genital organizations of libido, in its most elaborate form, in Abraham's famous 'Short Study of the Development of the Libido' (1924).[18] The crucial factors in this development were thought to be the changing instincts, emerging during ontogenesis as the consequence of some unknown physiological process. The objects in this development were of secondary importance, a kind of chance substrata to be cathected by this or that instinct. Perhaps the recent views which might be summed up as the theory of 'the 'exchangeable physiological objects' describing the very early object-relations are only a logical consequence of this physiological train of thought.

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[16]If I understood E. Kris (Zürich Congress paper) correctly, Freud, in his early letters and drafts which are shortly to be published, stated in so many words that he deliberately decided to develop his psychological ideas on physiological lines.

[17]Freud, S.: *Three Contributions to the Theory of Sexuality* (in German, 1905).

18Published in English in Abraham, K.: *Selected Papers*, London, 1942.

As early as 1935 I pointed out several inconsistencies in this part of our theory and urged for a review which should pay more attention to the development of object-relations, especially to the influences of the environment.19 My proposition found hardly any response. Recently, however, there have been several unmistakeable signs that our way of thinking about the development of the mind is changing. Here are a few such signs, none of them very important in itself, though rather impressive if seen together. Firstly: the term 'source of an instinct' is hardly ever heard or seen in print, nowadays; equally the term 'instinctual aim' is definitely receding from our theoretical considerations; even the once very frequently used term 'aim-inhibited' is heard but rarely; in the foreground are, and in fact have been for some time, objects and object-relations; a further characteristic point which is important for my argument: they are hardly ever used in connection with their original adjective, 'instinctual object'; and I have never seen or heard: 'relation to an instinctual object'. Secondly, the well-known terms anal, oral, genital, etc., are less and less used to denote the source or aim of instincts, but more and more to denote specific object-relations, e.g. 'oral greed', 'anal domination', 'genital love', etc. Thirdly, the term 'sadistic' has been gradually going out of fashion, in my opinion because its implications are much too libidinous, and relate rather closely to instinctual aims, gratifications;

in its stead terms like 'hostile', 'aggressive', 'destructive', are used, which have unmistakable affinity to object relations.

IV

My contention is, that if we describe the events only from the point of view of the individual, using our well-developed technical terms and concepts such as repression, regression, split, establishment of a severe super-ego, introjection and projection, displacement, fusion or defusion, ambivalence, etc.—our description, though correct, will be incomplete, for every neurotic symptom means also a distorted object-relation, and the change in the individual is only one aspect of the whole process. Regarded from this angle the classical sources of psycho-analytic theory, obsessional neurosis and melancholia, because of the far-reaching withdrawal from their objects, are only borderline cases. They offer, it is true, simpler conditions for investigation, but their simplicity has perhaps been a mixed blessing because our theory, developed under their influence, has become incomplete and lopsided. What we need now is a theory that would give us a good description of the development of object relations comparable to, but independent of, our present, biologizing, theory of the development of instincts. And for that purpose we need a field of investigation where the conclusions drawn from the theory can be checked and validated, modified or refuted.

Here is the place to discuss Mrs. Klein's contributions.[20] Her theoretical ideas go a long way to meet the demands I have mentioned. In several papers she has described in more and more detail a theory of the development of object-relations, using only rarely the terms coined under the influence of the physiological bias, but creating new ones, such as part objects, which may be good or bad, can be split off or reintegrated, destroyed or repaired, introjected or projected, and so on. If we accept that introjection and projection, splitting, etc., mean some structural changes in the mind, then Mrs. Klein's theories can be regarded as an attempt at relating changes in the object-relations to structural changes in the mind. Obviously this is a very important step, and most likely is the transition between the old theories and the new ones demanded by me. And certainly any new theory will have to take account of the relevant results achieved by Mrs. Klein and her school.

The most important field of investigation for this coming theory must *be the analyst's behaviour in the psycho-analytic situation*, or, as I prefer to phrase it, the analyst's contribution to the creating and maintaining of the psycho-analytic situation. A very dangerous and awkward topic indeed, which I intend to deal with in a separate paper. Here I want to discuss only so much of it as is necessary for our topic. It is obvious that every human relation is *libidinous*. So is the *patient's relation to his analyst*, which we have called transference

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19Balint, M.: 'Zur Kritik der Lehre von den prägenitalen Libido-Organisationen' ('Critical Notes on the Theory of the Pre-genital Organisations of the Libido'), *Int. Z. f. Psychoanal.* (1935), 21, 525–534; 'Frühe Entwickelungsstadien des Ichs. Primäre Objektliebe', *Imago* (1937), 23, 270–288, and Int. J. Psycho-Anal., 30, 1949.
20Klein, M.: *The Psychoanalysis of Children*, London, 1932, and the papers quoted above.
21Freud, S.: *Collected Papers*, Vol. III (German original, 1905).

ever since Freud showed us its nature and dynamism in the famous Dora case-history, [21] *but the analyst's relation to his patient is libidinous in exactly the same way*; even if we call it 'counter-transference', or 'correct analytical behaviour', or 'proper handling of the transference situation', or 'detached friendly understanding and well-timed interpreting'; this relation, too, is libidinous.

It is as true for the patient as for his analyst that no human being can in the long run tolerate any relation which brings only frustration, i.e. an ever-increasing tension between him and his object. Sooner or later the tension must be relieved either by conscious or by unconscious

means. The question is, therefore, *not* friendly objectiveness plus correct interpretation versus hugging and kissing the patient and using four-letter Anglo-Saxon words *à la* John Rosen, [22] but how much and what kind of satisfaction is needed by the patient on the one hand, and by the analyst on the other, to keep the tension in the psycho-analytical situation at or near the optimal level.

Observational data as to how this very queer object-relation, which we call the psycho-analytical situation, develops and changes, is influenced by frustrations and satisfactions, and in turn influences the wishes, demands, conscious and unconscious gratifications, and frustrations of each of its two participants, will be perhaps the most important source of material for any developmental theory of object-relations. All the so-called technical innovations, starting with Frl. Anna O. … through Freud, Ferenczi, Rank, Reich, etc., till the recent ones of Alexander and French, of Rosen and others, should be examined from this angle. A very important item of this examination will be the *language* used by the analyst for conveying his interpretations to his patient. By language I mean the set of technical terms, of concepts, the 'frame of reference' habitually used by the individual analyst. How much unconscious gratification lies hidden behind the undisturbed use of accustomed ways, of thinking and of expressing one's ideas, is best shown by the often quite irrational resistance that almost every analyst puts up at the suggestion that he might learn to use or even only to understand a frame of reference considerably different from his own. I think it may therefore be accepted that the 'language' is always highly cathected by libido; the use of his own language is an important gratification to the analyst, acceptance or even tolerance of any other language is consequently a somewhat telling strain. This, however, does not mean that every 'language' is equally useful or correct, but that every 'language' must be examined in order to discover how much conscious or unconscious gratification it affords the analyst, and how much it contributes to the building up and shaping of the psycho-analytic situation.

A second important source of data for a developmental theory of object-relation will be the direct observation of children. One would have expected that the impetus for the revision of our theoretical concepts would have come from the direct study of children, especially now that we have so many excellently trained child analysts. But it seems that history will again repeat itself. It is a puzzling fact that apart from a few exceptions almost all important new discoveries in psycho-analysis were made in the psycho-analytical situation with adult patients.

The third source in my opinion will be experiences in group therapy. As I am a novice in their field I cannot claim any authority. My only purpose here is to call attention to this extremely important field where both object and subject can be observed together simultaneously; some transference of emotions invariably takes place from member to member, i.e. object-relations develop before our eyes. Transference, counter-transference, all sorts of object-relations, happen in our presence, and as it is not our counter-transference, its objective observation is considerably easier. It is possible that 'natural' groups will be still more important for the study than the 'artificial' groups of patients brought together by us. By 'natural' groups I mean neighbours' communities, works groups, etc., where real object relations, i.e. such as have always existed spontaneously, can be studied.

V

In lieu of summing up I shall describe what analysts did or may do even to-day with a

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22Discussion on the 'direct' psycho-analysis of J. Rosen in the British Psycho-Analytic Society, Autumn, 1949.

silent patient. I hope this description will illustrate the various stages in the development of our therapeutic techniques and aims. So let us suppose that a patient remains silent for some time. His analyst might adopt the very early technique used by Freud in the *Studies in Hysteria*, i.e. urging and pressing the patient, demanding that in spite of his resistances he should say what has come into his mind. Freud used even to put his hand on the patient's forehead, and in the early case-histories phrases frequently occur such as 'under the pressure of my hand' or 'in concentration', etc., the patient was able to speak. Nowadays I think this method is seldom used, and if at all, only in the case of minor obstacles.

Then the analyst may try to find out what the patient has been withholding and to say it in his stead, in some such way as this: 'It is obvious from this or that sign that you are occupied, say, with phantasies about my private life or with some of your own sexual activities, etc.' This is what is called 'content interpretation'.

Thirdly, the analyst may endeavour to link up all the instances when the patient remained silent instead of associating, and to show the identical features in all such instances, e.g. 'Whenever this or that difficulty emerges, you escape from it by withdrawing into silence, by becoming numb, dead, by ceasing to feel anything', etc. As the second step he will try to show that at one time when this particular defence mechanism started there was some point in resorting to it. In the third step then the analyst will try to make conscious the fear or anxiety now arising in the patient and to link the present situation with some similar feature in the original situation; and in addition to point out the inherent differences between the two situations. This is what we may call the interpretation of the defence mechanism or even transference interpretation.

There is still another approach, and I think this latter will yield important material to a theory of object relations. I propose to call it *'creating a proper atmosphere'* for the patient by the analyst, in order that the patient may be able to open up. If it is thought that this is too much to ask, I shall put it in a negative form: *avoiding* the creation of an atmosphere that shuts the patient up. Putting it in this way, it is obvious that silence is not due to the patient's transference, or to the analyst's counter-transference, but to an interplay of transference *and* counter-transference, i.e. to an object-relation.

With our terminology of to-day it is very difficult indeed to describe the development and the subtle changes of this object-relation. Without noticing it we slide into describing it in our accustomed individualizing terms of instinctual tension, displacement, acting out, repetition-compulsion, transference of verbal or pre-verbal emotions, etc., with regard to the patient. On the other hand, with regard to the analyst we speak of: friendly understanding, correct interpretation, alleviating the anxiety, reassurance, strengthening of the ego, etc. All these descriptions are correct as far as they go. But as they do not go beyond the individual, they remain incomplete through the neglect of an essential feature, namely, that all these phenomena happen in an inter-relation between two individuals, in a constantly changing and developing object-relation.

I wish to quote here an idea of John Rickman's, of which unfortunately I heard only in April, 1950, i.e. only after finishing this paper. If I had been able to use his ideas, several passages might have been formulated more exactly and more convincingly. As I had not time enough to re-write this paper, I took the second-best course of calling attention to this important train of thought which admirably explains the discrepancies between our theory and technique. According to Rickman: 'The whole region of psychology may be divided into areas of research according to the number of persons concerned. Thus we may speak of One-Body Psychology, Two-Body, Three-Body, Four-Body and Multi-Body Psychology.'[23]

Each of these psychologies has its own field of studies and ought to develop its own 'language' of technical terms, sets of concepts, etc., for the proper description of its findings. Until now

this has been done only in the One-Body Psychology. Psycho-analytical theory—as I have tried to show—is no exception; almost all our terms and concepts were derived

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23Rickman, J.: 'Methodology and Research in Psychiatry' (Contribution to a Symposium at a meeting of the Med. Sec. of the Brit. Psychol. Soc.), April 26, 1950. I understand that similar ideas were already expressed by Rickman in June, 1948.

from studying pathological forms hardly going beyond the domain of the One-Body Psychology (obsessional neurosis, melancholia, schizophrenia). That is why they can give only a clumsy, approximate description of what happens in the psycho-analytical situation which is essentially a Two-Body Situation. Mathematicians have developed a special discipline—projective geometry—for the study of the laws (and of the many pitfalls) concerning the representation of an n + 1-dimensional body in an n dimensional space (the best studied case is that of the representation of a three-dimensional body on a two-dimensional plane). No such discipline as yet exists in psychology, and we have only some vague ideas but no exact knowledge about what distortions happen and how much we miss while describing Two-Body experiences (analytical technique) in a language belonging to One-Body situations.

20 de enero de 1954

1951) TECHNICAL IMPLICATIONS OF EGO PSYCHOLOGY. PSYCHOANAL. Q., 20:31 (PAQ)

TECHNICAL IMPLICATIONS OF EGO PSYCHOLOGY

HEINZ HARTMANN, M.D.

In one of his last papers, Freud (4) wrote that in his opinion the ways in which psychoanalytic technique achieves its aims are sufficiently elucidated; therefore, one ought rather ask what obstacles this therapy encounters. However, in the analytic literature many issues, not only about the practice but also about the theory of technique, remain controversial. We shall discuss what these variations mean, and to which differences in the theoretical or practical approach we can trace them.

Progress in the development of analysis is no doubt mostly based on clinical discoveries; however, now that analysis has come of age, we realize more clearly also the promoting and interdependent roles of both technique and theory. Retrospectively, we may say that on different levels of its development, analytic technique was used in different ways, not only for the immediate therapeutic aims, but also in determining the possible scope of observation—of fact finding in general. Theoretical concepts helped at various stages and in various ways to facilitate the organization of the data observed (actually also to seeing the facts), and to advance the exactness and effectiveness of technique. In the course of its growth, an integration—at times more, at times less complete—developed among the clinical, technical, and theoretical elements into a state of reciprocal influence. Faulty theoretical concepts and incomplete insight frequently lead to faulty technique, and there are many examples of adherence to technical mistakes which leads to distortions and misinterpretation of facts.

As to the relation of technique and theory, whenever a lack of integration occurs, both aspects are likely to suffer. A gradual separation of theory and technique, commended by many,

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would prove inefficient today, as it proved inexpedient in the past. The often used comparison with certain medical specialties is misleading.

A defect in integration of both sides may also be due to one of these aspects outdistancing the other in the course of analytic development. Elsewhere I have tried to demonstrate that the lag is, for the time being, rather on the side of technique than on the side of theory and of psychological insight. The reverse obtained when Freud introduced the systematic analysis of resistances, without at first realizing all its implications for ego psychology. Today we actually know much more than we are able to use technically in a rational way. Genuinely technical discoveries—as was abreaction, and as was analysis of resistances—we do not find in the latest phase of analysis; but the body of systematic psychological and psychopathological knowledge has been considerably increased. However, an equilibrium is likely to be re-established, as has happened and proved fruitful before. For some time, at least one trend in the analyst's interest in technical problems has been following the lead and gradually assimilating the advances in psychoanalytic psychology and psychopathology: ego psychology.

While proceeding along these lines from psychology to technique, we are of course aware of the fact that psychoanalytic technique is more than a mere application of psychological theory.

Freud was admittedly and intentionally rather restrained in formulating technical rules; and we are still far from dispensing a collection of technical prescriptions that would cover every given situation. To characterize the present, we may say that we know some general technical principles that help us to avoid some typical mistakes, and in the summarized experience of skilled analysts we have at our disposal a huge potential reservoir of specific technical knowledge, which, in the course of training analysis and supervision, is transmitted to students of analysis. Comparatively few systematic and collective efforts have so far been made to make this potential reservoir available on a larger scale, though, in principle, I do not see any reason why it could not be done. In

the meantime, we are trying to develop some rules somewhere in between the generality of acknowledged technical principles and the specificity of clinical experiences, *some principia media*, to choose a term used by J. S. Mill. That is to say, we study variations of our technical principles according to each patient's psychological structure, clinical symptomatology, age level, and so on. Still, considering the interaction of what we may call the aspect of rational planning in our work with its unconscious elements, we cannot but fully subscribe to what Ferenczi emphasized more than twenty years ago: the essential importance of keeping psychoanalytic technique flexible, especially when we are trying to establish what technique may gain from additional scientific insight; also in teaching one must avoid giving the student the impression that actually a complete set of rules exists which just his lack of experience prevents him from knowing. Neither shall we forget that besides the guidance by insight of our technique, every analyst's work with every single one of his patients has also a truly experimental character. There is a continuous sequence of trials and errors, as we check our technical procedures by their immediate consequences and by their therapeutic results.

The technical implications of ego psychology point first and foremost to what a closer insight into defense has taught us about the understanding and handling of resistances; but the ego being what it is, it also means progress in ways of understanding and dealing with the reality aspect of our patients' behavior. Tracing neurotic to real anxiety (1) was one decisive step and obviously an outgrowth of the fact that Freud was turning his interest to the clinical implications of ego psychology. Clearly an outcome of this is the way Anna Freud (2) approaches and deals with conflict with reality, which she constitutes as a field of concern to analysis equal to the conflicts of the ego with the *id* and with the superego. Thus the way was opened to a better understanding of adaptation and its role in the neurotic as well as in the so-called normal individual. Here, too, there are many practical implications, and

we do not feel that we can handle a patient's neurosis without dealing with its interaction with normal functioning. We feel that in order fully to grasp neurosis and its etiology, we have to understand the etiology of health, too. It is true that some degree of realization of all this has always been present in analysis, but the shift of accent is considerable enough to be noteworthy. That in analysis we are dealing with a patient's total personality has become actually true only since this shift in thinking, and in the corresponding technique, was realized. Likewise, the consideration of those interdependencies which we find between conflict and the nonconflictual sphere of the ego points in the same direction. As no concept of ego strength, no concept of mental health, is satisfactory which does not consider nonconflictual functioning as well as the central conflicts (3), this also has a bearing on our technique in so far as it helps to define more precisely the aims of psychoanalytic therapy.

Thinking along the same lines, and if we let our curiosity tempt us to look into the future, we may say that technical progress might depend on a more systematic study of the various functional units within the ego. To the study of the ego's relations with the *id* or the superego,

that is of the intersystemic conflicts and correlations, we shall have to add a more detailed study of the intrasystemic correlations. I spoke of one such unit within the ego: the nonconflictual sphere. But we have to view it constantly in relation to the units of functioning that represent the countercathexes, or the dealings with reality, or the preconscious automatized patterns, or that special functional control and integration that we know under the name of synthetic, or better, organizing function. It would be in line with much research work done today if this intrasystemic approach were to become the subject of more specific investigation. What do we mean when say that we help the patient's ego; or, strengthen his ego? This certainly cannot be adequately described by referring only to the redistributions of energy between the *id* and the ego, or between the superego and the ego; shifts from certain spheres of the ego to other

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[1] In a later paper (4) I tried to define more precisely primary and secondary autonomy.

functional units within the ego are involved. No definition of ego strength would I consider complete which does not refer to the intrasystemic structures, that is, which does not take into account the relative preponderance of certain ego functions over others; for instance, whether or not the autonomous ego functions[1] are interfered with by the defensive functions, and also the extent to which the energies the various ego functions use are neutralized. No doubt what Freud says about resistances in a certain sense being segregated within the ego (5), or about splitting of the ego in the process of defense, or what Richard Sterba says about the splitting of the ego in analysis (6), are examples of intrasystemic thinking, and I could give quite a few others. What I want to state here is that those insights have so far been gained as by-products rather than as results of a consistent scrutiny of intrasystemic synergistic and antagonistic relations, and that in many instances in which we speak of 'the ego', a differential consideration of various ego functions is indicated.

All this is to show that analysis is gradually and unavoidably, though hesitantly, becoming a general psychology, including normal as well as pathological, nonconflictual as well as conflictual behavior (the two oppositions do not coincide); and that technique is likely to profit further from this development as it has constantly done since this trend was started by Freud.

I have not explicitly mentioned so far that aspect of ego psychology which we usually designate as the structural point of view. Freud's older conception of the psychic apparatus described it in three strata: the conscious, the preconscious, and the unconscious. The most incisive change which took place in Freud's model of psychic personality can be pictured as adding to its description as a series of layers its representation as a (more or less) integrated whole, subdivisible in centers of mental functioning—these substructures being defined by their functions, and their demarcation being based on the fact that empirically he found greater coherence among some functions

than among others (7). This facilitates a multidimensional approach and, so far as psychoanalytic psychology and therapy goes, it has been rather generally accepted as being more useful in giving account of the dynamic and economic properties of mental life. In technique the concept of stratification proved very useful and still is, in so far as making unconscious processes conscious by way of the preconscious is probably the one main and constant factor responsible for our therapeutic results. However, based on the concept of layers and on resistance analysis—maybe because technique at times too violently encroached upon theory—the concept of historical stratification was developed by Wilhelm Reich (8), and with it a picture of personality that is definitely prestructural, in terms of the development of psychoanalytic psychology. Nunberg (9) had early warned against this simplification. Fenichel, too, in his book on technique (10), realized some of its shortcomings and held that

certain character disturbances show spontaneous chaotic situations in analysis; and that displacements of the psychic layers may be brought about by the patient's current life, as well as by instinctual temptations or re-enforcement of anxiety. We may add that the factors counteracting the establishment of a clear-cut picture of historical stratification seem to be much more numerous. Displacements of historical layers are quite generally an essential part of mental life, as we see it in analysis. Without wishing to discuss that particular theory, it is mentioned in this connection because this approach—not the truest to fact, but obviously containing some truth—had the advantage of linking in the simplest and most radical way the 'correct sequence of interpretations' with the patient's life history; and also because, after having outlived its usefulness in this radical form, it may have become more or less of a handicap. It may still be responsible for a certain rigidity in our approach, while we try to utilize more fully in our technique the implications of a structural versus a one-sided 'layer' concept.

There is no doubt, however, that a great variety of approaches is gradually converging in this direction. This most

clearly appears if one traces the subsequent vicissitudes and implications of the application of Freud's formula, 'bringing unconscious material into consciousness', in the development of psychoanalysis. The formula remained, while its meaning was broadened and deepened by Freud's growing insight into the structure of the neurotic conflict. Its topical significance had already been understood at the time of the Studies in Hysteria. But soon Freud found that just to give the patient a translation of the derivatives of his unconscious was not enough. The next step was characterized by a more exact insight into the dynamic and economic problems of resistance, and by laying down accordingly rules for the 'what', 'when', and 'how much' of interpretation; it was defined in its main aspects in Freud's papers on technique, published in 1913, 1914, and 1915. He advised the analyst not to select particular elements or problems to work on, but to start with whatever presents itself on the psychic surface, and to use interpretation mainly for the purpose of recognizing the resistance and making it conscious to the patient. Certainly not every analyst works exactly this way even today. Still, these are the fundaments of what we may call the standard analytic technique. Thus, 'making the unconscious conscious' is invested with additional significance. The corresponding basic psychological progress is defined in Freud's papers on metapsychology.

Some years later, in the twenties, these principles became the subject of a thorough study, of active discussion, elaboration, and partial modification by other analysts. Soon this discussion came under the impact of the delineation of units of function (ego, *id*, superego), that is, of the structural aspect. Here, once more a fruitful interdependence of theory and practice became apparent. The unconscious nature of resistance, a fact found through clinical observation under the conditions of the analytic therapy, became a cornerstone in the development of Freud's later formulations of the unconscious aspects of the ego. No less important was the reverse influence of theory on clinical practice with patients. First of all, ego psychology meant, and means, a broadening of our field of

view. 'Good' theory helps us to discover the facts (for instance to recognize a resistance as such), and it helps us to see the connections among facts. This part of our psychology also gives a deeper understanding of the forms and mechanisms of defense, and a more exact consideration of the details of the patient's inner experience and behavior; corresponding to this, on the side of technique, is a tendency toward more concrete, more specific interpretation. This approach includes in its scope the infinite variety of individual characteristics, and a degree of differentiation which had not been accessible to the previous, somewhat shadowy knowledge of

ego functions. It also sharpened our eyes to the frequent identity of patterns in often widely divergent fields of an individual's behavior as described by Anna Freud.

One problem connected with this development I would like to discuss briefly here: speech and language. Freud found that in the transition from the unconscious to the preconscious state, a cathexis of verbal presentations is added to the thing-cathexis. Later, Nunberg (11), already thinking along structural lines, described the role of the synthetic function of the ego in this process toward binding and assimilation. One may add that the function of the verbal element in the analytic situation is not limited to verbal cathexis and integration, but also comprises expression. I am referring to the specific role of speech in the analytic situation. This, too, contributes toward fixing the previously unconscious element in the preconscious or conscious mind of the patient. Another structural function of the same process is due to the fact that the fixing of verbal symbols is in the development of the child linked with concept formation and represents one main road toward objectivation; it plays a similar role in the analytic situation. It facilitates the patient's way to a better grasp of physical as well as psychic reality. Besides, the action of speaking has also a specific social meaning inasmuch as it serves communication, and in this respect becomes the object of the analysis of transference. There is also, of course, in speech the aspect of emotional discharge or abreaction. Finally, the influence of

the superego on speech and language is familiar to us, especially from psychopathology. This is to say that the different aspects of speech and language, as described by psychologists and philosophers, become coherent and meaningful if viewed from the angle of our structural model, and that in this case actually all the structural implications have today become relevant for our handling of the analytic situation. In trying to clarify the technical aspects of the problems involved, we are actually following the lead of structural psychology.

The necessity for scrutinizing our patients' material as to its derivations from all the psychic systems, without bias in favor of one or the other, is nowadays rather generally accepted as a technical principle. Also we meet many situations in which even the familiar opposition of defense and instinct is losing much of its absolute character. Some of these situations are rather well known, as is the case in which defense is sexualized or—equally often—'aggressivized' (if we may use the expression); or instances in which an instinctual tendency is used for defensive purposes. Most of these cases can be handled according to general rules derived from what we know about the dynamics and economics of interpretation as, for instance: resistance interpretation precedes interpretation of content, etc. In other cases these rules do not prove subtle enough; unexpected and sometimes highly troublesome quantitative or qualitative side effects of interpretations may occur. This, then, is a problem that clearly transcends those technical situations I gave here as illustrations. If such incidental effects occur, our dosage or timing may have been wrong. But it may also be—and this is the more instructive case—that we have missed some structural implications though correctly following quantitative economic principles. It may be that we have considered this quantitative aspect of a resistance only and have not considered precisely enough how the same quantity may involve the various functions of the ego and the superego in a different degree. While concentrating on the analysis of a resistance, we are actually working on many parts of the field at the same time. But we are not always mindful of the possible side effects if we

focus too exclusively on the duality 'defense—warded-off impulse' only. General rules about the dynamics and economics of interpretation are incomplete as long as we do not consider that, besides the quantitative factors, the resistances represent also the ways in which the various psychic functions, directly or often indirectly, participate in defense—'participation' pointing to intersystemic and intrasystemic correlations, including also their genetic aspects, which here

refers to the memory systems. Of course, we do know something about how to handle different forms of resistance differently even when they appear to be equivalent when looked at from the economic angle. I made my point only because I feel that this structural aspect of interpretation is still less completely understood and less explicitly stated than its dynamic and economic aspects. One day we shall probably be able to formulate more systematically the rational element of our technique, that is 'planning' the predictable outcome of our interventions, with respect to these structural implications.

This will in part depend on progress in a familiar field of analytic research: a deeper understanding of the choice and of the quantitative aspect of defense mechanisms, of their chronology, typical and individual, but above all else, of their genetic and economic interrelatedness with other functions of the ego. To touch at least on one of the genetic problems involved, we can assume that many defense mechanisms are traceable to primitive defensive actions against the outside world, which in part probably belong to the ego's primary autonomy, and that only later, in situations of psychic conflicts, do they develop into what we specifically call mechanisms of defense. Also, we can say of many of them that after having been established as such, they become in a secondary way invested with other functions (intellectualization, for example). This makes for a complicated overlapping of their role as resistances with various other functions they represent. It is because of this, that if we want to analyze defenses in a rational way, we have to consider their structural, their intersystemic or intrasystemic ramifications, beyond the aspect of resistance they offer to analysis. This

[2] In describing similar phenomena, Gordon Allport (13) has used the term 'functional autonomy', approaching the problem from an angle that is closer to psychoanalytic thinking than he seems to assume.

is, of course, known in principle, but in a way our knowledge in this respect is not always specific enough. Genetically, some of the pertinent questions of structural psychology can be viewed from the angle of what, borrowing a term from biology, we may call 'change of function' (12) and of what I call 'secondary autonomy'.2 It means relative functional independence, despite genetic continuity, and invites marking off more clearly the functional aspect from the genetic one. This relative independence may be more or less complete. In some cases it is practically irreversible under the conditions of 'normal', everyday behavior. But we know from experience that even in many of these instances reversibility can be observed under special conditions, as in dreams, in neuroses and psychoses, and in analysis. It is because of this that the development of secondary autonomy can be made fruitful for the study of those phenomena of overlapping and of ramification which I have just mentioned.

I return to the problem of the incidental effects of interpretation, which frequently transcend our immediate concern with the specific drive-defense setup under consideration, and which are not always predictable. In trying to account in a general way for these and related observations stemming from various clinical sources, we assume that the process set in motion by a stimulus (interpretation being only one instance in question) produces not only, so to speak, 'local' reactions. It goes beyond the stimulated 'area', changing the balance of mental energies and affecting a variety of aspects of the dynamic system. This process activates or sets in a state of preparedness elements functionally and genetically connected with it; its appeal often reaches from one system into the others, and its unconscious side effects may transcend the barriers of countercathexis. It would, however, be rash to assume that these 'connections' can always be fully understood in terms of the principles of mere associationism. In contrast to the associationist

approach, we imply the presence not only of dynamic but also of structural factors. Also, psychoanalysis, while often using the language of associationism, has from the very first differed from it and does so even more since principles of organization and structure have explicitly become an essential part of our theory.

What I have in mind could be designated briefly as the 'principle of multiple appeal'. I wish to introduce this approach tentatively, without discussing alternative propositions. A somewhat similar physiological conception has been advanced by brain physiologists, some of whom use the term 'resonance effect'. I also want to mention that Federn (14), to some extent, thought along similar lines in trying to prove his point that there is, in the brain, conduction not based on neural pathways—which, however, has no immediate bearing on our problem.

In considering changes in cathexis less as isolated phenomena, but rather as occurring in a 'field', we are in agreement with a trend in modern science that has proved its fruitfulness in a great variety of domains. I think that as to the phenomena considered here, the introduction of the field concept may facilitate understanding. But I must add that to translate the whole of analytical psychology into field psychology seems hardly feasible without doing it considerable violence—despite the repeated demands voiced by representatives of field theory in psychology.

As in this short paper I have touched on a long list of subjects, I shall summarize. In comparing theoretical and technical development, I believe that the lag today is rather on the side of technique. In the process of gradual replacement of the older layer concepts by structural concepts, not all the implications have so far been realized. One example is given of how the gradual realization of structural thinking has evolved and helped toward a better understanding and a better utilization of analytical material, in discussing the structural implications of speech and language in analysis. On the technical

side, our technique of interpretation has so far been better understood and made more explicit in its dynamic and economic than in its structural aspects. Certain incidental effects of interpretation which, though familiar to all of us, have not yet been taken sufficiently into account by our theory or technique, need closer investigation. In concluding I try to show that it may prove useful to view certain related problems of psychoanalytic psychology from the angle of a principle of 'multiple appeal'.

REFERENCES

FREUD The Problem of Anxiety New York: *The Psychoanalytic Quarterly*, Inc. and W. W. Norton & Co., Inc., 1936

FREUD, ANNA *The Ego and the Mechanisms of Defense* New York: International Universities Press, 1946

HARTMANN, HEINZ Psychoanalysis and the Concept of Health *Int. J. Psa*. XX 1939 Parts 3/4

HARTMANN, HEINZ Comments on the Psychoanalytic Theory of the Ego In:*The Psychoanalytic Study of the Child* Vol. V. New York: International Universities Press, 1950

FREUD Analysis Terminable and Interminable *Int. J. Psa*. XVIII 1937 Part 4

STERBA, RICHARD The Fate of the Ego in Analytic Therapy *Int. J. Psa*. XV 1934 Part 2/3

HARTMANN, HEINZ; KRIS, ERNST; LOEWENSTEIN, RUDOLPH Comments on the Formation of Psychic Structure In:*The Psychoanalytic Study of the Child* Vol. II New York: International Universities Press, 1947

REICH, WILHELM *Charakteranalyse* Vienna: Published by the author, 1933

NUNBERG, HERMAN Problems of Therapy In:Practice and Theory of Psychoanalysis New York: Nervous and Mental Disease Monographs, 1948

FENICHEL, OTTO Problems of Psychoanalytic Technique Albany*: The Psychoanalytic Quarterly*, Inc., 1941

NUNBERG, HERMAN Theory of Therapeutic Results of Psychoanalysis *Int. J. Psa*. XVIII 1937 Parts 2/3

HARTMANN, HEINZ Ichpsychologie und Anpassungsproblem *Int. Ztschr. f. Psa*. XXIV 1939 Parts 1/2

ALLPORT, GORDON *Personality* New York: Henry Holt & Co., 1937

FEDERN, PAUL The Undirected Function in the Central Nervous System *Int. J. Psa*. XIX 1938 Part 2

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THE PROBLEM OF INTERPRETATION

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I shall limit myself to an inventory of how analysts actually interpret, mentioning cursorily those facts which are well known (3), and emphasizing those problems which have not yet been formulated clearly enough and should become subjects of further research. I shall start by discussing the place of interpretation in analytic technique, from the point of view of those dynamic changes which we call insight (6), (11), produced in the patient by interpretations.

First I wish to stress that interpretations do not represent the sum total of the analyst's interventions. Some interventions of the analyst make it possible for interpretations to have the desirable dynamic effect. Other interventions create conditions without which the analytic procedure would be impossible. Among those that are necessary are all those which induce the patient to follow the fundamental rule (7), (8), the purpose of which is to loosen the barrier or censorship existing normally between conscious and preconscious processes, and this, in turn, indirectly leads to loosening the barrier between preconscious and unconscious phenomena (9): in other words, it permits the patient's associations to be more decisively influenced by the primary process (10). The patient's adherence to the fundamental rule is facilitated among other conditions by—at least in the majority of cases suitable for psychoanalysis—the recumbent position (14). This we know is contraindicated in the analysis of children (4) and sometimes of adolescents, and in the treatment of schizophrenics (2) and of some borderline cases (28). Experience has proved it to be unsuitable or harmful in these cases; hence the conclusion that the recumbent position has a positive, dynamic function, and not only serves the convenience of the analyst. The recumbent

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position, indeed, tends, as Ernst Kris has said, to increase the proportion of projections over objective perceptions. Besides, it creates for the patient a situation where attention and reality testing are withdrawn from the outside (the analyst) and shifted onto the inner experiences of the patient. However, a certain balance between outward and inward reality testing, in which the ability of the patient to keep what we propose be called 'differential reality testing', is a prerequisite for analytic treatment.

The withdrawal of reality testing from the external object facilitates the displacement of past reactions onto the analyst, creating transference phenomena, whereas the increased attention and reality testing centered upon the inner experiences of the patient favor, at least in the majority of cases, the flow of associations and the gaining of insight.

One knows that in certain cases and at certain moments of analysis, in which displacement and projective processes gain too much over objective perception, where withdrawal from reality becomes too intense, some analysts have the patient sit up to confront him with reality. Where there is, for whatever reasons, too much or too little mobility of displacement of this type, the management of transference becomes difficult or impossible. Thus the usual analytic procedure is most effective within an optimal range of conditions. At either end of this range, conditions may become such as to preclude analysis or necessitate a modification of the technique. This is one example of the well-known fact that the possibility of applying the analytic technique

depends upon the conditions of the instinctual drives as well as the state of the patient's ego (5), (6).

There are a great many methods of intervention by the analyst—other than interpretation—which at all times facilitate the flow of associations and prepare the ego to accept the interpretations. Some of these interventions fall under the heading of the rule of abstinence (17), others encompass all those which create the so-called analytic atmosphere. To the latter belong, for instance, the benevolent understanding or the objectivity of the analyst. One might say that these interventions contribute

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[1]As a matter of fact, the strengthening of the conflictless sphere of the ego is mainly brought about by interpretation.

[2]Under this heading, also, fall those interventions which have an 'educational' effect upon the patient.

to strengthening the conflictless sphere of the ego (22).[1] They diminish the intensity of the defenses which the patient's ego opposes to drives or their derivatives in the pathogenic conflicts, and also facilitate the establishment of transference.[2]

Other interventions include explanations given by the analyst as to procedure, or, for instance, questions asked concerning realities in which the patient finds himself; also, the analyst's silence which, as we know, has not only the effect of encouraging the flow of associations but, at certain moments, has an important dynamic effect on the patient.

The analyst uses a number of tacit interventions which may have various consequences. As a result, the reality of the analytic situation and the general attitude of the analyst tend to encourage the patient's need for unburdening his conscience and the verbal expression of all his needs and drives, whereas they tend to thwart actual gratification of aggressive, sexual, and self-punishing behavior in the analysis.

Some analysts have tried recently to shorten and simplify the analytic procedure by limiting themselves mainly to dynamic changes produced by interventions and by minimizing the use of interpretations. They thought that if the analyst behaved in certain psychological situations in a way which was the opposite of the behavior of an important person in the patient's past life, therapeutic results might be achieved. This is a devaluation of what is specifically psychoanalytic: i.e., of dynamic changes produced by insight gained from interpretations. Some limited dynamic changes may occur independently of insight, and some limited insight may be gained without interpretations or even without analysis. In analysis, some insight may be gained from the very fact of talking frankly. The gain of insight, however, is limited if the patient is merely left to associate and is not given any interpretations.

What defines interpretation and distinguishes it from other

interventions? In psychoanalysis this term is applied to those explanations, given to patients by the analyst, which add to their knowledge about themselves. Such knowledge is drawn by the analyst from elements contained and expressed in the patient's own thoughts, feelings, words and behavior. This is proposed in such general terms because I believe that the definition of interpretation should not be rigid.

Among the interventions there are many which may be called preparations for interpretation. It happens frequently in the beginning of analysis that a patient describes a number of events which strike the analyst as having certain similarities. The analyst's task is then to show the patient that all these events in his life have some elements in common. The next step is to point

out that the patient behaved in a similar way in all these situations. The third step may be to demonstrate that this behavior was manifested in circumstances which all involved competitive elements and where rivalry might have been expected. A further step, in a later stage of the analysis, would consist, for instance, in pointing out that in these situations rivalry does exist unconsciously, but is replaced by another kind of behavior, such as avoiding competition.[3] In a still later stage of the analysis this behavior of the patient is shown to originate in certain critical events of his life encompassing reactions and tendencies, as, for example, those which we group under the heading of the œdipus complex. The interpretation extends in instalments throughout the analysis, and only in late stages of treatment does an interpretation become complete, encompassing the origin both of ego elements and *id* derivatives. There may be no convention as to where in the series of interventions preparation ends and interpretation begins, but the disagreement is of little importance compared with the acknowledgment that there is a gradual transition from a preparation to interpretation.

There are conditions to which interpretation must be subordinated in order to produce insight. In making interpretations,

dynamic, economic, and structural points of view have to be taken into consideration (3), (21). I should like to attempt a more detailed classification of these conditions, which at the same time will aim at encompassing in greater detail the role of ego psychology in psychoanalytic technique.

Interpretations deal with the individual experiences of a human being. They aim at widening the conscious knowledge of the individual about himself and should therefore deal with the psychological realities of the individual. Psychoanalytic interpretations give a patient insight at a more generalized level than the insight he might gain from pure introspection, but much less abstract than are scientific formulations. For example, interpretations during psychoanalytic treatment aim at uncovering not, for instance, the œdipus complex, but specific individual experiences which constitute the manifestations of the œdipus complex of the person.

Interpretations may be characterized by the distance from the surface. The material communicated by the patient may move from the surface to the so-called depths, and it is important for the analyst to make his interpretations conform to this progression (12). The optimal distance from the surface of an interpretation may mean: (a) the known (to be convincing an interpretation has to include elements known to the patient besides the unknown which the interpretation aims to convey); (b) the present (there are interpretations which deal with current events and those which deal with the patient's past).

If one supposes that to seek among the innumerable memories of a human life precisely those which are relevant and curative be comparable to looking for a needle in a haystack, fortunately the relevant repressed memories may be compared to a magnetic needle in iron filings. The latter, which in this comparison are the patient's associations, are influenced in a specific way by the pathogenic events of his past. In this respect one might say that the patient's past is in the present.

It has been said that Ferenczi once gave the advice: when a patient talks about the present, the analyst should talk about

the past, and vice versa. He obviously meant that the goal of analysis is to uncover how the patient's present is related to his past. This advice implies that, in analytic therapy, interpretations aim at connecting the one with the other, and that this connection works both

ways. Interpretations, consequently, deal also with what connects the past with the present. One knows that this is one reason that interpretations of transference are so effective. Transference, indeed, reactualizes the past.

Other characteristics of interpretations deal with the optimal range or the distance from the present interest. One knows that an interpretation cannot be given while the patient is overwhelmed by emotional reactions. The patient's reactions can be interpreted only when there is a certain distance from the emotions aroused by the events to be interpreted. For example, reactions of acute mourning are not subject to interpretation. Conversely, when the present situation is too far removed from certain conflicts, their interpretation has hardly any effect. As an example, we may cite what Freud says about the impossibility of analyzing dormant conflicts (19).

Distance is also used in the sense of the accessibility of a patient to a given interpretation, which might be partly included in the previous considerations, but which may also be based on quite different factors: for instance, on the degree of progress of the analysis, or on the so-called degree of 'depth' of an interpretation.

One might distinguish at what interpretations aim: (a) resistance as opposed to historical material; (b) ego phenomena as opposed to *id* derivatives; (c) transference as opposed to material which does not deal with the analyst.

We know that it is favorable to give interpretations in a certain sequence—that there is a hierarchy of interpretations. Under this heading can be placed the preparation for an interpretation, the rules of analyzing the resistances or the defenses before the *id* derivatives, as well as the choice between the interpretations of the transference as opposed to that part of

the material which is not included in the patient's relations to the analyst (12), (16).

Two other rules about the sequence of interpretation are: first, the avoidance of analyzing an important neurotic symptom in the beginning; second, the advice given by Anna Freud (5) (in disagreement with Wilhelm Reich [27]) to start analyzing still mobile defense traits in preference to the rigid, characterologic defenses of neurotic characters.

It has frequently been said that an analysis proceeds in layers corresponding to the layered structure of the personality, and in reverse chronology. Heinz Hartmann has recently pointed out that this hardly ever happens. The structural approach to an understanding of the personality shows very clearly that the well-known stages of instinctual and ego development overlap and commingle in the course of an individual's life. Hartmann also stressed the fact that during the analytic process further reshuffling occurs, so that the process of analysis is not a mirror image of the psychological ontogeny (23).

In this connection we should remember the well-known fact that correct interpretations often remain ineffective for a long time. For instance, some of the patients who in their own estimation 'underpay' the analyst might be refractory to the effect of the treatment. Although adequate fees have certainly no therapeutic value in themselves, the unconscious use of such factors by some patients may create resistances to the most correct interpretations. Indeed we know that certain interventions and interpretations derive their particular efficacy from what Kris has called their positional value.[4] Freud compared them with the battles around a village or a hill which in peacetime had little importance in the life of a nation, but around which in wartime hinges the fate of a whole country (6). Pursuing Freud's simile, one may say that some interpretations have tactical values, others aim at strategic objectives. These considerations may

furnish clues to the understanding of successes in relatively short analytic treatments, as well as in psychotherapies by talented therapists.

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The sequence, or hierarchy, of interpretation is closely connected with another point of importance—the timing. Under this topic fall considerations of avoiding premature and prematurely deep interpretations that frequently create stubborn resistances. A parallel can be drawn to the resistivity or fastness of certain micro-organisms produced by an untoward administration of certain drugs. While we do not have a complete explanation, we may assume that these phenomena are connected with the ego's use of intellectualization as a special form of defense (6). Properly timed, an interpretation is made neither prematurely nor belatedly. It is important not to delay the analysis of resistance, transference, and problems arising from current situations. Under the heading of timing one might also include the repetition of interpretations and the process of working through (15).

Freud used the word 'tact' to describe the importance of the correct timing of interpretation (18). We might add that analytic tact (not to be confused with social tactfulness) is important not only in the choice of a moment in which to give or avoid an interpretation; it plays a role in technique on many more accounts. The word, used for lack of a more precise one, may be approximately defined as that intuitive evaluation of the patient's problems which leads the analyst to choose, among many possible interventions or interpretations, the one which is right at a given moment. Consequently, tact equally entails evaluation of the extent to which optimally a patient should be gratified or frustrated through an interpretation—referred to as 'dosage'. An instance of gross tactlessness was reported by a patient about an analyst with whom he had previously been in analysis. One day the patient saw this analyst's cigar quietly burning on the floor. The patient coughed to awaken the analyst, and to the patient's observation that he had been asleep, the analyst replied: 'You always want everybody's attention'. This was true of the patient; but said at that moment, it could hardly have had a beneficial effect (25), first of all, because an analytic patient is entitled to have the attention of his analyst; but also because the analyst misused the correct

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observation in order to displace the guilt about having been asleep onto his patient. Had he made this remark at another time, it might have increased the patient's insight.

It is known that the wording of an interpretation considerably determines its dynamic effect. For instance, it is important to avoid psychoanalytic and theoretical terminology and to use the idiom of the patient's individual experience. Interpretations should be specific and concrete; they should also be worded so as to fit the individual situation.

The analysis of a compulsive neurotic patient required interpretation of the significance of a number of newly formed symptoms. I had to supply the terms lacking in the elliptic language of her obsessional thoughts, as expressed in her symptoms. I would propose an interpretation, to which she would respond: 'It's almost that, but not completely so'. Modifying my wording slightly, so as to correspond with her own thought, I would then succeed in making a correct interpretation. Then she would have visible vasomotor reactions, laugh, and acknowledge with unmistakable joy, 'That's it'. In such instances the symptoms would disappear temporarily. Another of my patients once reacted to an interpretation by saying, 'You missed it by a hair's breadth'.

Two technical rules of interpreting are based upon the importance of wording. First, the analyst should avoid using the same defense mechanism which his patient uses: for instance, avoid ironical expressions with patients who use irony as a defense. Second, interpretations gain

when their wording explicitly or implicitly contains elements of time: such adverbs or phrases as 'now', 'before', 'at the age of', or 'after this happened', etc. Such interpretations are genetic, connecting the patient's past with his present, and vice versa. The importance of the correct wording of an interpretation is based on the fact that a neurosis, its symptoms, and the pathogenic conflicts are not static but dynamic phenomena which evolve with the patient's life. The function of interpretations is to put into words the hidden conflicts underlying the patient's symptoms; consequently, they must be adapted to the specific

relationship existing between the ego and *id* derivatives at a given moment.

A married patient talked, during several sessions, of being sexually attracted to several women and mentioned the effort he had to make to struggle against this attraction. Immediately following, he very clearly expressed a wish to be loved by his analyst. This need to be loved by a man at that moment was interpreted as a wish to be protected against the temptation exerted by women. It would not have been sufficient to point out the oscillation between heterosexual and homosexual tendencies; it was necessary that the wording of the interpretation imply also the structural conflict of the patient.

Freud called a certain type of interpretation 'reconstructions' (20). From the history, from associations, from dreams, etc., the analyst deduces the existence of significant events in the patient's past. Aside from these typical reconstructions, analysts sometimes use another type of reconstruction of which I should like to give a few examples.

Hartmann told me of a patient who had previously been analyzed by Freud. When the patient recounted that in his puberty he had once dreamed of having intercourse with both his mother and his sister, Freud remarked that the patient must have been very much in love with a girl at the time when he had this incestuous dream.

A patient who was familiar with analysis complained repeatedly, in the beginning of his treatment, that his wife's behavior castrated him. I suggested that what he actually wanted to express was his doubt about his wife's loving him. Although his remarks about the castrating effect of her behavior might have been genetically correct, it was important at the time when this interpretation was given to point out the relevant psychic reality—to transpose from a regressive level to a more superficial one. I would like to call this type of interpretation 'reconstruction upwards', historically as well as structurally. It is useful in the presence of regressive material, and aims, for instance, at reconstructing a relatively recent pathogenic conflict, whence the regression started.

Sometimes it is particularly valuable to reconstruct a specific point, as, for example, a forgotten emotional state which must have been present during the process that led from the defense against a pathogenic conflict to regression and symptom formation.

An example from a case history written by Mrs. Bornstein (1), is a young boy who had severe phobic states related to the birth of a sibling. In analysis, the boy's fantasies centered on a scene of a lonely boy, sitting in a hospital that had been destroyed by a fire in which all the babies and most of the mothers had burned to death. Among many possible interpretations, Mrs. Bornstein chose to tell the boy that he must have been very sad when his mother left for the hospital where she had the little baby.5

Another example of this kind occurred in the case of a brilliant, sophisticated young man who had a contemptuous ambivalence toward men, particularly toward his own father and father

figures. The outbreak of war was then expected (in 1939 in France), and I informed my patient that in the event of war I would have to interrupt his treatment to join the army. He was not to be mobilized at that time. His aloof and nonchalant attitude toward the political situation continued, without a trace of emotional reaction of any kind, and his hostile attitude toward me became more conspicuous. The patient defended himself rigorously against sharing any emotions with other men. One day he suddenly remembered that during the first World War, when his father was a soldier in the French Army, he had spent hours drawing up elaborate comparative statistics of the respective armies, navies, and air forces. It was clear that his adolescent statistics were a magic defense against his unconscious death wishes, but mainly an expression of the wish that his father might survive and be victorious. My only interpretation at that point was to tell him that during the first World War he had been patriotic. The function and the aim of this interpretation were to bring to consciousness

the strongly warded-off emotions and positive feelings both toward his father and toward the analyst, who like his father had to leave him to join the army.

The value of this particular type of interpretation is based upon the fact that an emotion partakes, as it were, of both ego and *id* derivatives and thus gives access to roads leading in both directions.

We cannot conclude our inventory of interventions and interpretations without stressing that they cannot be studied independently from their corollary, the patient's reactions to them. Indeed, the dynamic effect of insight produced by interpretations manifests itself in the patient in an active psychic process. Interpretations bring forth new material, either in the form of resistance or in the form of additional details, memories, the flow of associations, information, and various changes in the intensity and in the form of symptoms, etc., revealing the dynamic effect of the interpretations. The therapeutic effects of analytic interpretations are displayed not only in objective and subjective changes in the patient, but also in verbal manifestations of, for instance, recollections formerly repressed.

It would be worth while to make a systematic study of the reactions of patients to interpretations, which might guide analysts in their successive interventions and interpretations. From such reactions analysts derive new knowledge about the patient for use in subsequent interpretations as the analysis progresses.

It has been discussed whether the remembering of forgotten events or only the work of overcoming resistances has a curative effect. The formulations given in this paper aim at a synthesis of these points of view by stating that the therapeutic effect of the analysis is due to a psychic process in which each part—the overcoming of resistances, the working through, as well as the remembering and reliving of repressed material and the effect of analytic reconstructions—has its respective place. They represent steps in the process of solving pathogenic conflicts.

I should like to add a few words about the peculiarities of interpretations and their effects. They are both based on the importance of speech in this peculiar interpersonal relationship—the psychoanalytic treatment. Freud's definition of the curative effect achieved by making the unconscious conscious was correctly supplemented by Nunberg when he stressed the importance of verbalization in analytic therapy (26). This may be best illustrated by the example of cases of acting out. There we know that the therapeutic change can be achieved only when the tendency gratified in the acting is first inhibited and then verbally expressed: then its motivation can be transformed into insight. If the utterances of the analyst have this

quite unusual, I would say unique, function of inducing dynamic changes in the patient by revealing to him new aspects of his own psychic reality, the patient's utterances, his communications to the analyst, contain emotional discharges in addition to mere thought; yet, they yield insight where acting alone does not. They are social acts binding for the individual. Is it not said that unspoken words are our slaves and spoken ones enslave us? Words, then, also subserve superego functions. Spoken words become social realities; verbalized thoughts and emotions of patients lead to socialization. In contrast to solitary thoughts or dreams, spoken words become objects created by the act of speaking. Hartmann stressed the importance of objectivation for the therapeutic effect of analysis. Freud said that thinking is a trial action. One could say of speech that it is a substitute for action. Speech, being between emotional expression and action, partaking of both, is an essential prerequisite of those dynamic changes which are produced by psychoanalytic treatment.

REFERENCES

BORNSTEIN, BERTA The Analysis of a Phobic Child In:The Psychoanalytic Study of the Child Vol. III/IV New York: International Universities Press, 1949

FEDERN, PAUL Psychoanalysis of Psychosis. Part I: Errors and How to Avoid Them Psychiatric Quarterly XVII 1943 pp. 3–19

FENICHEL, OTTO Problems of Psychoanalytic Technique Albany: The Psychoanalytic Quarterly, Inc., 1941

FREUD, ANNA The Psychoanalytic Treatment of Children London: Imago Publishing Co., Ltd., 1946

FREUD, ANNA The Ego and the Mechanisms of Defense London: Hogarth Press, 1942

FREUD General Introduction to Psychoanalysis New York: Boni & Liveright, 1920

FREUD Fragment of a Case of Hysteria Coll. Papers III

FREUD Notes Upon a Case of Obsessional Neurosis Coll. Papers III

FREUD Papers on Metapsychology. The Unconscious Coll. Papers IV Chap. VI.

FREUD Metapsychological Supplement to the Theory of Dreams Coll. Papers IV Chap. VII.

FREUD The Interpretation of Dreams London: George Allen & Unwin, Ltd., 1922

FREUD Papers on Technique. The Dynamics of Transference Coll. Papers II Chap. XXVIII.

FREUD Papers on Technique. Recommendations for Physicians on the Psychoanalytic Method of Treatment Coll. Papers II Chap. XXIX.

FREUD Further Recommendations in the Technique of Psychoanalysis. On Beginning the Treatment. The Question of the First Communications. The Dynamics of the Cure Coll. Papers II Chap. XXXI.

FREUD Further Recommendations in the Technique of Psychoanalysis. Recollection, Repetition and Working Through Coll. Papers II Chap. XXXII.

FREUD Further Recommendations in the Technique of Psychoanalysis. Observations on Transference-Love Coll. Papers II Chap. XXXIII.

FREUD Turnings in the Ways of Psychoanalytic Therapy Coll. Papers II Chap. XXXIV.

FREUD The Question of Lay Analysis New York: W. W. Norton & Co., Inc., 1949

FREUD Analysis Terminable and Interminable Int. J. Psa. XVIII 1937 p. 373

FREUD Constructions in Analysis Coll. Papers V Chap. XXXI.

GLOVER, EDWARD The Therapeutic Effect of Inexact Interpretation Int. J. Psa. XII 1931

HARTMANN, HEINZ Ich-Psychologie und Anpassungsproblem Int. Ztschr. f. Psa. XXIV 1939 Parts 1/2

HARTMANN, HEINZ Technical Implications of Ego Psychology This QUARTERLY XX 1951

KRIS, ERNST Ego Psychology and Interpretation in Psychoanalytic Therapy This QUARTERLY XX 1951

LOEWENSTEIN, RUDOLPH M. Remarques sur le tact dans la technique psychanalytique Revue Française de Psychanalyse IV 1930–31 pp. 266–275

NUNBERG, HERMAN Practice and Theory of Psychoanalysis New York: Nervous and Mental Disease Monographs, 1948

REICH, WILHELM Character Analysis New York: Orgone Institute Press, 1945

STERN, ADOLPH Psychoanalytic Investigation of and Therapy in the Borderline Group of Neuroses This QUARTERLY VII 1938 pp. 467–489

1951) EGO PSYCHOLOGY AND INTERPRETATION IN PSYCHOANALYTIC THERAPY. PSYCHOANAL. Q., 20:15 (PAQ)

EGO PSYCHOLOGY AND INTERPRETATION IN PSYCHOANALYTIC THERAPY

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While during half a century of its history the development of psychoanalysis has been comparatively little influenced by simultaneous discoveries in other fields of science, the various applications of psychoanalysis have almost continuously influenced each other. It is in this sense that the history of psychoanalysis can be viewed as a progressive integration of hypotheses. The clearest interrelationship exists between clinical observations and the development of both psychoanalytic technique and theory (23), (24). The development of the structural point of view in psychoanalysis, i.e., the development of psychoanalytic ego psychology, can profitably be traced in terms of such an interdependence. Freud was at one point influenced by his collaborators in Zürich who impelled him to an intensified interest in the psychoses. This led him to formulate the concept of narcissism and thus to approach the ego not as a series of isolated functions but as a psychic organization. The second group of clinical impressions that favored the development of a structural psychology was the observation by Freud of individuals motivated by an unconscious sense of guilt, and of patients whose response to treatment was a negative therapeutic reaction. These types of behavior reinforced his conception of the unconscious nature of self-reproaches and autopunitive tendencies, and thus contributed to the recognition of important characteristics of the superego. There is little doubt that other clinical impressions to which Freud referred during these years were derived from what we would today describe as 'character neuroses'—cases in whose analyses the unconscious nature of resistance and defense became particularly clear and which, therefore, facilitated

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formulations of unconscious and preconscious functions of the ego.

However, these events were not fortuitous. Nobody can believe that the clinical impressions of which we speak reached Freud accidentally. Surely Freud did not turn to the study of psychoses merely to engage in polemics with Jung, or in response to suggestions of Abraham; nor can it be assumed that his interest in character neuroses was due only to an increase in the incidence of character neuroses among his patients during the early 1920's, and hence to a 'psychosocial' event (17)—though it is probable that such a change of frequency distribution occurred. It is obviously more sensible to assume that a readiness in the observer and a change in the objects observed were interacting.

Freud's readiness for new formulations is perhaps best attested by the fact that the principles of ego psychology had been anticipated in his Papers On Technique1 (18). Most of these papers were written contemporaneously with his first and never completed attempt at a reformulation of theory, which was to be achieved in the Papers On Metapsychology.[2] The precedence of technical over theoretical formulations extended throughout Freud's development. It was evident during the 1890's when in the Studies in Hysteria[3] Freud reserved for himself the section on therapy and not that on theory. Several years later, when his interest in dreams and neuroses was synthetized, and the importance of infantile sexuality gained ascendancy, he was first concerned with a modification of therapeutic procedure: the 'concentration technique' was

replaced by the technique of free association (22). Similarly, Freud's papers on technique during the second decade of the century anticipate by implication what a few years later he was to formulate in terms of ego psychology. His advice that analysis should start from the surface, and that resistance be analyzed before interpreting content implies principles basic in ego psychology. This accounts for

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[1]Freud: Coll. Papers, II.
[2]Freud: Coll. Papers, IV.
[3]Freud (with Breuer): *Studies in Hysteria*. Translated by A. A. Brill. New York: Nervous and Mental Disease Monographs, 1936.

the status of Freud's papers on technique in psychoanalytic literature: they have retained a pivotal position and most treatises on technique have illustrated or confirmed rather than modified his rare fundamental precepts. If one rereads Freud's address to the Psychoanalytic Congress in Budapest in 1918 (11), one becomes aware of the fact that many current problems concerning the variation of technical precepts in certain types of cases, as well as the whole trend of the development that at present tries to link psychoanalytic therapy to psychotherapy in the broader sense, were accurately predicted by Freud. The development which he predicted became possible, however, through the new vistas that ego psychology opened to the earliest and probably best systematized modifications of psychoanalytic techniques, the development of child analysis by Anna Freud, the psychoanalysis of delinquents by Aichhorn, and later to some of the various modifications of technique in the psychoanalytic treatment of borderline cases and psychoses.

Not only did ego psychology extensively enlarge the scope of psychoanalytic therapy, but the technique of psychoanalysis of the neuroses underwent definite changes under its impact. These changes are part of the slow and at times almost imperceptible process of development of psychoanalytic technique. Isolated changes which constitute this development are difficult to study because what one may describe as *change* can also be viewed as *difference*, and differences in technique among analysts who share approximately the same fundamental views may be due to many factors; however, if we study the trends of changing attitudes, we are in a more favorable position.

Neither all nor most of the changes in psychoanalytic technique are consequences of the development of some aspect of psychoanalytic theory. If we reread Freud's older case histories, we find, for example, that the conspicuous intellectual indoctrination of the Rat Man was soon replaced by a greater emphasis on reliving in the transference, a shift which has no apparent direct relation to definite theoretical views. Similarly, better understanding and management of transference was probably not initially connected with any new theoretical insight. It was

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[4]Such a view is not uncontested. In describing her own development as an analyst Ella Sharpe stresses the fact that only familiarity with the structural concept, particularly the superego, enabled her to handle transference problems adequately (31, p. 74). For a similar report of his early technical vicissitudes see also Abraham (1).
[5]This naturally does not apply to all individuals. The relation of theoretical insight to therapeutic procedure varies from analyst to analyst, and there is no evidence upon which to base an opinion as to which type of relation is optimal.
[6]These or similar formulations of the analysis of resistance were achieved in two steps, in the writings of Wilhelm Reich (27), (28), and of Anna Freud (6). The difference between them is significant. Reich regards the problem predominantly as one of technical 'skill'; formulations tend to be oversimplified or exaggerated. They lead to the rigorous 'resistance' or layer analysis, the shortcomings of which have been

criticized by Hartmann (18). By Anna Freud, resistance is fully seen as part of the defensive function of the ego.

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a process of increasing skill, of improved ability, in which Freud and his early collaborators shared,[4] not dissimilar to that process of a gradual acquisition of assurance in therapy which characterizes the formative decade in every analyst's development. But other changes in psychoanalytic therapy can, I believe, clearly be traced to the influence of theoretical insight.5 Every new discovery in psychoanalysis is bound to influence to some extent therapeutic procedure. The value of clinical presentations is that in listening to them we are stimulated to review our own clinical experiences, revise our methods, and to profit—in what we may have overlooked or underrated—from the experience of others. To assess this influence of ego psychology it is necessary to recall the ideas which developed synchronously with or subsequent to the new structural orientation: the psychoanalytic theory of instinctual drives was extended to include aggression, and the series of ontogenetic experiences studied included in ever greater detail preœdipal conflicts deriving from the uniqueness of the mother-child relation. A historical survey of the psychoanalytic literature would, I believe, confirm that these new insights were having reverberations in therapy, influencing, however, mainly the content of interpretation and not the technique of therapy in a narrower sense. A gradual transformation of technique came about largely through better understanding and improvement in the handling of resistances. In interpreting resistance we not only refer to its existence and determine its cause, but seek also its method of operation which is then reviewed in the context of other similar types of behavior as part of the defensive activities of the ego. Resistance is no longer simply an 'obstacle' to analysis, but part of the 'psychic

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surface' which has to be explored.6 The term resistance then loses the unpleasant connotation of a patient who 'resists' a physician who is angry at the patient's opposition. This was the manifestation of a change in what may be described as the 'climate' of analysis.

In one of his last papers Freud (12) defended analytic interpretations against the reproach of arbitrariness especially in dealing with resistance; he discussed in detail the criteria according to which, by the patient's subsequent reaction, correctness of the interpretations can be verified. In doing so he stresses an area of coöperation between analyst and patient and implicitly warns against dictatorially imposed interpretations.7 That does not mean that it is possible or desirable always to avoid opposition of the patient to any interpretation, but it means that through the development of ego psychology a number of changes in the technique of interpretation have come about—not 'random' changes, characteristic of the work of some analysts and not of others, but changes that constitute a set of adjustments of psychoanalytic technique to psychoanalytic theory.

ILLUSTRATIONS

To clarify issues, I cite first a simplified version of an incident in the analysis of a six-year-old boy reported by Anna Freud (6, p. 119). The visit to the dentist had been painful. During his analytic interview the little boy displayed a significant set of symptomatic actions related to this experience. He damaged or destroyed various objects belonging to the analyst, and finally repeatedly broke off the points and resharpened a set of pencils. How is this type of behavior to be interpreted?

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[7]Waelder (33) has further elaborated this point.

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The interpretation may point to retaliatory castration, may stress the turning of a passive experience into an active one, or may demonstrate that the little boy was identifying himself with the dentist and his aggression. All three interpretations can naturally be related to the anxiety which he had experienced. The choice between these and other possible interpretations will clearly depend on the phase of the analysis. The first interpretation, an '*id* interpretation', is directly aimed at the castration complex. The second and the third aim at mechanisms of defense. The second emphasizes that passivity is difficult to bear and that in assuming the active role danger is being mastered. The third interpretation implements the second by pointing out that identification can serve as a mechanism of defense. It might well prove to be a very general mechanism in the little boy's life. It may influence him not only to react aggressively,[8] but to achieve many goals, and may be the motivation of many aspects of his behavior. The interpretation that stresses the mechanism of identification is, therefore, not only the broadest, but it may also open up the largest number of new avenues, and be the one interpretation which the little boy can most easily apply in his self-observation. He might learn to experience certain of his own reactions as 'not belonging' (i.e., as symptoms) and thus be led an important step on the way toward readiness for further psychoanalytic work.

We did not choose this example to demonstrate the potentialities of an interpretation aimed at making the use of a mechanism of defense conscious, but rather in order to demonstrate that the situation allows for and ultimately requires all three interpretations. A relevant problem in technique consists in establishing the best way of communicating the full set of meanings to the patient. The attempt to restrict the interpretation to the *id* aspect only represents the older procedure, the one which we believe has on the whole been modified by the change of which we speak. To restrict interpretation to the defense mechanism only may be justifiable by the assumption that the

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[8]This is probably what Anna Freud means when she says that the child was not identifying himself 'with the person of the aggressor but with his aggression'.

[9]Another apparent discontinuity or 'jump' in reaction, no less frequent and no less important, is designated by what Hartmann calls 'the principle of multiple appeal' in interpretations (18). Examples of this kind make the idea of interpretation proceeding in layers, advocated by Wilhelm Reich, highly doubtful (27), (28); see also in this connection Nunberg (26) and Alexander (2).

patient is not yet ready—a valuable piece of caution, though it seems that there is a tendency among some analysts to exaggerate such caution at times. It may also happen that though we carefully restrict the range of interpretation the patient reacts as if we had not done so. While our interpretation points to the mechanism by which he wards off danger (e.g., identification), the next set of associations causes the patient to react as if we had interpreted his femininity. A sequence of this kind indicates normal progress: the interpretation concerns the warding-off device, the reaction reveals the impulse warded off.[9]

No truly experimental conditions can be achieved in which the effects of alternative interpretations can be studied. Comparisons of 'similar cases' or comparisons of patients' reactions to 'similar situations' help us to reach some useful generalizations. The occasional situation under which somewhat more precise comparisons can be made is the study of patients who have a second period of analysis with a different analyst. The need for a second analysis is no disparagement of the first analyst, nor does it imply that the first course of treatment was unsuccessful. In several instances of reanalysis in which I functioned as second analyst, the first analysis had been undertaken at a time when the problems of ego psychology had not yet influenced analytic technique, or by a colleague who (at the time) did not appreciate its importance. The initial treatment had produced considerable improvements, but the very same problems appeared in a new light, or new relationships, when interpretations of a different kind, 'closer to the surface', were 'inserted'. In a few of the cases in which these conditions existed, a published record of the first analysis was available and furnished some reliable comparison.

At the time of his second analysis a patient, who was a young scientist in his early thirties, successfully filled a respected academic

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position without being able to advance to higher rank because he was unable to publish any of his extensive researches. This, his chief complaint, led him to seek further analysis. He remembered with gratitude the previous treatment which had improved his potency, diminished social inhibitions, producing a marked change in his life, and he was anxious that his resumption of analysis should not come to the notice of his previous analyst (a woman) lest she feel in any way hurt by his not returning to her; but he was convinced that after a lapse of years he should now be analyzed by a man.

He had learned in his first analysis that fear and guilt prevented him from being productive, that he 'always wanted to take, to steal, as he had done in puberty'. He was under constant pressure of an impulse to use somebody else's ideas—frequently those of a distinguished young scholar, his intimate friend, whose office was adjacent to his own and with whom he engaged daily in long conversations.

Soon, a concrete plan for work and publication was about to materialize, when one day the patient reported he had just discovered in the library a treatise published years ago in which the same basic idea was developed. It was a treatise with which he had been familiar, since he had glanced at it some time ago. His paradoxical tone of satisfaction and excitement led me to inquire in very great detail about the text he was afraid to plagiarize. In a process of extended scrutiny it turned out that the old publication contained useful support of his thesis but no hint of the thesis itself. The patient had made the author say what he wanted to say himself. Once this clue was secured the whole problem of plagiarism appeared in a new light. The eminent colleague, it transpired, had repeatedly taken the patient's ideas, embellished and repeated them without acknowledgment. The patient was under the impression he was hearing for the first time a productive idea without which he could not hope to master his own subject, an idea which he felt he could not use because it was his colleague's property.

Among the factors determining the patient's inhibitions in his work, identification with his father played an important part. Unlike

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the grandfather, a distinguished scientist, the father had failed to leave his mark in his field of endeavor. The patient's striving to find sponsors, to borrow ideas, only to find that they were either unsuitable or could only be plagiarized, reproduced conflicts of his earlier relationship with his father. The projection of ideas to paternal figures was in part determined by the wish for a great and successful father (a *grand*father). In a dream the œdipal conflict with the father was represented as a battle in which books were weapons and conquered books were swallowed during combat. This was interpreted as the wish to incorporate the father's penis. It could be related to a definite phase of infancy when, aged four and five, the little boy was first taken as father's companion on fishing trips. 'The wish for the bigger fish', the memory of exchanging and comparing fishes, was recalled with many details. The tendency to take, to bite, to steal was traced through many ramifications and disguises during latency and adolescence until it could be pointed out one day that the decisive displacement was to ideas. Only the ideas of others were truly interesting, only ideas one could take; hence the taking had to be engineered. At this point of the interpretation I was waiting for the patient's reaction. The patient was silent and the very length of the silence had a special significance. Then, as if reporting a sudden insight, he said: 'Every noon, when I leave here, before luncheon, and before returning to my office, I walk through X Street [a street well known for its small but attractive restaurants] and I

look at the menus in the windows. In one of the restaurants I usually find my preferred dish—fresh brains.'

It is now possible to compare the two types of analytic approach. In his first analysis the connection between oral aggressiveness and the inhibition in his work had been recognized: 'A patient who during puberty had occasionally stolen, mainly sweets or books, retained later a certain inclination to plagiarism. Since to him activity was connected with stealing, scientific endeavor with plagiarism, he could escape from these reprehensible impulses through a far-reaching inhibition of his activity and his intellectual ventures' (30). The point which the

second analysis clarified concerned the mechanism used in inhibiting activity. The second set of interpretations, therefore, implemented the first by its greater concreteness, by the fact that it covered a large number of details of behavior and therefore opened the way to linking present and past, adult symptomatology and infantile fantasy. The crucial point, however, was the 'exploration of the surface'. The problem was to establish how the feeling, 'I am in danger of plagiarizing', comes about.

The procedure did not aim at direct or rapid access to the *id* through interpretation; there was rather an initial exploratory period, during which various aspects of behavior were carefully studied. This study started on a descriptive level and proceeded gradually to establish typical patterns of behavior, present and past.10 Noted first were his critical and admiring attitudes of other people's ideas; then the relation of these to the patient's own ideas and intuitions. At this point the comparison between the patient's own productivity and that of others had to be traced in great detail; then the part that such comparisons had played in his earlier development could be clarified. Finally, the distortion of imputing to others his own ideas could be analyzed and the mechanism of 'give and take' made conscious. The exploratory description is aimed, therefore, mainly at uncovering a defense mechanism and not at an *id* content. The most potent interpretative weapon is naturally the link between this defense and the patient's resistance in analysis, an aspect which in the present context will not be discussed in any detail. The

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[10]The value of similar attempts at starting from careful descriptions has been repeatedly discussed by Edward Bibring. I quote his views from a brief report given by Waelder (32, p. 471). 'Bibring speaks of "singling out" a patient's present patterns of behavior and arriving, by way of a large number of intermediate patterns, at the original infantile pattern. The present pattern embodies the instinctual impulses and anxieties now operative, as well as the ego's present methods of elaboration (some of which are stereotyped responses to impulses and anxieties which have ceased to exist). Only by means of the most careful phenomenology and by taking into consideration all the ego mechanisms now operative can the present pattern of behavior be properly isolated out. If this is done imperfectly … or if all the earlier patterns are not equally clearly isolated, there is a danger that we shall never arrive at a correct knowledge of the infantile pattern and the result may well be an inexact interpretation of infantile material.'

[11]When analyzing the patient here discussed I was familiar with Deutsch's paper. Without being consciously aware of it, I followed her example when entering into the detailed examination of the patient's intellectual pursuits.

[12]In the case here discussed the analysis was interrupted by the Second World War. During its course the patient published at least one of the contributions he had for a long time planned to publish. He intended to resume analysis after the end of the war but contact with him could not be re-established at the time. I have since heard that he has found satisfaction in his home life and in his career.

exploratory steps in this analysis resemble those which Helene Deutsch (3) describes in a strikingly similar case, in which the unconscious tendency to plagiarize ideas of an admired friend led to so severe a memory disturbance that the psychoanalytic method was used to eliminate fully the diagnosis of neurological disease. Had it been possible to obtain material from the childhood of Helene Deutsch's patient, we might have been able to link similarities and

dissimilarities in the early history of both men to the later differences in the structure of their defenses and their symptomatology.[11] The mechanism described and made conscious in our patient's analysis, the *id* impulse, the impulse to devour, emerged into consciousness and further steps of interpretation led without constraint into the area which the first analysis had effectively analyzed. It is naturally not claimed that such procedures were altogether new at the time. There surely always have been analysts who approach a problem of interpretation approximately as outlined here. This type of approach has to some extent been systematized by the support and guidance of ego psychology. It seems that many more analysts now proceed similarly and that they have gained the impression that such a shift in emphasis is therapeutically rewarding.12

PLANNING AND INTUITION

One difference between older and newer methods of analyzing defense mechanisms and linking 'surface' and 'depth' of psychoanalytic findings to each other deserves a more detailed discussion. The advance in theory has made the interrelations of various steps in analytic work clearer and has thus facilitated communication about these problems. We can now teach more accurately both the 'hierarchy' and the 'timing' of interpretations,

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[13]See Fenichel (4), Glover (14), (15), Sharpe (31) and particularly Lorand (23) who discuss some of these problems. A group of colleagues has started a highly promising method of investigation. Long after graduation from supervised work, they continue regularly to consult with several others on some of their cases over periods of years in order to make comparisons of the analytic 'style' among the consultants. It is to be hoped that this comparison will include the problem of *prediction* in analytic discussions.
[14]The idea of small teams working over a number of years (with or without institutional backing) seems rapidly to be gaining ground among analysts. The comparison of technique in general and specifically the study of planning and predicting might well be ideally suited to stimulate team work, which, if adequately recorded, might prove to be of considerable documentary value.

and the 'strategy' and 'tactics' of therapy (25). We are, however, gradually becoming aware of many uncertainties in this area. In speaking of hierarchy and timing of interpretations, and of strategy or tactics in technique, do we not refer to a plan of treatment, either to its general outline or to one adapted to the specific type of case and the specific prognosis? How general or specific are the plans of treatment which individual analysts form? At what point of the contact with the patient do the first elements of such plans suggest themselves, and at what point do they tend to merge? Under what conditions are we compelled to modify such impressions and plans; when do they have to be abandoned or reshaped? These are some of the questions on which a good deal of our teaching in psychoanalysis rests, and which are inadequately represented in the literature.[13] The subject is of considerable importance because in using checks and controls on prediction we could satisfy ourselves as to the validity and reliability of tentative forecasts of those operations on which analytic technique *partly* depends.[14]

The tendency to discuss 'planning' and 'intuition' as alternatives in analytic technique permeates psychoanalytic writings though it has repeatedly been shown that such an antithesis is unwarranted.[15] Theodor Reik's and Wilhelm Reich's unprofitable polemics against each other are liberally quoted in such discussions. In my opinion not only this controversy but the problem which it attempted to clarify is spurious. It is merely

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15 See Fenichel (4), and particularly Herold (19) and Grotjahn (16), who make similar points.

to be determined at what point preconscious thought processes in the analyst 'take over' and determine his reaction, a question which touches upon every analyst's personal experience.

There are some who are inhibited if they attempt consciously to formulate the steps to be taken, with whom full awareness acts as inhibition or distraction. There are those who at least from time to time wish to think over what they are doing or have done in a particular case, and others who almost incessantly wish to know 'where they are'. No optimal standard can be established. The idea, however, that the preconscious reactions of the analyst are necessarily opposed to 'planning' seems, in the present stage of our knowledge about preconscious thought processes, to say the least, outdated (21).

Once we assume that the optimal distance from full awareness is part of the 'personal equation' of the analyst, the contribution of preconscious processes gains considerable importance.[16] For one thing, it guarantees the spontaneity that prompts an analyst to say to a patient who showed considerable apprehension on the eve of a holiday interruption of analysis: 'Don't trouble, I shall be all right'. Many may at first feel that Ella Sharpe (31, p. 65), who reported this instance, had taken a daring step, and thought we may conclude that, provided the patient had been suitably prepared for the appearance of aggressive impulses within the transference, the wit of the interpretation may have struck home and created insight. Whether or not one approves of such surprise effects—and I confess my own hesitation—it is obvious that conscious premeditation could hardly bring them about. But even those of us who do not share the ebullient mastery of Ella Sharpe have reason to believe in the constructive contribution of intuition. Let me briefly refer to a patient who had been analyzed as a child, and whom I saw fifteen years after his first analytic experience had been interrupted through the influence of a truly seductive mother who could no longer bear to share the child with the child analyst. I was familiar with

16 See Freud's description of these relationships in various passages of his early papers (13, p. 334).

some of the aspects of the earlier analysis. Some of the symptoms had remained unchanged, some had returned, particularly prolonged states of sexual excitement, interrupted but hardly alleviated by compulsive masturbation or its equivalents, which in some cases led to disguised impulses toward exhibitionism. Long stretches of the analysis were at first devoted to the details of these states of excitement. It became clear that they regularly were initiated and concluded by certain eating and drinking habits. The total condition was designated by the patient and myself as 'greed'. In a subsequent phase phallic fantasies about the seductive mother were gradually translated into oral terms; the violent demand for love became a key that opened up many repressed memories which had not been revealed during the child's analysis. At one point, however, the process began to stagnate, the analysis became sluggish, when suddenly a change occurred. During one interview the patient manifested vivid emotions; he left the interview considerably moved and reported the next day that 'this time it had hit home'. He now understood. And as evidence he quoted that when his wife had jokingly and mildly criticized him he had started to cry and, greatly relieved, had continued to cry for many hours. What had happened? In repeating the interpretation I had without conscious premeditation used different terms. I did not speak of his *demand for love*, but of his *need for love* or expressions with a connotation which stressed not the aggressive but the passive craving in his oral wishes. Intuition had appropriately modified what conscious understanding had failed to grasp or, to be kinder to myself, had not yet grasped. This instance may serve to illustrate the necessary and regular interaction of planning and intuition, of conscious and preconscious stages of understanding psychoanalytic material. It is my impression that all advances in psychoanalysis have come about by such interactions, which have later become more or less codified in rules of technique.

Whenever we speak of the intuition of the analyst, we are touching upon a problem which tends to be treated in the psychoanalytic literature under various headings. We refer to

the psychic equilibrium or the state of mind of the analyst. One part of this problem, however, is directly linked to the process of interpretation. Many times a brief glance in the direction of self-analysis is part and parcel of the analyst's intervention. The interconnection between attention, intuition, and self-analysis in the process of interpretation has been masterfully described by Ferenczi (5):

> *One allows oneself to be influenced by the free associations of the patient; simultaneously one permits one's own imagination to play on these associations; intermittently one compares new connections that appear with previous products of the analysis without, for a moment, losing sight of, regard for, and criticism of one's own biases.*

Essentially, one might speak of an endless process of oscillation between empathy, self-observation, and judgment. This last, wholly spontaneously, declares itself intermittently as a signal that one naturally immediately evaluates for what it is; only on the basis of further evidence may one ultimately decide to make an interpretation.

REFERENCES

ABRAHAM, KARL 1919 A Particular Form of Neurotic Resistance Against the Psychoanalytic Method In:Selected Papers on Psychoanalysis London: Hogarth Press, 1942 Second Edition.

ALEXANDER, FRANZ The Problem of Psychoanalytic Technique This QUARTERLY IV 1935

DEUTSCH, HELENE Über bestimmte Widerstandsformen Int. Ztschr. f. Psa. u. Imago XXIV 1939

FENICHEL, OTTO Problems of Psychoanalytic Technique Albany: The Psychoanalytic Quarterly, Inc., 1941

FERENCZI, SANDOR 1927 Die Elastizität der psychoanalytischen Technik In:Bausteine zur Psychoanalyse III Bern: Hans Huber Verlag, 1939

FREUD, ANNA 1936 The Ego and the Mechanisms of Defense New York: International Universities Press, 1946

FREUD 1910 The Future Prospects of Psychoanalytic Therapy Coll. Papers II

FREUD 1912 The Dynamics of the Transference Coll. Papers II

FREUD 1912 Recommendations for Physicians on the Psychoanalytic Method of Treatment Coll. Papers II

FREUD 1913 Further Recommendations on the Technique of Psychoanalysis Coll. Papers II

FREUD 1918 Turnings in the Ways of Psychoanalytic Therapy Coll. Papers II

FREUD 1937 Constructions in Analysis Coll. Papers V

FREUD Aus den Anfängen der Psychoanalyse London: Imago Publishing Co., Ltd., 1950

GLOVER, EDWARD Lectures on Technique in Psychoanalysis Int. J. Psa. VIII and IX 1927 and 1928

GLOVER, EDWARD An Investigation of the Technique of Psychoanalysis Research SupplementNo. 4 to theInt. J. Psa. 1940

GROTJAHN, MARTIN About the Third Ear in Psychoanalysis Psa. Rev. XXXVII 1950

HALLIDAY, JAMES L. Psychosocial Medicine New York: W. W. Norton & Co., Inc., 1948

HARTMANN, HEINZ Technical Implications of Ego Psychology This QUARTERLY XX 1951

HEROLD, CARL M. A Controversy About Technique This QUARTERLY VIII 1939

KRIS, ERNST On Inspiration Int. J. Psa. XX 1939

KRIS, ERNST On Preconscious Mental Processes This QUARTERLY XIX 1950

KRIS, ERNST Introduction to Freud:Aus den Anfängen der Psychoanalyse

LORAND, SANDOR Technique of Psychoanalytic Therapy New York: International Universities Press, 1946

LORAND, SANDOR Comments on Correlation of Theory and Technique This QUARTERLY XVII 1948

LOEWENSTEIN, RUDOLPH M. The Problem of Interpretation This QUARTERLY XX 1951

NUNBERG, HERMAN On the Theory of Therapeutic Results of Psychoanalysis Int. J. Psa. XVIII 1937

REICH, WILHELM 1928 On Character Analysis In:The Psychoanalytic Reader Edited by Robert Fliess. New York: International Universities Press, 1948

REICH, WILHELM 1933 Character Analysis New York: Orgone Institute Press, 1945

REIK, THEODOR Surprise and the Psychoanalyst New York: E. P. Dutton & Co., 1937

SCHMIDEBERG, MELITTA Intellektuelle Hemmung und Ess-störung Ztschr. f. psa. Päd. VIII 1934

SHARPE, ELLA F. 1930 The Technique of Psychoanalysis In:Collected Papers on Psychoanalysis London: Hogarth Press, 1950

WAELDER, ROBERT The Problem of the Genesis of Psychical Conflict in Earliest Infancy Int. J. Psa. XVIII 1937

WAELDER, ROBERT Kriterien der Deutung Int. Ztschr. f. Psa. u. Imago XXIV 1939

1938) INTELLECTUAL INHIBITION AND DISTURBANCES IN EATING. INT. J. PSYCHO-ANAL., 19:17 (IJP)

INTELLECTUAL INHIBITION AND DISTURBANCES IN EATING[1]

MELITTA SCHMIDEBERG

Psycho-analysis has shewn that the infant's first relation is to the mother's breast, and that this relation, together with his attitude to food, may prove significant for the whole of his reactions to the external world. In the words of a schizophrenic patient: 'At bottom everything, reading, going to the theatre, paying a call, is like eating. First you expect a lot, then you're disappointed. When I come to analysis, I eat your furniture, clothes, and words. You eat my words, clothes, and money. If you work, your employer eats you up. But at the same time you do some eating yourself. At times I'm very hungry, then once again I can eat nothing'.

The functions of the sense organs stand in the service both of the instinct of self-preservation and of (modified or unmodified) libidinal instinctual aims. Furthermore, reception via the sense organs, like intellectual assimilation, is equated with oral incorporation, so that affects of greed, pleasure, anxiety, inhibition, etc., get transferred from food to these (cf. the expressions 'intoxicated with beauty', 'devour with the eyes', 'a feast for the ears', etc.). Instinctual conflicts can accordingly either inhibit or favour the function of the sense organs, and the sense of reality based on them, in two ways: (1) Through conflicts relating to the libidinal instinctual aim in whose service the sense perceptions stand (e.g. inhibition or impulses to sexual curiosity). (2) Through disturbances of libidinal trends which become secondarily amalgamated with the function of the sense organs or with the processes of thought (e.g. if seeing, smelling, or thinking are perceived as oral activities, inhibitions in eating can be replaced by inhibitions affecting sight, smell, or thought).

Our attitude to external reality corresponds for the most part to our attitude to internal reality, to our affects; for only through them do we acquire a relation to the external world. The affects are generally equated with the contents of one's body, with the incorporated objects.

Abraham shewed that the receptive function in eating forms the prototype for all later intellectual understanding, and this has been confirmed by other analysts. All the cases of intellectual inhibition I

[1]Part of a paper read before the British Psycho-Analytical Society in September, 1933.

have analysed could be traced back to an earlier inhibition in eating. In those cases where the inhibition in eating is not replaced by an intellectual one, intellectual ingestion seems to be regarded as less real and less aggressive and so arouses less anxiety than actual biting up of food.

The schizophrenic patient previously mentioned had suffered in childhood from severe disturbances in eating. These had developed as a reaction to her strong oral wishes. About the age of ten she overcame this inhibition to a very great extent, since anxiety compelled her to over-compensate the feelings of disgust and aggression towards her mother which found expression in the refusal of food: better that she should eat of her own accord than that she should be compelled to do so by her mother and perhaps have the food forced into some other opening—eye or anus. Her shyness with people was determined by the same motives as her inhibition; but a still greater anxiety compelled her to overcome this anxiety, to be 'polite', to do

always as others did and to eat everything. A thing was of real value in her eyes only if it was acquired in secret—food stolen between meal-times. Yet her excessive anxiety would not let her gratify these impulses. If anyone knew what she possessed, ate, studied, etc., it at once lost its value; it might be taken from her, or her enjoyment of it might be interfered with (as in the case of masturbation)—consequently it was better that she should give it up of her own accord.

This attitude to food was decisive for her attitude to money and knowledge. She reacted to her wish that her parents should give her a lot of money (oral greed) with an extraordinarily strong sense of guilt. Consequently she wanted to avoid accepting anything from them. But since this attitude was bound up with the aggressive wish to be independent of her parents, to be grown up (oral defiance), this had in turn to be over-compensated by assuming the part of a small child dependent on its parents. This latter was also determined by her overwhelming fear of poverty (starvation).

She was under a very strong urge to study, but, as in the whole of her intellectual development, was inhibited to such an extent that at first she impressed one as mentally defective. Her wish to know everything, by knowing to be omnipotent and independent of her parents, to be admired and feared, expressed her impulses orally to incorporate an omnipotent penis. The various courses of study represented male, female, or sexless persons. She was unable to study because she could not allow herself a preference for any one particular subject, or person, or food. She had to study all subjects, incorporate

all people, all at once. She felt guilt if a subject had been neglected, anxiety if it had been begun (food bitten into but not eaten). If she could not master all subjects at once, she must give them all up. Her defiance also found expression here: 'All or Nothing'. This was strengthened by fear of the knowledge to be acquired.

The incorporation anxieties which had inhibited eating found expression in the most varied fears that study was bad for her health. In particular she could not study sociology because the different theories in this field would work in her mind like ill-assorted food in her stomach. (It is dangerous to incorporate the sadistic antagonistic parents.) These incorporation anxieties were somewhat mitigated if she worked with others, and so proved to herself that they could take in the knowledge, just as her anxiety had been less great if she ate with her mother. But then she was hampered by the anxiety and rivalry felt for her comrades. Besides, she did not want what others had, but rather something quite unique, something that had never before existed. If she had taken this in (eaten or learnt it), she was like God. In order to become like God, she had to be alone, have no human relations or sexual impulses. Another reason for having to be alone was to escape the envy of others. She was afraid that the food given by her mother and the knowledge dispensed by the teacher would prove bad, injurious or worthless. So she had to acquire valuable knowledge on the sly. But to avoid awakening in others the suspicion that she was secretly looking for something better, she had also to incorporate the food and knowledge offered her. As she did not know where the 'good' object (breast, penis, fructifying semen) was to be found, she had to consume everything in existence, and the impossibility of doing so paralysed her. She suspected that anything accounted as worthless was alone truly to be valued, consequently she had to pay special attention to all subordinate matters, but might not appear to be doing so. She was under a compulsion to buy old books, partly in the hope that these would prove to be of especial value, partly because she identified herself with them and felt they would rot away, since nobody else wanted them. She suffered from a sense of guilt toward subjects she did not learn, akin to that she felt for old books she did not buy, as well as rubbish she failed to collect, food left uneaten, abandoned children. Therefore she might not favour one subject at the expense of another. But then anxiety arose that she would not be able to look after so many children and that she herself would be hungrily devoured by them. In the same way, she wanted

to keep a number of domestic pets, but feared she would not be a good mother to them, would not have enough food or time for them, etc., or might treat them cruelly. She would only be able to study if she had kept and studied mice and rabbits and proved her worth with these. But then she was afraid that if she did this well (were a good mother, i.e. feminine), she would have no right to give it up, to study (be a man). Her ideal was to be both sexes: consequently she had to have everything at once, know everything, incorporate everything (father and mother together), be man and woman at one and the same time, so as to become equal to God. By being both sexes or neither one becomes equal to God.

I have only been able in this paper to adduce some of the motives responsible for the patient's severe intellectual inhibition. They are remarkable in being diametrically opposed and consequently admitting of no compromise. As in other cases, I found that the most powerful factors inhibiting oral-intellectual ingestion were: Fear of the envy of others corresponding in intensity to one's own envy of their possessions; fear of one's sadism (of destroying food, damaging knowledge, depriving others of it by one's incompetence, i.e. sadism), and, further, numerous incorporation anxieties. An additional motive of importance emphasized by various writers is oral defiance; a refusal to take in knowledge because as a child one did not obtain it at the time or in the way or as fully as one wished.

The influence of oral factors is not solely an inhibiting one; in many cases they favour intellectual development. Greedy longing for food is often replaced by curiosity, thirst for knowledge or riches, etc., knowledge being regarded as concrete and equated with the penis, body contents, etc. An intellectually uninhibited patient prized knowledge only if it was inaccessible to others, if he acquired it in secret, 'stole' it. His main anxiety was that a woman would devour his brain or that his scientific work would prove to have been plagiarized (stolen). He equated knowledge—ideas—with the contents of his head, and these with the contents of his body. As retaliation for primitive incorporation wishes directed to his mother he feared the woman would devour the contents of his head or that his child (scientific work) would turn out to be stolen from his mother.

It seems that scientific work is very largely based on the oral sexual theory that one can only give birth to a child if one has first orally appropriated and incorporated parts of the parents' bodies. Thus, psychologically, plagiarism seems to represent a central problem

in scientific work. Normally, retaliation anxiety is avoided by legalizing plagiarism with quotation (reparation to the author). This sexual theory also finds expression in the work ritual of many people who, e.g. can only work well if they have first consumed a juicy beefsteak or who eat sweets or smoke while they work.

A patient who had occasionally stolen during puberty (mainly sweets and books) later shewed a certain inclination to plagiarize. Since in his eyes activity was bound up with theft and scientific work with plagiarism, he could only get away from these prohibited impulses by means of a really far-reaching inhibition of his activity and intellectual work.

Intellectual disturbances can extend to disturbances in production as well as in understanding. For productive work, excretory and birth symbolism is of paramount importance. Thence arise numerous disturbances: many people, for fear of remaining barren, empty (robbed of the contents of their body), can only write a work if they have already mentally finished the next one. A patient felt guilty towards work which had been completed and sent in to the editor; he had abandoned his child, sent it to strangers. So long as it lay in the drawer, it was safe, like a child in bed. Often anxiety also relates to the work itself: the various ideas (children,

excrements) are like troops which must be laboriously brought under control to prevent them fighting among themselves (contradictions) or rebelling against their commander. A patient with an insect phobia compared his work with a millepede. The footnotes represented the numerous feet. Frequently hypochondriacal fears and worries are transferred from body to thoughts and from these to work. However, I do not wish now to enter more closely into these factors, but only to emphasize the part played by oral factors in inhibiting productive work.

A patient had, with great effort, given some lectures and after a further lecture reported very contentedly that—as anticipated—it had again been a failure. The bad lecture, like his tedious associations, proved to be a revenge for all the bad lectures he had been compelled to hear, for all disappointing knowledge, in the last resort for insufficient feeding. On another occasion he cancelled a lecture at the last minute. Lecturing gave him power over the audience. Here he identified himself with a nursing mother who is in a position to give good or bad food (knowledge) or to refuse it altogether.

The motives which I have here illustrated by reference to journalistic and scientific works and lectures can also be shewn at work in writing

letters, homework, giving answers at school, repeating poetry, etc., etc., and even in the ordinary conversation of adults and children. Once again these motives exercise an inhibiting influence only in some cases; frequently they form a powerful stimulus to intellectual development.

Generally it may be said that oral factors will exert a beneficial influence on intellectual development if the oral longing sublimated into curiosity is intense while not calling up anxiety or guilt as a result of the associated sadism (alternatively, if anxiety and guilt are bound without inhibiting intellectual development). Apart from the importance of excretory symbolism, the most favourable condition for intellectual production is an identification with a good mother who dispenses food and knowledge, and—on the genital level—with a potent father.

1951) ON COUNTER-TRANSFERENCE. INT. J. PSYCHO-ANAL., 32:25 (IJP)

ON COUNTER-TRANSFERENCE[1]

ANNIE REICH, M.D.

The act of understanding the patient's productions in analysis and the ability to respond to them skilfully is not based solely on logical conclusions. Frequently the analyst can observe that insight into the material comes suddenly as if from somewhere within his own mind. Suddenly the confusing incomprehensible presentations make sense; suddenly the disconnected elements become a *Gestalt*. Equally suddenly, the analyst gets inner evidence as to what his interpretation should be and how it should be given. This type of understanding impresses one as something which is experienced almost passively; 'it happens'. It is not the result of an active process of thinking, like the solution of a mathematical problem. It seems obvious that this kind of insight into the patient's problem is achieved via the analyst's own unconscious. If is as if a partial and short-lived identification with the patient had taken place. The evidence of what is

going on in the patient's unconscious, then, is based on an awareness of what is now going on in the analyst's own mind. But this identification has to be a shortlived one. The analyst has to be able to swing back to his outside position in order to be capable of an objective evaluation of what he has just now felt from within.

Anyhow, the tool for understanding is the analyst's own unconscious. When Freud advises that the analyst should listen with free floating attention, he has exactly this in mind. The material should be absorbed by the analyst's unconscious; there should not be any aim-directed censoring or conscious elimination through the analyst's attempts at rational thinking. This method of listening will guarantee the analyst's ability to remember, in an effortless way, those parts of the patient's previous material which connect with or serve to explain the new elements which are presented.

It is obvious what hazards may arise. If the analyst has some reasons of his own for being preoccupied, for being unable to associate freely, for shrinking back from certain topics, or if he is unable to identify with the patient, or has to identify to such a degree that he cannot put himself again outside the patient—to mention only a few of the possible difficulties—he will be unable to listen in this effortless way, to remember, to understand, to respond correctly.

Furthermore, there are more tasks for the analyst. He has to be the object of the patient's transference. He has to be the screen on to which the patient can project his infantile objects, to whom he can react with infantile emotions and impulses, or with defences against these. The analyst has to remain neutral in order to make this transference possible. He must not respond to the patient's emotion in kind. He must be able to tolerate love and aggression, adulation, temptation, seduction and so on, without being moved, without partiality, prejudice or disgust. It is, indeed, not an easy task to be able, on the one side, to feel oneself so deeply into another person as the analyst has to do in order to understand, and, at the same time, to remain uninvolved. Without having faced his own unconscious, his own ways and means of solving conflicts, that is, without being analysed himself, the analyst would not be able to live up to these difficult requirements.

To be neutral in relationship to the patient, to remain the screen, does not, of course, imply that the analyst has no relationship at all to the patient. We expect him to be interested in the patient, to have a friendly willingness to help him. He may like or dislike the patient. As far as these attitudes are conscious, they have not yet anything to do with counter-transference. If these feelings increase in intensity, we can be fairly certain that the unconscious feelings of the analyst, his own transferences on to the patient, i.e. counter-transferences, are mixed in. Intense dislike is frequently a reaction to not understanding the patient; or it may be based

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on deeper 'real counter-transference'. Too great, particularly sexualized, interest in the patient can most frequently be understood also as a counter-transference. We shall come back to this point.

A situation in which the analyst really falls in love with the patient is infrequent. In such a situation the analysis becomes impossible, and the patient should be sent to somebody else.

Counter-transference thus comprises the effects of the analyst's own unconscious needs and conflicts on his understanding or technique. In such cases the patient represents for the analyst an object of the past on to whom past feelings and wishes are projected, just as it happens in the patient's transference situation with the analyst. The provoking factor for such an occurrence

may be something in the patient's personality or material or something in the analytic situation as such. This is counter-transference in the proper sense.

In a discussion before the psycho-analytic study group in Prague in 1938 between Dr. Otto Fenichel and myself on the topic of counter-transference, which Dr. Fenichel later on used as the basis of a paper entitled 'The Implications of the Didactic Analysis' (mimeographed by the Topeka Institute of Psychoanalysis), the conception of counter-transference was understood in a much wider sense. We included under this heading all expressions of the analyst's using the analysis for acting-out purposes. We speak of acting out whenever the activity of analysing has an unconscious meaning for the analyst. Then his response to the patient, frequently his whole handling of the analytic situation, will be motivated by hidden unconscious tendencies. Though the patients in these cases are frequently not real objects on to whom something is transferred but only the tools by means of which some needs of the analyst, such as to allay anxiety or to master guilt-feelings, are gratified, we have used the term counter-transference. This seemed to us advisable because this type of behaviour is so frequently mixed up and fused with effects of counter-transference proper that it becomes too schematic to keep the two groups apart. The simplest cases in the proper sense of counter-transference are those which occur suddenly, under specific circumstances and with specific patients. These are, so to speak, acute manifestations of counter-transference. I give you a simple example which was related to me recently:

An analyst was ill, suffering pain but being able to continue work with the help of rather large doses of analgesics. One of his patients chose this time to accuse the analyst of neglecting her, of not giving her enough time, and so on. The complaints were brought forth with the nagging persistence of a demanding oral aggressive individual. The analyst became violently annoyed with the patient and had great difficulty in restraining the expression of his anger. What had been going on is fairly obvious. The analyst resented the fact that the patient was able to make these aggressive demands for attention while he, the analyst, was in a situation which would have justified similar demands, but he had to control himself. The unexpressed demands then tie up with deeper material which is irrelevant in this connexion.

The analyst is here in a special situation in which his mental balance is shaken by illness. In this condition, he cannot tolerate the patient who, as a mirror, reflects his own repressed impulses. The counter-transference reaction is based on an identification with the patient. Identifications of this kind belong to the most frequent forms of counter-transference.

Another example: A young analyst, not yet finished with his own training, feels irked by one of his patients and feels a desire to get rid of him. Why? The patient has expressed homosexual tendencies which the analyst is not inclined to face within himself. Here again the patient is the mirror that reflects something that is intolerable.

Counter-transference phenomena are by no means always manifestations of defence against the impulse, as in these last examples, but they may be simple impulse derivatives. I remember the case of a colleague who came for a second analysis because he had a tendency to fall in love with young attractive women patients. The analysis revealed that he was not really interested in these women but in identification with them, he wanted to be made love to by the analyst and in this way to gratify the homosexual transference fantasies which in his first analysis had remained unanalysed.

The sexual interest in the patient which could be called the most simple and direct manifestation of counter-transference is here the result of an identification with the patient. This is most typical. Most of the so-called 'simple' manifestations of that kind are built after that pattern. The patients are not really the objects of deeper drives but they reflect the impulses

of the analyst as if they were fulfilled. But identification is certainly not the only possible danger. At other times, for instance, one is faced with counter-transference reactions which are provoked by the specific content of the patient's material. For instance: certain material of a patient was understood by an analyst as a representation of the primal scene. Whenever the material was touched upon by the patient the analyst reacted to it with the defence reaction he had developed in the critical situation in his childhood: he became sleepy and had difficulties in concentrating and remembering.

Sometimes the disturbances are of a more general nature, not dependent on any special situation of the analyst or special material. It is the analytic relationship as such and some special aspects of the relationship to patients which cause the analyst to be disturbed by manifestations of counter-transference. For instance, an inclination to accept resistances at face value, a feeling of inability to attack or analyse them, was based, in two cases which I could observe in analysis, on an unconscious identification with the patient, just because he was in the position of a patient. The analyst expressed in that identification a passive masochistic wish (in one case, a homosexual one; in the other case, of a woman analyst, a predominantly masochistic one) to change places with the patient and to be in the passive position. Both were tempted to let themselves be accused and mistreated by the patient. In both cases, to be a patient corresponded to an infantile fantasy.

Such manifestations of counter-transference, of course, do not represent isolated episodes but reflect permanent neurotic difficulties of the analyst. Sometimes the counter-transference difficulties are only one expression of a general character problem of the analyst. For instance, unconscious aggression may cause the analyst to be over-conciliatory, hesitant and unable to be firm when necessary. Unconscious guilt feelings may express themselves in boredom or therapeutic overeagerness. These attitudes naturally represent serious handicaps for the analyst.

Another example of this kind is a paranoid attitude which makes the analyst concentrate on 'motes' in other people's eyes in order not to see the 'beams' in his own. This can degenerate into complete projection of his own contents or may remain within the frame of usefulness and enable the analyst to develop an uncanny sense of smell, so to speak, for these particular contents. He does not invent them in his patients but is able to unearth them, even if they exist only in minimal quantities. Obviously the analytic situation is a fertile field for such behaviour. This mechanism may originally even have created the interest in analysis. Frequently, though, the analytic situation is not the only battleground for these forces, which extend also to other fields of life. This attitude cannot be considered as a pure counter-transference phenomenon in the proper sense any more. It belongs more to the 'acting out' group, which I mentioned earlier, and of which I would like to bring just one example:

An analyst had the need to prove that he was not afraid of the unconscious, not afraid of his own unconscious drives. This led to a compulsion to 'understand' the unconscious intellectually, as if to say: 'Oh, I know and understand all that, I am not scared.' This caused a tendency to preserve a safe distance from the patient's unconscious by helping to keep up an intellectual isolation and induced the analyst to overlook the patient's defence mechanisms like isolations. The aim of this acting out was, of course, to master the analyst's anxiety. Such mechanisms are double-edged. They work only for a certain time and tend to break down when the intensity of anxiety becomes too great. The analyst, being afraid of his breakdown, was frightened by any emotional breakthrough or outburst of anxiety in his patient and avoided anything which could help the patient to reach greater emotional depth. Under such conditions it became important not to identify himself with the patient at all, or, at least, only with the resistances, which then were not recognized as such but were taken at their face value, this again seriously interfering with the analyst's tasks.

The bad relationship of the analyst with his own unconscious may lead to constant doubt of the veracity of the expressions of the unconscious. Such a doubt is sometimes overcompensated by

the extraordinary stress which is placed on any bit of unconscious material that can be recognized. Deep interpretations are then given in a compensatory way to overcome the analyst's doubts before the patient is ready for them. In other cases I have seen a fear of interpretations.

I shall refrain from giving any other examples for 'acting out' in order not to overburden

the reader with too many details. But there is one more group that should be mentioned. Here the analyst misuses the analysis to get narcissistic gratifications and assurances for himself.

A specific form of this kind might be called the 'Midas touch'. It is as if whatever the analyst touches was transformed into gold. He is a magic healer. He restores potency and undoes castration. His interpretations are magic gifts. His patients become geniuses just because they are *his* patients. It is obvious what enormous gratification the analyst can get from such an attitude and how dangerous it is. It easily can lead to unrealistic evaluations of the patients, to inability to observe soberly, to therapeutic overambition and hostility against the patient who fails to give his analyst the narcissistic gratification of becoming cured by him. In general, the slow cumbersome process of analysis makes high demands on the analyst's patience and narcissistic equilibrium. It is obvious how detrimental it may become if this equilibrium is shaky, that is, if the analyst depends on his patients for narcissistic supplies.

Related to this are attitudes which one might call pedagogic ones. The analyst feels tempted to fulfil thwarted infantile desires of patients and thus to teach them that the world is not as terrible as they in their childish ways of thinking assume. Thus anxiety is smoothed over, reassurance is given instead of real analysis of the anxiety. The psychotherapeutic past with which most of our students recently come to analytic training presents us frequently with tendencies of this kind.

I remember the case of a colleague, for instance, who would constantly answer all the questions of a patient relating to the analyst's private affairs. The analyst was unable to let a frustration situation come to a peak, which would have led into the analysis of the childhood situation. Instead, he had to gratify and reassure the patient. It was as if he were saying to the patient: 'I am not treating you as you were treated, that is—mistreated—by your parents'. which means: 'I am not treating you as I was treated by my parents or by my former analyst. I am healing what they damaged.' Sometimes pedagogic attitudes like this may stand under the opposite sign: 'I shall treat you as I was treated. I will do to you what was done to me.' Here something that was originally passively experienced is transformed into something which is actively done to somebody else. This is one of the most effective forms of anxiety mastering.

I shall not continue to enumerate and describe here how the variety of possible disturbances in the activity of analysing is as manifold as the whole psychopathology of neuroses, character disturbances included. In all similar types of behaviour in which the activity of analysing is used in some way for extraneous unconscious purposes, mostly in order to keep up the analyst's inner equilibrium, the patient, as I mentioned before, is not a real object but is only used as a fortuitous tool to solve a conflict situation. Fenichel has coined a specific term to describe this situation: the patient is used as a witness to whom the analyst has to prove, for instance, that he can master the unconscious, or that he has no reason to feel guilty.

Let me stop here and look back. I have given many more examples of the permanent kind than of the acute one. This may be due to the material available to me, which after all was mostly contributed by analysts who came to analysis on account of some difficulty—but I am almost inclined to believe that indeed most counter-transference difficulties are of the permanent type. It is obvious that the acute ones are much easier to deal with than the others. Frequently a bit of self-analysis can reveal what is going on and bring about a complete solution of the conflict.

The permanent and more generalized forms are consequences of deeply engrained personality difficulties of the analyst for which there is only one solution: thorough analysis. Freud, in his paper 'Analysis Terminable and Interminable', advises that the analyst after some years of practice should have some more analysis, even when the difficulties he has to struggle with are not as serious as those described. This is something we really should bear in mind.

The two forms of counter-transference manifestations could be compared with incidental hysterical symptoms in contrast to permanent character distortions. The attempt to keep these two types of counter-transference clearly separated is of course schematic. As mentioned before, there are transitions from one form to the other.

It would be impossible to attempt to give a complete description and classification of even the most frequent forms of counter-transference only. This would amount to a survey of the psychopathology of the analyst. We are most

concerned with the effect these psychological mechanisms have on analytic technique. Nearly all the phenomena mentioned will interfere with the analyst's ability to understand, to respond, to handle the patient, to interpret in the right way. But on the other hand, the special talent and the pathologic are usually just two sides of the same; a slight shift in cathexis may transform an unconscious mechanism of the analyst from a living out of his own conflicts into a valuable sublimation. On the other hand, what is the preliminary condition for his psychological interest and skill may degenerate into acting out.

It appears to me highly desirable to reach a closer understanding about the conditions under which these unconscious elements do constitute a foundation for adequate or even outstanding functioning and when they serve to interfere with or at least to complicate the activity of analysing. We said before that the unconscious of the analyst is his tool. The readiness and faculty to use his own unconscious in that way obviously must have some deeper motivation in the analyst's psychological make-up.

The analysis of these deeper motives, which, as we said, are the necessary basis for the analyst's interest, leads us back to the unconscious drives which were sublimated into psychological talent. Sometimes this personal origin of the analyst's interest in his work is clearly discernible even without analysis. I know, for instance, a number of analysts who, after many years of work, are still fascinated by their being entitled to pry into other people's secrets; that is to say, they are voyeurs; they live out their infantile sexual curiosity. Curiosity is seriously considered by many analysts as an essential prerequisite for analysis, but this curiosity has to be of a special nature. It has to be desexualized. If it were still connected with sexual excitement, this would necessarily interfere with the analyst's functioning. It must be, furthermore, removed from the original objects and has to be used for an interest in understanding their psychology and their structure. In this way the whole process is lifted above the original level of conflict.

I give here a piece of case material from the analysis of an analyst that throws some light on the psychologic background of such a sublimation; this may permit a somewhat deeper understanding of the structure of such a sublimation. The example I am choosing comes from a person who was capable and successful and had good therapeutic results. The counter-transference in his case, in spite of the rather pathological origin, was, one might say, tamed and harnessed for the benefit of the work. I shall limit myself to a few important elements.

One of the special gifts of this analyst was his keenness of observation, his ability to grasp little peculiarities of behaviour in his patients and to understand them—correctly—as expressions of an unconscious conflict. He was deeply interested in his work, to the exclusion of extraneous intellectual inclinations.

The genesis of his psychological interest could be reconstructed in analysis as follows: Dr. X. from early childhood was again and again an unwilling witness of violent fights between unhappily married parents, which frightened him and brought forth the wish to reconcile them and to undo whatever damage might have been done in their battles, which were misunderstood by the child as sadistic primal scenes. The father, strong and powerful, but intellectually the mother's inferior, was 'tearing pieces out of mother', as she complained whenever she wished to ward off his affectionate approaches. This left mother, the boy felt, castrated, sick, complaining and, at the same time, overambitious and demanding recompensation for her own deficiencies from her son, who had to become 'magnificent' to fill her narcissistic needs. Too frightened to identify with the father in his sadistic activities, the child rather early identified with the mother and felt passive and castrated like her. A mild attack of poliomyelitis during the height of the œdipal period served to engrave the mother identification more deeply. He now began to observe his own body as he had been observed anxiously by his mother who had been looking for signs of the illness. Overstress was now laid on any spark of masculinity, strength and perfection to contradict the inner awareness of his passivity and his fear of castration. In a partial regression he now became interested in his anal functions, following his mother here, too, who overanxiously watched his anal productions, willing to give him ample praise when she was satisfied. He now overevaluated himself just as his mother overevaluated him. At that time a peculiar fantasy appeared: he is one with mother as if he and she were one body. He is her most precious part, that is, he is her penis. By being 'magnificent' as she wants him to be, his whole body becomes a big

penis and in this way he undoes her castration. Both together they are complete.

This fantasy remained the basis for his tendency to self-observation, which thenceforward continued to exist. In this self-observation he plays two roles. He is identified with the anxious, castrated mother who watches him and at the same time he exhibits himself in order to gratify her. This narcissistic play now becomes a new source of gratification for himself. He is proud of his keenness of observation, his intelligence and knowledge. His thoughts are his mental products, of which he is as proud as of his anal achievements. In this way he is reconstructing what mother has lost. By self-observation he heals her castration in a magic way.

When he was nine, a little brother, the only other sibling, was born. This was a fulfilment of a desire for a child of his own which had already come to the fore in connection with his anal interests. Now he develops a motherly interest in the baby and succeeds in turning away his interest to a large degree from his own body to the baby and later to other outside objects. The self-observation turns into observation of other people, and thus the original play between him and mother is re-enacted by him in projection on to outside objects and thus becomes unselfish and objective. A necessary preliminary step in the direction of sublimation was made.

Furthermore, another important development can be now noticed. His interest in the little brother becomes a psychological one. He remembers a scene when the little one, not yet two years of age, had a temper tantrum, in his rage biting into the wood of the furniture. The older brother was very concerned about the intensity of emotion in the child and wondered what to do about it. Thus the interest which originally had to do with physical intactness had turned towards emotional experiences.

The psychological interest from now on played an important role in his life. The decision to study medicine and to choose psycho-analysis as his specialty impresses us as a natural development of these interests. Here he can build up a stable sublimation of his peculiar strivings. He can now continue to observe, not himself, but other people. He can unearth their hidden defects and signs of castration and can use the technique of analysis for healing them. He has a special talent for understanding other people's unconscious and their hidden resistance.

In the relationship with the patient he relives his original interplay with mother. By curing the patient he himself becomes cured and his mother's castration is undone. The cured patient represents himself as a wonderful phallus that has returned to mother. It is obvious what tremendous narcissistic stress he laid on being a 'good analyst'. In this new position, as a 'magnificent' analyst, he represents his deepest ego-ideal as fulfilled, he is a phallic mother.

On a higher level, the patient also represents his child, his little brother, whom he wants to understand, in order to educate and help him.

The analytic facuties of this analyst are obviously based on an originally rather pathologic and narcissistic self-interest. That he is interested in a patient is based on a projection of this self-interest; but what he observes remains objective and does not represent a projection of inner experiences and fantasies. This faculty for objective observation has to do with the fact that Dr. X., in spite of the at some time unstable boundaries between him and his mother, had had a warm and affectionate relationship with her and was capable of real object libidinal relationships. He sees what is there and not what is within himself, though his motive for seeing and his ability to understand are based primarily upon his preoccupation with the mother's and his own intactness or deficiency; though deep down he wants to be a magic healer he is able to content himself with the slow process of interpreting resistances, removing defences and unearthing the unconscious. Thus one can say that though his need to understand is the result of his highly pathological mother fixation he has succeeded in sublimating these infantile needs into true psychological interest. That he wishes to understand and to heal is motivated by the past. What he understands and how he tries to heal is based on objective reality. This is essential, as it represents the difference between acting out and a true sublimation.

I am aware that in representing this bit of case material I am not being fully successful in really shedding light on the finer prerequisites of this accomplishment. The problem why a sublimation is successful or not depends to a large degree on economic factors, and these are beyond the scope of this discussion. This is a problem, by the way, which is by no means specific for this type of sublimation.

The wish to heal and the psychological interest

could be traced in this material to specific infantile set-ups. I do not feel entitled to assume that the wish to heal is typically based on a similar conflict situation. A further investigation of the origin of the interest in psychology and healing in a more general way would be a challenging problem.

What is of interest for us here is the similarity and the difference of the well-functioning sublimation and the aforementioned types of acting out. Here as well as there deep personal needs are fulfilled. But while in this sublimation the fulfilment is achieved via the route of desexualized psychological insight this transformation has not taken place in the pathological forms of counter-transference.

The double-edged character of such a sublimation is obvious. The intensity of interest, the special faculty of understanding lead to a high quality of work, but any disturbance of psychic equilibrium may bring about a breakdown of the sublimation and the satisfaction of personal needs may become over-important so that the objectivity in the relationship to the patient becomes disturbed.

What I should like to stress is that in this case of undisturbed functioning the psychological interest obviously is based on a very complicated 'counter-transference', which is desexualized and sublimated in character, while in the pathological examples the conflict persisted in its

original form and the analytic situation was used either for living out the underlying impulses or defending against them or for proving that no damage has occurred in consequence of them.

Maybe we might come to the following conclusion: Counter-transference is a necessary prerequisite of analysis. If it does not exist, the necessary talent and interest is lacking. But it has to remain shadowy and in the background. This can be compared to the role that attachment to the mother plays in the normal object choice of the adult man. Loving was learned with the mother, certain traits in the adult object may lead back to her—but normally the object can be seen in its real character and responded to as such. A neurotic person takes the object absolutely for his mother or suffers because she is not his mother.

In the normally functioning analyst we find traces of the original unconscious meaning of analysing, while the neurotic one still misunderstands analysis under the influence of his unconscious fantasies and reacts accordingly.

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COUNTER-TRANSFERENCE AND THE PATIENT'S RESPONSE TO IT[1]

MARGARET LITTLE

I

I will begin with a story:

A patient whose mother had recently died was to give a wireless talk on a subject in which he knew his analyst was interested; he gave him the script to read beforehand, and the analyst had the opportunity of hearing the broadcast. The patient felt very unwilling to give it just then, in view of his mother's death, but could not alter the arrangement. The day after the broadcast he arrived for his analysis in a state of anxiety and confusion.

The analyst (who was a very experienced man) interpreted the patient's distress as being due to a fear lest he, the analyst, should be jealous of what had clearly been a success and be wanting to deprive him of it and of its results. The interpretation was accepted, the distress cleared up quite quickly, and the analysis went on.

Two years later (the analysis having ended in the meanwhile) the patient was at a party which he found he could not enjoy, and he realized that it was a week after the anniversary of his mother's death. Suddenly it came to him that what had troubled him at the time of his broadcast had been a very simple and obvious thing, sadness that his mother was not there to enjoy his success (or even to know about it), and guilt that he had enjoyed it while she was dead had spoilt it for him. Instead of being able to mourn for her (by cancelling the broadcast) he had had to behave as if he denied her death, almost in a manic way. He recognized that the interpretation given, which could be substantially correct, had in fact been the correct one at the time for the analyst, who had actually been jealous of him, and that it was the analyst's unconscious guilt that had led to the giving of an inappropriate interpretation. Its acceptance had come about through the patient's unconscious recognition of its correctness for his analyst and his identification with him. Now he could accept it as true for himself in a totally different way, on another level—i.e. that of his jealousy of his father's success with his mother, and guilt about himself having a success which represented success with his mother, of which his father would be jealous and want to deprive him. The analyst's behaviour in giving such an interpretation must be attributed to counter-transference.

II

Surprisingly little has been written on counter-transference apart from books and papers on technique chiefly meant for students in training. The writers of these all emphasize the same two points—the importance and potential danger of counter-transference and the need for thorough analysis of analysts. Much more has been written about transference, and a lot of that would apply equally well to counter-transference. I found myself wondering why, and also why different people use the term counter-transference to mean different things.

The term is used to mean any or all of the following:

a. The analyst's unconscious attitude to the patient.

b. Repressed elements, hitherto unanalysed, in the analyst himself which attach to the patient in the same way as the patient 'transfers' to the analyst affects, etc. belonging to his

parents or to the objects of his childhood: i.e. the analyst regards the patient (temporarily and varyingly) as he regarded his own parents.

c. Some specific attitude or mechanism with which the analyst meets the patient's transference.

d. The whole of the analyst's attitudes and behaviour towards his patient. This includes all the others, and any conscious attitudes as well.

The question is why it is so undefined or

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undefinable. Is it that true isolation of counter-transference is impossible while the comprehensive idea of it is clumsy and unmanageable? I found four reasons.

1. I would say that unconscious counter-transference is something which cannot be observed directly as such, but only in its effects; we might compare the difficulty with that of the physicists who try to define or observe a force which is manifested as light waves, gravity, etc. but cannot be detected or observed directly.

2. I think part of the difficulty arises from the fact that (considering it metapsychologically) the analyst's total attitude involves his whole psyche, *id* and any super-ego remnants as well as ego (he is also concerned with all these in the patient), and there are no clear boundaries differentiating them.

3. Any analysis (even self-analysis) postulates both an analysand and an analyst; in a sense they are inseparable. And similarly transference and counter-transference are inseparable; something which is suggested in the fact that what is written about the one can so largely be applied to the other.

4. More important than any of these, I think there is an attitude towards counter-transference, i.e. towards one's own feelings and ideas, that is really paranoid or phobic, especially where the feelings are or may be subjective.

In one of his papers on technique Freud pointed out that the progress of psycho-analysis had been held up for more than ten years through fear of interpreting the transference, and the attitude of psychotherapists of other schools to this day is to regard it as highly dangerous and to avoid it. The attitude of most analysts towards counter-transference is precisely the same, that it is a known and recognized phenomenon but that it is unnecessary and even dangerous ever to interpret it. In any case, what is unconscious one cannot easily be aware of (if at all), and to try to observe and interpret something unconscious in oneself is rather like trying to see the back of one's own head—it is a lot easier to see the back of someone else's. The fact of the patient's transference lends itself readily to avoidance by projection and rationalization, both mechanisms being characteristic for paranoia, and the myth of the impersonal, almost inhuman analyst who shows no feelings is consistent with this attitude. I wonder whether failure to make use of counter-transference may not be having a precisely similar effect as far as the progress of psycho-analysis is concerned to that of ignoring or neglecting the transference; and if we can make the right use of counter-transference may we not find that we have yet another extremely valuable, if not indispensable, tool?

In writing this paper I found it very difficult to know which of the meanings of the term counter-transference I was using, and I found that I tended to slip from one to another, although at the start I meant to limit it to the repressed, infantile, subjective, irrational feelings, some pleasurable, some painful, which belong to the second of my attempted definitions. This is usually the counter-transference which is regarded as the source of difficulties and dangers.

But unconscious elements can be both normal and pathological, and not all repression is pathological any more than all conscious elements are 'normal'. The whole patient-analyst relationship includes both 'normal' and pathological, conscious and unconscious, transference and counter-transference, in varying proportions; it will always include something which is specific to both the individual patient and the individual analyst. That is, every counter-transference is different from every other, as every transference is different, and it varies within itself from day to day, according to variations in both patient and analyst and the outside world.

Repressed counter-transference is a product of the unconscious part of the analyst's ego, that part which is nearest and most closely belonging to the *id* and least in contact with reality. It follows from this that the repetition compulsion is readily brought to bear on it; but other ego activities besides repression play a part in its development, of which the synthetic or integrative activity is most important. As I see it, counter-transference is one of those compromise formations in the making of which the ego shows such surprising skill; it is in this respect essentially of the same order as a neurotic symptom, a perversion, or a sublimation. In it libidinal gratification is partly forbidden and partly accepted; an element of aggression is woven in with both the gratification and the prohibition, and the distribution of the aggression determines the relative proportions of each. Since counter-transference, like transference, is concerned with another person, the mechanisms of projection and introjection are of special importance.

By the time we have paranoia linked with counter-transference we have a mammoth subject to discuss, and to talk about the patient's response may be just nonsense unless we can find some simple way of approach. Many of our difficulties, unfortunately, seem to me to come from trying to over-simplify, and from an almost compulsive attempt to separate out conscious from unconscious, and repressed unconscious from what is unconscious but not repressed, often with an ignoring of the dynamic aspects of the thing. So once again I would like to say here that although I am talking mainly about the repressed elements in counter-transference I am not limiting myself strictly to this, but am letting it flow over into the other elements in the total relationship; and at the risk of being disjointed my 'simple approach' is chiefly a matter of talking about a few things and then trying to relate them to the main theme.

Speaking of the dynamic aspects brings us to the question: What is the driving force in any analysis? What is it that urges the patient on to get well? The answer surely is that it is the combined *id* urges of both patient and analyst, urges which in the case of the analyst have been modified and integrated as a result of his own analysis so that they have become more directed and effective. Successful combination of these urges seems to me to depend on a special kind of identification of the analyst with the patient.

III

Consciously, and surely to a great extent unconsciously too, we all want our patients to get well, and we can identify readily with them in their desire to get well, that is with their ego. But unconsciously we tend to identify also with the patient's super-ego and *id*, and thereby with him, in any prohibition on getting well, and in his wish to stay ill and dependent, and by so doing we may slow down his recovery. Unconsciously we may exploit a patient's illness for our own purposes, both libidinal and aggressive, and he will quickly respond to this.

A patient who has been in analysis for some considerable time has usually become his analyst's love object; he is the person to whom the analyst wishes to make reparation, and the reparative impulses, even when conscious, may through a partial repression come under the sway of the repetition compulsion, so that it becomes necessary to make that same patient well over and over again, which in effect means making him ill over and over again in order to have him to make well.

Rightly used, this repetitive process may be progressive, and the 'making ill' then takes the necessary and effective form of opening up anxieties which can be interpreted and worked through. But this implies a degree of unconscious willingness on the part of the analyst to allow his patient to get well, to become independent and to leave him. In general we can agree that these are all acceptable to any analyst, but failures of timing of interpretation such as that which I have described, failure in understanding, or any interference with working-through, will play into the patient's own fear of getting well, with all that it involves in the way of losing his analyst, and they cannot be put right until the patient himself is ready to let the opportunity occur. The repetition compulsion in the patient is here the ally of the analyst, if the analyst is ready not to repeat his former mistake and so once more strengthen the patient's resistances.

This unconscious unwillingness on the analyst's part to let his patient leave him can sometimes take very subtle forms, in which the analysis itself can be used as a rationalization. The demand that a patient should not 'act out' in situations outside the analysis may hinder the formation of those very extra-analytic relationships which belong with his recovery and are evidence of his growth and ego development. Transferences to people outside the analysis need not be an actual hindrance to the analytic work, if the analyst is willing to use them, but unconsciously he may behave exactly like the parents who, 'for the child's own good', interfere with his development by not allowing him to love someone else. The patient of course needs them just as a child needs to form identifications with people outside his home and parents.

These things are so insidious that our perception of them comes slowly, and in our resistance to them we are allying with the patient's super-ego, through our own super-ego. At the same time, we are showing our own inability to tolerate a splitting either of something in the patient, or of the therapeutic process itself; we are demanding to be the only cause of the patient's getting well.

A patient whose analysis is 'interminable' then may perhaps be the victim of his analyst's (primary) narcissism as much as of his own, and an apparent negative therapeutic reaction

may be the outcome of a counter-resistance of the kind I have indicated in my story.

We all know that only a few of several possible interpretations are the important and dynamic ones at any given point in the analysis, but as in my story, the interpretation which is the appropriate one for the patient may be the very one which, for reasons of counter-transference and counter-resistance, is least available to the analyst at that moment, and if the interpretation given is the one that is appropriate for the analyst himself the patient may, through fear, submissiveness, etc., accept it in precisely the same way as he would accept the 'correct' one, with immediate good effect. Only later does it come out that the effect obtained was not the one required, and that the patient's resistance has been thereby strengthened and the analysis prolonged.

IV

It has been said that it is fatal for an analyst to become identified with his patient, and that empathy (as distinct from sympathy) and detachment are essential to success in analysis. But

the basis of empathy, as of sympathy, is identification, and it is the detachment which makes the difference between them. This detachment comes about partly at least by the use of the ego function of reality testing with the introduction of the factors of time and distance. The analyst necessarily identifies with the patient, but there is for him an interval of time between himself and the experience which for the patient has the quality of immediacy—he knows it for past experience, while to the patient it is a present one. That makes it at that moment the patient's experience, not his, and if the analyst is experiencing it as a present thing he is interfering with the patient's growth and development. When an experience is the patient's own and not the analyst's an interval of distance is introduced automatically as well, and it is on the preservation of these intervals of time and distance that successful use of the counter-transference may depend. The analyst's identification with the patient needs of course to be an introjective, not a projective, one.

When such an interval of time is introduced the patient can feel his experience in its immediacy, free from interference, and let it become past for him too, so that a fresh identification can be made with his analyst. When the interval of distance is introduced the experience becomes the patient's alone, and he can separate himself off psychically from the analyst. Growth depends on an alternating rhythm of identification and separation brought about in this way by having experiences and knowing them for one's own, in a suitable setting.

To come back to the story with which I began, what happened was that the analyst felt the patient's unconscious repressed jealousy as his own immediate experience, instead of as a past, remembered, one. The patient was immediately concerned with his mother's death, feeling the necessity to broadcast just then as an interference with his process of mourning, and the pleasure proper to it was transformed into a manic one, as if he denied his mother's death. Only later, after the interpretation, when his mourning had been transferred to the analyst and so become past, could he experience the jealousy situation as an immediate one, and then recognize (as something past and remembered) his analyst's counter-transference reaction. His immediate reaction to the analyst's jealousy was a phobic one—displacement by (introjective) identification, and re-repression.

Failures in timing such as this, or failures to recognize transference references, are failures of the ego function of recognizing time and distance. Unconscious mind is timeless and irrational, 'What's yours is mine, what's mine's my own'; 'What's yours is half mine, and half the other half's mine, so it's all mine' are infantile ways of thinking which are used in relation to feelings and experiences as much as to things, and counter-transference becomes a hindrance to the patient's growth when the analyst uses them. The analyst becomes the blind man leading the blind, for neither has the use of the necessary two dimensions to know where he is at any given moment. But when the analyst can keep these intervals in his identification with his patient it becomes possible for the patient to take the step forward of eliminating them again and to go on to the next experience, when the process of establishing the interval has to be repeated.

This is one of the major difficulties of the student in training or the analyst who is undergoing further anlysis—he is having to deal with things in his patients' analysis which have still the quality of present-ness, or immediacy, for him himself, instead of that past-ness which is so important. In these circumstances it may be impossible for him always to keep this time interval, and he has then to defer as full an analysis as the patient might otherwise achieve

until he has carried his own analysis further, and wait until a repetition of the material comes.

V

The recent discussions here of Dr. Rosen's work brought the subject of counter-transference to the surface with a fresh challenge to us to know and understand much more clearly what we are doing. We heard how in the space of a few days or weeks patients who for years had been completely inaccessible had shown remarkable changes which, from some points of view at least, must be regarded as improvement. But, what was not originally meant to be in the bargain, they seem to have remained permanently dependent on and attached to the therapist concerned. The description of the way in which the patients were treated, and of the results, stirred and disturbed most of us profoundly, and apparently aroused a good deal of guilt among us, for several members in their contributions to the discussion beat their breasts and cried *mea culpa.*

I have tried to understand where so much guilt came from, and it seemed to me that a possible explanation of it might lie in the unconscious unwillingness to let patients go. Many seriously ill patients, especially psychotic cases, are not able, either for internal (psychological) reasons, or for external (e.g. financial) ones, to go through with a full analysis and bring it to what we regard as a satisfactory conclusion, that is with sufficient ego development for them to be able to live successfully in real independence of the analyst. In such cases a superficial relationship of dependence is continued (and rightly continued) indefinitely, by means of occasional 'maintenance' sessions, the contact being preserved deliberately by the analyst. Such patients we can keep in this way without guilt, and the high proportion of successes in the treatment of these patients, it seems to me, may well depend on that very freedom from guilt.

But over and above this there is perhaps a tendency to identify particularly with the patient's *id* in psychotic cases generally; in fact it would sometimes be difficult to find the ego to identify with! This will be a narcissistic identification on the level of the primary love-hate, which nevertheless lends itself readily to a transformation into object-love. The powerful stimulus of the extensively disintegrated personality touches on the most deeply repressed and carefully defended danger spots in the analyst and, correspondingly, the most primitive (and incidentally least effective) of his defence mechanisms are called into play. But at the same time a small fragment of the patient's shattered ego may identify with the ego of the therapist (where the therapist's understanding of the patient's fears filters through to him, and he can introject the therapist's ego as a good object); he is then enabled to make a contact with reality via the therapist's contact with it. Such contact is tenuous and easily broken at first, but is capable of being strengthened and extended by a process of increasing introjection of the external world and re-projection of it, with a gradually increasing investment of it with libido derived originally from the therapist.

This contact may never become sufficient for the patient to be able to maintain it entirely alone, and in such a case continued contact with the therapist is essential, and will need to vary in frequency according to the patient's changing condition and situation. I would compare the patient's position to that of a drowning man who has been brought to a boat, and while still in the water his hand is placed on the gunwale and held there by his rescuer until he can establish his own hold.

It follows from this perhaps, a truth already recognized, that the more disintegrated the patient the greater is the need for the analyst to be well integrated.

It may be that in those psychotic patients who do not respond to the usual analytic situation in the ordinary way, by developing a transference which can be interpreted and resolved, the counter-transference has to do the whole of the work, and in order to find something in the patient with which to make contact the therapist has to allow his ideas and the libidinal gratifications derived from his work to regress to a quite extraordinary degree. (We may wonder, for instance, about the pleasure an analyst derives from his patients sleeping during

their analytic sessions with him!) It has been said that greater therapeutic results are found when a patient is so disturbed that the therapist experiences intense feelings and profound disturbance, and the underlying mechanism for this may be identification with the patient's *id*.

But these outstanding results are found in the work of two classes of analyst. One consists of beginners who are not afraid to allow their unconscious impulses a considerable degree of freedom because, through lack of experience,

like children, they do not know or understand the dangers, and do not recognize them. It works out well in quite a high proportion of cases, because the positive feelings preponderate. Where it does not the results are mostly not seen or not disclosed—they may even be repressed. We all have our private graveyards, and not every grave has a headstone.

The other class consists of those experienced analysts who have gone through a stage of over-cautiousness, and have reached the point at which they can trust not only directly to their unconscious impulses as such (because of the modifications resulting from their own analyses) but also to being able at any given moment to bring the counter-transference as it stands then into consciousness enough to see at least whether they are advancing or retarding the patient's recovery—in other words to overcome counter-transference resistance.

At times the patient himself will help this, for transference and counter-transference are not only syntheses by the patient and analyst acting separately, but, like the analytic work as a whole, are the result of a joint effort. We often hear of the mirror which the analyst holds up to the patient, but the patient holds one up to the analyst too, and there is a whole series of reflections in each, repetitive in kind, and subject to continual modification. The mirror in each case should become progressively clearer as the analysis goes on, for patient and analyst respond to each other in a reverberative kind of way, and increasing clearness in one mirror will bring the need for a corresponding clearing in the other.

The patient's ambivalence leads him both to try to break down the analyst's counter-resistances (which can be a frightening thing to do) and also to identify with him in them and so to use them as his own. The question of giving him a 'correct' interpretation is then of considerable importance from this point of view.

VI

When such a thing happens as I have quoted in this story, to neutralize the obstructive effect of a mistimed or wrongly emphasized interpretation giving the 'correct' interpretation when the occasion arises may not be enough. Not only should the mistake be admitted (and the patient is entitled not only to express his own anger but also to some expression of regret from the analyst for its occurrence, quite as much as for the occurrence of a mistake in the amount of his account or the time of his appointment), but its origin in unconscious counter-transference may be explained, unless there is some definite contra-indication for so doing, in which case it should be postponed until a suitable time comes, as it surely will. Such explanation may be essential for the further progress of the analysis, and it will have only beneficial results, increasing the patient's confidence in the honesty and good-will of the analyst, showing him to be human enough to make mistakes, and making clear the universality of the phenomenon of transference and the way in which it can arise in any relation-ship. Only harm can come from the withholding of such an interpretation.

Let me make it clear that I do not mean that I think counter-transference interpretations should be unloaded injudiciously or without consideration on the heads of hapless patients, any more than transference interpretations are given without thought to-day. I mean that they should

neither be positively avoided nor perhaps restricted to feelings which are justified or objective, such as those to which Dr. Winnicott refers in his paper on Hate in the Counter-Transference (*Int. J. Psycho-Anal*., 30, 1949). (And of course they *cannot* be given unless something of the counter-transference has become conscious.) The subjectivity of the feelings needs to be shown to the patient, though their actual origin need not be gone into (there should not be 'confessions'); it should be enough to point out one's own need to analyse them; but above all the important thing is that they should be recognized by both analyst and patient.

In my view a time comes in the course of every analysis when it is essential for the patient to recognize the existence not only of the analyst's objective or justified feelings, but also of the analyst's subjective feelings; that is, that the analyst must and does develop an unconscious counter-transference which he is nevertheless able to deal with in such a way that it does not interfere to any serious extent with the patient's interests, specially the progress of cure. The point at which such recognition comes will of course vary in individual analyses, but it belongs rather to the later stages of analysis than to the earlier ones. Occasionally, mistakes in technique or mistakes such as errors in accounts, etc., make it necessary to refer to unconscious mental processes in the

analyst (i.e. to counter-transference) at an earlier time than one would choose, but the reference can be a slight one, sufficient only for the purpose of relieving the immediate anxiety. Too much stress on it at an early time would increase anxiety to what might be a really dangerous degree.

So much emphasis is laid on the unconscious phantasies of patients about their analysts that it is often ignored that they really come to know a great deal of truth about them—both actual and psychic. Such knowledge could not be prevented in any case, even if it were desirable, but patients do not know they have it, and part of the analyst's task is to bring it into consciousness, which may be the very thing to which he has himself the greatest resistance. Analysts often behave unconsciously exactly like the parents who put up a smoke-screen, and tantalize their children, tempting them to see the very things they forbid their seeing; and not to refer to counter-transference is tantamount to denying its existence, or forbidding the patient to know or speak about it.

The ever-quoted remedy for counter-transference difficulties—deeper and more thorough analysis of the analyst—can at best only be an incomplete one, for some tendency to develop unconscious infantile counter-transferences is bound to remain. Analysis cannot reach the whole of the unconscious *id*, and we have only to remember that even the most thoroughly analysed person still dreams to be reminded of this. Freud's saying 'Where *id* was ego shall be' is an ideal, and like most other ideals is not fully realizable. All that we can really aim at is reaching the point at which the analyst's attitude to his own *id* impulses is no longer a paranoid one and so is safe from his patients' point of view, and to remember besides that this will still vary in him from day to day, according to the stresses and strains to which he is exposed.

To my mind it is this question of a paranoid or phobic attitude towards the analyst's own feelings which constitutes the greatest danger and difficulty in counter-transference. The very real fear of being flooded with feeling of any kind, rage, anxiety, love, etc., in relation to one's patient and of being passive to it and at its mercy, leads to an unconscious avoidance or denial. Honest recognition of such feeling is essential to the analytic process, and the analysand is naturally sensitive to any insincerity in his analyst, and will inevitably respond to it with hostility. He will identify with the analyst in it (by introjection) as a means of denying his own feelings, and will exploit it generally in every way possible, to the detriment of his analysis.

I have shown above that unconscious (and uninterpreted) counter-transference may be responsible for the prolonging of analysis. It can equally well be responsible for the premature ending, and I feel that it is again in the final stages that most care is needed to avoid these things. Analysts writing about the final stages of analysis and its termination speak over and over again of the way in which patients reach a certain point, and then either slip away and break off the analysis just at the moment when to continue is vital for its ultimate success, or else slip again into another of their interminable repetitions, instead of analysing the anxiety situations. Counter-transference may perhaps be the deciding factor at this point, and the analyst's willingness to deal with it may be the all-important thing.

I should perhaps add that I am sure that valuable unconscious counter-transferences may also very often be responsible for the carrying through to a successful conclusion of analyses which have appeared earlier to be moving towards inevitable failure, and also for quite a lot of the post-analytic work carried on by patients when analyses have been terminated prematurely.

In the later stages of analysis then, when the patient's capacity for objectivity is already increased, the analyst needs especially to be on the look-out for counter-transference manifestations, and for opportunities to interpret it, whether directly or indirectly, as and when the patient reveals it to him. Without it patients may fail to recognize objectively much of the irrational parental behaviour which has been so powerful a factor in the development of the neurosis, for wherever the analyst does behave like the parents, and conceals the fact, there is the point at which continued repression of what might otherwise be recognized is inevitable. It brings great relief to a patient to find that irrational behaviour on the part of his parents was not intended for him personally, but was already transferred to him from their parents, and to find his analyst doing the same kind of thing in minor ways can give conviction to his understanding and make the whole process more tolerable to him than anything else can do.

There will of course be phantasies in every

analysis about the analyst's feelings towards his patient—we know that from the start—and they have to be interpreted like any other phantasies, but beyond these a patient may quite well become aware of real feelings in his analyst even before the analyst himself is fully aware of them. There may be a great struggle against accepting the idea that the analyst can have unconscious counter-transference feelings, but when once the patient's ego has accepted it certain ideas and memories which have been inaccessible till then may be brought into consciousness, things which would otherwise have stayed repressed.

I have spoken of the patient revealing the counter-transference to the analyst, and I mean this quite literally, though it may sound like the dangerous blood-sport of 'analysing the analyst'. The 'analytic rule' as it is usually worded nowadays is more helpful to us than in its original form. We no longer 'require' our patients to tell us everything that is in their minds. On the contrary, we give them permission to do so, and what comes may on occasion be a piece of real counter-transference interpretation for the analyst. Should he not be willing to accept it, re-repression with strengthened resistance follows, and consequently interruption or prolonging of the analysis. Together with the different formulation of the analytic rule goes a different way of giving interpretations or comments; in the old days analysts, like parents, said what they liked when they liked, as by right, and patients had to take it. Now, in return for the permission to speak or withhold freely, we ask our patients to allow us to say some things, and allow them too to refuse to accept them. This makes for a greater freedom all round to choose the time for giving interpretations and the form in which they are given, by a lessening of the didactic or authoritarian attitude.

Incidentally, a good many of the transference interpretations which are ordinarily given are capable of extension to demonstrate the possibility of counter-transference, for instance: 'You feel that I am angry, as your mother was when …' can include 'I'm not angry as far as I know, but I'll have to find out about it and, if I am, to know why, for there's no real reason for me to be.' Such things of course are often said, but they are not always thought of as counter-transference interpretations. In my view that is what they are, and their use might well be developed consciously as a means of freeing counter-transferences and making them more directly available for use.

In her paper read at the Zürich Congress (*Int. J. Psycho-Anal.*, 31, 1950) Dr. Heimann has referred to the appearance of some counter-transference feelings as a kind of signal comparable to the development of anxiety as a warning of the approach of a traumatic situation. If I have understood her correctly the disturbance which she describes is surely in fact anxiety, but a secondary anxiety which is justified and objective and brings a greater alertness and awareness of what is happening. She specifically states that in her opinion counter-transference interpretations are best avoided.

But anxiety serves first of all another purpose; it is primarily a method of dealing with an actual trauma, however ineffective it may be in this capacity. It can happen that this secondary anxiety with its awareness and watchfulness can mask very effectively anxiety of a more primitive kind. Below the level of consciousness analyst and patient can be sensitive to each other's paranoid fears and persecutory feelings, and become so to speak synchronized (or 'in phase') in them, so that the analysis itself can be used by both as defence and the analyst may swing over from an introjective identification with the patient to a projective one, with a loss of those intervals of time and distance of which I spoke earlier, while the patient may defend himself by an introjective identification with the analyst, instead of being able to project on to him the persecuting objects.

Resolution of this situation can come about through conscious recognition of the counter-transference either by the analyst or by the patient. Failure to recognize it may lead to either premature interruption of the analysis, or to prolonging it; in each case there will be re-repression of what might otherwise have become conscious, and strengthening of the resistances. Premature interruption is not necessarily fatal to the ultimate success of the analysis, any more than its prolongation is, for the presence of sufficient understanding, and some valuable counter-transference may make further progress possible even after termination, by virtue of other introjections already made.

The ideal analyst of course exists only in imagination (whether the patient's or the analyst's), and can only be made actual and living in rare moments. But if the analyst can trust to his own modified *id* impulses, his own

repressions of a valuable kind, and to something positive in his patient as well (presumably something which helped to decide him to undertake the analysis in the first place) then he can provide enough of that thing which was missing from the patient's early environment and so badly needed—a person who can allow the patient to grow without either interference or over-stimulation. Then a benign circle forms in the analytic situation which the patient can use to develop his own basic rhythmic patterns, and on those patterns to build up the more complex rhythms which are needed to deal with the world of external reality and his own continuously growing inner world.

VII

I have tried to show how patients respond to the unconscious counter-transferences of their analysts, and in particular the importance of any paranoid attitude in the analyst to the counter-transference itself. Counter-transference is a defence mechanism of a synthetic kind, brought about by the analyst's unconscious ego, and is easily brought under the control of the repetition compulsion; but transference and counter-transference are still further syntheses in that they are products of the combined unconscious work of patient and analyst. They depend on conditions which are partly internal and partly external to the analytic relationship, and vary from week to week, day to day, and even moment to moment with the rapid intra- and extra-psychic changes. Both are essential to psycho-analysis, and counter-transference is no more to be feared or avoided than is transference; in fact it cannot be avoided, it can only be looked out for, controlled to some extent, and perhaps used.

But only in so far as analysis is a true sublimation for the analyst and not a perversion or addiction (as I think it sometimes may be) can we avoid counter-transference neurosis. Patches of transitory counter-transference neurosis may appear from time to time even in the most skilled, experienced and well-analysed analysts, and they can be used positively to help patients towards recovery by means of their own transferences. According to the analyst's attitude to counter-transference (which is ultimately his attitude to his own *id* impulses and his own feelings) paranoid anxiety, denial, condemnation, or acceptance, and the degree of his willingness to allow it to become conscious to his patient as well as to himself, the patient will be encouraged to respond either by exploiting it repetitively, or to use it progressively to good purpose.

Interpretation of counter-transference along the lines which I have tried to indicate would make much heavier demands on analysts than before; but so did interpretation of transference at the time when it began to be used. Nowadays that is something which is taken for granted, and it has been found to have its compensations in that the analyst's libidinal impulses and creative and reparative wishes find effective gratification in the greater power and success of his work. I believe that similar results might follow a greater use of counter-transference if we can find ways of using it, though I must stress the tentativeness with which I am putting forward any of these ideas.

1934) THE FATE OF THE EGO IN ANALYTIC THERAPY. INT. J. PSYCHO-ANAL., 15:117 (IJP)

THE FATE OF THE EGO IN ANALYTIC THERAPY

RICHARD STERBA

That part of the psychic apparatus which is turned towards the outside world and whose business it is to receive stimuli and effect discharge-reactions we call the ego. Since analysis belongs to the external world, it is again the ego which is turned towards it. Such knowledge as we possess of the deeper strata of the psychic apparatus reaches us by way of the ego and depends upon the extent to which the ego admits it, in virtue of such derivatives of the Ucs as it still tolerates. If we wish to learn something of these deeper strata or to bring about a change in a neurotic constellation of instincts, it is to the ego and the ego alone that we can turn. Our analysis of resistances, the explanations and interpretations that we give to our patients, our attempts to alter their mental attitudes through our personal action upon them—all these must necessarily start with the ego. Now amongst all the experiences undergone by the ego during an analysis there is one which seems to me so specific and so characteristic of the analytic situation that I feel justified in isolating it and presenting it to you as the 'fate' of the ego in analytic therapy.

The contents of this paper will surprise you by their familiarity. How could it be otherwise, seeing that it is simply an account of what you do and observe every day in your analyses? If, nevertheless, I plead justification, it is because I believe that, in what follows, adequate recognition is given for the first time to a factor in our therapeutic work which has so far received too little attention in our literature. The nearest approach to my theme is to be found in a paper on

[1] *Internationale Zeitschrift für Psychoanalyse*, Bd. XIV, 1928.

character-analysis by Reich, 1 in which he talks of 'isolating' a given character-trait, 'objectifying' it and 'imparting psychic distance' to it, referring thereby no doubt to that therapeutic process which I shall now present in a much more general form.

For the purposes of our incomplete description it will suffice if we regard the ego in analysis as having three functions. First, it is the executive organ of the *id*, which is the source of the object-cathexis of the analyst in the transference; secondly, it is the organization which aims at fulfilling the demands of the super-ego and, thirdly, it is the site of experience, i.e. the institution which either allows or prevents the discharge of the energy poured forth by the *id* in accordance with the subject's previous experiences.

In analysis the personality of the analysand passes first of all under the domination of the *transference*. The function of the transference is twofold. On the one hand, it serves to satisfy the object-hunger of the *id*. But, on the other, it meets with opposition from the repressive psychic institutions—the super-ego, which rejects it on moral grounds, and the ego, which, because of unhappy experiences, utters a warning against it. Thus, in the transference-resistance the very fact of the transference is utilized as a weapon against the whole analysis.

We see, then, that in the transference a dualistic principle comes into play in the ego: instinct and repression alike make themselves felt. We learn from the study of the transference-resistance that the forces of repression enter into the transference no less than the instinctual forces. Anti-cathexes are mobilized as a defence against the libidinal impulses which proceed from the Ucs and are revived in the transference. For example, anxiety is activated as a danger-

signal against the repetition of some unhappy experience that once ensued from an instinctual impulse, and is used as a defence against analysis. Here the repressive forces throw their weight on the side of the transference because the revival of the repressed tendency makes it the more imperative for the subject to defend himself against it and so put an end to the dreaded laying bare of the Ucs.

In order to bring out the twofold function of the transference let me sketch a fairly typical transference-situation such as arose at the beginning of one of my analyses.

A woman patient transferred to the analyst an important object-cathexis

from the period of early childhood. It represented her love for a physician to whom she was frequently taken during her fifth year on account of enlarged tonsils. On each occasion he looked into her mouth, without touching the tonsils, afterwards giving her some sweets and always being kind and friendly. Her parents had instituted these visits in order to lull her into security for the operation to come. One day, when she trustfully let the doctor look into her mouth again, he inserted a gag and, without giving any narcotic or local anæsthetic, removed the unsuspecting child's tonsils. For her this was a bitter disillusionment and never again could she be persuaded to go to see him.

The twofold function of the transference from this physician to the analyst is obvious: in the first place it revived the object-relation to the former (a father-substitute), but, in the second place, her unhappy experience with him gave the repressive forces their opportunity to reject the analyst and, with him, the analysis. 'You had much better stay away, in case he hurts you', they warned her, 'and keep your mouth shut!' The result was that the patient was obstinately silent in the analysis and manifested a constant tendency to break it off.

This typical example shews how the ego manages in the transference to rid itself of two different influences, though in the shape of a conflict. For the establishment of the transference is based on a conflict between instinct and repression. Where the transference-situation is intense, there is always the danger that one or other of the conflicting forces may prevail: either the analytic enterprise may be broken up by the blunt transference demands of the patient, or else the repressive institutions in the mind of the latter may totally repudiate both analyst and analysis. Thus we may describe the transference and the resistance which goes with it as the conflict-laden final result of the struggle between two groups of forces, each of which aims at dominating the workings of the ego, while both alike obstruct the purposes of the analysis.

In opposition to this dual influence, the object of which is to inhibit the analysis, we have the corrective influence of the analyst, who in his turn, however, must address himself to the ego. He approaches it in its capacity of the organ of perception and of the testing by reality. By interpreting the transference-situation he endeavours to oppose those elements in the ego which are focussed on reality to those which have a cathexis of instinctual or defensive energy. What

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[2]It may be doubted whether 'dissociation' is an appropriate term for non-pathological processes in the ego. This point is answered by the following passage in *Freud's New Introductory Lectures on Psycho-Analysis*, a work which has appeared since this paper was read: 'We wish to make the ego the object of our study, our own ego. But how can that be done? The ego is the subject *par excellence*: how can it become the object? There is no doubt, however, that it can. The ego can take itself as object; it can treat itself like any other object, observe itself, criticize itself, do Heaven knows what besides with itself. In such a case, one part of the ego stands over against the other. The ego can, then, be split; it becomes dissociated during many of its functions, at any rate in passing. The parts can later on join up again' (p. 80).

he thus accomplishes may be described as a dissociation within the ego.[2]

We know that dissociations within the ego are by no means uncommon. They are a means of avoiding the clash of intolerable contradictions in its organization. 'Double consciousness' may be regarded as a large-scale example of such dissociation: here the left hand is successfully prevented from knowing what is done by the right. Many parapraxes are of the nature of 'double consciousness', and abortive forms of this phenomenon are to be found in other departments of life as well.

This capacity of the ego for dissociation gives the analyst the chance, by means of his interpretations, to effect an alliance with the ego against the powerful forces of instinct and repression and, with the help of one part of it, to try to vanquish the opposing forces. Hence, when we begin an analysis which can be carried to completion, the fate that inevitably awaits the ego is that of *dissociation*. A permanently unified ego, such as we meet with in cases of excessive narcissisms or in certain psychotic states where ego and *id* have become fused, is not susceptible of analysis. The therapeutic dissociation of the ego is a necessity if the analyst is to have the chance of winning over part of it to his side, conquering it, strengthening it by means of identification with himself and opposing it in the transference to those parts which have a cathexis of instinctual and defensive energy.

The technique by which the analyst effects this therapeutic dissociation of the ego consists of the explanations which he gives to the patient of the first signs of transference and transference-resistance that can be interpreted. You will remember that in his recommendations on the subject of technique Freud says that, when the analyst

can detect the effects of a transference-resistance it is a sign that the time is ripe for interpretation. Through the explanations of the transference-situation that he receives the patient realizes for the first time the peculiar character of the therapeutic method used in analysis. Its distinctive characteristic is this: that the subject's consciousness shifts from the centre of affective experience to that of intellectual contemplation. The transference-situation is interpreted, i.e. an explanation is given which is uncoloured by affect and which shews that the situation has its roots in the subject's childhood. Through this interpretation there emerges in the mind of the patient, out of the chaos of behaviour impelled by instinct and behaviour designed to inhibit instinct, a *new point of view of intellectual contemplation*. In order that this new standpoint may be effectually reached there must be a certain amount of positive transference, on the basis of which a transitory strengthening of the ego takes place through identification with the analyst. This identification is induced by the analyst. From the outset the patient is called upon to 'co-operate' with the analyst against something in himself. Each separate session gives the analyst various opportunities of employing the term 'we', in referring to himself and to the part of the patient's ego which is consonant with reality. The use of the word 'we' always means that the analyst is trying to draw that part of the ego over to his side and to place it in opposition to the other part which in the transference is cathected or influenced from the side of the unconscious. We might say that this 'we' is the instrument by means of which the therapeutic dissociation of the ego is effected.

The function of interpretation, then, is this: Over against the patient's instinct-conditioned or defensive behaviour, emotions and thoughts it sets up in him a principle of intellectual cognition, a principle which is steadily supported by the analyst and fortified by the additional insight gained as the analysis proceeds. In subjecting the patient's ego to the fate of therapeutic dissociation we are doing what Freud recommends in a passage *in Beyond the Pleasure Principle* (p. 18): 'The physician … has to see to it that some measure of ascendancy remains [in the patient], in the light of which the apparent reality [of what is repeated in the transference] is always recognized as a reflection of a forgotten past.'

The question now suggests itself: What is the prototype of this therapeutic ego-dissociation in the patient? The answer is that it is the process of *super-ego-formation*. By means of an identification—of

analysand with analyst—judgments and valuations from the outside world are admitted into the ego and become operative within it. The difference between this process and that of super-ego-formation is that, since the therapeutic dissociation takes place in an ego which is already mature, it cannot well be described as a 'stage' in ego-development: rather it represents more or less the opposition of one element to others on the same level. The result of super-ego-formation is the powerful establishment of moral demands; in therapeutic ego-dissociation the demand which has been accepted is a demand for a revised attitude appropriate to the situation of an adult personality. Thus, whilst the super-ego demands that the subject shall adopt a particular attitude towards a particular tendency in the *id*, the demand made upon him when therapeutic dissociation takes place is a demand for a balancing contemplation, kept steadily free of affect, whatever changes may take place in the contents of the instinct-cathexes and the defensive reactions.

We have seen, then, that in analysis the ego undergoes a specific fate which we have described as therapeutic dissociation. When analysis begins, the ego is subject to a process of 'dissimilation' or dissociation, which must be induced by the analyst by means of his interpretation of the transference-situation and of the resistance to which this gives rise.

As the analysis proceeds, the state of 'dissimilation' in the ego is set up again whenever the unconscious material, whether in the shape of instinctual gratification or of defensive impulses, fastens on the analyst in the transference. All the instinctual and defensive reactions aroused in the ego in the transference impel the analyst to induce the therapeutic process of ego-dissociation by means of the interpretations he gives. There is constituted, as it were, a standing relation between that part of the ego which is cathected with instinctual or defensive energy and that part which is focussed on reality and identified with the analyst, and this relation is the filter through which all the transference-material in the analysis must pass. Each separate interpretation reduces the instinctual and defensive cathexis of the ego in favour of intellectual contemplation, reflection and correction by the standard of reality.

However, once the analyst's interpretations have set up this opposition of forces—the ego which is in harmony with reality versus the ego which acts out its unconscious impulses—the state of 'dissimilation' does not last and a process of *'assimilation'* automatically

begins. We owe to Hermann Nunberg our closer knowledge of this process, which he calls 'the synthetic function of the ego'. As we know, this function consists in the striving of the ego, prompted by Eros, to bind, to unify, to assimilate and to blend—in short, to leave no conflicting elements within its domain. It is this synthetic function which, next to therapeutic dissociation of the ego, makes analytic therapy possible. The former process enables the subject to recognize intellectually and to render conscious the claims and the content of his unconsciousness and the affects associated with these, whilst when that has been achieved, the synthetic function of the ego enables him to incorporate them and to secure their discharge.

Since there are in the transference and the transference-resistance two groups of forces within the ego, it follows that the ego-dissociation induced by the analyst must take place in relation to each group, the ego being placed in opposition to both. At the same time the interpretations of defensive reactions and instinctual trends become interwoven with one another, for analysis cannot overcome the defence unless the patient comes to recognize his instinctual impulses, nor

put him in control of the latter unless the defence has been overthrown. The typical process is as follows: First of all, the analyst gives an interpretation of the defence, making allusion to the instinctual tendencies which he has already divined and against which the defence has been set up. With the patient's recognition that his attitude in the transference is of the nature of a defence, there comes a weakening in that defence. The result is a more powerful onslaught of the instinctual strivings upon the ego. The analyst then has to interpret the infantile meaning and aim of these impulses. Ego-dissociation and synthesis ensue, with the outcome that the impulses are corrected by reference to reality and subsequently find discharge by means of such modifications as are possible. In order that all these interpretations may have a more profound effect, it is necessary constantly to repeat them; the reason for this I have explained elsewhere ('Zur Dynamik der Bewältigung des Übertragungswiderstandes, ' *Internationale Zeitschrift für Psychoanalyse*. Bd. XV, 1929).

Now let us return to the case I cited before and see how it illustrates what I have just said. The patient's resistance, which began after a few analytic sessions, took the form of obstinate silence and a completely negative attitude towards the analyst. Such meagre associations as she vouchsafed to give she jerked out with averted head and in obvious ill-humour. At the close of the second session an incident

occurred which shewed that this silence and repellent attitude were a mode of defence against a positive transference. At the end of the hour she asked me if I had not a cloakroom where she could change her clothes as they were all crumpled after she had lain on the sofa for an hour. The next day she said to me in this connection that, after her analysis, she was going to meet a woman friend, who would certainly wonder where the patient had got her dress so crushed and whether she had been having sexual intercourse. It was clear that, as early as the second session, her ego had come under the influence of the transference and of the defence against it. Of course, she herself was completely unconscious of the connection between her fear of being found out by her friend and the attitude of repudiation which she assumed in analysis.

The next thing to do was to explain to the patient the meaning of her defence. As a first step, the defensive nature of her attitude was made plain to her, for of this, too, she was unconscious. With this interpretation we had begun the process which I have called therapeutic ego-dissociation. When the interpretation had been several times repeated the patient gained a first measure of 'psychic distance' in relation to her own behaviour. At the start her gain was only intermittent and she was compelled almost at once to go on acting her instinctual impulses out. As, however, the positive transference was sufficiently strong, it gradually became possible to enlarge these islands of intellectual contemplation or observation at the expense of the process of acting the unconscious impulses out. The result of this dissociation in the ego was that the patient gained an insight into the defensive nature of her attitude in analysis, that is to say, she now began to work over preconsciously the material which had hitherto been enacted unconsciously in her behaviour. This insight denoted a decrease in the cathexis of those parts of the ego which were carrying on the defence.

Some time afterwards there emerged the memory of her visits to the kind throat-specialist and of the bitter disillusionment in which they had ended. This recollection was in itself a result of the synthetic function of the ego, for the ego will not tolerate within itself a discrepancy between defence and insight. The effect of the infantile experience had, it is true, been felt by the ego, but this effect had been determined from the unconscious; it now became incorporated in the preconscious in respect of its causal origin also. It is hardly necessary for me to point out that the discovery of this infantile experience of

the patient with the physician was merely a preliminary to the real task of the analyst, which was to bring into consciousness her experiences with her father and especially her masochistic phantasies relating to him.

In overcoming the transference-defence by the method of therapeutic ego-dissociation we were not merely attacking that part of the ego which was using the patient's unhappy experience with the physician in her childhood to obstruct the analysis; we were, besides, counteracting part of the super-ego's opposition. For the defensive attitude was in part also a reaction to the fear that her friend might find out that the patient had been having sexual intercourse. Now she had developed an obvious mother-transference to this particular friend, and the mother was the person who had imposed sexual prohibitions in the patient's childhood. By means of the therapeutic ego-dissociation a standpoint of intellectual contemplation, a 'measure of ascendancy', had formed itself in her mind, in opposition to her defensive behaviour: in that dissociation the 'reality' elements in the ego were separated not only from those elements which bore the stamp of that unhappy experience and signalled their warning, but also from those other elements which acted as the executive of the super-ego.

In the case we are considering, the next result of the analysis was that the positive transference began to reveal itself, taking more openly possession of the ego and manifesting itself in the claims which the patient made on the analyst's love. Once more, dissociation had to be induced in the ego, so as to separate out of the processes of dramatic enactment an island of intellectual contemplation, from which the patient could perceive that her behaviour was determined by her infantile experiences in relation to her father. This, naturally, only proved possible after prolonged therapeutic work.

I hope that this short account may have sufficed to make clear what I believe to be one of the most important processes in analytic therapy, namely, the effecting of a dissociation within the ego by interpretation of the patient's instinctually conditioned conduct and his defensive reaction to it. Perhaps I may say in conclusion that the therapeutic dissociation of the ego in analysis is merely an extension, into new fields, of that self-contemplation which from all time has been regarded as the most essential trait of man in distinction to other living beings. For example, Herder expressed the view that speech originated in this objectifying process which works by the dissociation of the mind in self-contemplation. This is what he says about it: 'Man shews

reflection when the power of his mind works so freely that, out of the whole ocean of sensations which comes flooding in through the channel of every sense, he can separate out, if I may so put it, a single wave and hold it, directing his attention upon it and being conscious of this attention. … He shews reflection when he not only has a vivid and distinct perception of every sort of attribute, but can acknowledge in himself one or more of them as distinguishing attributes: the first such act of acknowledgment yields a clear conception; it is the mind's first judgment. And how did this acknowledgment take place? Through a characteristic which he had had to separate out and which, as a characteristic due to conscious reflection, presented itself clearly to his mind. Good! Let us greet him with a cry of "eureka"! This first characteristic due to conscious reflection was a word of the mind! With it human speech was invented!' *(Über den Ursprung der Sprache*.)

In the therapeutic dissociation which is the fate of the ego in analysis, the analysand is called on 'to answer for himself'[3] and the unconscious, ceasing to be expressed in behaviour, becomes articulate in words. We may say, then, that in this ego-dissociation we have an extension of reflection beyond what has hitherto been accessible. Thus, from the standpoint also of the human faculty of speech, we may justly claim that analytic therapy makes its contribution to the humanizing of man.

[3][German: *'zur Rede gestellt'*; literally, *'is put to speech'*.]

1925) METAPSYCHOLOGICAL POINTS OF VIEW IN TECHNIQUE AND THEORY. INT. J. PSYCHO-ANAL., 6:5 (IJP)

METAPSYCHOLOGICAL POINTS OF VIEW IN TECHNIQUE AND THEORY[1]

HANNS SACHS

Empirical proof of the existence of an unconscious was in the first instance an achievement of hypnosis (Bernheim's post-hypnotic experiment). This fundamental fact has formed the basis of psycho-analytic theory, but only through the practice of psycho-analytic technique has the full implication of this discovery been realized and its importance for the understanding of mental life been established.

The first formulations of psycho-analytic theory, embodied in the *Studien über Hysterie* by Breuer and Freud, are essentially based on the insight gained by the help of hypnotic technique. Hence the first question to be asked about the inter-relations of theory and technique is this: why was it that after this initial step hypnosis was incapable of contributing anything more towards advancing our theory? Or, to express the same idea in positive terms: why was it inevitable that a technique independent of hypnosis should be built up on this first theoretical principle?

The very first glance suffices to convince us that in hypnosis enormous quantities of libido are mobilized. The submissive attitude towards a comparative stranger, the amazing capacity for passing at his will into a different state of consciousness, even the possibility of somatic alterations—all these things prove what powerful libidinal disturbances must be brought about in the hypnotized subject, by means of the hypnotic situation and the personality of the hypnotist. Yet these processes take place, in both persons concerned, entirely within the same system of the mind, that is to say, the processes remain unconscious. That both cause and effect are confined to the unconscious in the active partner (the hypnotist) also is evident from his helplessness in respect of his own technique. He employs 'instinctively' now one weapon, now another, and he can never explain why in one case he meets with success and in another with failure. In fact what the hypnotist knows of his art, what he consciously does or leaves undone, is merely the façade which diverts attention from, and screens,

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1Contribution to the Symposium held at the Eighth International Psycho-Analytical Congress, Salzburg, April 21, 1924.

the processes actually involved. Psycho-analysis has succeeded in revealing the nature of these processes (Freud and Ferenczi). We must content ourselves here with asserting that the powerful mobilization of quantities of libido in hypnosis does not represent any development of the libido, nor, therefore, any fundamental change in the limitations due to repression. Even where the symptoms are cured the personality and its neurotic mode of reaction remain untouched.

Psycho-analysis alone has enabled us to perceive the point of view I have just put forward. The first stage in psycho-analytic technique followed directly on the failure of hypnosis and still bore traces of the same faulty results. Only when full justice was done to the dynamic factor (which hypnosis could not do, because, in order to measure quantitatively and to discriminate qualitatively the instinctual forces of the unconscious, it was essential to grasp their relation to repression and resistance) was psycho-analysis in a position wholly to eradicate this defect.

We distinguish the successive stages of psycho-analytic technique, according to the account given by Freud, [2] as that of interpretation, and that of overcoming the resistance and of

transference, or in other words, of the substitution of recollection for the re-living of experience. These stages correspond exactly to the three possible ways of conceiving of the mental apparatus: the topographical, the dynamic and the economic point of view. Only in the last stage can we gain a complete, i.e. metapsychological, insight into the work done by the technique, but of course there are metapsychological features in its earlier stages as well, for they too, though without any clear idea of their true goal, achieve the economic regulation of the libido-processes, or in other words, of the ego to the libido. Looking back, we see evidence of this metapsychological element and realize once more the service rendered to theory by technique.

Except in certain exceptional cases the train of free associations can lead only as far as the wall of partition set up by the repression. The release from the reality-principle, effected by the liberation of the thought-processes from any conscious direction towards an end, allows the attraction of the unconscious to operate according to the laws of the pleasure-principle. It is in accordance with these same laws that attraction should be converted into repulsion if, on a closer approach to the unconscious, the equilibrium is threatened by masses of stimuli

[2] *Beyond the Pleasure Principle*, Chap. III.

which can be mastered only with difficulty and are wholly unsuited to motor discharge. It is only small quantities of affect, admitted from the unconscious, that achieve cathexis of isolated groups of ideas (reached by associative channels) and introduce them into consciousness, much as a searchlight shows up single objects in the dark. We have an extreme instance of this in the obsessional neurosis, where the ideas which are the object of repression are for the most part available in the preconscious, while the affect belonging to them is entirely withdrawn. Thus the technique which consists solely of free association can as a rule change the direction of energy (the repression being forced to turn against new groups of ideas and to set free others which are comparatively weakly charged with affect) but is unable to make any quantitative change. The latter takes place only through the work of *interpretation*, which breaks down the barriers of repression at a particular point.

The work of interpretation derives its capacity to accomplish this result from three different sources: (1) It is undoubtedly a prerequisite of correct interpretation that corresponding processes should have been brought into consciousness in the analyst's own mental life, for it is necessary not only that the dividing line between consciousness and the unconscious should be crossed, but that the bridges of association which have been destroyed should be reconstructed. Since the unconscious is universally the same, the task of discovering these intermediate links will be appreciably prejudiced by the analyst's projection of his own repressions on to the patient. And if the analyst simply tells the patient the last link in the chain of associations, without the intermediate links which lead to it, the interpretation will have only a partial success, or none at all, because the 'complex' remains as much as ever subject to the laws of the primary process. It is only when the quantity of affect which belongs to the 'complex' is completely subordinated to the secondary process that it is wrested from the unconscious and incorporated in the ego. (2) That 'institution' in the mind from which the repression proceeded and which therefore is the most easily able to cancel that process is the ego. Now Freud conceives of the ego as essentially a 'surface-ego', that is to say, one which in its principal function is directed towards the outside world, whose stimuli it receives or wards off. It is therefore more readily able to assimilate a piece of knowledge presented to it from without than one which proceeds from within the psychic apparatus. From that side it has no direct access to anything but the emotions. In order that

the emotions may be translated into thoughts and thus find expression it is necessary to take from the whole amount only the smallest quantities of affect, such as are easily dealt with. Obviously it is very difficult to obtain these small quantities when coming to close quarters with the unconscious. A circuitous route has to be taken by way of memory-fragments (chiefly of auditory impressions) in order to bring the thought to birth. Undoubtedly this is accomplished much more rapidly and at far less cost by means of the direct perception of the required word-images through the interpretation given. (3) This is supplied by a person to whom the patient is by no means indifferent, who occupies more or less completely the place of the ego-ideal; hence his demand that at a given point the patient shall renounce the pleasure-principle is taken very seriously. As yet we cannot say anything definite about the mechanism of this process.

To sum up: in the first stage of the technique only a partial change in the libido can be effected, namely, in relation to those complexes, or parts of complexes, which have been interpreted. The other parts remain in the unconscious just as before, and the element which a short time ago formed part of them behaves with regard to them like the other elements contained in consciousness. That is to say, it is still unable to absorb the masses of affect flowing from the urconscious. It is like building dykes to secure a piece of land: only the part which is protected by the newly-built dam is retrieved from the water. In perfection the method consists in regulating its flow and dictating its course to the current.

This is done by the second method employed in our technique: overcoming the resistances. As we know, the resistance belongs to the ego, but only in the wider sense in which we no longer use this word since the structure worked out in *Das Ich und das Es* was arrived at. The very fact that the resistance is unconscious was one of the main reasons for distinguishing the *id* from the ego. The resistance then is part of the *id*, which shelters it—above all from the demand s of the ego-ideal which, at least in so far as identification with the analyst has taken place, strives against the resistance. It is true that another part of the ego-ideal will regularly ally itself with the resistance and the repression. Moreover the attitude of the ego (in the more exact sense) is twofold. In the first place it tries to overlook the resistance which the *id* cloaks in the folds of its mantle. This is the phenomenon of unconscious resistance, which imposes on the analyst one of his principal tasks—the necessity of discovering the resistance

and bringing it into consciousness. This task is fulfilled only in the face of the strongest opposition on the part of the *id*, which for the time being completely subjugates the ego. When the ego has been convinced of the existence and the nature of the resistance, impulses to master it are aroused: for example, the desire to get well, to obtain the fullest possible picture of the mental relations, and so forth. Whether these impulses, together with the demands which, as I have shown, are made by the ego-ideal, prove stronger than the desire to avoid 'pain', a desire represented by the *id*, which at this point acts as an agent of the repression—this is a question which has to be answered separately in each individual case. It is the analyst's business to choose a favourable ground for his onslaught and to take advantage of the factors which operate on his side. The one thing certain is that whenever a resistance is overcome, especially if this happens quickly, the ego is submerged by affects which can only gradually be absorbed or 'bound'. This distressing situation, resulting in sudden outbursts of affect in or outside the analysis, cannot well be avoided, though it may be mitigated by the exercise of caution in the technique.

Here we have a certain theoretical foundation for the so-called 'active' technique inaugurated by Ferenczi. In fact I think it can be shown that this method is an excellently logical consequence of the theories put forward in Freud's *Das Ich und das Es* and would have been arrived at by a process of deduction, had not Ferenczi's remarkable intuition anticipated this conclusion. As we have seen, the fight with the resistance consists in driving a wedge between the ego and the *id* and winning over to ourselves the ego, which was originally on the side of the *id*, by revealing

the resistance and explaining its bearing. Now there are individuals in whom the relation between the ego and the *id* is closer than in the average neurotic, in whom the conflict between the repression and the claims of the libido does not correspond to the relations between the ego and the *id*. The cases I have in mind are those of unusually strong narcissism—that is, the very cases for which Ferenczi says his active therapy is particularly suitable. With these patients our ordinary resources will fail, the relation between the ego and the *id* will resist our efforts to bring about a rupture and a successful defence will be put up against the analysis by means of sheer inertia. Then perhaps the only means of bringing into being the conflict which is so essential is for the analyst to order the patient to do something which in itself seems innocent and trivial but which (as he has been able to gather from the preceding analysis) has represented at one time a

[3] Whilst I fully recognize the value of 'active' technique I am obliged to criticize the term. The word 'active' is misleading because it seems to exclude the notion of any activity in other parts of the field of psycho-analysis. But the rest of the technique is by no means passive: the interpretation itself represents a considerable amount of activity. The demand for abstinence on the patient's part and the setting of a term for the treatment, both of which Freud seems to regard as inherent in the ordinary method of technique, are certainly active. They are, however, so fundamentally different from the kind of activity recommended by Ferenczi that it does not seem advisable to class them together and separate them from the rest of the technique. We might then be said to have an 'old' and a 'new' form of activity. Again, the word active *'technique'* constantly leads to misunderstanding and (although Ferenczi emphatically deprecated this error when he introduced the term) the temptation does arise to oppose the 'active' to the 'old' or 'classic' technique, whilst really, as Ferenczi himself shows, it is a question of a technical device which may be employed in special cases to *supplement* our technique.

hotly disputed ground of contention between the ego and the *id*, that is to say, a libidinal gratification which has been renounced but is still desired by the *id*, whilst the ego in the service of the ego-ideal repudiates and condemns it. If the ego is induced by the analyst's command to accept and even indulge in this gratification the conflict begins again, for the claims of the *id* have been roused up once more by the experience of gratification, whilst the ego, which has entered into the 'degrading' situation only reluctantly and upon pressure from without, resists these claims. Of course this is only the first step, for if the analyst allowed this position of affairs to go on there would be a danger of the ego's adapting itself to the gratification thus experienced afresh, and this would simply restore the old condition of absence of conflict. So it is easy to see why Ferenczi emphasizes the point that the analyst must follow up the first step with a second, by once more forbidding the particular form of gratification which first he imposed. The *id*, now stirred up and indulged with the gratification, is not willing once more to give up that which at an earlier period it had already renounced. The claims of the ego, on the other hand, have become more peremptory than ever, for they are reinforced by the prohibition of the analyst, who here represents the ego-ideal. The conflict thus seems to be perpetuated and it is now possible to enlist the ego against the resistance at other points, i.e. to set the analysis in motion.[3]

Freud has depicted a case of a specially intimate relation between

[4] *Das Ich und das Es*, p. 34.

the ego and the i*d*[4], which occurs when, upon the loss of the love-object, the ego takes its place and endeavours to assume the characteristics of that object. This enables the *id* to discharge the libido which has been re-converted into narcissism, for it 'binds' the libido to the ego now acting as a substitute for the object. The result is an enormously strong affective relation between the ego and the *id*, which cannot always be resolved by the ordinary psycho-analytic technique.

When hypnosis was discarded psycho-analytical theory gained by the appreciation of the dynamic factor. In its turn this knowledge necessitated the giving-up of the first stage in our technique and the substitution of a new phase, in which due consideration was accorded to dynamics (i.e. of resistance). The struggle with the resistance brought to light the transference as an attempt to reproduce positions of the libido formerly imperfectly surmounted. The third stage of the technique aims at guiding the repetition-compulsion into a new path, namely, that of recollecting and 'working through' the former experiences, instead of eternally re-living them in an incomplete manner. From the beginning metapsychological knowledge has been brought to bear upon this stage, but we still need light upon the relation between this part of the technique and the two most recent propositions of psycho-analytical theory, namely, the discrimination of life-instincts and death-instincts and the inclusion of the *id* in our hypotheses of the structure of the mind.

The importance of the latter assumption in connection with the theoretical principles of active technique has already been discussed. At this point I will indicate one only of the many consequences and possibilities which this new knowledge entails. I refer to the study of the influence exercised by the analytic technique upon the ego-ideal of the patient. The end to be desired is, of course, that the patient should as far as possible adopt as his ego-ideal the ideal put forward by analysis, first and foremost, perfect sincerity towards himself, removal of the repressions; that unperturbed by the idiosyncrasies and defects in the personality of the analyst, both in his ego and in his super-ego, the patient should adopt the analyst's ideal of the analysis itself. But it is invariably to personal characteristics and experiences, however trivial, that the transference attaches itself. It has to expand and magnify them so that they can be used for the purpose of re-experiencing old situations; hence the ego-ideal becomes repeatedly disturbed and

distorted. The psycho-analytical technique has to guard against the re-establishment of the patient's ego-ideal by the old method of the nursery and the school-room, namely, in response to commands, whether actual or produced by phantasy. In this way the ego-ideal which gradually emerges from the crucible of the transference comes to be gentler and more indulgent towards the ego and accustoms itself to recognize the ego's peculiarities and weaknesses and to take them into account instead of simply ignoring them, as hitherto, and issuing commands or prohibitions which were beyond its powers to obey. It is scarcely necessary to say that this process is of great therapeutic value.

It will be much more difficult to make use of the distinction between life-instincts and death-instincts for purposes of psycho-analytic technique. For the death-instincts are mute, and remain mute even when subjected to that technique. The earliest point at which to make our connection is probably in the phenomenon of sadism, which is particularly closely related to the death-instincts. The study of sadism (or alternatively, of masochism) begun by Freud in his most recent works and based on the new theoretical postulates may help us to see and avoid dangers hitherto unrecognized.

1925) THE ECONOMIC PRINCIPLE IN PSYCHO-ANALYTIC TECHNIQUE. INT. J. PSYCHO-ANAL., 6:35 (IJP)

THE ECONOMIC PRINCIPLE IN PSYCHO-ANALYTIC TECHNIQUE[1]

SÁNDOR RADÓ

Our interest in a systematic extension of analytic technique involves close investigation and theoretical appreciation of the phenomena occurring in the course of treatment. We must understand fully the relation between the methods employed and the results observed, which factors bring about the desired effect and through which channels they gradually become operative.

One has hardly settled down to these problems before it becomes apparent that the methods of treatment as carried out at the present time do not provide a suitable starting-point for the investigation. The technique of psycho-analysis, advancing tentatively along the lines of empirical observation, has already reached a stage where the analyst can achieve striking therapeutic (and pedagogic) results, but where the therapeutic conditions have become so complicated that it is by no means easy to dissect them or to present them in proper perspective. Following a hint given by Freud, [2] we shall exploit the advantages to be gained by a consideration of earlier procedures in psycho-therapeutics. Although the demands made on them were more modest and their possibilities more limited, these methods proved of good service and provided a satisfactory basis from which further advances were possible. I refer of course to those historic phases of development in technique, the use of ordinary hypnosis, the application of Breuer's cathartic hypnosis, of Freud's catharsis in a waking condition and 'analysis of symptoms' which laid the foundations of pure psycho-analysis. In so far as one views these fore-stages or forerunners of psycho-analysis as separate methods of treatment and practises them as such, consideration of them in the light of our present theoretical understanding becomes a plain necessity of immediate practical value.

Coming first of all to the *clinical sequence of events* during treatment,

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[1]Contribution to the Symposium held at the Eighth International Psycho-Analytical Congress, Salzburg, April 21, 1924.

[2]'Further Recommendations in the Technique of Psycho-Analysis', *Collected Papers*, Vol. II, xxxii.

we can begin by considering the fundamental principle established by Freud, viz. that the (classical) analytic technique is dominated by the manifestations of the artificial neurosis arising during treatment. Our treatment first transforms the patient's ordinary neurosis into a fresh 'transference-neurosis' and we are thereupon faced with the task of reducing this fresh formation. The analyst did not deliberately set out to effect this new artificial formation; he merely observed that such a process took place and forthwith made use of it for his own purposes. This being so, the question naturally arises: Are we here dealing with a specific product of the classical technique or does something similar come about in the case of the earlier methods of treatment, all of which are related to the phenomenon of transference? If, moreover, this should prove to be the case, the further question arises: Since this therapeutic neurosis is not recognized and not consciously taken into consideration during treatment, what ultimately becomes of it?

Let us consider first of all the ordinary hypnotic therapy, on the psychological mechanisms of which light has already been thrown by psycho-analytic research. As is well known, the hypnotist activates in the patient the latter's infantile erotic relationships to the parents and once

more accomplishes the educative effect which on an earlier occasion forced the child to control its instincts by the way of repression. At that time education opposed the child's tendency to direct gratification through action; now the hypnotist deals with the later distorted derivatives of such actions, i.e. with the neurotic symptoms, which are for the patient a substitute for fulfilment of instinctual demands not capable of becoming conscious. At that time the child found compensation in parental love; now the patient consoles himself with the gratification implicit in love of the hypnotist, in hypnotic fascination. The symptoms which he must abandon are related to archaic phantasies of gratification, but the hypnotic situation actually brings about realization of the greatest of them on a living object as distinguished from an imagined object. We may assume that before the patient can repress his symptoms successfully he permits them to become *depleted* in favour of this potential gratification in actual (re-)experience. It is not quite clear how this withdrawn quantum of excitation is dealt with in the hypnotic experience, but according to the subjective sensations of the patient it is certain that it does become discharged, in all probability through the silent affective and somatic processes in hypnosis.

It would not constitute, one imagines, a departure from customary

analytical modes of expression to suggest that this transference of libido from the symptoms to the hypnotic experience represents the formation of a hypnotic transference-neurosis: the new symptom-formation, fascination, exhibits quite definitely the characteristic of a compromise, in spite of the fact that this fascination provides the neurotic instinctual demands of the patient with a gratification that is, to be sure, inhibited in its aim but is none the less real and actual, and that, regarded as a social process, is lacking in certain of the characteristics of a symptom. It might be interpolated as a boundary-manifestation between the phenomena that we have to deal with, and could also be quite truly described as a kind of sublimation. The intensity of the affective discharge may be less than is usually obtained through the ordinary symptom, but this difference seems to be balanced by the actuality of the object.

One gathers from observation of patients who have previously been treated by hypnosis that after recovery they repeat over and over again this experience of fascination by elaboration in phantasy (and dreams), provided the fixation on the hypnotist and recovery from symptoms persist. Apart from the manifest adoration which such persons lavish on their saviour, these phantasies constitute the invisible symptom-formations arising from the experience of hypnotic cure.

Hence we may regard a hypnotic cure as a transformation of the ordinary neurosis into an artificial, hypnotic neurosis and can therefore endorse the hypnotist's logical endeavour to perpetuate this permanent symptom of recovery although it is in no way recognized in the technique. The advantage gained by the patient from this formation is illuminating: he has exchanged his original symptoms for symptoms which are more in keeping with the demands of his ego and is freed from the direct injury associated with his malady. Apart from this there has been no alteration in his disadvantageous libido-economy.

In the case of cathartic hypnosis the formation and ultimate issue of the neurosis occurring during treatment is much more apparent to us. Its development from the reactivated nucleus of the Œdipus complex is to begin with very similar to that occurring in ordinary hypnosis, but a fresh factor is introduced owing to an alteration in the attitude of the hypnotist. Here the latter exerts all his influence to release from the pressure of repression those instinctual demands which are represented in the neurotic symptoms. This displacement of energy must give rise to the disintegration of the symptoms concerned; it puts an end to the final process of symptom-formation and uncovers

the raw material from which symptoms are constructed. The (partial) demolition of the symptoms sets free large charges of excitation which were previously 'bound'; these overflow into the motor system and by reason of their eruptive discharge give rise to dramatic scenes of 'abreaction' in the presence of the physician.

This 'abreaction', that is to say, catharsis, corresponds in every respect to an acute neurotic symptom. It presents in a marked degree the character of suffering, at the same time ensuring gratification of an intense kind which, although inhibited in its aim, is none the less real. The structure of the cathartic symptom is apparent, being constituted from two archaic situations of gratification (that of hypnosis and the situation contained in the disintegrated symptom) which are condensed through their common content (the Œdipus complex) and give rise to a unified process of discharge.

We see in abreaction the artificial counterpart of a hysterical fit and note that cure of a neurosis by catharsis comes about by its conversion into hysteria. This accords well with the fact that the cathartic method was built up from experience of hysterical cases and developed most rapidly with this neurosis.

Cathartic abreaction therefore changes the permanent symptoms of hysteria into hysterical seizures, and it goes without saying that the ordinary seizures of hysteria are converted into seizures of a different structure. Here a theoretically important question arises as to the economic difference between these two varieties of symptom, a question, however, which cannot be discussed at this juncture.

To judge from the many analogous circumstances it is probable that the enduring symptom-formations of cathartic treatment are formed in the same way as with hypnosis: it is a matter concerning which I have no personal experience.

Compared with simple hypnosis, cathartic hypnosis owes its greater practical results to the immeasurably greater intensity of substitutive satisfaction made possible through the disintegration of the symptoms. For the rest, cathartic hypnosis in the long run simply produces the situation of ordinary hypnosis: the release from repression is merely transitory and the discharge which results in the breakdown of symptoms is said to disappear from consciousness.

There is no notable difference between the special neurosis produced during treatment by catharsis in the waking state and that produced in ordinary hypnosis. The retention of ordinary consciousness during the cathartic procedure could not in itself lead to any special advantages: its

historical importance depends on the fact that its possibilities were developed by the genius of Freud in a truly marvellous way.

To sum up the foregoing considerations, we may say that the therapeutic achievement of the earlier technical methods consisted in an unintended and unrecognized production and preservation of an advantageous neurosis during treatment.

Having so far orientated ourselves on the clinical characteristics of the hypnotic and cathartic therapy, we may turn our attention to the *metapsychological* understanding of *the therapeutic situation* involved in these methods.

Our insight into the topographical dynamics of the hypnotic situation depends on the principle, enunciated by Freud, that the hypnotist takes the place of the patient's ego-ideal, usurping the functions of the super-ego. As we know, in the case of ordinary hypnosis he exercises his authority in conformity with the tendencies of the old ideal: he assists the patient's ego to carry the existing repression a stage further on to the symptoms. From the point of view of the patient we might say that the latter borrows from the hypnotist the forces necessary for repression, thus regressing, as far as aims and means of instinctual mastery are concerned, to the stage of childhood at which the father's omnipotence is supreme. It seems remarkable in this connection that the hypnotist himself takes part in this regression, in that he gives a faithful rendering of the rôle attributed to him by the unconscious of the patient. Hypnosis with all its 'uncanny' procedure is without doubt a therapy based on the archaic stage of magic, one which offers substantial gratification of the patient's longing for omnipotence, to say nothing of a similar longing on the part of the physician. This narcissistic pleasure constitutes one of the factors which ensure the therapeutic results of hypnosis. I have singled out this factor because it throws some light on an aspect of hypnotic therapy to which sufficient attention has not been paid.[3] Hypnosis dazzles the patient's eyes with a vision of reality pleasing to his infantile attitude to life, which

[3] I might mention, however, a paper by Jones which has come to my attention since writing: hypnotic therapy is there regarded from points of view similar to those given above and it is gratifying to me to find that many of his conclusions confirm my own. Jones, 'The Nature of Auto-Suggestion, ' INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, 1923, Vol. IV, p. 3; reprinted *in Papers on Psycho-Analysis*, Chapter XX.

in other respects is quite useless, being entirely governed by the pleasure-principle; in so far as it counters his neurotic manifestations it does so by reinforcing their neurotic basis with all the impressiveness of actual experience. This contradiction which is implicit in hypnosis constitutes one of the most fundamental characteristics differentiating it from analysis.

In cathartic hypnosis the hypnotist plays a part which is completely opposed to the tendencies of the old ideal. He behaves like the leader of a successful revolutionary movement who overthrows the old constitution and repeals all the old legislative prohibitions. The cathartic excess which thereby comes about represents a triumph, as Freud has characterized it psychologically, a triumph which is celebrated by a 'crowd of two'.[4]

Returning to our fundamental proposition that the hypnotist plays the part of the super-ego, we have now to consider the method by which this is effected, to wit, the process of introjection. We shall study this process in its separate phases and differentiate its manifestations from the other transference-phenomena which characterize the hypnotic relationship.

Proceeding with our description, we may say that there is set up in the ego of the hypnotized person an *ideational presentation* of the hypnotist who is first regarded as an outer object, i.e. a sort of result of actual sensory perception and of the instinctual forces in the mind aroused by excitation. This ideational presentation continues incessantly to receive fresh impressions from without and to be subjected to alterations in cathexis from within; through it mental processes can be influenced to a varying extent in the way of organization, direction and development, that is to say, it can continue the process of ego-alteration which we call identification. Should it now succeed in attracting to itself the natural cathexis of the topographically differentiated super-ego, its sphere of influence is thereby subjected to a new authority and the hypnotist is promoted from being an object of the ego to the position of a *parasitic super-ego*.

Incontrovertible clinical experience of hypnosis, e.g. awakening in response to suggestions of a criminal nature, show us that this withdrawal of cathexis cannot be complete. The super-ego, an

organization genetically firmly established, seems to be equipped with a certain resistance against loss of power, nevertheless the residue of power it

[4] *Group Psychology and the Analysis of the Ego.*
[5] This conception of the newly-formed super-ego in hypnosis as a 'parasitic double' was formed in my mind from the study of some of Freud's speculations which have hitherto been neglected. See his introduction to Psycho-Analysis and the *War-Neuroses*, 1921.

preserves is crippled through repression by its self-controlling 'double.'[5] The (relative) strength of cathexis of the introjected super-ego must vary; it provides a quantitative measure of the depth of hypnosis.

Belonging as it does to the ego-structure, the hypnotic super-ego seemingly usurps to itself the function of consciousness: at any rate its experiences are subjected, after the awakening of the ego, to counter-repression.

Let us now consider what ultimately happens in hypnosis to the object-cathexes directed by the ego on the hypnotist. This is closely associated with the origin and development of these strivings towards the object and the matter can only be settled by discussion of a somewhat wider scope.

We may recall here Freud's description of the means by which the infantile ego overcomes the Œdipus complex.[6] The object-cathexes are abandoned and replaced by identification. Paternal or parental authority, introjected into the ego, forms there the core of the super-ego which, taking over its severity from the father, perpetuates the incest-prohibition and so guards the ego against the return of libidinal object-cathexes. The libidinal trends pertaining to the Œdipus complex are in part desexualized and sublimated, … partly inhibited as to aim and changed into feelings of tenderness'. 'The process in question represents something more than repression; under ideal conditions it is equivalent to a destruction and abrogation of the Œdipus complex. … If the ego has really not achieved much more than a repression of the complex, this latter persists unconsciously in the *id*, giving rise later to pathogenic manifestations'.

The neurotic, whose restoration to health is the concern of our therapy, illustrates this latter contingency: he has come to grief during childhood over the mastering of his Œdipus complex, has repressed the sexual trends pertaining to it and afterwards has had to put up with their reappearance in the form of symptoms. He finds himself in a situation of frustration, exhibits an intense craving for an

[6] *Das Ich und das Es*. The quotation is abridged from a passage in 'The Passing of the Œdipus Complex, ' *Collected Papers*, Vol. II.

object, the instinctual force of which is derived from the *id*, and which is due to the unconscious dominance of the Œdipus complex.

Hence it is the Œdipus libido of the *id* which at the commencement of hypnosis invests the person of the hypnotist and which, at the signal he gives, activates the 'feminine masochistic' attitude[7] present in the ego.[8] It is easy to conjecture the subsequent course of events. The ego takes alarm at the sudden intensity of the masochistic trend, even if it should at first give rein to this striving; stimulated by the active liberation of anxiety which follows, it takes flight, thus stultifying the endeavours of the hypnotist.

It must depend on certain characteristics of the masochistic trends, in all probability on their intensity and the durability of their manifest component, whether this eventuality is avoided and the road to hypnosis is finally traversed. If the ego is barred from both extremes (hasty repression or direct realization) it must of necessity strive to overcome the new (masochistic) demands of Œdipus libido on an infantile pattern by replacing the object through identification, desexualizing object-cathexes and binding this acute ego-alteration. This cannot be entirely successful: object-cathexis is in part retained but is transformed into an aim-inhibited feeling. Once accepted by the ego, this must endanger the unity of the ego, since its masochistic character is incompatible with the ego-alteration (identification) which takes place at the same time. This identification, the kernel of which arises from the ideational presentation of the hypnotist, separates itself eventually from the remaining masochistic content of the ego and retreats in the direction of the super-ego. Only after these preliminary steps have been taken is the identification in a position to deal with the super-ego in the manner already described, to establish itself by an extensive withdrawal of energy as a usurper of the super-ego's power.

Thus masochism ultimately gains a free hand in the ego and unites with the sadism of the introjected, parasitic super-ego to bring about the results of hypnosis. Return of the waking state, we might add in conclusion, puts an end to this forcible act of introjection and brings about an object-relation to the hypnotist: the parasitic super-ego then disappears, leaving behind, however, a permanent trace in the

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[7] 'The Economic Problem of Masochism', *Collected Papers*, Vol. II.

[8] The so-called 'mother-hypnosis' is best explained as a clever device which conceals the hypnotist's ultimate aims under a hypocritical mask which is psychologically well conceived.

[9] According to the views presented above, the feminine masochism of the ego has to be regarded as the decisive factor in hypnotic fascination; this view is wholly in keeping with Freud's first fundamental observations on this matter (*Drei Abhandlungen zur Sexualtheorie*, First Edition, 1905). Much yet remains to be explained, although the supplementary fragments of the analytic theory of hypnosis (classification of the phenomena of the Œdipus complex: Ferenczi, 'Introjection and Transference, ' 1908) and also its wider application in the direction of cultural development (Freud, *Group Psychology and Analysis of the Ego*, 1923) provide fruitful sources of information, since the fundamental significance of the Œdipus complex has been demonstrated in every form of mental activity. Recently reference has been made in analytic literature to Bjerre's conception of hypnosis as a 'temporary relapse into the primary state of intra-uterine life' (*'Das Wesen der Hypnose*, ' *Zeitschrift für Psychotherapie*, 1914). This represents an attempt to apply to the theory of hypnosis the known genetic relation between intra-uterine life, the state of sleep and hypnosis. There is a danger here of overlooking the artificial nature of the phenomenon and its specific mechanism, and in any case this conception is bound to come to grief as long as it is bound up with the deeply-rooted idea that hypnosis is merely an artificial sleep, a sleep-like reproduction of intrauterine life. Hypnosis is certainly something more, it is a kind of artificial *dream* and should some day be seriously investigated from the point of view of this analogy, now that psycho-analysis has uncovered its dynamic secret. In a paper as yet unpublished (read before the Hungarian Psycho-Analytical Society, March, 1921) I have attempted to trace the development of hypnosis (and the related 'mediumistic' transference of thought and will by means of manual contact) as genetically an aim-inhibited derivative of coitus. Coitus seems clearly to be the biological prototype of hypnosis, and it appears to me that there is a close relation between the course of the sex act and that of dream-processes (i.e. not merely of sleep!). (See Ferenczi's observations on *'Coitus und Schlaf' in his Ver uch einer Genitaltheorie*, 1924).

super-ego which induces an ever-increasing aptitude for later repetitions of hypnosis.[9]

To sum up our views regarding the metapsychological processes of hypnotic and cathartic treatment: Hypnosis masters the pathogenic Œdipus-libido withdrawn from symptoms, in part by narcissistic mobilization and in part by aim-inhibited motor discharge. The more complete the mastery, the more surely and permanently can the weakened vestiges of the symptoms be dealt with by repression. In catharsis an additional factor is operative, viz. that the masochistically bound ego obeys the commands laid upon it by freeing from the

10For the sake of simplicity in presentation no reference has been made here to 'epinosic gain' or to the 'need for punishment'.

Œdipus complex other libidinal excitations which are then discharged through the motor system (discharge of affect). The hypnotist first of all takes the place of an object for the ego, turns to the masochistic state of readiness in the ego, is quickly subjected to the defensive process of introjection which brings about his idealization and strengthens his authority over the ego by means of the super-ego. In this way the masochistic ego is able to reconcile in a situation of gratification at the same time the demands of reality, of his tyrannical super-ego and of his Œdipus-ridden *id*. This extensive gratification serves to free him from symptoms which, although due to similar economic conditions, are incompatible with reality;[10] moreover, by means of phantasied (or actual) repetitions it gives rise to a therapeutic neurosis which is regarded as a cure.

[11] The preparation of the second part of this contribution has been delayed by the author's illness, but we hope to be able to publish it in the next number of the JOURNAL.—ED.

1925) A METAPSYCHOLOGICAL DESCRIPTION OF THE PROCESS OF CURE. INT. J. PSYCHO-ANAL., 6:13 (IJP)

A METAPSYCHOLOGICAL DESCRIPTION OF THE PROCESS OF CURE[1]

FRANZ ALEXANDER

The object of the present paper is to describe in metapsychological terms the alteration in the mental systems which we seek to effect by means of psycho-analytical treatment. The change in question is the result of a process whereby an original condition of psycho-neurosis is terminated by recovery of health. Before going further, however, some orientation of a general kind is necessary. Throughout this metapsychological analysis of the ego-changes aimed at during treatment, I am guided by Freud's topographical-dynamic doctrine concerning the structure of the mental apparatus, which doctrine I regard as the ultimate result of our collective clinical experience. In attempting to refer these conclusions once more to their empirical substratum, I propose to retrace the difficult path traversed by the founder of this theory during its gradual formulation. In speaking of changes during treatment, I imply of course treatment in accordance with the technique as laid down by Freud himself; as opportunity occurs I shall examine from the metapsychological point of view recent suggestions and advances in technique.

Taking as a starting-point for our investigation the neurotic state as observed at the beginning of treatment, let us see if we can find a general formula which will be valid for all neuroses. We select this starting-point not because it comes first chronologically, but because experience shows that it is easier to understand the normal from a study of pathological states than vice-versâ. Disease supplies a dynamic motive power for research; accurate understanding is a prerequisite of successful treatment. Pre-analytic psychology was really a hobby or pastime; it lacked the dynamic factor which has aided us in our deeper investigations, namely, the ultimate aim of effecting cure of disease. It was only the pressure of necessity encountered in pursuing this aim that enabled the investigator of the mind to overcome the obstacle of those states of resistance with which we are so familiar, not only during the analytic session, but in the attacks on our science.

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[1] Contribution to the Symposium held at the Eighth International Psycho-Analytical Congress, Salzburg, April 21, 1924.

Keeping then to the dynamic principle which has been the basis of the success of psycho-analysis, we shall find our general formula by means of general dynamic considerations, by setting out the relation of the mental system as a whole to the outer world—to reality. Since this relation is obviously disturbed in every neurosis, it provides an excellent starting-point. A dynamic standpoint is the more justified in that the essence of psycho-analytic theory consists in a dynamic conception of mental processes. In its latest and most general formulation as a topographical-dynamic theory of the ego, the principle of psycho-analytic theory is a dynamic principle: that of keeping stimuli at a constant level. This principle, first laid down by Fechner, implies that there exists in the mental system a tendency to reduce as far as possible or at the least to keep constant the amount of stimulation and tension in that system. Freud formulated this principle more precisely by distinguishing two sources of stimulation, outer and inner sources. We call those from without, *stimuli*, from within, *instincts*: these will be first considered from the dynamic standpoint apart from any difference in quality. The foregoing can be regarded as a preliminary step in the description of dynamic activity in the mental system: this consists in the mastering of stimuli and the mastering of instincts. When we come to investigate the more obvious of these two activities, the mastery of stimuli from without, two mechanisms differing in principle are to be found; on the one hand, adaptation of the psychic, or

more correctly of the psycho-physiological, system to outer sources of stimulation and, on the other, actions which are intended to abolish these sources of stimulation. In the former instance the psychic system is itself altered in an expedient way, it is adapted to the source of stimulus from without; in the latter a change is effected in outer reality by means of suitable action which abolishes the particular source of stimulus from reality. To take a simple example: in the case of a fall in temperature, two defence-mechanisms differing in principle are possible: outer reality can be altered by means of heating, or the discharge of warmth from the body can be lessened by reduction of the exposed surface, in the case of constant exposure to cold by the gradual development of hair. Adopting Freud and Ferenczi's terminology, we can describe this suitable alteration of the outer world as an *alloplastic* modification and the alteration of the psycho-physiological system as an *autoplastic* modification; from this point of view the biological type of development is seen to be mainly autoplastic, whilst human cultural development is mainly alloplastic.

In investigating the complicated process of mastering instincts we again meet with these same mechanisms. Psycho-analysis has taught us that the instinctual needs of the mature, fully-developed organism are directed for the most part towards reality. Gratification solely by means of changes in the system itself is only possible for sexual instincts, in the form of auto-erotisms, and then only during immature stages of development; fully-developed instincts are attached to objects outside the system. Since, however, the sources of excitation lie in this case within the system, it is obvious that the excitation can be abolished only by an alteration within that system. This alteration necessary for relief from instinct-tension necessitates, however, actions directed towards without: in carrying out these actions both autoplastic and alloplastic mechanisms are involved. In order to seize and incorporate nutritive material, biological development has created autoplastic apparatus—limbs, teeth, alimentary mechanisms, etc., whilst human civilization has developed alloplastic means—weapons, agriculture, the art of cooking food, etc. The reproductive instinct has in part, in association with the self-preservative instinct, adopted this autoplastic moulding of the body-apparatus, together with alloplastic modifications, through civilization, by creating new objects. We can find a libido-component in every product of civilization, as in every part of the bodily apparatus. Male libido in the final stage of genital maturity pursues the most extreme alloplastic course, in that it actually creates objects for itself. Agriculture, industry, science and art are newly created objects for the libido. Pursuing Ferenczi's ingenious train of thought we can regard the female sexual apparatus, uterus and vagina, as an alloplastic result of active masculine sexual instinct. Just as it created art and science, this instinct created the female body as an object for itself, a fact which for some years now we might have deduced from the biblical story of creation.

We must not, however, allow ourselves to be diverted from our main task, viz., the discovery through dynamic considerations of a formula common to all neuroses. Summarizing, we may say that in carrying out its function of abolishing inner tensions by the mastering of stimuli and instincts, the mental system makes use of autoplastic or alloplastic mechanisms. Either it attempts to modify reality to suit its own requirements or, unable to withstand the pressure of reality, it adapts by altering itself: and this not only when reality appears as a source of stimulation but also when instinctual necessities are directed towards the circumstances of reality. At the very outset we found that biological

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2 *Introductory Lectures on Psycho-Analysis*, London, 1922.

development consisted in the products of mainly autoplastic processes, civilization in those of mainly alloplastic processes. The same line of thought indicates the ontogenesis of libido, namely, the replacement of an intra-psychical narcissistic object by extra-psychical objects, of

auto-erotic libido-discharge by genital activities directed towards objects. Applying these considerations to the problem of neurosis, we see that neurosis constitutes an antithesis, a protest against the developmental tendency towards alloplastic modification. We are immediately reminded of a statement made by Freud[2] in his *Introductory Lectures*: he regards the neurotic symptom as an unsuccessful attempt at adaptation in place of a suitable action. We might express this principle as follows: every psycho-neurosis is an attempt at autoplastic mastering of instinct. It consists in changes within the system having the tendency to mastering of instinct. It is only partly successful, since the desired freedom from tension affects only one part of the system, the *id*; it gives rise to fresh tension in another part of the system, the ego, as is seen in the latter's rejection of the symptom. Instinct-tension which has disappeared from one part of the system appears in another part in a different form, as an ego-conflict, the feeling of illness. We know from Freud that this new tension, the effort to reject the symptoms, is due to the heterogeneity of the two parts of the mental system. The conscious ego has already reached the mature stage of exogamous, genital object-libido, has prepared itself for activities towards exogamous or sublimated objects; the symptom, on the other hand, consists in an autoplastic modification, in a substitution of incestuous, introjected objects for *actual exogamous* objects, and, with the exception of hysteria, in the substitution of pregenital relations for genital forms. These *autoplastic* and *regressive* processes signify the gratification of instinctual needs for one part of the mental system, whereas the more developed part demands actual exogamous objects and genital discharge.

The general formula therefore runs as follows: the dynamic task of neurosis is not accomplished; the discharge of total mental tension miscarries; the attempted autoplastic and regressive mastering of instinct relieves one part of the system only and leads to fresh tension in another part. In places of instinctual tension there arises a repudiation of the symptom which is expressed in the form of a feeling of illness.

This formula provides us merely with a description of the dynamic results of neurosis; the introduction of the topographical point of view, i.e. that of two heterogeneous part-systems, explains symptom-repudiation but we have still to discover the more immediate cause of regression, the dynamic factor which drives the mental apparatus to master instinct in a way which is not in keeping with the more developed part, the ego, but corresponds to immature periods of ego-development.

That a dynamic pressure in the direction of symptom-formation exists, one which is stronger than the counter-pressure of symptom-repudiation, can be seen when, in the course of treatment, we attempt to free the mental system from this conflict, i.e. when we attempt to enforce the ego-standpoint by undoing the neurotic discharge of instinct and the symptom. The object of the treatment is clearly to reverse the symptomatic gratification repudiated by the ego, to re-establish the original instinct-tension and to force the mental apparatus to make a fresh attempt at instinct-gratification, one in consonance with the requirements of the ego. The mind of the neurotic struggles against this by producing resistances to the treatment. In the last resort, therefore, resistance is directed against the form of instinct-gratification required by the ego, i.e. against genital activities directed outwards towards actual, exogamous objects. We can call this struggle against actions of this kind a *flight from reality*, since other activities are not permitted by social reality. The cause of this flight from reality will provide us, therefore, with the general etiology of neurotic formations.

At the very earliest stage of its formulation psycho-analytic theory provided us with an answer to this question: frustration, disappointment, trauma, in short, bitter experiences in the fight with reality induce the mental system to abandon attempts to alter reality and to seek the blissful state of freedom from tension by inner avenues of discharge, thereby avoiding the dangerous outer world. Reverses suffered during the struggle constitute then the general etiology of

neurotic formations. If we regard *disposition* as the sum of traumatic experience in the first years of life, birth included, and the inherited experiences of forebears as *constitution*, it would seem possible to explain all neuroses from a traumatic point of view. The expression of unfavourable experiences is anxiety: anxiety is nothing more or less than the expectation of a 'painful' increase of tension in the system, the lasting impression of a defeat in an attempt to discharge tension. It

follows on miscarriage in the mastering of instinct or stimulus, when instead of the expected relief from tension an actual increase even perhaps occurs. Anxiety is directed therefore against instinctual demands or against outer stimuli and is a reminder, both inwards and outwards, of miscarried attempts to overcome instincts and stimuli, i.e. attempts which have not led to the relief anticipated.

We see then that anxiety is the ultimate cause of resistance against our therapeutic efforts. Anxiety causes the flight from reality, the reluctance to deal once more with reality; it explains the tendency to cling to autoplastic mechanisms of discharge: it explains introversion. Nevertheless it explains only the autoplastic nature of the symptom without clearing up entirely its second characteristic, the element of regression, that harking-back to old ways of mastering instinct, which constitutes the second fundamental character of the symptom. It is of course clear that difficulties met with, the defeats experienced, in these new processes of mastery which arise during the compulsive course of development, failures in the attempt to master a new instinctual organization will favour regression to a stage that has already been successfully attained. Yet, just as failure and trauma induce regression, so success, i.e. successful exploitation of a stage of organization which ensures instinct-mastery, provides a point of attraction, a fixation-point for later regressive movement. Anxiety commences the regressive process of symptom-formation and operates in the same direction as the attraction of the fixation-point.

To understand the character of regression more fully, we must now consider the second main principle of the mental apparatus. The Freud-Fechner principle enabled us to regard the mental processes as a whole as efforts towards relief of tension, but does not tell us why anyone out of many possibilities of relief is chosen; it does not explain the regressive nature of neurotic relief-mechanisms; it does not at present take into consideration developmental factors. This second principle which determines the *tendency* of discharge-processes is the *repetition-compulsion* or the Breuer-Freud principle—which as we shall soon see has the identical content—viz. a definite relation between free and tonic mental energy. In investigating this principle we shall once more consider separately the mechanisms of mastering stimuli and instincts respectively.

States of tension induced in the mental apparatus by outer stimuli always give rise to motor innervations, intended either to render the source of stimulation harmless or to establish some means of protection

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[3] In this presentation the compulsion to repeat is derived from fixation upon successful attempts at mastery of instinct. Nevertheless the manifestations which led to Freud's discovery of the compulsion to repeat as a general principle are of a different nature: they consist in the repetition of unadjusted situations in which no successful mastery of the stimulus took place. From this point of view the mental apparatus is fixated, not only on states where successful discharge of tension has been achieved, but also on unmastered states of stimulation. We believe, however, that this latter mode of fixation with its compulsive harking-back to states of tension is not in the strict sense of the term a repetition. We must rather regard these manifestations—as Freud himself does—as an indication that the mental apparatus is in a constant state of stimulation, as the result of traumatic rupture of the barrier against stimuli as well as of unmastered instinctual demands. Hence in reality it repeats only the stimulus situation and is in a state of constant tension from excitations which have not been bound, which it then attempts to bind by means of repeating the original stimulus or wish-situation. We might regard these as instances of *protracted*

attempts to master stimuli or instinct-excitations. On the other hand, the above-mentioned repetitions of former successful mastery-mechanisms are genuine regressions to states which have already been given up. In traumatic repetitions the mental apparatus has never really emerged from a state in which stimuli have broken through the barrier.

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by modification of the system itself. Against typical forms of outer stimulation the system protects itself by typical reflex-innervations, which occur without any mental operation, but which are only really adapted to deal with certain definite sources of stimulation. Where the stimulus is of an unusual kind, protection can only be achieved after measures of a tentative, experimental order, involving mental operations of a kind we describe as 'reality-testing', have been undertaken, and it depends on the discovery of innervations corresponding to the source of stimulation. It is easy to see that during this experimental work, which requires both time and energy, the mental system remains in a state of continuous excitation until the correct defence is established. Incorrect attempts do not lead to discharge of tension; they may indeed increase the amount of excitation. There can be no doubt that all reflex mechanisms were once tentative attempts to cope with reality, attempts from which the correct response was gradually formed and stereotyped. The mental system tends towards these sure methods of defence by reflex-mechanisms; they operate without expenditure of mental energy and are certain to be successful in an appropriate situation. In the same way it resists fresh situations, alterations in reality which involve fresh struggles with the testing of reality. It is fixated upon mechanisms which are already well practised, upon its memorials of successful combat with reality, and it strives to avoid fresh situations, seeking to deal with these on the older plan. We can recognize in these methods the Breuer-Freud principle of the relation of free and 'bound' mental energies. The mental apparatus tends to convert free into tonic energy, to substitute automatisms for actual labile energic processes, for tentative, experimental examination of reality, for the comparison by means of memory of the present with past situations. It prefers to repeat automatically what has been learned in the past by its forefathers or itself in the exhausting work of 'reality-testing', to use the forces already available in the form of automatisms without any fresh effort. These automatisms preserve in tonic form the free energic achievements of previous 'reality-testing'. Freud has recently characterized this principle as the most fundamental of our conceptions concerning the nature of the mental apparatus: it forms the basis of all our further investigations.[3] The

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flight from reality, which was found in the investigation of neurosis to be of cardinal importance, is the expression of this principle. Reality is only accepted so far as it can be mastered by automatisms: anything that is new or unexpected is rejected by means of flight. Only when automatisms fail to act and the system is subjected to intolerable stimulaton, is the latter prepared to rectify these and once more come to grips with reality. The principle finds expression also in the topographical structure of the mental apparatus. This is divided into two parts, viz. into the system Cs, the organ of reality-testing, of labile energic processes, and into the corporeal or spinal mind, the organ of automatisms: in the language of anatomy, the cerebral cortex and the spinal cord.

Now this same principle and a similar topographical division into ego and *id* applies to processes of mastering instinct; confirmation of this is provided by collective psycho-analytical experience, by the theory of fixation and regression. As we know, the history of instinct-development represents the succession of various mechanisms of instinct-mastery—we call these stages of organization—and later on the succession of a series of objects. We find a marked tendency to regression, a clinging to stages of organization which have already been successfully reached and to familiar, accepted objects. Every innovation necessitated by the compulsive processes of development, and later by change in the circumstances of life, is rejected. Every stage of

[4] 'Der Verlauf des Libidokonfliktes in einem Fall von Schizophrenie', *Zeitschrift für Psychoanalyse*, Bd. VII, 1921.
[5] *Das Trauma der Geburt*, Vienna, 1924.

organization attained forms a fixation-point which is abandoned for the next only after resistance. Nevertheless, every fixation-point is a source of relative protection against deeper regressions. The nature of a neurosis is determined by the relative strength of fixation-points, by the degree of regression. In catatonia, as Nunberg[4] has shown, the regression reaches back to the intra-uterine situation. Rank[5] imputes this deepest regression to all forms of neurosis. He does not, however, deal with the economic factor of this deepest regression, with the rôle of later fixation-points in the different neuroses. Yet, in the case of the obsessional neurotic, the main part of the libido is satisfied with a regression to the anal-sadistic stage, the melancholic with an oral regression, whilst the hysteric actually remains at the genital stage. The cause of regression is in all cases the same, a rejection of the exogamous object-choice demanded by reality. Neurotics appropriate the incestuously chosen object by the alloplastic method of introjection, but the hysteric alone preserves a genital relation to this object; in all other neuroses a pregenital is substituted for a genital relation. Intra-uterine life constitutes the earliest of these pregenital relations. Rank, in his ambitious work, has succeeded in showing that all subsequent organizations of the libido, including the final genital stage, are attempts to compensate for the loss of the blissful intra-uterine existence. In this sense he is justified in holding the view that all neuroses are attempts to reproduce this state. Nevertheless, in the choice of neurosis it is of the utmost significance which of the later stages of organization is picked out. In proportion to the degree of success with which the individual recaptures this vanished happiness in one of the post-natal mechanisms of libido-discharge, to that extent does fixation to a particular stage of organization occur, which then acts as a protection against further regression. We shall have occasion to return to this point later.

The foregoing considerations enable us to complete the dynamic formula for neuroses in the following way: from the point of view of the Freud-Fechner principle, the neurotic symptom is an attempt to discharge instinct-tension. It has three main characteristics: it is *autoplastic*, *regressive* and is *repudiated* by the conscious part of the mental apparatus, *the ego*. We can explain its autoplastic nature on the grounds of an exaggeration of the flight from reality, as the result

of trauma, of failure. The regressive character is the expression of the Breuer-Freud law, viz.: the general tendency in the mind to avoid new encounters with reality, and consequently to substitute for the fresh forms of instinct-mastery necessitated in development the automatic repetition of defence-mechanisms which have already been abandoned. Following Freud, we can regard this as the factor of *organic inertia*. We have already said that the third characteristic of the symptom consists in its rejection by the ego; this brings us to the problem of mental topography, with which we are especially concerned in this paper, and which leads naturally to the description of healing processes.

Brief reference has already been made to Freud's explanation of this repudiation of the symptom: it arises from the different stages of development of the two component-systems. Whilst the ego shares fully in the process of adapation to reality, the *id* lags behind in development and provides a great reservoir for archaic modes of instinct-mastery. This dissociation of instinct-gratification from the ego, its autoplastic regression from reality to the interior of the system, is made possible through the separation of the two systems by a boundary-formation which Freud has called the *super-ego*. This institution was first recognized by psycho-analytic theory in the form of the dream-censorship: its function is to relieve the ego

from the burden of investigating instinctual demands. This it does by taking over the function of perception inwards, but also the dynamic task of regulating instinctual life. Thus the super-ego forms the executive organ of the Breuer-Freud inertia-principle. As the deposit of earlier adaptations to reality it tends to hold the mental system fast to earlier schemata of instinct-mastery. It is an introjected legal code of former days which makes it possible to avoid encounters with reality by adherence to its ordinances, and by a system of rigid categorical imperatives obviates the necessity of fresh 'reality-testing'. Yet not only has reality altered in the course of development, but instinctual demands, too, have altered; hence its laws now require revision. The super-ego has nevertheless no access to reality and behaves as if nothing had altered; it performs its task automatically and with the monotonous uniformity of reflexes. Like the reflex, it represents mind which has become body. True to its developmental history in childhood, it operates with primitive methods of reward and punishment. And just as the super-ego has no access to reality, so the representative of reality, the ego, has no access to the instincts: this has been taken

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[6] See also my paper: 'Der biologische Sinn psychischer Vorgänge', *Imago*, Bd. IX, 1923.

over by the super-ego at the inner boundary of the ego. In this way the ego has been relieved of the task of inner perception and so is better able to perform the work of testing reality. The ego is blind to what goes on within and has forgotten the language of the instincts.6 The super-ego, however, understands this instinctual speech only too well and demands punishment for tendencies of which the ego is quite unaware. In this way the super-ego divides the mental system into two parts, one of which is in excellent touch with reality but cannot communicate its information to the instincts, and the other of which has no direct access to reality. The super-ego itself has only out-of-date information about reality and cannot perform the function of adaptation to reality; on the contrary, by reason of its obsolete, inexpedient sort of adaptation, the work it does runs counter to reality, since it holds instinct to earlier kinds of adaptation and exempts it from any new attempts. In the interests of the incest-prohibition it curbs the whole of genital sexuality and puts obstacles in the way of real sexual satisfaction with exogamous objects; through its punishment-mechanisms it permits autoplastic gratification of precisely what it has itself forbidden, namely, the incest-wishes. This gives rise to the neurotic symptom, which represents a discharge of tension in the *id* that is tolerated by the super-ego but is regarded with hostility and disfavour by the ego. In the matter of symptom-formation the ego is not consulted: it has delegated its function of instinct-regulation to the super-ego and the super-ego abuses its power. The latter enters into a secret alliance with the regressive tendencies of the *id* and by the ostensible severity of its self-punishments permits gratifications of a kind which, although only autoplastic, are none the less alien to reality.

We now see that our therapeutic endeavours must be directed against this two-faced overlordship on the part of the super-ego: hence it is necessary to make brief reference to the rôle of the super-ego in symptom-formation, the nature of which has been described by Freud in his latest work.

The neurotic activity of the super-ego is two-fold: it disturbs and inhibits ego-syntonic behaviour, which is a priori in conformity with the requirements of reality, by equating this, as the result of faulty reality-testing, with actions which it has learned to criticize in the past and by dealing with it in the way it dealt with them. At the same time,

by means of self-punishment, it permits autoplastic, symbolic gratification of precisely those condemned wishes. In the form of impotence, for example, all exogamous wishes are equated with incest-wishes and as such are interfered with. The super-ego behaves, in short, like a dull-

witted frontier guard who arrests everyone wearing spectacles, because he has been told that one particular person is wearing spectacles. It behaves like a reflex which can only produce one innervation. The corneal reflex is almost always an expedient reaction which protects the eyes from foreign bodies, yet on occasion it can prove a hindrance, as during medical examination by an eye-specialist. It would be simpler if this reflex action could be avoided by conscious effort, instead of having to be overcome by the use of eyelid retractors. In this case some communication between consciousness, which tests reality, and the 'spinal mind' is desirable: in other instances the reflex defence is more prompt and more certain. In a similar way the strict categorical imperative of a super-ego which is functioning well is frequently adapted to the requirements of social life: nevertheless there are occasions when, owing to new situations and alterations in reality, a more direct relation between the reality-testing faculty and the instinctual world is necessary, between the ego and the *id*, excluding the super-ego which is out of touch with reality.

It may at first seem paradoxical that this rigid inhibiting institution, the super-ego, should actually enable instinctual gratifications which have been condemned by the ego to be realized. We know, however, that the super-ego can easily be hoodwinked; once its punishing tendencies are gratified, its eyes remain shut. It is one of the oldest findings of psycho-analysis that a symptom represents a compromise between the need for punishment and the crime itself. It is in principle a matter of indifference whether these two tendencies are gratified in one phase as in hysteria, or in conjunction as in the obsessional neurosis, or in two stages as in the manic-depressive neuroses. It is striking to observe how meticulously the conscience of the obsessional neurotic records, like a careful shopkeeper, all debts and claims, all punishments and aggressions; with what sensitiveness it demands new punishments when the limits of the wrong-doing that is covered by punishment are overstepped. Similarly, in the melancholic phase of manic-depressive neurosis, conscience gives expression to acts of glaring tyranny and injustice only to be thrown over without any guilt-feeling during the maniacal phase. We might compare it with a struggle between two utterly antagonistic political parties, where one provokes the other to

excesses in order to compromise the latter and encompass its destruction with some show of justification.

Herein lies the two-fold rôle of the super-ego: knowing nothing of reality, it frequently inhibits activities that are actually ego-syntonic and, by over-severity towards the inner world, it permits condemned instinctual gratification along the autoplastic route of symptom-formation. The results of its activity constitute the expression of the Breuer-Freud principle. As an automatic organ, as the tonic deposit of by-gone adaptations to reality, it obviates fresh testing of reality, and when it becomes neurotically diseased these by-gone attempts prove inefficient protection against the regressive tendencies of the *id*.

The super-ego, therefore, is an anachronism in the mind. It has lagged behind the rapid development of civilized conditions, in the sense that its automatic, inflexible mode of function causes the mental system continually to come into conflict with the outer world. This is the teleological basis for the development of a new science, that of psycho-analysis, which, be it said, does not attempt to modify the environment but, instead, the mental system itself, in order to render it more capable of fresh adaptations to its own instincts. This task is carried out by limiting the sphere of activity of the automatically-functioning super-ego, and transferring its rôle to the conscious ego. This is no light task; it implies the conscious creation of a new function. The ego of those living under conditions of Western civilization has been instituted solely for the purpose of testing reality. It is an appreciable increase of the burdens of consciousness to take over the investigation and regulation of instinctual activities, to learn the laws and speech of the *id* in addition to the laws of reality. Quantities of energy which are

tonically 'bound' in the automatic function of the super-ego must once more be converted into mobile energy, a part that is now body must again become mind. The resistance against this reversal is well known to us from the analytic resistances during treatment and the general resistance against the science of psycho-analysis.

Here we have the solution of the problem set in this paper. The curative process consists in overcoming resistances to the ego's taking over of the function of the super-ego. Neurotic conflict, that state of tension arising from repudiation of the symptom, can be solved in two ways only: either the ego's rejection of the symptom must cease, in which case it must abandon reality-testing, together with those forms of instinct-mastery which are already adapted to reality, and take part in homogenizing all the mechanisms of instinct-mastery in the direction

of disease; or it must put into force the point of view adapted to reality. This homogenization of the mental system in the direction of disease is familiar to us in the psychoses, where the ego abandons reality-testing and re-models reality in an archaic sense, in accordance with the stage of instinctual gratification preferred. Psycho-analytic treatment drives in the opposite direction: it seeks to effect a homogeneous system by bringing the whole system nearer to the conscious level, by opening communication between the ego and the *id*, which had been previously barred by the super-ego. The ego is now called upon to settle the claims made by instinct, to accept or reject them in accordance with the results of reality-testing. As Freud expressed it, the aim of treatment is to substitute judgement for repression. The repressive activity of the super-ego only bars the road to motor discharge of any instinctual demand: it does not imply the abandonment of that demand. On the contrary, it allows a secret gratification. For the ego there are two possibilities only: *accept and carry out or reject and abandon*. The task during treatment is to eliminate gradually the repressing institution, the super-ego: from the two component-systems, the ego and the super-ego, a homogeneous system must be constructed—and this must have a two-fold perceptual apparatus, one at the outer surface directed towards reality, and one at the inner boundary directed towards the *id*. Only in this way can a mastery of instinct be achieved which is free from conflict and directed towards a single end.

The transfer to the ego of the rôle of super-ego takes place in two phases during treatment. Making use of the transference, the analyst first of all takes over the part of super-ego, but only in order to shift it back on to the patient again when the process of interpretation and working through has been carried out; this time, however, the patient's conscious ego takes it over. The achievement of analysis is a topographical one involving dynamic expenditure; it displaces the function of testing and regulating instinct to a topographically different part of the mental apparatus, viz., the conscious ego. To do this, it must overcome the inertia-principle, i.e. the objection to exchange an automatic function for a conscious activity. The rôle of the analyst therefore consists in at first taking over the supervision of instinctual life, in order to hand back this control gradually to the conscious ego of the patient. By means of the transference he gains the patient's confidence and produces the original childhood situation during which the super-ego was formed. So long as the whole mental system of the patient is freed from the supervision of instinctual life, so long as the analyst

is responsible for the entire instinctual life, the process goes on without interruption. Once the rôle of super-ego has, with the help of this projection mechanism, been taken over in entirety, so that the previous intra-psychical relation between *id* and super-ego has been converted into a relationship between the analyst and the *ide*, the more difficult dynamic task begins, namely, to shift back on to the patient once more this rôle of supervision. This returning of the rôle of super-ego takes place for the most part during the period of becoming detached from the analyst. In terms of this schema the psychological processes involved in treatment are very

easily described, but it falls to me yet to go more fully into the universal applicability of this description.

The nature of transference from this point of view is that the intrapsychical relations between *id* and super-ego are transferred from super-ego to analyst. To understand this, we must think of the origin of the super-ego and compare it with the phenomena of transference. Put briefly, the super-ego is an organ of adaptation which has arisen through a process of introjection of such persons (or, more correctly, or the relationships to such persons) as in the first instance enforced adaptation. By this process a formation is set up in the mental system which represents the first requisitions of reality; this consists of introjected educative parental regulations. The super-ego is made up to an important degree of parental commands and prohibitions; hence it is mainly an acoustic formation, as the auditory hallucinations of melancholics show. The commands and prohibitions were conveyed through the auditory apparatus. As Freud has shown us, the relations between *id* and super-ego are nothing more or less than a permanent crystallization of the by-gone relations between the child and its parents. This can be best studied in the case of personalities which are neurotically split, the super-ego functioning as an utterly foreign body. The entire complicated symptomatic structure of the obsessional neurosis is a play enacted by an obstinate, untrained child and its parents; and just as all French comedies deal with monotonous regularity with the theme of adultery, so in every neurosis we come across the identical theme in varying guise. Even the methods of the '*id* -child' remain unchanging—always to provoke the parents, the super-ego, to unjust and over-severe punishment, in order to do what is forbidden without any feeling of guilt, precisely as in the triangle play the conduct of one partner is represented in a way which seems to justify the adultery of the other.

In the course of transference this intrapsychical drama is converted

into a real one between the *id* and the analyst. It is not necessary to enter into further details: the patient seizes with extraordinary alacrity the opportunity of realizing in relation to the analyst his former relations with his parents, which he has been forced to introject only because he was unable to realize them in reality. In this way he is able to cancel that piece of adaptation to reality which has been forced upon him and is represented by the super-ego. He soon observes, however, from the attitude of the analyst—who works counter to the pleasure-principle—that whilst these tendencies can be understood they are not ratified, and this in no case from personal motives. The new educative process then begins. The demands of reality are, however, not communicated by means of orders and prohibitions, as previously happened under the sway of the super-ego, but by a 'super-personal' method, by logical insight, by accurate testing of reality. In this way the re-living of his past becomes abandoned by the patient himself, and the original instinctual demands, which in consequence of a personal judgement can no longer be experienced in the transference-situation, appear in the mind as memories. Tonic discharge is blocked, automatic repetition is prevented; the former demands of instinct become active once more; they become problems of the immediate present, and as such form part of the content of consciousness. Instead of automatic repetition, memory appears, indeed, more, the demands of instinct are more active and necessitate new means of discharge. From now on this discharge must be not only ego-syntonic but in accordance with the demands of reality, since it can only be effected in agreement with the organ of reality-testing.

So events run in theory, but not in practice. Every analyst has, time after time, observed that when a transference-situation has been resolved and brought into a genetic relation with the original childhood situation, in no instance does an immediate orientation in the direction of normal libido-control occur, but instead a regression to still earlier stages of instinctual life. The libido eludes analytic endeavours by a backward movement, and retires to positions it had previously abandoned. Each fresh interpretation brings about a still deeper regression, so much

so that the beginner often imagines he has driven a hysteric into a state of schizophrenia. I must confess that the desire to be clear in my own mind as to the nature of these processes was stimulated to a large extent by certain uncanny moments during analytic work, when to my dismay symptoms of conversion-hysteria which had already been carried over into the transference gave place to paranoidal and

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[7] See also my paper: 'Der biologische Sinn psychischer Vorgänge', *Imago*, Bd. IX, 1923.

hallucinatory symptoms. Further progress in the analysis, however, showed that each new symptom is carried over into a new transference-situation, so that every deep analysis runs through a whole gamut of artificial neuroses, ending regularly, as Rank has shown us, in a reproduction of the prenatal state. I have been able to trace the same gradation of regression in the contemplative states of Buddhism.[7]

Analysts cannot logically dispense with recognizing and appraising this ultimate mode of regression also, in order to be able to drive the libido from this most inaccessible hiding-place forwards in the direction of genital exogamy. We owe much to Rank for having called attention to the general significance of this deepest form of regression; above all that he has shown this regression during treatment to be an affective repetition of actual experience and not perhaps a pre-conscious phantasy. I cannot emphasize too strongly that those who oppose themselves to this view of it are making the same mistake that Jung made many years ago. One would have just as much right to regard all oral or anal-erotic regressions as the products of regressive phantasy-creation.

On the other hand, it is clear from the foregoing considerations that this regressive movement ensuing upon analysis of the transference-situations—which arise spontaneously and are characteristic in each individual case—is to be regarded as resistance.[8] Observation during treatment of this continually backward-flowing regression provides us with an extraordinary picture, one which lays bare the entire complicated process of the construction of the super-ego. The picture is made up of a consecutive series of transference-situations, in which the analyst plays ever-changing rôles taken over from the super-ego. The consecutive series of regressive transference-rôles is a picture of the layers of the super-ego seen upside-down. It is a gathering together of imprints from the various stages of development. The deepest layer represents the biological relation between mother and child, and merges gradually more and more into social relations with the father. The mother represents the first demands in instinct-development: through the act of birth she first demands abandonment of the state of passive nutrition by the blood-stream and requires the substitution of nutrition through the alimentary canal and active employment of mouth and

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[8] I wish to lay the greatest stress on this point in contradistinction to Rank's point of view; in his presentation the resistance-character of intra-uterine regressions is by no means clear.
[9] *Entwicklungsgeschichte der Libido*, Vienna, 1924.
[10] 'Über das melanesische Geld', *Imago*, Bd. IX, 1923.

lungs. Later she calls for the abandonment of breast-feeding and is usually the first to disturb the child's autocratic command over its excretions. Gradually the father and the whole father-series take over the larger part in the education of instinct and represent the demands of the community. The father, however, takes on the earlier mother-rôle not only in regard to frustration experiences but in a positive way: just as the mother was the source of bodily nourishment, so the father provides mental pabulum. The passive-homosexual relation to the father found in every analysis is the repetition and substitute for the passive suckling situation; the paternal penis is the substitute for the breast, as Freud showed already in his analysis of

Leonardo da Vinci. We find the most strongly repressed ideas of oral incorporation of the penis and of the father as a whole, in a form with which we have been familiarized by Abraham's[9] accurate descriptions. Roheim[10] has shown us in his admirable study of primeval history how the sons tried to transfer the mother-rôle to the father, by devouring him and defæcating on his grave, on the parallel of suckling at the maternal breast. The same history in reverse order is faithfully reproduced during treatment. The father-rôle, which at the beginning is invariably transferred to the analyst, is more and more displaced by the mother-transference. On this point I can fully confirm Rank's observation. Attempts in a progressive direction disturb the picture often enough, nevertheless the regressive tendency predominates. Although not really free from conflict about the father the patient regresses to times when the latter was not a source of disturbance and when the only battle he had to fight was a biological one with the mother. The cause of the regression is now clear: it is the expression of the Breuer-Freud principle, the auto-matizing tendency to solve new problems according to the old plan. The mind attempts to solve the father-conflict on the model of the suckling-situation: the father is to be destroyed by way of oral incorporation, in this way providing new strength for the struggle for existence, just as the mother's milk provided strength for physical development.

The patient is under the influence of the same tendency to auto-matize when he attempts to meet the task of detaching himself from the analyst by a phantasy-reproduction of the birth-trauma. For the most part he has already solved the problem of birth with its transposition to extra-uterine life: the most conclusive evidence for this is that he is alive. Before the end of treatment, however, he is faced with the

entirely unsolved problem of doing without analytic aid. It is small wonder that he feels this to be similar to the severance from the mother's body. On that occasion also he had to learn the use of organs entirely *ab initio*, when taking over the nutritive rôle of the mother. Now at the termination of treatment his consciousness, which hitherto has been adapted only to testing reality, has to face new tasks. Having learned during treatment the language of instinct, it must take over responsibility for the regulation of instinctual activities, a regulation which has previously been exercised by the super-ego operating automatically. During treatment the analyst has thought and interpreted instead of the patient: indeed, by reconstructing the past he has done some remembering in his stead. From now on all this must be the patient's own concern. In bidding good-bye to his super-ego he must finally take leave of his parents, whom by introjection he had captured and preserved in his super-ego. He has indeed been ignominiously hoodwinked in analysis. The analyst seduced him into giving up the introjected parents, by himself taking over the rôle of the super-ego, and now he wants to saddle the patient with the burden. The latter protests and attempts in return to score off the analyst by sending him in the long-since-closed account for his birth, and this often by way of somatic symptoms. He feels, as did one of my patients, a circular constriction round his forehead, the pressure of the pelvic canal by which his head was so shamefully disfigured at birth: he is breathless and feels a heavy pressure round the chest. Only when all this has been proved mere resistance against detaching himself from the analyst, against independence, does he consciously attempt to do without further analytic help. The patient is not overcoming his birth-trauma by means of these birth-scenes; on the contrary, he is countering detachment from the analyst with them; he is substituting action and affective reproduction of the birth which is done with, for the separation from the physician with which he is faced. He reproduces the past instead of performing the task in front of him. Even after treatment he will not have overcome the birth-trauma. Rank himself has shown us in the most convincing way that man never gives up the lost happiness of pre-natal life and that he seeks to re-establish this former state, not only in all his cultural strivings, but also in the act of procreation. These forms of representation are, however, ego-syntonic; in analysis the patient must give up only such attempts at repetition as are autoplastic and dissociated from reality; he must give up symptoms, relations to the super-ego in which he has perpetuated

his whole past and which finally he aimed at rescuing for good in the analytical transference-situations. In the same way as he repeats in analysis the severance from the mother's body, he repeats all other difficult adaptations of his instinctual life which have been forced upon him during development, all with one end in view, to avoid a new adaptation to actual reality.

We are at one with Ferenczi and Rank in thinking that every subsequent stage of libido-organization is only a substitute for the abandoned intra-uterine state: we have already accepted this idea in the analysis of the castration complex.[11] Nevertheless each successfully established stage of organization represents a fixation-point: the intra-uterine state is the first, but, dynamically speaking, by no means always the most significant of the long series of fixation-points. The period at which an individual utters the negation which sets up a neurosis varies widely; yet it is precisely this point which determines the form of his subsequent neurosis. When in the course of treatment his special fixation is analysed out, subsequent regression represents resistance against the consequences of this analytic solution, against the demands of the ego, against the activity directed outwards.

We have here corroborated in principle Rank's significant conception but have had to amplify it by a needful quantitative (economic) valuation of intra-uterine fixation. For analytic treatment the task remains to convert the tonic energy 'bound' in automatic repetitions into the labile energy of conscious mental activity, in order that the struggle with reality may be taken up. The energies 'bound' in the acquired automatisms of the super-ego are freed through recollection. To compare memory-material with the testing of reality is the highest achievement of the mental apparatus. Only the ego can remember: the super-ego can only repeat. The dissolution of the super-ego is and will continue to be the task of all future psycho-analytic therapy.[12]

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[11] 'The Castration Complex in the Formation of Character', INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. IV, Pt. 1 and 2, 1923.

[12] I am aware that in the foregoing presentation the concept of the 'super-ego' has been somewhat schematic and therefore more narrowly defined than in Freud's descriptions. I limit the 'super-ego' to the unconscious alone, hence it becomes identical with the unconscious sense of guilt, with the dream-censorship. The transition to conscious demands, to a conscious ego-ideal, is nevertheless in reality a fluid one. We might regard these parts of the 'super-ego' which project into consciousness as the most recent and final imprints in the structure of it, as constituents of the 'super-ego' *in statu nascendi*. They are not so fixed as the categorical, unconscious constituents of the conscience, and are more accessible to conscious judgement. This schematic presentation has been adopted in order to throw into sharper relief the dynamic principles concerned. I have compared extremes, the completely mobile apparatus of perception with the extremely rigid unconscious part of the 'super-ego'. Freud's conception and description, which takes into account the complete 'super-ego' system, is nevertheless the more correct psychologically.

The criticism will undoubtedly be advanced that I have been a little unfair to the super-ego. It will be said, and with justification, that in meeting the demands of reality the conscious ego is in principle very similar to the super-ego. The super-ego is merely a part of introjected reality from the past, an introjected educational code. Inner codes arise from outer. Now the conscious system, too, possesses a similar code. Logical thought in terms of reality is a product of adaptation. The laws of logic are copied from the laws of nature: they, too, represent a fragment of introjected reality. Leibnitz, who was not familiar with the theory of evolution, postulated a divine, pre-existing harmony between the laws of nature and the laws of thought. We know that the super-ego as well as the conscious ego are the inner representatives of reality, but not of reality alone; the *id*, too, is represented by them. We have indeed imputed tainted motives to the super-ego, in that its over-severity and lack of justice represent a secret alliance with the *id* and permit expression of the latter's tendencies without sense of guilt. Now the same

charge might be brought against the ego. The laws of logic are more strict than the laws of nature; they admit of no exceptions. The ego, too, falsifies, renders inaccurately and caricatures reality in its logic, in order to master reality more easily; in this way the ego serves the ends of the *id*.

Our investigation of the inner structure of the mental apparatus has revealed in it a petrified imprint, as it were, of actual by-gone struggles with environment: we saw the super-ego as a stereotyped mind, a mind which has become body. The laws of logic, too, have already become automatisms. Perception is mind: a logical law is mind stiffened into body. Psycho-analysis leads back from body to mind.

A few comments on the nature of these considerations may be appended here. I have attempted to trace the manifestations of psycho-analytic therapy as a whole to two main principles: to the

Fechner-Freud principle of equilibrium and to the Breuer-Freud principle of inertia. This is synonymous with tracing all mental activity to these two fundamental dynamic laws. Here we have the basis of a system of mental dynamics which is of general validity independent of the quality of instincts and stimuli, and which can serve as a sure guiding-line in individual research. The two fundamental principles of the mind bear a strong resemblance to the two dynamic basic principles of physics, to the first and second principles of thermo-dynamics. Whereas the Fechner-Freud principle merely implies the equalization of states of tension, the inertia principle describes the tendency of psychic processes. In this sense it resembles the second principle of thermo-dynamics which, of the many possible conceivable transformations of energy, describes the only one possible in nature. This, too, is a law of tendency and includes the inertia factor, in that it implies the constant reduction of 'free energy', just as the principle of mental inertia implies the continuous 'binding' of *free*, *mobile* energy into *tonic* energy. Future investigation will decide whether we have here merely a formal analogy or an identity.

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THE FINAL GOAL OF PSYCHO-ANALYTIC TREATMENT[1]

MICHAEL BÁLINT

One can confidently describe psycho-analytic treatment as a natural process of development in the patient. If, then, I inquire into the final goal of our therapy, I do not mean by this a prescribed final state, which, deduced from some philosophical, religious, moral, sociological, or even biological premise, requires that everyone should 'get well' according to its particular model. I ask rather: is our clinical experience sufficient to define the final goal, or at least, the final direction of this natural development?

There are special cases particularly suitable for this inquiry. I am thinking of those people who—like Freud's famous Wolf Man—break off the analysis with only partial results, and then, after an interval of years, continue the treatment, possibly with another analyst. The resumed work offers a very favourable opportunity for a fresh investigation of the former non-adjusted obstacles, and a cure in such a case supplies the proof that it was precisely those obstacles that had previously blocked the way to recovery.[2]

A case of this kind first set before me the problem of how our patients become cured and what is really the final goal of psycho-analytic treatment. As the case offers nothing of special interest apart from this, I will mention here only what is of importance for the formulation of our problem. The man in question, who was well on in his forties

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[1] Read before the Thirteenth International Psycho-Analytical Congress, Lucerne, 1934. [Translation supplied by the Author.]

[2] I do not believe, in fact, that smoothly-running cases, which terminate without complications, can offer much for our purpose. First of all, in these cases one can never be quite sure whether our therapeutic work did not merely set going some mechanism, which remains hidden from us, and whether the patients did not recover with the help of this—to us—unknown process. Secondly, it often happens that one can only observe the result and not the process of recovery. We can learn far more from an analysis that does not run smoothly. First, one is, of necessity, bound to reflect more upon it; in a difficult case one notices a problem much sooner than in those where results are easily obtained. Secondly, an obstinate, unchanging obstacle, on which the treatment comes to grief, is more easily perceived than the very subtle changes which finally bring about recovery.

and whose illness presented a picture in which phobic and obsessional neurotic features were originally to the fore, had already undergone some four years of thorough analysis. When, after an interval of two further years, he came to me since he was not able to return to his former analyst, his neurosis was in the form rather of a fairly serious conversion-hysteria. We worked some 500 hours further together. The analysis came to an end two years ago, and the result is one of the best in my practice. Now this was attained without anything new that is worth mentioning being brought to light from the unconscious. Everything had already been partly remembered, partly reconstructed, in the previous analysis, and during this second period of work, which was certainly very intensive, and also successful, no change occurred in the picture, already familiar to the patient, of his infantile and subsequent course of development. In spite of this—and I can assert it without exaggeration—the man was cured during this time.

I would remark at once that this is not an exceptional case. Since learning through this case to wonder at this process, I have been able regularly to observe that in all cases where the analysis was deep enough, the final phase turns out similarly. In the last months fresh material is only

rarely made conscious, and infantile incidents which were not already known or had till then remained unconscious are almost never brought to light. Nevertheless, during this time something very important must have happened to our patients, for before it they were still ill, and during it they become well. I know that all this is already familiar; it was precisely such observations that supplied the material for the concept of 'working through'. But that concept, or, more correctly, the clinical factors on which that concept is based, was not worked out by the different investigators who have attempted to describe the goal of psycho-analytic treatment. For this reason all the descriptions proposed have fallen short.

One group of these descriptions of the final goal deals only with the structural changes in the mind; this we may call the classical group. The other lays stress on the dynamic or the emotional factor; this could be called the romantic group. All descriptions of the first group derive from Freud. According to him the goal of the treatment *was the making conscious of the unconscious*, or, the *removal of infantile amnesia*, or, the *overcoming of the resistances*. The three descriptions are almost synonymous. In my opinion they go too far. As we have seen in the case described, from a certain point in the treatment no

really new material came to light, nothing worth mentioning could be added to the picture of the development of early childhood, and in spite of this the neurosis was cured. On the other hand, it is generally known that even analysed people still dream, and that dream analysis encounters resistance with them also. Consequently, even after the end of an analysis, at least so much remains unconscious in the mind as is necessary for dream formation, and enough resistance undisposed of to be able to disturb a dream-analysis considerably. Others, also, have surely had the experience, that after a finished analysis, months or even years later, patients suddenly remember fragments of their infantile history. Often we had already been able to reconstruct these in the analysis, so that the suddenly emerging memories are only a confirmation of the analytic work; sometimes, however, these pieces bring material which was never suspected and never used in the analysis, and though they fit in well with the known picture are none the less quite new. These three descriptions of the final goal of the treatment consist, therefore, of attributes which, to use mathematical terminology, are neither necessary nor sufficient.

Now let us turn to the second group of descriptions. They are all really more precise restatements of the old description which dates from the time of catharsis. According to this the final goal of our therapeutic efforts is *'the abreacting of the strangulated affects'*. This is doubtless correct but it is stated too generally. We have as yet no means of telling whether all the strangulated affects have in fact been dealt with, nor whether those already dealt with suffice for a cure. Since the theoretical clarifying of the repetition factor, not a few attempts have been made to arrive at some more precise criterion for judging this point. Ferenczi and Rank describe the goal as *'the complete reproduction of the Œdipus relation in analytic experience'*.[3] Since we know how complicated the early infantile Œdipus relation is, this description, though it doubtless signifies a notable advance, seems to say too much. Rank claims the final goal as being *'the abreacting of the birth trauma'*.[4] So much has already been written on the merits and defects of this theory, that further criticism is superfluous. V. Kovács's formulation, *'the unwinding of the repetition factor'*, [5]

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[3] *Entwicklungsziele der Psychoanalyse*, 1924, S. 54–55.

[4] *Das Trauma der Geburt*, 1924.

5'Wiederholungstendenz und Charakterbildung, ' *Internationale Zeitschrift für Psychoanalyse*, Bd. XVII, 1931.

[6] *Charakteranalyse*, 1933.

emphasizes, in contrast to the two previous ones, the dynamics of the curative process, but is still too generally stated. W. Reich comes to almost the same conclusions as I.[6] But he gives as the final goal *'the attaining of full genitality, of orgastic potency'*. This is partly correct; nobody is healthy who lacks the capacity for a regular periodic orgasm. If I have understood him rightly, however, he seeks to explain by means of the vague concept of 'constitution' the cases which actually occur in which, in spite of a deep-going analysis, orgastic potency cannot be reached. On the other hand, most of us have seen, and even observed analytically, more than one person who, in spite of perfect orgastic potency, is decidedly neurotic.

Since the descriptions already proposed do not entirely satisfy us, I shall venture to discuss this question on the basis of the views which I put forward at Wiesbaden.[7] I have been able regularly to observe that in the final phase of the treatment patients begin to give expression to long-forgotten, infantile, instinctual wishes, and to demand their gratification from their environment. These wishes are, at first, only faintly indicated, and their appearance often causes resistance, even extreme anxiety. It is only after many difficulties have been overcome and by very slow degrees that they are openly admitted, and it is not until even later that their gratification is experienced as pleasure. I have called this phenomenon the 'New Beginning', and I believe I have established the fact that it occurs just before the end, in all sufficiently deep-going analyses, and that it even constitutes an essential mechanism of the process of cure.

Let us now turn to some criticisms. First, as I remarked at Wiesbaden, a single New Beginning is hardly ever enough. On the other hand, the patient need not make a New Beginning with all of the early instinctual wishes that were important for him. Moreover, after the analysis has ended instincts may remain whose gratification brings no pleasure and even causes pain.

At this point a host of technical questions arise. Assuming that with the New Beginning we have in our hands an important criterion for the termination of the treatment, then one would like to know how many such recurrent waves of New Beginning are necessary and sufficient. Further, for which component instincts is a New

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[7] 'Charakteranalyse und Neubeginn', *Internationale Zeitschrift für Psychoanalyse*, Bd. XX, 1934.

Beginning obligatory, for which accidental, and finally, for which superfluous? I cannot answer any of these questions, and therefore I propose to examine the New Beginning more closely; perhaps we shall come to the opinion that these questions, however important they may appear to us now, do not arise from the actual facts of the case, and are therefore unanswerable.

Since all these phenomena appear only in the last phase of the treatment, and since, unfortunately, not a few analyses have to be broken off on practical grounds before this phase is reached, it was naturally some time before a significant characteristic of these newly begun pleasurable activities struck me. *They are, without exception, directed towards objects*. This discovery rather surprised me. According to our generally accepted theory of to-day the first and most primitive phase of the libido is auto-erotic. I tried to escape from this theoretical dilemma by arguing that it must be so, since the earlier phases of the development of the libido (auto-erotism and narcissism) were dealt with in the middle period of the treatment. Naturally, then, the carrying-over of the libido to object-relations must remain as a task for the final phase.

But I remained dissatisfied. The activities realized in this New Beginning period, as well as its phantasies, were so childish, so natural, so absolutely unproblematical, that I simply could not take them as being the final links in a complicated chain of development. And, to go further, we have long known that in analytic treatment it is precisely the most deeply hidden, the most primitive layers that come to light last. Then came another constantly repeated observation. As I pointed out at Wiesbaden, after a first, and usually very timid, performance of the activity in

question, a passionate phase habitually follows. The patients are seized, as it were, with an addiction. For days on end they can simply do nothing else but continually repeat these newly begun pleasurable actions, or, at least make phantasies about them. This is a dangerous situation for the continuation of the treatment. The patients were mostly so happy that they were able to deceive themselves and to begin with, I must admit, myself also. They feel ultra-healthy, and some made use of this fact, with my consent, to break off the treatment. This state of passionate happiness, resembling that felt by a drug-addict, unfortunately does not last. As I learnt from a psychologically perceptive patients who came back to me, it degenerates into ever more and more extensive demands which at last can no longer be satisfied by any real object. The end is

an intensified narcissism with overweening pride, self-importance, and outstanding selfishness, veiled by superficial politeness and insincere modesty. (Perhaps this provides an explanation for the very similar behaviour of real addicts.)

If, however, both patient and analyst hold out, this passionate phase passes and in its place a true object-relation, adjusted to reality, develops before our eyes. Thus, to put it shortly, there is first an unmistakable primitive-infantile object-relation, and this—if not rightly understood and treated—ends in unrealizable demands and a narcissistic state, very disagreeable for the whole environment (as is the case with a spoiled child), or—if rightly guided—makes way for a relation without conflicts for the subject as well as for those around him. These observations do not harmonize at all with the usual doctrine of the analytical libido theory, according to which, autoerotism should be the primal state of sexuality. A solution of this discrepancy can only be offered by a theoretical picture which shall be able, at the same time, to explain both the former theory of libidinal development, founded on innumerable clinical data, as well as these latter observations. This solution I found not only suggested but already to a considerable extent built up by Ferenczi.

In his favourite work—the *Genital Theory* —he describes a process which he calls the development of the erotic sense of reality. He sets forth three stages whose goal always remains the same, and which are distinguished only in that they strive to reach this common goal by different ways, better and better adjusted to reality. This goal is the return to the mother's womb (according to Ferenczi the primal aim of all human sexuality) and the three stages are: passive object-love, the auto-plastic or masturbating phase, and finally the alloplastic phase, or, as I should like to call it—active object-love.

What is important for our problem is that the child, as Ferenczi has often pointed out, lives in a libidinal object-relation from the very beginning, and without this libidinal object-relation simply cannot exist; this relation is, however, *passive*. The child does not love but is *loved*. For a time the fostering outer world can fulfil its requirements; but with advancing age these become ever greater, more numerous and more difficult of realization, so that some time or other real frustration is bound to come. The child replies to this with well-founded hate and aggressiveness, and with a turning away from reality, i.e. with an introversion of his love. If upbringing does not work against this change of direction, i.e. does not attempt to bind the

child to reality with enough love, then follows the period of autoerotic distribution of the libido, the period of various self-gratifications, of defiant self-sufficiency. In my opinion the 'anal-sadistic' and 'phallic phases', i.e. the observed object-relations theoretically comprised under these concepts, are artefacts. They do not represent stages, or even points in the normal development of psycho-sexual relations to the outer world; they are not in any respect normal phenomena, but where they can be observed they point to a considerably disturbed

development. They are signs of a rather sharp deflection in the normal psycho-sexual relations to the outer world, occasioned by a consistently unsuitable influence on the part of the environment—above all, by a lack of understanding in upbringing.

I have already given further evidence in support of this seemingly bold assertion before the Budapest Psycho-Analytical Society, and I hope to be able to publish them shortly in a separate paper. Here I will only quote two passages from Freud. He shows in his *Introductory Lectures* that many component instincts of sexuality (such as sadism for instance) possess an object from the very beginning. He continues: 'Others, more plainly connected with particular erotogenic areas in the body, only have an object in the beginning, so long as they are still dependent upon the non-sexual functions and give it up when they become detached from these latter'. Oral erotism is here referred to. The other passage runs: *'The oral impulse becomes auto-erotic*, as the anal and other erotogenic impulses are from the beginning. Further development has, to put it as concisely as possible, two aims: first, to renounce auto-erotism, to give up again the object found in the child's own body in exchange *again* for an external one.' (What follows does not relate to our present theme.)[8] Here it is explicitly declared that the oral instinct, which has hitherto served in theoretical discussions as the perfect example, as it were, of auto-erotism, passes through a stage of object-relationship at its very outset. What was new in my Budapest paper was the attempt to build up a theory which should take into account this fact, which is generally known but has never been fully appreciated.

According to this theory, all instincts, including those originally described as auto-erotic, are primarily bound to objects.[9] This primitive

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[8] *Introductory Lectures on Psycho-Analysis*, pp. 276–7. (The italics are mine.).

[9] I may refer here to a paper on 'The Development of the Capacity for Love and the Sense of Reality' by Alice Bálint (published in Hungarian at Budapest in 1933) in which the author anticipated me in arriving at almost the same results by a different path.

object-relation is always passive. This passive primal aim of human sexuality—the desire to be gratified, or, the desire to be loved—is preserved throughout life. Reality, unavoidable frustration from without, forces man into by-paths, and he has to be content with these. One by-path is auto-erotism, narcissism: if the world does not gratify me, does not love me enough, I must gratify and love myself. The other by-path is active object-love; this attains the original aim better, but at a sacrifice. We love and gratify our partner (this is the sacrifice) so that in the end we may be gratified and loved in return by him.

If all this is true, then it is easily intelligible that every New Beginning has to take place in an object-relation. One cause of neurosis is always real frustration. Usually the analyst underestimates the importance of this cause, because its counterpart in the ætiological complemental series, the endogenic factor, is continually pressed into the foreground by the analytic work. What we work at for months, even years, are the structural defects of the soul, the torn connexions, the psychical material that has become incapable of becoming conscious. But one thing we should never forget is that all these defects of development, which we group under the collective name of 'the repressed', were originally forced into that state by external influences. That is to say, there is no repression without reality, without an object-relation. It is to the lasting credit of Ferenczi that, in the years during which interest was centred upon what was called 'ego-psychology' and upon the investigation of mental structure, he never tired of continually stressing the importance of external factors.

How necessary this was, and still is, I will show by a single example, and for this purpose I have chosen from many other works one that can well bear criticism, since its excellent qualities are very generally recognized. I refer to Melanie Klein's illuminating book.[10]

If we turn to the index of that work we shall look in vain for the following words: lack of understanding in upbringing, parental sadism, unkindness, harshness, spoiling, want of love, and the like. It

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[10] *The Psycho-Analysis of Children*.

[11] Naturally all these subjects are discussed, but the fact that they are absent from the index is of symptomatic importance. (The remarks in the text apply, of course, to the index of the German edition.)

is a remarkable fact that the word 'love' is itself absent.[11] (This word is absent too in the index to Fenichel's *Hysterie und Zwangsneurose*.) This corresponds to another feature of the book: the prominence which it gives to the structural factor and the innate constitution. I will give one example. Everywhere in the book (as well as in her Lucerne Congress paper) Mrs. Klein speaks of the split 'good' and 'bad' mother imagos which the child creates in order to have an object always at hand for his constitutionally intensified sadism. Naturally, then, he must always be afraid of the vengeance of these hated and maltreated 'bad' imagos. But could it not perhaps be put in this way—that in the eyes of the child his parents are capricious beings who, quite unaccountably, are sometimes bad to him and sometimes good? And the more neurotic the behaviour of the parents the harder is the task of adjustment for the child, who, in the end, has no choice but to treat his mother, for instance, as two fundamentally different beings. Sometimes the 'fairy' is there, and sometimes the 'witch'. The fear of vengeance would then be revealed as a fear *determined by reality*, and the 'constitutionally' intense sadism as the effect of lack of understanding in upbringing. That something in my assumption is true is shown precisely by the success of child analysis. With an understanding upbringing on the part of a mother imago who does not behave neurotically—I am thinking of Mrs. Klein—the way to adjustment is opened to the child. I am of opinion that it is a pity to stop at the structural defects of the mind; our path can lead us still further, namely to errors of upbringing—or, as Ferenczi expressed it in his Wiesbaden paper, to the 'confusion of tongues' between the adult and the child.

Now we can understand also why the question as to the necessary number and origin of the newly begun gratifications turned out to be unanswerable. The question arose from a way of thinking that had become schematic and not from the actual facts of the case. It is not particular component instincts that must be begun anew but object-love itself.

With the help of these reflections I believe I have been able to formulate the final goal of psycho-analytic treatment more exactly. A person becomes ill because, from his childhood, he has been treated

with more or less lack of understanding by those around him. Gratifications were denied him which were necessary to him, whereas others were forced on him which were superfluous, unimportant, or even harmful. His mind, moreover, had to submit to external force: it had to build up various structures and, above all, what we call a superego, in order to make him able automatically to avoid conflicts with his reality. He comes to us; we co-operate in a study of his biological and mental structure, and try to bring this into connection with his conscious and primal history. Finally he understands his own nature, and also the long and painful process through which he was formed into the man he now knows. Many people who were not too severely damaged in their object-relation are content with the relief which comes with consciousness, with the accompanying better control of their actions and the extended capacity for pleasure. As the work progresses they become slowly, almost imperceptibly healthy. With them the real end phase of the treatment is absent, or, at most, is merely indicated. With the others, however, who were obliged to suffer severely from the 'confusion of tongues', whose capacity for love was artificially wholly stunted by lack of understanding in their upbringing,

quite a peculiar situation finally arises. Everything turns on one decision. Shall one regard all past suffering as over and done with, settle accounts with the past for good, and, in the last resort, try to make the best use of what possibilities there are in the life still lying ahead? This decision to begin to love really anew is very far from easy. Here the analyst can help considerably. Right interpretations are important; by them he shews that he understands his protégé and will not treat him with lack of understanding as was once the case. The most important thing here, however, is that one should take notice of the timid attempts, often only extremely feebly indicated, towards the New Beginning of the object-relation and not frighten them off. One should never forget that the beginnings of object-libido pursue passive aims and can only be brought to development through the tactful and, in the literal sense of the word, 'lovable' behaviour of the object. And even later one must treat these newly begun relations indulgently so that they may avoid the Scylla and Charybdis of auto-erotism and find their way to reality and active love.

Unfortunately not everyone can achieve this decision for a New Beginning of love. There are people who cannot give up demanding ever fresh compensation from the whole world for all the wrong ever

done them, who know, indeed, that such behaviour is obsessional, and at the present time quite unreal—simply a transference—but, nevertheless, cannot give it up, who want only to be loved and are not able to give love. On a few occasions, though not often, I have come to this point with patients, and have not been able to bring them further. These isolated cases, which, incidentally, shewed considerable improvement, but which I was not able to cure, forced me to recognize the limits of my therapeutic powers. With my present technique I can only cure such people as, in the course of the analytic work, can acquire the ability to attempt to begin to love anew. How those few others are to be helped I do not at present see. But I do not believe that we need let ourselves be defeated by the constitutional factors. Ferenczi used always to say that as long as a patient is willing to continue the treatment a way must be found to help him. Those who knew his way of working know that with him this was no empty phrase. He made many experiments, and he also succeeded in helping many who had already been given up by others as hopeless. Unfortunately not all. The old proverb has proved true again: ars longa, vita brevis. It is the duty of the pupils to carry on the work which the master began.

I am at the end of my paper. I believe I have shown that it was one-sided to base our theories and our way of thinking principally on structural considerations and on the instinctual constitution. Without wishing to detract from the great achievement of the researches made in this direction, I have endeavoured to point out that the study of loving object-relations, which has been gravely neglected in recent years, can contribute much towards the understanding of the human mind and towards the improvement of our therapeutic powers. In my opinion there is to-day too much talk about constitutionally determined sadism and masochism in analytical theory. Thus, the motto of my paper would run: less sadism and more love.

1937) SYMPOSIUM ON THE THEORY OF THE THERAPEUTIC RESULTS OF PSYCHO-ANALYSIS. INT. J. PSYCHO-ANAL., 18:125

SYMPOSIUM ON THE THEORY OF THE THERAPEUTIC RESULTS OF PSYCHO-ANALYSIS[1]

I.

EDWARD GLOVER

LONDON

The decision to hold a Symposium on the nature of Therapeutic Results is a clear indication that theories on this subject which have been generally accepted for so many years are either no longer regarded as adequate or no longer entirely acceptable. At any rate it will add considerably to our freedom of discussion if we admit from the onset that legitimate differences of opinion have arisen as to both past and present therapeutic formulations. Moreover, to judge from earlier analytic controversies it would appear that whenever differences of opinion exist in psycho-analytic circles, two safe generalizations can be made: first, that the original views put forward by Freud on that particular subject are still the best available and second, that as a result of more recent work, these original views are capable of, indeed require, more detailed correlation. I should like to add that in most cases the first of these two generalizations is the more valuable.

Reviewing earlier literature, there seems to be no question that Freud's original views, simple and schematic as they were, still constitute the most valuable and permanent contribution to the subject. These were in effect (1) the existence of transferences, (2) the development of the analytic or transference neurosis and (3) the degree to which the existence of these two manifestations (and in particular their negative forms) was hidden by repression or obscured by projection, thus giving rise to resistances. Successful results depended on the extent to which these three factors were analysed.

[1]Held at the Fourteenth International Psycho-Analytical Congress Marienbad, August 4th, 1936.

Later contributions can be divided into two main periods. The first of these was concerned for the most part with restatements. The theory of transferences and resistances was restated in terms of the newer ego-psychology. This led to more copious use of the terms super-ego and Id but did not add very much to the earlier clinical conceptions. The second and more recent group consists of speculations as to the effect of introjection mechanisms on transferences. This expansion of the concept of introjection together with increasing recognition of the importance in therapeutic processes of fusion and defusion of instinct added considerably to our technical range. But apart from this they did not widen very much our theory of analytic results except in so far as they compelled us to pour old wine into new bottles. Indeed, it might also be said that these later phases gave rise to a certain reactionary tendency in analytical theory. For it would appear from the contributions of various modern writers as if the emphasis placed on early phases of introjection and projection had led to a neglect of the fundamental importance of repression, particularly in the later infantile years.

In this brief review I have said nothing so far as to the rôle of interpretation. The significance attached to interpretation has also varied according to the state of analytic theory. Discussions of the subject became more lively only after ego-terminology came into vogue. Earlier ideas of the unconscious and of the repressed did not demand a very recondite view of the nature of the

interpretation. The analyst was permitted to uncover to the best of his ability the repressed pathogenic focus and in particular to correct the faulty repression consequent on regression to a fixation point. In these days it didn't matter very much how he did this so long as he *did* do it to the point of symptom resolution. I cannot help thinking that as we come to know more of mental development and as we become more ambitious in our therapeutic aims, we are prone not only to become more obscurantist in our therapeutic ideology but to overestimate the refinement of our labour.[2]

[2] In this connection I recall a remark made in course of personal conversation with Hanns Sachs in the period prior to Freud's first description of the Id. He said in effect that our deepest analyses were no more than scratching the earth's surface with a harrow. Possibly a younger generation of analysts would regard this as a confession of the comparative ignorance of the period. Yet there is a good deal to be said for the view that some of the modern chess-board methods of analysis make up in complexity for what they lack in clinical perspective.

Yet I have no doubt at all that our therapeutic theory should keep step with our newer clinical understanding. For many years I have advanced the view that increased understanding of the etiology of psychopathological states depends on increased knowledge of the stages of mental development. I believe for example that the obsessional neuroses date in most instances from about the age of two years, that they constitute a pathological overemphasis of a normal obsessional phase, that this normal phase is intended to consolidate ego development and render the ego less sensitive to violent alternations of projective and introjective phases. According to this view it is essential that our theory of therapeutic results should keep pace with the complexity of ego-development and with the complexity of our etiological formulæ.

Take for example, earlier views regarding transference and transference resistance (both positive and negative). Although these earlier views were and, as I have suggested, are still profoundly accurate, they no longer reflect adequately our knowledge of mental development. They were influenced for the most part by our understanding of one unconscious mechanism, that of displacement. And that is not quite good enough for us now. An adequate conception of transference must reflect the *totality* of the individual's development. The patient it is true displaces or *transfers* massively but he displaces on to the analyst not merely affects and ideas but *all* he has ever learnt or forgotten throughout his mental development. Analysing the transference for theoretical purposes we should find a complete reflection of the unconscious ego, a complete reflection of its mechanisms and patterns, of its affects and consequently of the instincts it has to control or satisfy. Therapeutic results must depend in principle *on precisely the same factors* that can be found operative throughout infancy up to and including puberty. In other words, transference is not an example of a single mechanism but a repetition of infantile development, and must include a multiplicity of factors.

The task of assessing which factors are operative in all cases and which are characteristic of specific cases is, I take it, the task we are faced with to-day. Fortunately it is not difficult to make some simple generalizations on the subject. There are three main therapeutic approaches in analysis (1) *the analysis of mental mechanisms* with which goes in most but not all cases, the analysis of layers of ego-structure, [3]

[3] The chief exception to this is the analysis of negative or denial mechanisms such as repression. Repression may have, as Freud suggested, a specific relation to the genital phase of object relation and so prove to be the most significant mechanism in hysterical symptom formation. On the other hand repression leaves few traces by which it can be dated and the concept of primary repression in particular suggests that it plays a considerable part in earlier phases.

(2) the analysis of affects. Any attempt to modify these affects involves simultaneously (3) the analysis of *instinct quantities* and movements which include the phenomena of libido *fixation* and *regression* and the analysis of *fusions* of libido and aggressive impulse.

For practical purposes the analysis of mechanisms involves the uncovering and correction of faulty repression, displacement and, reaction formation and the modification of the projection-introjection group of mechanisms. There are doubtless others to be considered but we hear very little of them, know little about them and have done little work on them. The analysis of mechanisms is interesting because, whether or not they exist as tendencies from early infancy, there is in my opinion a hierarchy of such mechanisms or, if not a simple hierarchy, then a series of developmental phases in which certain combinations of mechanisms are characteristic. It has often been maintained that depressions, obsessional neuroses, hysterical phobias, etc. exhibit characteristic mechanisms, but the bearing of such observations on psychoanalytical technique has not been emphasized. If the view is correct that all psychopathological states can be arranged in a developmental sequence, and if, as I suggest, there is a corresponding series of characteristic mechanisms, it follows that our therapeutic success must depend to some extent on the degree of efficiency with which we correct the mechanisms characteristic of any one case. This implies a certain need for specialization in analytic work, a state of affairs which seems in any case inevitable. It has long been known that some analysts get better results with some clinical types than with others. Naturally this view does not involve any neglect of the dynamic conditions that lead to exaggerated functioning of mechanisms. It merely emphasizes the necessity of taking mechanisms into account when assessing therapeutic factors.

And here arises a question which has been raised by Dr. Schmideberg amongst others, namely, how to we correct these mechanisms. On the answer to this question depends our whole valuation of the process of interpretation. It is sometimes forgotten that interpretation

as originally conceived was intended to correct excessive or *faulty function of repression* by introducing preconscious links. It is too easily assumed that this applies with equal force to other mechanisms. Clinically we know that the reaction formations and displacements of obsessional neurosis are much more refractory to interpretation. And the products of projection and introjection exhibit a resistance to interpretation which is almost equal to that of a well-established sublimation. It would seem that we must credit therapeutic effect in such instances not solely to interpretation but to interpretation in combination with other factors. The humane relation in the transference and the tolerance of the analyst towards instinct derivatives in the first place encourages the freer use of primitive mechanisms, allows a dosed rather than an undosed or uncontrolled abreaction of affect and then, through freer expression of affect, counteracts repression and projection. Naturally we cannot divide these processes too sharply. They are interrelated. Instead of a vicious circle, we have a benign progression. In contradistinction to suggestion, there is no factor of instinct-inhibition present.

This situation could, of course, be described in a number of ways. It could be expressed first of all in terms *ego-structure*, laying emphasis on the modification of the super-ego by means of fresh introjections on the part of the patient. Modification of the super-ego has long been regarded as a standard factor in therapeutic success. In recent years this has come to include modification of earlier and more archaic processes of introjection and the point has now been reached where—as indicated by Mr. Strachey—the dosed introjection of good objects is regarded as one of the most important factors in the therapeutic process. I cannot help feeling that this tendency has been exaggerated as the result of a preference for ego terminology and a bias in favour of 'deep' interpretations. It is thus a one-sided 'topographic' view of the process. In any case it should be added that the combination of two factors (a) interpretation and (b) the transference factors, permits a freer expression in consciousness of instinct energies which in

turn and in consequence can be more freely sublimated or displaced and so again relieve mental tension.

It is clear that the therapeutic situation must be described also in terms of *affect and instinct*. We can say that the combination of interpretation and transference security encourages a temporary defusion of earlier and pathogenic fusions of instinct and permits gradually a fresh fusion. Fresh fusions are more easily displaced and lead therefore

to more adequate adaptations. Without this defusion and refusion, the alterations necessary for cure of obsessional neuroses and early psychoses cannot be brought about. They may take place in mild hysterias but so far as I know in no other psychopathological state. I need hardly add that the quantities of energy concerned in such movements, compared with the quantities present in the total psyche, are quite *marginal*. Yet these marginal changes are sufficient to produce very considerable effect. It is difficult to over-estimate the amount of work performed by various mechanisms when they are not interfered with by affects of anxiety and guilt. It is supposed to be heterodox to suggest that many rapid therapeutic successes are due to the increased efficiency of repression or to wider displacements or to fractional projections taking place after marginal alleviation of anxiety. But I don't think it is really a question of orthodoxy or heterodoxy. It is a question of fact. Mechanisms are not in themselves pathogenic—the instinct quantities with which they have to deal may be. I ought to add here that in addition to the freeing of libido and its use for better displacement, sublimation and adaptation, the freeing of aggressive energies can be used for better *organization of the Id* and more accurate ventilation in the external world in the form of adapted activities. What the archaic super-ego loses the Id gains, the preconscious Ego gains and—this is by no means to be despised—the Object gains.

The third line of approach to this subject lies in a study of the effect of instinct movements in particular those concerned with regression. We know that regression is a normal process which all persons exploit at least every hour of the waking day. We know on the other hand that regressions lead to the most severe pathological states. It is easy to assume therefore that beneficial effects can be produced in the process of *transference regressions*. Exactly how this comes about is difficult to say. Our answers so far are very unsatisfactory. We can say, for example, that the regression takes place in the presence of a better composite family figure, to wit, the analyst who *endures* the patient's projections and is therefore in course of time (a longer or shorter time according to the case) introjected. But that whilst correct enough is rather a self-satisfied explanation on the part of the analyst and depends a little on his enthusiasm for his own interpretations. We cannot answer this question because we really know very little of the mind of the child during the first eighteen months or two years. The clinical observations brought forward by Bychowski as to the

nature of regressions in hypoglycæmic states seem to me to be capable of explanation in terms of a regression which become therapeutic because of the presence of a better and more reassuring object—the physician or analyst, who refrains from copying the behaviour of his patient. This would suggest that in the deeper pathological states, a prerequisite of the efficiency of interpretation is the *attitude*, the true unconscious attitude of the analyst to his patients. As a rule, analysts are afraid to discuss this matter lest they should lay themselves open to the charge of hinting that deep down at the core of the analytic relation—a factor of reassurance through rapport may be decisive. This fear is surely groundless—there is no need now to be afraid of charges of suggestion through interpretation. This has nothing to do with the fundamental psychic relations between all human subjects and objects. It is obvious that many people cure themselves through their unconscious human contacts. What this deepest

relation is we cannot say because we do not know. It is no doubt plausible that rapport depends on the nature of early introjective and projective processes in patient and analyst respectively, but this explanation, if accurate, would not diminish the therapeutic significance of states of primitive rapport in any one analysis.

Considerations of this sort indicate how necessary it is to examine anew the factor of 'working through' (*durcharbeiten*) of which much less has been heard in recent years. According to Freud this process dealt with the resistance of the Id and occurred irrespective of immediate interpretation. The slowness of the process is an indication that the determining factors must also operate very gradually. These factors are (a) gradual psychic reassurance, (b) gradual new introjections, (c) fractional projections given assent to by the ego, [4] (e) gradual widening of the range of displacements leading to slow and new adaptations—in short, a gradual progression rather than continued regression of fusions of libido and aggressive impulses. In many endlose Analysen of which we hear more and more nowadays, it is an open question to which of these factors the ultimate result is due.*5* I think the decision on this point should solve the old problem of when to terminate an analysis. The danger of the long analysis is

[4] I have never been able to see why a wider distribution of projective processes should not have as beneficial an effect as the correction of archaic introjections. There is an unwarranted tendency to disapprove of projection as if it were a bugaboo rather than a mental mechanism.

[5] It is clear that very little discrimination is exercised in the assessment of analytic results. A prolonged analysis which comes to include the whole period of the climacteric can scarcely be regarded as comparable with an analysis of equal duration in the early twenties. The therapeutic effect of the climacteric cannot be discounted.

largely that we gamble on unconscious adaptation rather than analytic procedures, and although the patient cannot complain of this slow ameliorative process the improvement itself is difficult to assess in specific terms.

For these among many reasons, I feel that a symposium on the Theory of Therapeutic Results should not be limited to a discussion of alleged specific factors in the analytic process. It must take into account and assess the value of all factors in the analytic situation, otherwise it becomes mere special pleading. Convincing proof of the multiplicity of factors operative in therapeutic results is contained in the results of a Questionnaire sent a few years ago to all English practising analysts. It is of course, taken for granted that there are good and bad analysts, experienced and inexperienced analysts; it is also well known that an analyst who is poorly orientated theoretically, can still be a good therapeutic analyst. But here in England we discovered that a number of orientated and practising analysts holding to the fundamental principles of psychoanalysis varied in their methods in every imaginable way, method of interpretation, depth, frequency, type, length of analysis and so on. Yet so far as I can ascertain the results obtained by these various methods appear to be much the same. No doubt this generalization allows too ample a margin for error in estimating results. Indeed, it appears to me that before holding this symposium on the nature of results, we ought to have held a preliminary session on the actual analysis of results. I believe that it would be worth while if all Branch Societies were to prepare for a fresh discussion by sending out similar Questionnaires. When we have ascertained as exactly as possible the methods used and the actual results obtained, we can proceed with more confidence to a restatement of the theory of results.[6]

II

OTTO FENICHEL

PRAGUE

In a short contribution to a discussion the utmost that one can do is to set out one's main thesis schematically.

A neurosis is a discharge of dammed-up instinctual energies, occurring in defiance of the wishes of the ego. In the cases which concern us, namely, the psycho-neuroses, this damming-up has come about through the ego's constant warding-off of the instincts. Since it is only the ego which is accessible to our therapeutic intervention, there are, in principle, two modes of attack. We may try to strengthen the ego with a view to enabling it to put up a more successful defence against the instincts. Or we may induce it to desist from its defence or to replace that defence by one better adapted to the purpose. I need not enlarge on the fact that the first method may sometimes be adopted in the course of a psycho-analytical treatment, but that, fundamentally, analytical therapy employs the second. Two questions arise. First, by what means can we influence the ego to desist from or to modify its defence against the instincts? Secondly, how are we to explain dynamically and economically the changes which take place when the defence has been thus discontinued or modified?

The ego's ill-adapted defence against the instincts is at bottom always prompted by its conviction that instinctual excitation is dangerous and its dread of the unpleasure which might result if it yielded to its impulses. Whether this danger threatens from the external world or has already been introjected is in principle a matter of secondary importance. Thus Freud, in *Inhibitions, Symptoms and Anxiety*, says that the fundamental characteristic of neurosis is the retention of anxiety-contents beyond the period at which they are physiologically appropriate. The retaining of a belief in a danger which has no objective existence is, however, itself the result of an instinctual defence set up in childhood under the influence of that anxiety. The instinctual components which have been repelled have become unconscious, and with them the anxiety which prompted the defence; and this anxiety has lost its connection with the personality as a whole. The anxiety does not share in the development of the rest of the ego nor is it corrected by subsequent experience.

By means of the anti-cathexes of the ego certain mental contents

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[6] Although I have not attempted to give a list of references to standard works on the subject, use has been made of some views recently expressed by Dr. Melitta Schmideberg on the analysis of projection mechanisms, on the importance of instruct-refusion, on the rôle of reassurance.

are withheld from consciousness and kept apart from the whole personality, some of these contents being instinctual components and others the ego's unconscious anxiety-ideas. It is our task to restore these to the conscious ego and to render the anti-cathexes inoperative.

What makes this possible is the fact that the instinctual components which are warded-off produce derivatives. If we follow the fundamental rule of psycho-analysis and exclude as far as possible the purposive ideas of the ego, these derivatives, which are always to be observed in the impulses of human beings, become still clearer. Every interpretation, whether it be that of a resistance or of an *id*-impulse, consists of demonstrating the nature of a derivative as such to that part of the ego which exercises the faculty of judgment. It is no interpretation simply to name unconscious components before they are represented by a preconscious derivative which the patient can recognize as such by merely turning his attention to it. In my paper 'Zur Theorie der Technik'[1] I showed that, when we demonstrate to a patient the fact that he is setting up a

defence, what its nature is and why, how, and against what he is employing it, we are really training his ego to tolerate instinctual derivatives, which are being made less and less distorted. Sterba, speaking of what is in practice the most useful kind of interpretation, namely, interpretation of the transference-resistance, shows that this takes place through a kind of dissociation of the ego into a part which judges reasonably and a part which experiences, the former recognizing that the latter is not appropriate to the real situation but is a legacy from the past. The result is a relative diminution in anxiety, and this assists in the production of fresh and less distorted derivatives. (It would be interesting to inquire how this 'ego-dissociation' and 'self-observation', which we welcome, differ from pathological dissociation and self-observation, the aim of which is to keep certain mental contents in isolation and which actually prevent the production of derivatives.) To bring about this result we make use of the positive transference and of transitory identifications with the analyst. Certain fundamental rules of technique, such as that 'analysis always starts from the surface presented at the moment' or 'interpretation of resistance precedes interpretation of mental contents', and so forth, follow of themselves. I may therefore be excused from touching here, where I must confine myself to my main theme, upon such important questions as 'interpretation of resistance

and interpretation of psychic contents', and 'analysis of the ego and analysis of the *id*'.

In the same way, unconscious resistances are put out of action by demonstrating their conscious derivatives and manifestations to the patient; and, if we seize the right moment to name the *id*-impulses which he has warded-off and of which 'the ego, grown more tolerant, has already become aware', we shall put a stop to its defensive activities. The 'analytical atmosphere', which convinces the patient that he has nothing to fear from toleration of impulses which he generally repels, seems to be not only an indispensable condition for every transference-interpretation—(for, if the analyst were in any way to join the patient in acting out the situation, it would be impossible to demonstrate the fact that the patient's emotions were determined by situations in the past)—but, further, a valuable means of persuading the ego to admit tentatively impulses which it normally repels. Kaiser fears that this may lead to the analysis being isolated from real life, because the patient feels that here he is only playing with his impulses, whereas, in life, where they are serious, it is his duty to go on putting up a defence against them. His fear, I think, is justified in some cases (and where this is so this resistance must be analysed); but that is not an adequate reason for throwing overboard the advantages of the atmosphere of 'tolerance'. A technique which employs 'action' makes it difficult to confront the ego with its unconscious impulses, and, although it often reveals so much, I think this method is dangerous because it represents only the present and the patient cannot become conscious that he is governed by the past. It is, *au fond*, analogous to the equally dangerous opposite method of analysis, the 'theoretical' method, which deals with the past without observing that it is still present.

Freud has said that in analysis we employ every means of suggestion to persuade the ego to desist from the manufacture of defences. In practice this is certainly still true and the utilization of the transference in this sense is nothing but suggestion. It must, however, be said that the effect which we desire to produce upon the ego will be lasting and profound in proportion as we succeed in using no other means of overcoming resistances than that of confronting the reasonable ego with the fact of his resistances and the history of their origin. This enables him to recognize the unconscious element in them and at the same time renders them superfluous. We find too, of course, that in a transitory manner 'the analyst insinuates himself into the patient's

super-ego'. (This is what takes place in hypnosis and Strachey holds that it is also characteristic of analytic therapy.) Temporarily, also, we find all the 'effects of inexact interpretation' which Glover has investigated. By this I mean that, as the patient gradually abandons his neurotic modes of discharging instinctual energy, he may succeed in finding substitutes for them in transference-actions or in some other phenomena which the treatment has made possible.

If we succeed thus in putting an end to the pathogenic defensive activities of the ego, what is the result? Neurotics are people who in their unconscious instinctual life have either remained on an infantile level or have regressed to it—people, that is to say, whose sexuality (or aggressiveness) has retained infantile forms. Theoretically therefore we may anticipate that this therapy would result in perversions. Anna Freud holds that with children analytical influence must be combined with educational training; that otherwise, for instance, when the repression against anal erotism is lifted, the child may take to smearing objects with fæces. She thinks too that in the case of some adults, whose defences are motivated by the fear of the amount of their own instinctual energy, the removal of those defences may result in the instinctual energy breaking out and overwhelming the whole ego. In my opinion practical experience shows that there is no such danger. Moreover, the instinctual components which have been warded-off have only retained their infantile character because they have been warded-off, and have lost connection with the whole personality, which meanwhile has gone on developing. If the energy which was bound in the defensive conflict is readmitted to the whole personality, it will find its proper place there and adapt itself to the genital primacy which has been established. Pregenital sexuality, when it ceases to be bound in the defensive conflict, is by that very fact transformed into genital sexuality with the capacity for orgasm. The experiences of gratification which now become possible are those that contribute most of all to the final removal of the pathogenic damming-up of instinctual energy. Isolated 'abreactions' cannot accomplish this; they give momentary relief, but they do not bring the defensive conflict to an end nor do they liberate the libido which it binds. The therapeutic importance of 'abreaction' and of 'the fizzling-out of repressed instinctual excitation on entering consciousness' is relatively little as compared with the achievement of a well-ordered sexual economy. This is why we rate the curative value of single outbreaks of affect comparatively low, however welcome they may be in some analytic

situations, while we think very highly of the process of 'working-through' which follows. This process, which Rado compares to the work of mourning, means that an unconscious impulse, once recognized, must be demonstrated over and over again, every time that it makes its appearance in one of its manifold forms and connections. Thus, and thus only, can the pathogenic defence against instinct be really abolished. Other modes of discharge, which were previously impossible for the patient, of course become possible when his defence is abandoned. I refer to sublimations. There is no doubt that the latter play a lesser part quantitatively in setting to rights the sexual processes of a personality which has been neurotic than does appropriate sexual gratification.

I propose to employ the few minutes which remain to me in making certain observations on the contributions to our Symposium which have so far been read.

Bergler seems to me principally to have brought out particular ways in which the patient's ego can be trained to tolerate more readily the derivatives of impulses which it has repelled. There can be no doubt that analysis represents a refutation of the magical equation 'thought = act'. Certainly, too, it does happen that some patients feel analysis to be a 'sexual secret which yet has no harm in it'. This does not simply assist the analysis, but it is also a special resistance which must be uncovered as such and got rid of. The notion that, as analysis proceeds, less demon and more super-ego is progressively projected on to the analyst stands or falls with the demon-ego-ideal theory, which I cannot discuss here. But to my mind the most doubtful of Bergler's points was his argument about 'the unconscious sense of guilt as the vis a tergo'. He

states that the super-ego becomes more tolerant on the basis of a renunciation of infantile sexuality. But how difficult is it for a patient who has been cured to make this renunciation? When genital primacy has been established the infantile sexual impulses as such can simply disappear. Again, I think that patients can be cured by psycho-analysis and become really well without cherishing any resentment.

With Bibring's views I am largely in accordance, but I should like to express one or two slight doubts in connection with three of his points.

1. It seems to me already perfectly possible to formulate a theory of our therapy. Bibring himself has put one forward. There are many

gaps in the details of our knowledge and we have not yet found the solution of problems arising precisely out of the theory we hold to-day, but the theory itself is there.

2. It must not be supposed that fixation through frustration is always only a fixation of the ego. The ego, which fears a repetition of the frustration, in the process of defending itself holds down the *id*, the instinct, to some particular level.

3. The 'pedagogic' importance of the fact that the analyst supports the patient's reason against his archaic ego is, I think, slight, though in some cases we have to make great use of it. For we always work with the 'normal remainder of the personality'. It must be our ally against resistance and, in spite of our utilization of the transference, without it we shall not succeed.

I am unable to assent to Nunberg's remarks about the repetition-compulsion, because my conception of it differs from his. That there is such a compulsion on *this* side of the pleasure-principle is, I think, indisputable. *Beyond* the pleasure-principle what happens seems to be that quantities of undischarged, dammed-up excitation seek to be mastered retrospectively. The unpleasurable repetition of an unpleasurable experience is at any rate less unpleasurable than having to tolerate unresolved tensions. In principle—though in practice we may not always really succeed in this—a genuine breaking-down of the defence should involve the overcoming of the repetition-compulsion. If I can induce a patient to exchange autoplastic for alloplastic modes of behaviour and enable him to react suitably to reality, this surely means that the repetition-compulsion is abolished, not merely transferred from the *id* to the ego. The old formula 'We cure by making the unconscious conscious' is topographically conceived and there is a danger that in our technique we may do too scant justice to the *dynamic* and *economic* standpoints. In my view it is not simply the function of reality-testing that depends on the super-ego: *all* the ego-functions are accessible to the super-ego's influence.

I am largely in agreement with Strachey; but I think he uses the concept of 'introjection' in a wider sense than is legitimate. When I recognize that what someone says is right it does not necessarily mean that I have introjected him.

III

JAMES STRACHEY

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I should like to begin at once by trying to narrow the field and concentrate our attention upon the essential subject of our discussion: What is the character of the therapeutic results of psycho-analysis? and how are those results brought about? Now we all know that there are psycho-therapists who employ technical procedures quite different from psycho-analysis—

methods such as suggestion or reassurance or abreaction—and we believe that the results brought about by such methods are also quite different from those brought about by psycho-analysis. These methods of treatment are naturally ruled out of our discussion to-day. But I want for the moment to rule out more than this. It seems highly probable that in the course of the many months or years of an analysis some, or perhaps all, of these other procedures I have just referred to—suggestion, reassurance, abreaction—will play some part in the complex relation between analyst and patient. Nevertheless, I propose for the moment to assume that these procedures occur in an analysis only as nonessential incidents, though, as regards one at least of these procedures, a qualification will soon be necessary. I shall accordingly leave them on one side and turn immediately to those attributes of psycho-analysis which are both characteristic and unique.

First of all, then, as regards the character of its results. What distinguishes them from those produced by other methods seems to be depth and permanence. In so far as changes are produced by analysis, they seem in some sense or other to be real changes in the patient's mental functioning. The nature of these changes can be better understood if we look at them more closely. A neurotic illness may be regarded as the product of an interference with the individual's normal process of growth. Then, if the interference is removed, the normal process of growth will be resumed. In other words, analysis enables the half-childish, half-dwarfed mind of the neurotic to grow towards adult stature. Or we may state the same point in still greater detail. It seems as though, when the individual reaches the complete genital level of libidinal development, the destructiveness of his *id*-impulses diminishes, his super-ego becomes correspondingly milder and the relations between his super-ego and his ego reach a tolerable

equilibrium. The neurotic's libidinal development is held up at some earlier stage, so that there is constant disharmony between the three parts of his mind. It may be possible to *mitigate* such a situation in various ways. But a real improvement will only occur if the hold-up in the patient's libidinal development can be removed. For, if this is done, he will continue to develop towards the genital level, at which his whole tendency to internal conflict will be automatically diminished. An improvement of this kind will from its very nature be permanent, and it is at an improvement of this kind that psycho-analysis aims.

By what methods does it hope to bring about this result? Theoretically, it would seem possible for it to work along two lines: on the one hand, it could aim at making the super-ego more tolerant, and on the other hand, it could aim at making the *id* more tolerable. In actual practice, however, direct attempts at modifying the *id* seem to have very little prospect of success, and in fact psycho-analysis is chiefly concerned with modifying the super-ego. (This corresponds, of course, with the long-established view that psycho-analysis is essentially an analysis of *resistances*.)

We are thus led, in my view, to a fresh formulation of our original question: What are the means by which the psycho-analyst brings about a permanent modification of his patient's super-ego?

I must at once draw attention to the importance of the word 'permanent' in this formulation. It seems likely that some of the other psycho-therapeutic procedures that I have mentioned—and in particular the method of suggestion—are in certain cases able to produce a *temporary* modification of the patient's super-ego, but never a permanent one. No sooner has the direct influence of the practitioner been withdrawn than the patient's super-ego returns to its original state. Nevertheless we may perhaps ask whether this *temporary* modification of the super-ego may not serve perhaps as a step towards that *permanent* modification which is the aim of psycho-analysis. And this seems in a certain sense to be the case. For, in fact, the temporary modification of the patient's super-ego in the shape of suggestion seems to play an important

part in the work of analysis, though only in one particular and strictly defined set of conditions. Suggestion is used, that is to say, in order to induce the patient to accept the analyst's interpretations. Or, to put it more precisely, the patient's super-ego is made temporarily more tolerant so that he may become conscious of some portion of his own *id*-impulses which is habitually debarred from consciousness.

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It may be questioned, however, whether all this takes us any nearer to answering our main question. In the first place, there is still nothing to suggest how the super-ego's temporary tolerance is going to be made permanent. And, in the next place, our discussion has so far thrown no light whatever upon the way in which even this temporary modification of the super-ego is effected.

Our understanding of these problems (and consequently of the main question behind them) will, I believe, be improved if we turn our attention to two closely inter-related topics, one clinical, the other theoretical. What I have in mind is on the one hand the observed fact of the peculiar importance of transference-interpretations, and on the other the hypothesis as to the part played in the transference-relation by processes of projection and introjection.

The necessity for interpreting the transference to the patient was, of course, one of Freud's very earliest technical discoveries, and, ever since, a correct handling of the transference and its adequate interpretation have been perhaps the chief criteria of analytic capacity. Nevertheless, I am not certain that the whole importance of transference-interpretation is even yet everywhere realized, or the whole peculiarity of the dynamic processes involved in it. And here I should like to explain that I am using the phrase in a restricted sense. It would be possible to interpret a patient's transference at great length without ever giving him a transference-interpretation of the sort I have in mind. For the prime essential of a transference-interpretation in my view is that the feeling or impulse interpreted should not merely be concerned with the analyst but that it should be in activity at the moment at which it is interpreted. Thus an interpretation of an impulse felt towards the analyst last week or even a quarter of an hour ago will not be a transference-interpretation in my sense unless it is still active in the patient at the moment when the interpretation is given. The situation will be, so to speak, a dead one and will be entirely without the dynamic force which is inherent in the giving of a true transference-interpretation.

The vital importance of transference-interpretation is, as I have said, a matter of empirical observation. It has a negative and a positive aspect: that is to say, transference-interpretation is the main safeguard against dangers that threaten to interrupt an analysis and is also the main motive-force for carrying an analysis through. The first aspect is most blatantly obvious in the hysterias, where, unless transference-interpretations are steadily made, there is a perpetual

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risk that sudden outbursts of anxiety may break off the analysis; and the second aspect is most evident in obsessional neurosis, where no progress whatever seems to occur except as a result of transference-interpretations. But these are only the most striking examples: for the importance of transference-interpretation can, I think, be observed in every single analysis.

What gives it this importance? I have in another place[8] put forward at some length a possible explanation of the nature of interpretation in general. I have suggested that it is a procedure which enables the patient, under controlled conditions and in limited doses, to employ his sense of reality for the purpose of making a comparison between his archaic and imaginary objects and his actual and real ones; and I have argued that the small-scale correction which he can thus make in his attitude towards the *external* world is the first step towards the *internal* re-adjustment which is our ultimate aim. If this is a true account, it seems to follow that a

transference-interpretation is more likely to bring about the desired result than any other sort of interpretation. For on the one hand the instinctual impulse interpreted will, by definition, be one that is in activity at the moment at which the interpretation is given, and on the other hand the object of that instinctual impulse will, equally by definition, be actually present. Thus the comparison will be made easier by the immediate presence of one of the objects to be compared and the correction when it is made will be the re-adjustment of a living process at the moment of its occurrence and not the mere revision of a past historical event.

But there is a second reason for preferring transference to non-transference-interpretations, which can best be explained by an example. Let us suppose that the analyst gives a woman patient an interpretation to the effect that on some occasion she had a wish that her husband should die. Now the effect that (according to our theory of interpretation) should be produced here is that the patient, by being made conscious of this particular *id*-impulse, will be in a position to discriminate between her actual object (her husband) and her archaic phantasy object (a father-imago, perhaps) and will thus be able to make a correction in her attitude to external reality and ultimately to make an internal re-adjustment. But what *actually* happens is something quite different. When the interpretation is given, the whole

[8] 'The Nature of the Therapeutic Action of Psycho-Analysis', this JOURNAL, Vol. XV, 1934.

conflict is transferred from the situation which the analyst is talking about to another situation which he is not talking about. The patient may, it is true, agree that she wished her husband to die, but her emotional interests have automatically passed over to another problem—this time about the analyst and his interpretation. She is now filled with conflicting feelings about *him* — anger, fear, suspicion, gratitude, and many more. And the whole of this new conflict is for the time being out of the analyst's sight and reach. Giving non-transference-interpretations is, in fact, like trying to untie a knot in an endless ring of rope. You can untie the knot quite easily in one place, but it will re-tie itself at the very same moment in some other part of the ring. You cannot *really* untie the knot unless you have hold of the ends of the rope, and that is your situation only when you make a transference-interpretation.

But there is a third peculiarity which distinguishes transference from non-transference-interpretations, and I believe that this third distinction is perhaps the most important of all and may even provide us with a clue to the solution of our main problem—the problem of how it is that the analyst is able to produce a permanent modification in the patient's super-ego. This third distinction is the fact that in the case of transference-interpretation the person who gives the interpretation is at the same time the person who is the object of the *id*-impulse which is being interpreted.

In order to bring out the full implications of this fact, I must touch very briefly upon the part played in super-ego formation by the processes of introjection and projection. The view has been put forward by Melanie Klein that at every stage of the individual's development the character of his super-ego is very largely determined by the character of his object-relations. So long as his relations to his object are of an extremely primitive type, his super-ego (or, as it may be called in this connection, his introjected object) will function in an extremely primitive fashion. And when, in the course of his libidinal development, his relations to his object begin to lose something of their sadism and ambivalence, so too his super-ego will become more tolerant and kindly. But there is a further process involved; for the character of the individual's super-ego (or internal object) will in turn affect his view of his external objects. Thus, so long as his *internal* objects are behaving in a primitive way, he will tend to regard his external objects as primitive beings, whether in a good or a bad sense, and it will only be when he reaches an adult stage of development

that his objects will cease to be devils or angels and will take on the characteristics of reality. Now, as we have already seen, the neurotic is held up in his libidinal development, and accordingly both his super-ego and his external objects retain their archaic nature. There is nothing in his contact with people in ordinary life that can alter this state of things. His object-relations will continue to be primitive, and he will continue to introject primitive objects and to project them again on to the external world. Nor will the situation be fundamentally changed if he comes to a psycho-therapist who treats him by suggestion or re-assurance. For a psycho-therapist of this kind may lay himself out to be kind to the patient's ego and may thus hope to be introjected by the patient as a benevolent super-ego; but he will be behaving as a good object of an archaic and phantastic type and as such he will in fact be introjected. He will thus produce no real qualitative change in the patient's super-ego and will be in constant danger of falling a victim to primitive ambivalence or of being felt as offering libidinal gratification rather than comfort and advice and so of being treated as a part of the patient's *id* rather than of his super-ego.

In psycho-analysis, however, the position is very different. It is true that the analyst, too, offers himself to his patient as an object and hopes to be introjected by him as a super-ego. But his one endeavour from the very beginning is to differentiate himself from the patient's archaic objects and to contrive, as far as he possibly can, that the patient shall introject him not as one more archaic imago added to the rest of the primitive super-ego, but as the nucleus of a separate and new super-ego. And he hopes that in the course of the analysis this new super-ego will gradually extend and infiltrate the original super-ego and replace its unadaptable rigidity by an attitude that is in closer contact with adult conditions and with external reality. He hopes, in short, that he himself will be introjected by the patient as a super-ego—introjected, however, not at a single gulp and as an archaic object, whether bad or good, but little by little and as a real person.

It is not difficult to conjecture that these piecemeal introjections of the analyst occur at the moments of the carrying through of transference-interpretations. For at those moments, which are unique in the patient's experience, the object of his unconscious impulses simultaneously reveals himself as being clearly aware of their nature and as feeling on their account neither anxiety nor anger. Thus the object which he introjects at those moments will have a unique

quality, which will effectually prevent its undifferentiated absorption into his original super-ego and will on the contrary imply a step towards a permanent modification in his mental structure.

My main conclusions, therefore, are twofold. In the first place, it seems to me that the immediate determinants of the therapeutic results of psycho-analysis are to be found in the procedures of interpretation and more particularly of transference-interpretation. And, in the second place, it seems to me that it will only be possible to understand the results of those procedures and how those procedures are put into operation if we pay sufficient attention to the mechanisms of introjection and projection.

IV

EDMUND BERGLER

VIENNA

It is a matter of everyday experience in psycho-analysis that our theoretical knowledge lags in many respects behind our therapeutic results, and this in spite of the fact that the converse is often the case, our theoretical knowledge being frequently far in advance of our therapeutic skill. We have evidence of the discrepancy between our theoretical understanding of therapeutic results and the results themselves, not only in the transitory improvements which take place in our patients' condition during treatment, but, most markedly of all, in a peculiar situation which often arises in the final stages of a successful analysis, when we cannot say what has brought about the improvement or cure, although it is indisputable that a change has taken place in the direction of health. Thus the analyst finds himself forced into a rather ridiculous rôle and his narcissism is mortified. This is probably why this particular problem has been exhaustively discussed by different writers—there are no fewer than eleven publications on the subject—for it is not everyone who can be content, when he has produced a result inexplicable to himself, to remain lost in self-admiration, accepting this as a substitute for understanding.

Without exception all the main elements of the analytical theory of therapy are derived from the teaching of Freud. They centre in the following notions—the bringing into consciousness of the unconscious processes of the *id* and super-ego by means of interpretation, combined with the *simultaneous* steady working-out of the unconscious resistances of the ego, its defence-processes and mechanisms. Further, as you know, Freud's scheme of the theory of analytic therapy includes the affective re-experiencing of the infantile situation in the transference and the process of working-through. Freud ascribes special importance to the ego-resistances, as we see from the fact that of the five forms of resistance enumerated by him in Inhibitions, Symptoms and Anxiety, three are related to the ego (repression-resistance, transference-resistance, resistance to the renunciation of the gain through illness). In a recently published book, Anna Freud[9] lays special emphasis on the fact that the analyst's interest must be

[9] *Das Ich und die Abwehrmechanismen*, 1936.

constantly focussed on two separate sets of phenomena, the *id*-processes and the ego-processes, and she asserts that this 'two-fold focalization of interest' is an indispensable characteristic of psycho-analysis.

Within the framework of Freud's scheme there is room for certain further observations on points of detail. I agree with Nunberg when, in his paper entitled 'Probleme der Therapie', [10] he defines the aim of psycho-analytic treatment as follows: 'The energies of the *id* become more mobile, the super-ego becomes more tolerant, the ego is rendered freer from anxiety and its synthetic function established.' The question is how these changes take place and above all by what means the ego is strengthened? For the ultimate goal upon which our eyes are fixed is that 'where *id* was, there shall ego be'. In my contribution to our Symposium I propose to deal with five detailed observations, all of which centre in the problem: how does the ego become freer from anxiety? For I take it that to bring about a change in the ego is the cardinal problem of psycho-analytic therapy from beginning to end. It is by no means my intention to contradict anything that has been said so far in elucidation of this problem: I merely hope to contribute something further.

I. DESTRUCTION OF THE PROCESS OF MAGICAL THINKING OWING TO THE NON-REALIZATION OF THE PATIENT'S FEAR THAT THE UNCONSCIOUS WISHES REVEALED IN ANALYSIS MAY MAKE HIM A POLYMORPHOUS PERVERT.

Freud has shown that neurotics are completely in the toils of magical thinking. In the present state of our knowledge I think it superfluous to exemplify this. We know above all how important in analysis is the phenomenon of the omnipotence of thoughts. I believe that one of the many reasons why some analyses cannot be carried through successfully is that we are not able to induce the patient to give up the pleasure-mechanism which underlies the idea of the omnipotence of thoughts and which is concerned with the gratification of his infantile delusions of grandeur.[11]

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[10] *Internationale Zeitschrift für Psychoanalyse*, Bd. XIV, 1928.

[11] Cf. my papers, 'The Psycho-Analysis of the Uncanny', this JOURNAL, Vol. XV, 1934; 'Bemerkungen über eine Zwangsneurose in ultimis', *Internationale Zeitschrift für Psychoanalyse*, Bd. XXII, 1936; 'Zur Psychologie des Hasardspielers', *Imago*, Bd. XXII, 1936.

It happens regularly in analysis that when an unconscious wish is brought into consciousness—probably by the physician's interpretation—the patient is seized with a fear that he may translate the wish into actual behaviour. It is, for instance, absolutely impossible to interpret to a patient of the passive-feminine type his unconscious homosexual wishes without his experiencing anxiety lest he should become homosexual. Now in reality nothing of the sort happens, and this is the strongest argument against the equation 'thought = act', to which the unconscious part of the ego holds so tenaciously. The fact that the unconscious homosexual does not become homosexual in practice, that the man who struggles unconsciously with murderous thoughts does not turn into a murderer or the lady with unconscious prostitution-phantasies into a prostitute, but that ultimately whatever is useless can be rejected, while whatever is feasible can be incorporated into the structure of normal sexuality—in short that 'where *id* was, there ego now is'—all this constitutes the most convincing refutation of the magical fallacy in which wish and act are one and the same. To put it another way: in spite of the most vehement incredulity on the patient's part, the daily facts of his experience show that unconscious wishes are relatively innocuous when once they are withdrawn from the sway of the much discussed 'secret alliance between the *id* and the super-ego' (Alexander). This incredulity of the anxious patient, who in certain resistance-situations really believes that analysis will turn him into a polymorphous pervert, will not yield to reassurances but only to experience, and this is provided for him in his analysis. This experience is indisputable, it has an enormously strengthening effect upon the ego, and I believe it to be a most valuable therapeutic agent.

II. PARTICIPATION IN SEXUAL ACTIVITY AS A 'PROOF' OF THE REALITY OF A SANCTIONING SUPER-EGO

In a paper entitled 'Mitteilungsdrang und Geständniszwang', [12] D. Burlingham suggests that the 'urge to communicate' indicates not only an exhibitionistic tendency but an invitation to the other person to participate in obtaining joint sexual pleasure. In this connection Anna Freud has expressed herself as follows: 'This notion helps to explain why the reformed method of bringing up children by permitting them to indulge their impulses differs in no way in its results, i.e. its failures, from the orthodox method, according to

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[12] *Imago*, Bd. XX, 1934.

[13] Quoted in Jekels and Bergler, 'Uebertragung und Liebe', *Imago*, Bd. XX, 1934, S. 28–29.

which such indulgence was prohibited. For the accent does not fall on the sanction or tolerance of adults but rather on the child's demand and expectation that they should participate with him in obtaining sexual pleasure. Thus, for instance, in the case of onanism, tolerance, no matter how far it be carried, "cuts no ice", for the child deduces from the fact that the grown-ups do not participate in his sexual activity that they really discountenance it.[13]

We see then that there is only one thing which a child accepts as proving beyond doubt that he is free to indulge in sexual activities, and that is—not the verbal permission of adults but their active participation, which is, of course, an impossible condition.

This statement of Anna Freud's may, I think, throw some further light on the way in which psycho-analysis works. I propose to discuss the question of how the analyst succeeds in convincing the patient that he does not stand for some institution which metes out archaic punishments. It is this conviction which finally modifies the patient's ego-ideal.

At the beginning of an analysis, the unconscious attitude towards the analyst of all patients without exception is at bottom a combination of anxiety and the desire to be loved, although the anxiety may be disguised as criticism, scepticism, indifference, arrogance, irony or contempt, etc. Indeed the analysis begins to move only when at least one part of the patient's ego has realized that the analyst has no intention of punishing him but is adopting a position of benevolent neutrality towards him. Nunberg is right when he speaks of the analyst as 'a protection against anxiety' and says explicitly:

> *Since, moreover, the physician's attitude towards the repressed instinctual elements is one of goodwill, the patient's ego abandons its repression-resistances one after the other. For he feels that he has entered into an alliance with the analyst and that he is in harmony with him and under his protection, and so he himself need no longer dread situations of danger which, moreover, have long since ceased to be actual.*[14]

The patient feels that he is being protected and so he ventures to co-operate with the analyst. Nunberg points out two reasons for this:

> *I have shown that it is not only affection for the analyst which induces the patient to take an active interest in his own internal*

[14] *Allgemeine Neurosenlehre*, S. 301.

> *processes, i.e. the experiences made up of his recollections: he has, besides, a feeling that the analyst is protecting him.*

I gather from a paper by James Strachey, entitled 'The Nature of the Therapeutic Action of Psycho-Analysis', [15] that the same problem is engaging the attention of our English colleagues. Unfortunately I have been able to see only fragments of these discussions. The need for a central bulletin for the publication of detailed abstracts from a non-controversial standpoint becomes increasingly pressing.

Now the evidence which the patient has of the analyst's benevolent or permissive attitude towards sexual activity is exclusively verbal, but Anna Freud has told us that even children demand more tangible proofs. Nevertheless the analyst does succeed in time in convincing the patient. The question is: how does he do so?

We might begin by inquiring how far Anna Freud's statement in this connection about the attitude of children is valid and whether that attitude is really universal in neurotics. But this would not take us far, because even our everyday experience teaches us that it is a sound

principle to judge people by their conduct and not by their words. In their hearts all human beings without exception are mistrustful—it is a relic of unhappy experiences in childhood or else of the projection of their own aggressive impulses on to their objects, as a number of analytical writers have shown. On the other hand, it may be objected that mankind has a boundless capacity for accepting false assurances. But, if we look at the matter more closely, we see that this apparent credulity is really only a desire to find some sort of cloak for putting aggressive impulses into practice, and that this human characteristic of credulity, of which we hear so much, simply means that aggression is being indulged without any sense of guilt, because it is approved by a representative of the super-ego, this assent giving rise to impossible expectations of gratification in other directions.

In analysis our patients' credulity is from the outset at a minimum, if only because most of them come to us full of suspicion because of the general unfavourable opinion of analysis. Apart from this, there are endopsychic factors which cause them immediately to project upon the physician their super-ego with its prohibitions.[16] Thus real mistrust and the unreal projection of the stern super-ego, which takes

[15] This JOURNAL, Vol. XV, 1934.

[16] Cf. Jekels and Bergler, 'Uebertragung und Liebe', *Imago*, Bd. XX, 1934.

place in the transference, automatically prepare the patient to see in the analyst an institution which imposes prohibitions. I had an instance of this in one patient who called me 'Mr. Against', although he knew consciously that in the concrete situation with which we were dealing I was rather a 'Mr. In Favour'. The point at issue was his marriage with a woman who was his social inferior and who he knew would not have met with the approval of his aristocratic father, the latter being by that time dead. Although the patient's reason told him that I approved of his marrying this thoroughly goodnatured woman, his unresolved father-transference gave him the feeling, temporarily and in spite of his own logical conviction, that I wanted him to come to grief.

In spite of these difficulties there is an explanation of how the physician succeeds in time in convincing the patient that he is a 'Mr. In Favour'. We must remember that we make a point of setting the unconscious part of our patient's mind at a distance from his conscious personality. We do this by accepting without question his defensive statement that he is entirely unconscious of whatever wish we happen to be interpreting and by referring to the unconscious part of his personality as the seat of such wishes. By thus setting his unconscious at a distance we create a kind of 'phantom', and upon this we work. At the same time we must constantly beware of the patient's tendency to regard this phantom as something entirely remote from himself; we never let him forget that '*tua res agitur*'. Sooner or later and with various degrees of rebellion or resignation, patients come to the conclusion that there is something in them—namely, this 'phantom'—which has the wishes ascribed to them by the analyst. At the beginning, the joint work with the analyst upon this 'phantom' may be very distressing, but in certain advanced stages of the analysis the patient finds it positively pleasurable. Superficially this is because it gratifies his narcissism to think that he is such an 'interesting' case; in a deeper stratum the need for love which the transference arouses is gratified, for he reasons thus: 'the analyst is interested in me, which means that he loves me.' But, if we look a little more closely, we see that patients unconsciously regard this joint work upon the phantom as a sexual activity which may be oral, anal or phallic, according to the level to which they have regressed. Here, then, is the 'evidence' required by the patient that the analyst not only sanctions sexual activities verbally but shows his approval in act, by joining in them himself.

The conclusion that the unconscious part of the ego conceives of the joint work of physician and patient as a sexual activity strikes those who are not versed in psycho-analysis as very strange, though many analysts have probably arrived at it long ago. There are, however, a number of external factors which lend colour to it. First of all there is the injunction, regularly given by the analyst to the patient, not to talk about his analysis in the outside world. The unconscious translates this to mean: 'We two are engaged in something forbidden, i.e. sexual; we have got a secret.' In advanced stages of the analysis many patients greet the physician like a fellow-conspirator, with the smile of people who have entered into a secret pact.

The patient's endopsychic conviction that the analyst is joining him in some form of 'sexual' activity (an idea which is realized in their joint work on the 'phantom') represents, as I see it, a new edition of the child's wish that those who bring him up should sanction his sexual behaviour by joining in it. As a means of gaining relief from the super-ego this conviction is a most valuable therapeutic agent.[17] At the end of the treatment the sexual character of this joint activity is sublimated by the patient. The remarkable point about the whole thing is that neither physician nor patient need have even a suspicion of what is happening, because the process is an unconscious and automatic one.

III. THE PHYSICIAN'S CONSISTENCY FINDS AN ECHO IN THE PATIENT'S UNCONSCIOUS

At the beginning of analysis our interpretations strike our patients as completely absurd and they constantly counter them with logical

[17] It is interesting that D. Burlingham, arguing from her original and valuable hypothesis that the urge to communicate represents an invitation to the other person to participate in obtaining joint sexual pleasure, arrives at almost exactly the opposite conclusion. She does, it is true, note the fact that this urge, in that it gratifies exhibitionistic impulses, may be of positive assistance in analysis, the formula being: 'Let us look at these horrid things together'. But she holds that the patient immediately feels that he is rebuffed, 'since his invitation to the analyst to join him meets with no response'. The result is that he behaves like one who has been rejected and intensifies his repressions. This observation is doubtless right, but it applies to an early stage of the analysis. In later stages the patient consoles himself, so to speak, with the fact that he and the analyst are sharing in the work on the 'phantom'.

arguments. From the exalted pinnacles of logic and common sense, they look down upon us compassionately, ironically and sometimes actually in despair of our intelligence, uncertain whether to think of us as swindlers or at least as honest fanatics. The only thing which takes them aback is the consistency with which we defend our point of view, interpreting all their efforts at defence as obvious resistances. In my experience this consistency on the part of the analyst is the first obstacle which gives the patient pause in his own consistent incredulity: our consistency is more uniform than his ambivalent mistrust. It is a fact of experience that in life in general any assertion which is made with inner conviction, however absurd it may be, is disconcerting. The most superficial explanation is that opinions, expressed unwaveringly and with inner conviction, have the effect of a challenge to the scepticism of the hearer. Since all patients are consumed with internal ambivalence, the analyst's consistency *eo ipso* undermines their doubts. As far as the internal truth of our statements is concerned, they are quite incapable of forming a judgement at the beginning of the treatment.

But, apart from this, the analyst's consistency finds an even stronger echo in the unconscious part of the ego. An 'iron consistency' is always unconsciously equated with severity, unyieldingness and an unwillingness to make concessions. In analysis this consistency has three effects. Primarily it forms the first barrier at which the patient's incredulity is checked. Secondarily it encourages the projection of the strict super-ego ('the demon') on to the analyst; it actually presents an opportunity for making such an attachment. Thirdly—and this is the

valuable point therapeutically—the analyst's consistency is unconsciously taken to signify consent: if even the strict super-ego sanctions normal sexuality, then one can believe that it really is allowed. It is superfluous to point out that the analyst must on no account attempt to substitute for the process of analysis direct permission to gratify pathological instinctual tendencies, encouraging the patient to put them into practice in the outside world. If there were no other reason, we know that pre-Œdipal and Œdipal repressed impulses cannot possibly be translated into real life, even when they have become conscious, because they are bound up with the mother- or father-imago. Taken in combination with the 'proof' of the reality of the super-ego's sanction which the patient deduces from the participation of the analyst in his activities (see the discussion in Section II), the consistency of the analyst is another therapeutic agent in

the treatment. It is in practice as if, in a rebellion against the government, its strongest supporters suddenly went over to the insurgents.

IV. THE IDENTIFICATION-SERIES: THE PATIENT PASSES FROM IDENTIFICATION AS A DEFENCE AGAINST ANXIETY TO RE-INTROJECTION

In our joint study 'Uebertragung und Liebe' Jekels and I showed that in the transference both parts of the super-ego—the demon ('thou shalt not') and the ego-ideal ('thou shalt')—are projected on to the analyst. We suggested that this was the cardinal difference between transference and love, for, in the latter, only the ego-ideal is projected on to the object. I cannot at this point discuss in detail these highly controversial problems and will confine myself to saying that the endopsychic mechanism by which the super-ego works appears to be as follows. The demon (i.e. the death-elements) confronts the ego, a prey to anxiety, with a self-established ego-ideal (desexualized eros), whereupon the discrepancy between the ego and the ego-ideal produces a sense of guilt. In *The Ego and the Id* Freud advanced the hypothesis that between the two basic instincts there is a fluctuating, neutral, narcissistic energy, and that this reinforces the instinct to which it attaches itself. Applying this theory, we suggested that the ego-ideal was the seat of this neutral energy and maintained that the real objective of endopsychic conflict was to gain possession of that ideal. This is a matter of theory; evidently in our clinical observations we see neither eros nor thanatos directly before us. We have no opportunity of examining the instincts themselves clinically, whether in isolation or in fusion: all that is actually accessible to observation is their derivatives. At intervals the ego of the normal person revolts against the ego-ideal, that instrument of torture, which has established itself by means of identifications. Originally it was created as a protection for the subject's own narcissism. Now, when the benefactor has turned tormentor, the ego in its extremity phantasies a benevolent ego-ideal and projects it on to a more or less suitable object. The ego relieves itself thereby of the sense of guilt, for it knows that it is loved by the ego-ideal, which is the product of its own projection, and to be loved constitutes the bliss of love. Thus love is a remedy for the sense of guilt. In the transference the neurotic tries to find a similar way out in his conflict with his feelings of guilt, but here the conditions are less favourable.

In psycho-analysis progress takes place in proportion as projection of the demon on to the analyst gives place to that of the ego-ideal,

which is itself resolved at the end of the treatment. From the point of view of the mode of identification which prevails at a given moment the same idea may be expressed as follows: identification as a defence against anxiety yields to re-introjection.

Let us consider this last sentence. The statement that in the transference the patient projects on to the analyst both ego-ideal and demon implies that the analyst, through the process of projection, becomes an object not only of love but still more of anxiety. In love this is never the case, for there the demon is for the time being disarmed by the projection of the phantasied benevolent ego-ideal. In the transference the patient defends himself against anxiety by identifying himself with the analyst, a mode of defence which was revealed by the researches of both schools of child-analysis. This identification as a defence against anxiety is of a peculiar type, as I pointed out some years ago. It may be described thus. The patient, who regards the analyst as a being possessed of magical powers, presents himself to him almost as a narcissistic love-object, the formula being: 'You must love me, for I am like you and you surely love yourself.' As the analysis goes on, identification as a means of defence is succeeded by re-introjection. What Jekels and I understand by this is a certain element inherent in love, which, in our view, is the result of two processes: projection on to the object of the phantasied ego-ideal and a partial re-absorption of the imago of the projected ego-ideal, i.e. its re-introjection.

Thus the patient's wish in the transference is reduced to a narcissistic desire to be loved (projection of the ego-ideal) and an attempt to ward off anxiety (defence against the projection of the demon). The four methods here enumerated all serve the purpose of defence against anxiety. If we view the problem from the standpoint of identification, defence against anxiety is seen to move from identification from motives of defence to re-introjection. In the latter process, however, the ego-ideal has already become benevolent and permissive, and thus the demon is deprived of its excessive power of aggression, which originally took the form of holding up the ego-ideal to the ego and pointing out the discrepancy between them.

V. THE UNCONSCIOUS SENSE OF GUILT AS THE vis a tergo IN ANALYTIC THERAPY

In the short time at my disposal I cannot enter in any detail into the question of the part played in the process of cure by the unconscious

sense of guilt, though I believe it to be a decisive one. In what follows I shall reproduce, in a form so compressed that I hope it may not give rise to misunderstanding, certain trains of thought which I have worked out at some length in a paper entitled 'Genesungswunsch und Schuldgefühl', which I finished a year ago, and is in the hands of the editors of the *Internationale Zeitschrift für Psychoanalyse*.

Nunberg's work on the wish to get well has made us familiar with the many reasons that underlie the patient's desire to recover his health. But, in addition to these reasons, the very fact that our patients come to us at all shows, I think, that another factor involved is an unconscious sense of guilt, due to the realization in the neurosis of pre-Œdipal and Œdipal wishes. As the analysis goes on, this sense of guilt is tremendously increased, for, in advanced stages of the treatment, the guilty feelings which were lodged in the symptoms, depressive states, self-provoked punishments, ego-limitations, etc., are activated, thus transforming the bound, unconscious sense of guilt into a free-floating one. When the analysis is far advanced, this sènse of guilt, released from its former positions, temporarily increases the patient's depression, his subjective uneasiness and his aggressive impulses against the analyst, although the symptoms have subsided. In its free-floating form it now fastens with all its force on the reproach levelled by the patient's conscience, 'Why are you not well yet?' It is difficult to determine what part is played here by purely economic factors—the provision of a better outlet for the sense of guilt or indeed of any outlet at all. Of course that part of the unconscious sense of guilt which represents the patient's reaction to his sexual and aggressive, pre-Œdipal and Œdipal wishes is resolved by the analysis; besides, analysis destroys these wishes. Strachey and other authors are right when they lay such great weight upon the change which takes place in the super-ego during analytic treatment. But we must not forget that what is achieved in

analysis by way of rendering the super-ego more tolerant and lenient must be taken with a grain of salt, as the following argument proves. Before analysis the stern super-ego allowed the neurotic to fulfil his pre-Œdipal and Œdipal wishes under the disguise of symptoms, at the cost of suffering; after analysis the super-ego, though grown more tolerant, does not allow those who have been cured to take this way out. It does indeed become more lenient, but only on condition that they renounce their old wishes and turn their steps into normal paths.

This reproach of conscience 'Why are you not well yet?' finds

expression in typical dreams, in which the ego seeks to repel the super-ego's accusation. I propose that we should call dreams of this type 'dreams embodying a sense of guilt in connection with recovery'. (*'Genesungsschuldgefühlsträume'*.)

When analysis has been sufficiently thorough, two processes take place, parallel with this increase in the sense of guilt. In the first place, patients experience affectively and quite consciously the truth of the analyst's statement that their symptoms conceal an unconscious pleasure-factor. They even go to the length of wanting their old pleasure back and disparaging the normality which is their goal. But in the final stages of analysis this confession of a long-denied pleasure has a purely theoretical value, for the old channel by which libido and aggression once found an outlet is closed, and this adds fuel to the flames of the patients' indignation. ('I feel like a stripped Christmas tree', said one patient in this phase.) Secondly, in their infantile delusions of grandeur they are deeply mortified by the ridiculousness of the childish wishes. One patient who had regressed to the oral level expressed this concisely when he said: 'The neurosis dies of its own absurdity' and 'One has to get well out of sheer despair; there is no other way out—you have spoilt all my old pleasures'.

This emotional utterance indicates the following three factors:

1. An increase of the unconscious sense of guilt.

2. Mortification of the infantile delusions of grandeur.

3. The blocking of the old outlets for libido and aggression to which the patient formerly had access in his neurosis but of which, at the end of his analysis, he can no longer avail himself.

There is a fourth factor which Eidelberg has described in a paper entitled 'Das Verbotene lockt'.[18] The infantile sexual wishes, which were unconsciously gratified in the neurosis, are always prohibited by the super-ego. The pleasure derived from them is conditioned by the prohibition and is absent from the gratification of the sexual wishes of adults, which are not repelled by the super-ego. If in analysis that part of the pregenital libido which had regressed and become fixated advances to the genital level, the pleasure quality which took its colour from prohibition is lost.

Perhaps these four factors explain the lack of enthusiasm with which patients greet their recovery. One patient who had regressed to the oral level said to me in the final stages of his analysis: 'Health

[18] *Imago*, Bd. XXI, 1935.

comes along like a poor country cousin. Nobody is expecting him and nobody is enthusiastic about him, but all of a sudden he arrives.' This is true, although sometimes our candidates for recovery have outbursts of enthusiasm, which very soon die away.

The three factors which I have described, together with the loss of the pleasure conditioned by prohibition, possibly explain, too, why many patients who are cured leave their analysis with a secret resentment in their hearts. It may be objected that this indicates that the transference has not been resolved or that the analysis of infantile wishes has not been searching or full enough. But this is not always so: even in the most favourable case there is a trace of resentment. Not even the analyst can with impunity lay hands on the infantile elements in the human psyche.

POSTSCRIPT

In the peaceable atmosphere of an international Congress it would seem more suitable to emphasize the points which we hold in common, rather than to underline our differences. And yet there is no reason to conceal the latter: a movement so great and vigorous as that of psycho-analysis is not in any way weakened by discussions in which expression is given as a matter of course to different—and often to divergent—views.

As I have only ten minutes for my concluding remarks, I must confine myself to only a few of the many interesting ideas which have been contributed to our Symposium. First I will say something about two papers with which I am in complete agreement: Nunberg's and Strachey's. In his writings Nunberg has expressed views on the therapeutic process which have become familiar to us all and have been widely accepted. He has now made two further contributions. He has shown the part played by the unconscious repetition-compulsion and he suggests that the reality-value of experiences depends on the super-ego's sanction. I agree with him on both points and would merely suggest that more emphasis should be laid on the active repetition of passive experience. The unconscious repetition-compulsion is no mere chewing of the cud of experience but a mode of resolving conflict by actively reproducing that which has been experienced passively. In connection with the far-reaching consequences of the unconscious repetition-compulsion I would remind you of the concept of the 'breast-complex', formulated by Eidelberg and myself. I

should like to supplement Nunberg's hypothesis that the ego's experiences achieve full reality-value only when sanctioned by the super-ego by suggesting that we must bear in mind the part played by the other psychic institutions and by asking whether full reality-value does not depend rather upon their being brought extensively into harmony.

In his admirable paper Strachey arrived at the conclusion that we should as far as possible give only 'transference-interpretations'. He explained the therapeutic process as an alteration in the patient's super-ego, a change which he attributes wholly to the interaction of projection and introjection. We are already indebted to him for an interesting survey of the value of analytic interpretation, in which he distinguished between 'mutative' or 'transference-interpretations' and 'extra-transference-interpretations'. All analysts are agreed as to the desirability of transference-interpretations, but it was important to emphasize the point and also to formulate the difference between the two kinds of interpretation: 'The acceptance of a transference-interpretation corresponds to the capture of a key-position, while extra-transference-interpretations correspond to the general advance and to the consolidation of a fresh line which are made possible by the capture of the key position. But when this general advance goes beyond a certain point, there will be another check, and the capture of a further key position will be necessary before progress can be resumed.'[19] I agree with our English colleagues as to the importance of the mechanism of projection and introjection in the formation of the super-ego. Indeed, I think that this and the emphasis which they lay on the paramount importance of oral-sadistic impulses are

their best-established findings. In any discussion on the part played by the super-ego in the therapeutic process it is essential that we should be agreed as to the genesis and mode of operation of that institution. At the present time there are three theories about it: that which Freud laid down in his works, that held by the English school and that deduced by Jekels and myself from the eros-thanatos theory. In 'Uebertragung und Liebe' we applied the conclusion to be drawn from Freud's eros-thanatos theory to the genesis of the super-ego, and it is a remarkable fact that this led us to form the same high estimate of the processes of projection and introjection as our English

[19] 'The Nature of the Therapeutic Action of Psycho-Analysis', this JOURNAL, Vol. XV, 1934.

colleagues have arrived at, although they do not accept that theory. I think this is important as bridging the gap between the different conceptions. There is one further suggestion that I should like to make in connection with Strachey's hypothesis. I think that some of the functions which he ascribes to the super-ego belong rather to the unconscious part of the ego.

Fenichel disputes my conjecture that the unconscious sense of guilt is the *vis a tergo* in our therapy. I can only suppose that I did not succeed in making myself clear, and I would refer those interested to my paper, 'Genesungswunsch und Schuldgefühl', when it appears in print. Fenichel also pointed out that in analysis we are not concerned with the 'phantom of the unconscious' but with living human beings. I used the word 'phantom' merely to express the distance which we set between the conscious and the unconscious parts of the personality; possibly the term was liable to misconstruction. At any rate, I never intended to cast doubt on the reality of my patients. Fenichel further suggested that the patient's erroneous conception of his joint work with the analyst as a sexual activity often acted as a resistance and that this invalidated my contention that 'sharing in a common activity' was an important factor in our therapy. Obviously the patient's misconception often becomes a resistance, but I never contended that resistances should be left unanalysed. I agree with Fenichel, however, that the eros-thanatos theory, upon which Section IV of my contribution is based, cannot properly be discussed in the short time at our disposal here.

V

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The problem of neurosis has not yet been solved completely. Therefore, any attempt at forming a theory of therapy is bound to prove incomplete and may even involve a number of contradictions. For this reason I too am unable to present a complete and systematic theory of therapy. Moreover, the limitation of time does not even permit me to summarize what I have previously published on the subject. I shall, therefore, restrict myself to the discussion of a very few points. I hope I may succeed in formulating some ideas a little more precisely and in bringing into sharper focus one or two points which, in my opinion, have not been considered sufficiently in psycho-analytic discussion.

Wherever Freud speaks about therapy, he ascribes the main share in healing to the process of bringing into consciousness that which has previously been unconscious. All we know about therapy is actually comprised in this single sentence. In my subsequent remarks I will attempt to develop this statement.

According to our views on the structure of neurosis, the task of therapy consists in resolving the conflict between the psychic institutions, thereby reducing psychic tensions. As stated before, this is accomplished by the process by which the repressed unconscious becomes conscious.

This process is set in motion and—with whatever difficulty—carried through by means of free association.

Before I proceed, I wish to emphasize that the term 'unconscious' is not limited to meaning that ideas or emotions have vanished from consciousness; it may mean merely that the connections between elements which previously belonged together have been severed and that the elements remain isolated in the mind. Not only may the affects be separated from the ideas, but also the ideas themselves may be divided into their component parts, into verbal and concrete images. It is self-evident that expression in speech will also suffer under this disintegrating effect of defence: the neurotic is unable to find adequate words for the thoughts and trends which are associated with what is being warded-off.

When the paths of communication are destroyed by defence, connection between the various psychic systems is also cut; the pathway

for ideas and affects leading forward to the apparatus of perception and motility is closed. Through this blocking of the paths of discharge, the instincts are brought under high energic tension, and this disturbs the psychic apparatus. This tension, in turn, pushes forward the unconscious trends still more urgently towards a cathexis of the motile and perceptive system, in other words, towards discharge in the act of perception and in action, in affectivity and motility. But, owing to the pressure of the defence, it is not possible for the ideas and thoughts to become *really* conscious, nor for the affects to take the proper course and to find complete satisfaction and full discharge in feelings and actions. The former are perceived in a distorted form and the latter take 'a wrong road'. The natural tendency towards becoming conscious and towards discharging is greatly supported by free association. For, if we are successful in removing the unavoidable obstacles encountered, free association will eventually lead to the emergence of the repressed material; and this is automatically accompanied by more or less excitement and followed by a feeling of relief.

It is evident that the process of free association results in abreaction by means of affects and actions and by means of the act of becoming conscious. I may be concise at this point, as I have discussed in a previous paper in greater detail the cathartic effect of the act of becoming conscious.[20]

The disorganizing effect of the process of defence or repression is expressed not only in the resolution of large psychic units, but also in the separation and exclusion of the entire warded-off material from the ego and its organization. Since, however, the ego always has a tendency towards connecting, uniting and blending, in short, towards exercising its synthetic function, the warded-off material, which has been broken down into its component parts but is endeavouring, in free association, to reach consciousness again, is bound and reappropriated by the ego into its organization, that is to say, is assimilated. I need not go into more detail concerning the part played in treatment by the synthetic function of the ego, since I have written a paper especially upon this topic.[21] Moreover, Alexander has recently taken

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20 'Probleme der Therapie', *Internationale Zeitschrift für Psycho-analyse*, Bd. XIV, 1928, and Allgemeine Neurosenlehre, 1932.
21 'Die synthetische Funktion des Ich', *Internationale Zeitschrift für Psychoanalyse*, Bd. XVI, 1930.
22 'The Problem of Psychoanalytic Technique', *Psychoanalytic Quarterly*, Vol. IV, 1935.

up the same theme.[22] It is easy to observe during analyses that, in the course of this process of uniting and assimilating, the unconscious concrete images and the preconscious verbal images

likewise reunite, and that the saving word—the verbal expression appropriate to the trends, thoughts and feelings emerging from the unconscious—presents itself.

Trends that have been warded-off thus reach consciousness by a combination of the unconscious *id*'s tendency to become conscious and the ego's synthetic tendency for absorbing, binding and assimilating.

In the process of repression, not only do the instincts become separated off from the ego, but also some parts of the ego itself, which cling to the rejected instinctual gratification. They separate from the rest of the ego and are excluded from its organization. In analysis, on the other hand, with the help of free association and interpretation, the ego, with its synthetic function, reabsorbs into its organization what has been separated off by defence, although it must sometimes master anxiety and overcome a certain repugnance before it can assimilate some new or strange thing—an unknown person, for instance, or a new idea. This, of course, means an increase of the ego's strength.

But this is not all. Since the defence is initiated owing to fear of unpleasure, the process of becoming conscious, a process counteracting the repression, is accompanied by perceptions of unpleasure. But, while the patient before treatment was afraid of them, he is now able to face the internal danger and to tolerate unpleasure. This change in the ego's reaction seems to me very important, since a neurotic person is from the very start over-sensitive to unpleasure. Analysis evidently develops in the patient courage to approach his internal problems and to be sincere with himself. This increased tolerance of unpleasure may, perhaps, be compared to the tolerance which some patients acquire through immunization.

However, free association never proceeds so smoothly. There is constant failure in following the fundamental rule of psycho-analysis; the associations flow slowly or stop altogether. At this point interpretation begins. The analyst performs a task which should actually have been performed by the patient: he connects the associations, works them through, simplifies them and discovers their meaning. The

communication of this meaning to the patient is called interpretation. (At this point the importance of the analyst's personality should properly be discussed.)

If the interpretation is correct, it fits precisely into the place where the patient has been interrupted in free association. It is not important whether the interpretation is concerned with the resistance of the *id*, or with the resistance of the unconscious ego; what is important is the process of becoming conscious.

In the course of analysis, therefore, the conscious ego becomes more accessible to the processes taking place in the unconscious ego and in the *id* than it ever was before; it absorbs them into its organization and expands, so to speak, at the expense of the material which was warded-off. As Freud says: 'Where *id* was, there shall ego be'.

The patient may or may not accept the interpretation, that is, he may or may not assimilate it, according to the character of the resistances prevailing at the moment. Although there are several types of resistance, I wish at present to discuss only the transference-resistance in its relation to the repetition-compulsion. What has been forgotten is *repeated* in the transference, what has been experienced in the past is re-experienced in the present; in short, the repressed is once more brought into connection with actuality and carried out in actions.[23] Hence it is evident that every manifestation of transference is governed by the repetition-compulsion: transference is merely a special case of the repetition-compulsion. This does not, however, by

any means imply that the repetition-compulsion makes its appearance only in transference; on the contrary, it may also appear quite independently as a resistance of the *id*.

We know, as yet, very little about the repetition-compulsion. It is very likely that treatment would be an easier task and more successful if we knew more about it. But on the basis of the little we know, we may nevertheless form some idea of what happens while the repetition-compulsion runs its course during an analysis.

Since the repetition-compulsion is always repeating previous experiences and clinging to the past, we might suppose that it represented an insurmountable obstacle to the advance of the repressed unconscious towards consciousness. This, however, is not entirely true, for, in certain circumstances, it may even prove to be the decisive factor in the process of cure.

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23 *Freud, Beyond the Pleasure Prïnciple.*

In the first place, by the very tenacity with which it reproduces mental events of the past, it forms an extraordinary incentive for the repressed to re-enter consciousness. It is true that this tendency to become conscious seems to be opposed by what Freud calls the 'manifestation of force of the repressed', by the force which draws the repressed back to its point of fixation. Nevertheless, the tension which is characteristic of repressed instinctual life is continually forcing its mental representatives upwards towards the system of consciousness. Thus these two tendencies, which are apparently mutually exclusive, unite in a single aim: namely, to reproduce the past as fully as possible in an act of perception, and thus to help the *id*-instincts to abreaction and discharge. There are numerous examples to illustrate this. It may suffice if I refer to the compulsive way in which some patients endeavour to reproduce in constantly repeated actions, in forms of behaviour, in phantasies and in symptoms some excitation (such as masturbation) which was initiated in their earliest childhood but which for some reason could not be carried through and had been repressed. It seems as though they wish to carry this excitation through to the end. They can, however, attain neither full satisfaction nor rest so long as the meaning of their actions and phantasies remains unconscious.

In the second place, transference, though being in a sense a part-manifestation of the repetition-compulsion, counteracts the regressive and retarding tendencies of that compulsion and drives the warded-off material upwards towards consciousness. The warded-off material, however, is reproduced at first without the quality of consciousness, since the reproduced ideas or actions are neither complete nor visibly inter-related.

For performing this last piece of work, for making conscious what has been reproduced in repetition, the patient obviously needs the co-operation of his ego, or, more precisely, of that part of his ego which in the transference is siding with the analyst. In obedience to the analyst's request to remember—to repeat—experiences from the past, the patient's ego braces itself for the re-admission of the repressed into consciousness and is even ready to find some pleasure in what had actually been excluded because of the unpleasure which it caused the ego. The ego's reaction is similar to that in hypnosis, where, in obedience to or compliance with the hypnotist, even unpleasurable suggestions are accepted and carried out. The obedience is reproduced owing to libidinal ties belonging to the Œdipus complex.[24] In

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24 Freud, Beyond the Pleasure Principle.

the transference, therefore, the ego libidinizes the repetition-compulsion and unites with it to the advantage of the treatment.

So long as the repetition-compulsion serves the *id* exclusively, it stands outside the ego organization and is, therefore, inaccessible to the influence of the ego. If, however, the synthetic power of the ego is strong enough, the repetition-compulsion is drawn entirely to the side of the ego, is made conscious, assimilated by the ego and absorbed into its organization. It thereby loses its independence and impulsive force, but, on the other hand, it can be better mastered by the ego.

I think that what remains of it in the *id* is scarcely accessible to any influence whatever. It seems best to quote Freud at this point: 'The same repetition-compulsion thwarts us as a therapeutic obstacle, when at the end of the treatment we attempt to effect complete detachment from the physician. …' And again: '… We may assume that the vague anxiety of those who are not familiar with analysis, and who are afraid of uncovering something which should, in their opinion, be left untouched, is really the fear of the appearance of this demonic compulsion'. And, finally, he delimits the boundaries beyond which psycho-analytic influence cannot be effective as follows: 'It is the repetition-compulsion of the unconscious *id* which endows the repressed with its fixating power. Normally, this compulsion is neutralized only by the freely movable function of the ego. The ego may sometimes succeed in tearing down the barriers of repression which it itself has erected. … However, it is a fact that it is often unsuccessful in this attempt. … Quantitative relations may be what determines the outcome of this struggle. … In some cases we have the impression that the decision is a compulsory one: the regressive attraction of the repressed impulse and the strength of the repression are so powerful that the new impulse cannot but follow the repetition-compulsion. …'[24] Indeed, sometimes we see that our patient is driving toward a certain event, or, in other words, that some particular thing is bound to happen in his analysis, or otherwise it will not be able to proceed; or it may also happen that we see a patient rushing to his fate and are utterly powerless to prevent him.

We should not, however, be too pessimistic; for we have a considerable path to travel before we reach the point at which the attracting force of the repressed, derived from the repetition-compulsion, is insurmountable.

Returning to the point at which we broke off, we see that during treatment the past becomes reanimated and activated to such an extent that the patient's sense of time seems to be put out of action, the past becomes the present to him and the present the past. The function of testing reality becomes even more disturbed in the transference-situation than it was before. Since, however, the repetition-compulsion retains the past in the present, it allows the ego to obtain direct access to the past, to earliest childhood. That part of the patient's ego which has remained intact now has an opportunity of confronting the infantile reality with the actual one and of comparing them, so to speak, on a single plane, namely, in the present; it can assess its infantile wishes and anxieties in terms of its mature strivings, thereby devaluating the dangers threatened from their realization. This, of course, leads to a more precise discrimination between within and without, to a better testing of reality.

There is the additional consideration that by the constant repetition of an experience, even though it was not a pleasurable one, the ego shows that it is unable to get rid of it and is being perpetually disturbed by it. Obviously the experience must have had a traumatic effect. The repetition, therefore, is equivalent to an unending attempt to abreact and undo the traumatic experience. In the transference the libidinal binding of the repetition-compulsion by the ego seems to weaken the traumatic effect of the experience and to prepare favourable ground for its complete abreaction.

We must, however, take another factor into consideration. The carrying-over of the repetition-compulsion from the *id* into the ego transforms a passive experience into an active one There is no longer an attempt at abreacting a striking experience autoplastically by endless repetition in

order to render it harmless. On the contrary, it is worked through and guided by the ego, and its energy is discharged in purposeful actions on to the external world. As a consequence, the ego too is enabled to make a better adjustment to reality: it need no longer transform itself in order to deal effectively both with the instinctual needs and the demands of the super-ego; it makes changes in the external world in order to procure a certain amount of satisfaction for itself. But this leads at the same time to the gratification of a component instinct of the ego, namely, the instinct of mastery. Previously the ego had been helpless when facing not only stimuli from the external world but also internal stimuli, and it felt anxiety when their intensity increased; whereas now, in the transference

struggle with the powers of the *id*, the ego has been strengthened and has acquired the capacity to receive more easily and to make a better distribution of the increasing stimuli coming to it from the internal as well as from the external world. In short, it has acquired the power of mastering them.

We have reached unawares the problem of adjustment to reality. Although this Symposium is not concerned with the discussion of that problem, we must at least touch upon it in attempting to formulate a theory of therapy. The importance of the repetition-compulsion as a preparation for adjustment to reality is beyond all doubt. We have only to observe small children in order to receive an abundance of impressions to confirm the view that it is the constant struggle between the retarding tendencies of the repetition-compulsion and the hunger for new impressions which leads little by little to the mastering of reality. In the course of this process the repetition-compulsion gradually recedes into the background. We have just seen a similar phenomenon, namely, a certain restriction of the repetition-compulsion and a consequent improvement in reality testing in our description of the progress of treatment. The change in the attitude towards reality is perhaps most clearly seen in the transference. The more the clogging effect of the repetition-compulsion is diminished in the psycho-analytic situation, the more is the patient able to see the analyst as he is in reality, and not as he should be according to his desires.

The function of testing reality is, of course, much more complicated than this. Here I wish to stress only one point of view which, I think, has not been taken into consideration in psycho-analytic literature, except in Freud's latest work, his letter to Romain Rolland, which had not been published when I first read this paper. In hypnosis reality can be altered, since the hypnotic subject identifies himself in his super-ego with the hypnotist.[25] Hence reality-testing is somehow dependent not only upon the ego but also upon the super-ego. In states of depersonalization, feelings, perceptions and impressions are experienced as strange and as not pertaining to the ego. Analyses prove that, in depersonalization, the conflict between ego and super-ego is particularly sharp, and that the super-ego denies the experiences and impressions of the ego. From this I have elsewhere drawn the conclusion that the experiences of the ego (no matter whether they are of an emotional or of an intellectual character), do not normally

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25 Freud, *Group Psychology and the Analysis of the Ego*.
26 Nunberg, *Allgemeine Neurosenlehre*.

attain the full value of reality until they have been approved and, as it were, sanctioned by the super-ego.[26]

In every neurosis ego and super-ego are at variance. The super-ego rejects certain instinctual demands and keeps their derivatives away from the ego. Since during analysis more and more thoughts and trends, which encounter opposition, criticism and threats of punishment on the part of the super-ego, become conscious, the patient needs protection and help against this super-

ego. Finding both in his analyst, he leans on him and identifies himself with him. This identification seems to be enacted mainly in the super-ego and takes place on the pattern of an alliance with the enemy, in the hope of thus rendering him harmless; and, in fact, the patient's super-ego becomes more tolerant owing to this alliance, it sanctions thoughts, wishes and modes of gratification which had previously to be rejected. The ego becomes reconciled to the super-ego, which now recognizes the perceptions of the thoughts, feelings and wishes of the ego as pertaining to the ego and as actually existent. When the impulsive force of the repetition-compulsion becomes weakened by analysis, the identification in the transference seems to vanish spontaneously. But, at this point, the super-ego no longer works against the reality function of the ego. The ego becomes reconciled not only to the super-ego, but also to the external world and to the *id*, and brings about a harmonious collaboration between all three psychic institutions.

I fully agree with the opinion that introjections and projections, re-introjections and re-projections are partly responsible for the change in the super-ego.[27] But, at the same time, a displacement of destructive energy takes place: the impulsion of the super-ego for dominating the ego, its need for power, is displaced on to the ego, which now becomes capable of making a better adjustment to the instinctual world as well as to the external world. Moreover, owing to the release of the instincts from their fixations and owing to their acceptance into the organization of the ego, the latter expands more and more, and learns to master more successfully impressions from without as well as impressions from within. In Freud's words: 'Psycho-analysis is an instrument designed to enable the ego to achieve step by step the conquest of the *id*'.

VI

E. BIBRING

VIENNA

A theory of therapeutic results—the title of this symposium—requires a theory of therapeutic procedure as a supplement. Together they form a theory of therapy. A procedure and its results have, in a certain sense, to be treated independently: for different procedures often have the same or nearly the same results; or a procedure may not lead to any success, i.e. it may be a procedure without any results; or there may be results without, so to speak, a special method being used, that is, a spontaneous cure may occur, the causes of which are unknown; and so on. Between a method and its results there are, however, close connections which can be formulated generally as follows: certain procedures usually have certain results, if the results are not simply considered in their manifest form, but if their economic-dynamic position is also taken into account.

I shall, however, adhere to this distinction for a particular reason. If this distinction is maintained, a theory of a therapeutic procedure would have to deal with questions concerning the essential methods and principles of the procedure, whereas for a theory of therapeutic results the following questions would have to be considered: in what way to the changes arise which constitute cure and on what are they based? There is a general and a special theory of cure, according to whether one investigates the general conditions which may on principle be assumed in all cases, or the special ones which vary with different types of illnesses. I shall confine myself to the question of the general and usual conditions which make an analytic cure possible. It is, therefore, not the object of this paper to give a more or less complete theory of cure, not only because we do not yet possess a complete knowledge of all the elements necessary for such a theory, but also because only a part of these elements can be investigated within the framework of this symposium. Nor is it my object to bring forward any new facts about the process or the conditions of cure. I shall merely try to summarize the known facts and assumptions which will make possible a general theory of cure.

A therapy can *aim* at various things. Broadly speaking: 'where

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27 Strachey, 'The Nature of the Therapeutic Action of Psycho-Analysis', this JOURNAL, Vol. XV, 1934.

id was ego shall be'. This means, from the special point of view of therapy, that the repressed part of the *id*—the part warded-off—has to become ego; i.e. the reciprocal relation between certain parts of the ego and certain parts of the *id* has to be changed in the sense of being made more normal, and this includes a change in the super-ego. The aim of therapy may, therefore, be provisionally described as a change in the reciprocal relations between the various institutions of the mind. This alteration includes a change within these institutions, i.e. within the *id*, the super-ego, and, most especially and decisively, within the ego. On this common ground the special aims of therapy are built up. The *means* employed are, in the first instance, making the unconscious conscious: and by unconscious is here meant not only the *id*, but also the unconscious parts of the ego (the super-ego and the unconscious methods of modification, i.e. the ego-mechanisms). A theory of therapeutic results, dealing with the fundamental question of how the changes which constitute cure arise and on what they are based, now leads to the more precise question: how is the change in these unconscious parts (*id*, super-ego, ego-mechanisms) and in their reciprocal relations possible? How can the *id* be changed and why? How and why can the super-ego and, lastly, the ego be changed? We shall now deal with these questions in turn. In the following three sections the basic principles of cure will be dealt with (in a necessarily one-sided manner) from the point of view of the *id*, the super-ego and the ego respectively.

I

One might be tempted at first to deny the possibility of the *id* being changed, on the ground of the general idea that nothing mental can disappear, or on the ground of the special view that the repressed can neither be destroyed nor changed, and that it is timeless. Such an attitude would be equivalent either to denying all possibility of cure, or to localizing the process of cure exclusively in the ego. There are certain natural changes which occur in the *id* which we subsume under the concept of instinctual development and which continue, broadly speaking, throughout life. This development is subject to interferences in the sense of inhibition or involution, that is to say, to fixations and regressions; or it may be subject to changes in regard to the process of gratification, whether by modification in aims or

objects or in the process itself. Not all of these modifications are changes in the *id*, i.e. take place without the participation of the ego. In particular, the transformation of instincts in regard to their aims and objects is, for the most part, connected with their entering the ego. It is, however, necessary to make various distinctions at this point.

The *id* impulses may undergo changes with or without the participation of the ego. Biological (developmental) changes occur without the participation of the ego, while those influenced by the ego may be divided into two groups. The first group comprises alterations which are remouldings of the instincts by the ego; where, in other words, the energy of the instincts is directed into tracks prescribed by the ego. From the topographical standpoint, these are alterations undergone by the instincts when they are 'taken up into the ego', that is, when they are submitted to the ego's methods of modification. They are a *direct* effect of the ego. The second group comprises alterations which do not represent immediate remouldings by the ego but only arise under the *indirect* influence of the ego, under the pressure of frustrations or of abstention on the part of the ego or of the consequent damming-up. From the topographical standpoint, these are alterations which the instincts may undergo, so to speak, *before* 'entering

the ego'. In what follows I propose to describe those instinctual alterations which have a biological basis as well as those which arise under the *indirect* influence of the ego as 'instinctual changes in the *id*' and to describe those alterations which arise from the subjection of the instinctual impulses to the ego's methods of operation as 'instinctual changes in the ego'.

Instinctual changes in the *id* are, in contrast to remouldings in the ego, relatively few in number. Apart from the natural development of the instincts, this category includes, amongst other things, the various forms of displacement, fixation, regression and instinctual demolition. It is not easy to draw the line between instinctual changes in the *id* and in the ego. A displacement, for instance, may occur in the *id* which may at the same time be a defensive measure of the ego. In the same way the concept of fixation can be interpreted in two ways. It may be the fixation of an instinct in the sense of the libido being carried through specially favoured channels, or it may be the fixation of the ego to some particular kind of instinct or instinctual gratification. And again, regression can be regarded as a process occurring automatically,

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28 In the course of the discussion Fenichel objected that the repression caused by the prohibition and the consequent damming-up of the instinct do nevertheless in the last resort bring about an instinctual fixation. Leaving on one side possible differences of opinion on the concept of instinctual fixation, I may explain that what I have in mind here is the effect of a prohibition which leads, not to a repression, but to a definite increase of ego-interest ('Forbidden fruit tastes sweet').

that is, as an instinctual vicissitude pure and simple (a process or mechanism of the *id*), or it can be regarded as an act on the part of the ego which is actively reaching back to earlier positions for reasons of defence (a mechanism of the ego). According as we view these concepts in the first or the second sense a fundamentally different theory of therapeutic changes will result. The constant stimulation of an erotogenic zone can bring about the fixation of an instinct; on the other hand a prohibition can in some circumstances lead to the fixation of the ego to an instinct.[28] The loosening of fixations will in the first case be a change in the *id* and in the second case a change in the ego. Since in the present section of my paper I am regarding these concepts only in the first sense, they here denote changes in the *id* and not in the ego. Another theory of therapy is conceivable which would regard all therapeutic changes as modifications of the instincts by the ego.

Loosening of fixation, removal of regression and every sort of displacement, and, finally, weakening or removal of repetition-compulsion and thus restoration of the possibility of natural instinctual development—all these are necessary changes which therapy must achieve in the *id*. (It will be evident that since this formulation of the aims of therapy is given from the point of view only of a pure *id*-alteration, it is incomplete. The same is true of those formulations which are given below in regard to the ego and the super-ego. It is only when all of them are together that they form an approximately complete statement of the aims of therapy.)

As we are never able directly to perceive the instincts—or any other mental forces—but infer them from their effects, we cannot influence the *id* either directly or indirectly. Since the instincts cannot approach the external world except through the ego, we can only recognize instinctual energies from their effects in the ego (as in representatives, derivatives, etc.), and, moreover, no mental influence can be exerted on the *id* except through the ego. Attempts to recognize

the *id* more or less directly by exclusion of the ego (and this exclusion is always a relative exclusion of certain resistances of the ego or of those parts of it which are the vehicles of those resistances but scarcely ever of the ego as a whole) may, perhaps, have a *diagnostic* value (i.e. they facilitate the analyst's insight into his patient), but not a *therapeutic* one (i.e. they do not

enable the patient to understand himself and thus to become cured, even if the analyst gives him assistance in this task of self-recognition).

The *id* can be influenced in a therapeutic way on the following two pre-suppositions: the first is that the defence of the ego has been lessened, and the anxieties causing it have been removed. This alone makes it possible to clear away all pathogenic alterations of instinct. We shall discuss later how the defensive attitude and the underlying anxiety are overcome. The second pre-supposition—and this seems to be borne out by observed facts—is that the *id* shows a readiness to be changed. This readiness may be described as a spontaneous tendency on the part of the instincts to follow the line of development and to achieve the special forms of gratification that have been biologically established for them. The tendency to achieve a special form of gratification is known to us as instinctual tension. It only becomes manifest when inhibition takes place. One may distinguish between instinctual tension and developmental tension. The latter forms the basis of a tendency of instincts to develop in a specific way, and continues to be operative even when the course of development is interfered with by obstacles, for instance, by repression or fixation.

All theories of the changeability of instincts within the *id*, i.e. without direct participation of the ego, are based on the assumption of these two biological tendencies. Anyone who denies them will be forced to link the question of the changeability of instincts almost exclusively with the problem of the ego.

The restoration of a deranged instinctual development which occurs in the course of therapeutic treatment is to be attributed to this developmental tension. It enables a curative process to take place as soon as the fixations and regressions have been resolved (and this will only happen if the defensive pressure exerted by the ego has been removed); for it will then work spontaneously in its natural direction and thus act in the interests of recovery.

But perhaps the concept of instinctual tension is the more important of the two. It possesses as much significance in the theory of neurosis as it does in the theory of therapeutic procedure. Together with

repetition-compulsion instinctual tension is the actual motive force of therapy. It is one of the factors which are responsible for the production of ever new ways of gratification in the struggle with the defensive ego, for the production of derivatives during analysis, for the tendency to more or less distorted irruptions of instinct, for the dynamics of therapeutic processes, particularly of transference phenomena, etc.

Although instinctual tension plays a very important part in disease and in therapeutic procedure, its effectiveness in bringing about a cure is limited in some respects. The significance of genital instinctual tension for effecting a recovery is evident. So far as pregenital trends are concerned instinctual tension may be accepted as a factor in establishing a cure partly in connection with the transmutability of instincts and partly in connection with the developmental tension which we have spoken about, in so far as the pregenital instincts are eventually absorbed into the genital organization.

While both these tensions are progressively working in the direction of therapeutic procedure and cure, the repetition-compulsion cannot be regarded as having such a uniform function. Repetition-compulsion is useful for analysis in so far as it provides material and stimulates forms of acting out which, in a certain sense, help analysis. On the other hand, it obstructs recovery. Even after the ego-resistances have been removed, the instincts show a tendency not to allow any change, but to continue in their present form, in spite of their above-mentioned

readiness to change. How can the repetition-compulsion which has thus been turned into a resistance be removed?

Freud defines repetition-compulsion as the attraction which unconscious prototypes exert on the repressed instinctual process, and he is of the opinion that it can only be overcome by a continuous action of the ego in the form of the so-called working through. Working through in this context consists of seeking out all the substitutive forms of the repressed instinctual impulses, of making them conscious as far as possible in every detail and of confronting them with the contradicting ego. An essential addition is the discovery of the genetic connections and the analysis of infantile prototypes. Repetition-compulsion cannot be dissolved until all the unconscious paths followed by the instincts at the present day in all their modified forms and, above all, the original repression itself have been removed. So long as there is a magnet there will be attraction within the magnetic field. Working through thus means penetrating not only to the emotional foundations of what is being warded-off, but also to the infantile

content of the repressed as being the very centre of activity. Only in this way will the repressed in all its parts be dissolved, and the secret attraction exerted by it thus made impossible.

Working through has, besides the effects mentioned, another result which may be of decisive importance in dissolving the repetition-compulsion. Through being made conscious the instincts (or their derivatives) are separated out from their previous connections into which they were interwoven, and come face to face with the ego. This separation objectifies the instinctual gratification, and thus changes it in its course; for it seems that the mere fact of being made conscious influences and weakens emotional processes, especially the pleasure-processes. This is particularly the case when there is some opposition (not always conscious) on the part of the super-ego. A patient who at first denied that complaining was an aim of his exhibitionism, confessed one day, after the latent paths of gratification had been brought out, that he noticed that he was not able to complain any more, because, as soon as he started doing so, he heard his own voice and, at the same time, had the impression that something sounded wrong. The pleasure-gain was, perhaps, lessened by its very objectification; it certainly was so by the fact that the patient now took up the same critical attitude towards himself as he had spontaneously adopted towards others when he met with similar instinctual tendencies in them. By thus grasping all their modifications we subject the repressed instinctual impulses to an extensive interpretation, both from a phenomenological and a genetic standpoint, and make them conscious, and objectify them. In this way, too, the pleasurable character of latent instinctual gratifications is gradually lessened, subjected to criticism, intermixed with unpleasure and finally completely dispelled.[29] One might say that in this phase of treatment similar events occur as in the instinctual struggles of infancy, but in the opposite direction. In infancy the normal expression of an instinct was opposed, say out

29 Certain types of patients often show an unpleasurable phase of inhibition of this kind, which may last for some time. The original pleasure mechanisms are barred for them, while they have not yet acquired new ones of similar intensity. In these cases the prolonged intermediary phase shows something that occurs, though perhaps in a less conspicuous way, in every single act of resolving a repetition-compulsion. French describes similar processes in a very instructive way in a communication on a fragment of an analysis. (*Internationale Zeitschrift für Psychoanalyse*, Bd. XXIII., 1937.)

of fear, until it took abnormal paths and was finally completely changed or repressed; whereas during treatment we bar all pathogenic paths merely by our analytical procedure and not by any special 'active' steps. The ego of the patient then chooses ways that lead to cure. This analytical system of procedure may, apart from special cases, contribute considerably to overcome the resistance which emanates from the power of the repetition-compulsion.

Here, too, the influence of the ego on the *id* only extends so far as it obstructs some paths and opens out others for the instincts. The therapeutic influence on the *id* viâ the ego is always an indirect one. The actual change must be effected by the natural tendencies of the *id*. One must not, however, either underestimate the power of this indirect influence or overlook the probability that more direct effects are also brought to bear on the *id*, perhaps in connection with transference. Yet this effect remains outside analytical therapy in its proper sense, even if its influence during analysis may sometimes be great.

This re-alignment of instinct is facilitated by the analyst's taking sides (though the side he takes is always determined by the actual situation); for the patients, among other things, take over his attitude affectively into their ego and super-ego. But it is quite as much facilitated by the new ways of gratification, with their accompanying pleasure-premium, which they experience. But this point will be dealt with below.

To sum up:—After ego-resistances, etc., have been removed, the *id*'s natural tendencies of development spontaneously act in the direction of cure. Repetition-compulsion resists them and therefore requires particular treatment in order to be overcome. The gradual uncovering of all the parts of the repressed, particularly the emotional ones, together with the obstructive operation of working through which disturbs the course of pleasure, make possible a re-direction of instinct towards recovery.

This re-direction can be partial or total. In the first case instinctual needs would merely be weakened and could therefore be more easily mastered by the ego. In the second case the instinctual impulse would completely transfer its energy to its derivatives or to other trends, and would thus cease to exist in its original form as an independent trend. Such changes must regularly occur in the course of normal instinctual development. One may assume that they can also occur in connection with analytical treatment. Freud has lately suggested that repressed impulses, too, are capable of being demolished in this way. It is not

quite clear under what conditions such a re-direction of instinctual energies can occur. The indirect influence of the ego in the sense of blocking certain instinctual paths, as described above, is not a sufficient explanation: it can, but need not, be followed by a re-casting of that kind. It is probable that such an outcome depends on certain factors in the *id* as well. The question whether re-alignments of this sort are reversible or irreversible processes is another consideration.

We therefore assume that total re-alignments can occur not only in the course of normal development, but also as a result of therapeutic influence. If this is so, the demolition of an instinct as an *id*-change would take an important place within a general theory of cure. If one equates a total demolition of instinct with the concept of successful repression, then a cure consists not only in resolving unsuccessful repressions, but also in establishing successful ones. The concept of demolition of instinct is, however, more appropriate for denoting a pure *id*-change.

In conclusion two other concepts may be discussed, to which a greater or smaller importance is attributed in various attempts at a theory of cure. These concepts are 'abreaction' and the so-called 'irruption of instinct'. It is remarkable how often expressions such as abreaction, emotional experience, irruption of affect or instinct are taken as synonyms. This frequently leads to misunderstandings; and I think one is justified in attempting to make some differentiation between them.

The concept of abreaction is a purely therapeutic one, and is exclusively part of the so-called cathartic method. The theory of abreaction is supplementary to the theory of strangulated affect.

Strangulated affect, i.e. affect deprived of any paths of discharge, requires, in addition to the restoration of those paths, a real, single, or fractionised discharge, because it would otherwise remain a 'foreign body'. The discharge has therefore to occur in the service of cure. The theory of abreaction is, in our terms, a theory of change in the *id* as the basis for a theory of cure. In the theory of defensive mechanisms and of resistance there is no longer a place for the theory of catharsis, although the latter seems to be continued in concepts such as damming-up and letting out, or discharge. The concept of abreaction can, therefore, hardly be used in an analytical theory of cure, in which the effective therapeutic factor is a normalizing of instincts and of paths of discharge, not an artificially induced and isolated abreaction.

The same is true of the idea of irruption of instinct in so far as it is

used in this sense of abreaction. Irruption of instinct is, nevertheless, a wider concept. (1) It is linked with a number of other concepts such as working through and affective remembering. In this connection irruption of instinct becomes an intermediary aim of therapy. It mainly serves to produce the evidence of immediate self-experience in contrast to merely reflexive self-knowledge. But wherever one wishes to achieve the full amount of affect in order to produce an emotional experience one is dealing not with a theory of *id*-change but with one of ego-change. (2) It is more difficult to bring into line the view of irruption of instinct as an occurrence that is designed to bring out every affect, or form of libido, in order to liberate the whole amount of bound energy. If this occurrence is meant to subserve the purposes of abreaction (in order not to leave any foreign body behind), then we are dealing with a theory of *id*-change in the sense of catharsis. If, however, it aims at dissolution of every libidinal tie, because repression cannot otherwise be totally removed nor working through completely carried out, a tendency towards *id*-change is present, but this time in the sense of a dissolution of the repetition compulsion. (3) If an irruption of affect is considered as an occurrence which is likely to rouse related affects and ideas, this view can be described as a theory of mobilization. It has no bearing on a theory of cure, but it has a bearing on the theory of technique as a means of gaining material. And here, to some extent, we have a theoretical link with Ferenczi's methods. Finally, (4) irruption of instinct is conceived not only as a result of an ego-change or as a means of producing evidence of an experience, but it is even regarded as an actual cause of ego-change. According to this view an emotional experience in its full intensity causes not only the conviction of its existence, but also a sort of 're-orientation' of the ego. Fenichel rightly assumes that an offshoot of the so-called shock theory is hidden behind the theory of irruption of instinct. A mental upheaval or shock is regarded as a method of changing the personality. This idea of shock is of importance in certain patients' magic-masochistic phantasies about the process of cure in analysis, but it has no place in a theory of cure.

The concept of irruption of instinct is not, therefore, as has been shown, identical with the original concept of abreaction. While the theory of abreaction considers abreacting in itself a factor in cure the concept of irruption of instinct includes influences on the ego, changes of the *id* and purely technical concepts. In general one may say that wherever in a theory of the process of cure the main accent lies on

analysis or change of the *id* there is a tendency to regard the irruption of instincts, in the sense of abreaction, as an essential therapeutic process.

II

We turn now to the question of the changeability of the super-ego. In this connection many demands are, generally speaking, made on the super-ego. Its archaic severity must be reduced,

its great tension in relation to the ego must be lessened, and it must in part be amalgamated with the ego. Its attitude of goodwill, its understanding and its kindly care must be increased; its functions must be better adapted to the ego's conditions of life and to reality, etc. What is the basis for these changes which are the aim of therapy as regards the super-ego?

The answer to this question depends on the nature of our ideas about the origin and structure of the super-ego. Since the super-ego is in its essence the product of childhood situations which are particularly fraught with conflict, the question of the changeability of the super-ego can be dealt with on the one hand under the heading of analysis of instinctual impulses and on the other under that of the defending ego. We may, with the help of analytical methods, disturb the attempt at a solution that led to the setting up of the archaic super-ego; we may reverse and replace it by another solution after new conditions have been established. There is, however, another means—certainly less analytical, but no less effective for all that—of influencing the super-ego. This influence is achieved in connection with transference by establishing or by merely strengthening certain parts of the super-ego in an immediate way. This method follows to a certain extent the same ways as those of childhood, namely those of identification with an object, but this time with a safer and more tolerant one, i.e. with the analyst who represents reality-thinking. This qualitative change of the super-ego has, in my opinion, a significance for the therapeutic process which should not be underestimated, even if it is not the main factor in the cure.

Strachey, whose views we subscribe to to a certain extent, rightly emphasizes that the analyst does not at first act as a 'parasitic super-ego', but that the patient makes him an external representative of his super-ego by regressively transferring all super-ego functions on to him. In this way the rôle of the omnipotent authorities of childhood, who are endowed with magic and can be protective or terrifying, is ascribed to the analyst. The analyst plays at first either part alternatively,

according to the situation. This extraordinarily unstable situation is counteracted by the analyst's actual attitude, as evinced by his analytical activity and by the creation of the so-called analytical atmosphere. That is why the patient has the constant certainty, even though it may often be disturbed by anxiety, that the benevolent and understanding relationship of the analyst to him, beyond considerations of blame or punishment, will never be interrupted. This means that the patient feels secure from object-loss and punishment, in whatever light he may appear in the treatment.

The situation we see here is the same as the socio-psychological one between leader and group—it is the 'creation of a group of two'. The loving and beloved leader takes over the functions of father-imago and super-ego and temporarily eliminates the functions of the super-ego in his follower. Only after this situation has been established can the erstwhile predominating super-ego of infancy be subjected to the same influences which act on the *id*-impulses and the defensive mechanisms of the ego. These influences are objectivation and genetic reduction, which lead to a resolution of the archaic super-ego through analytical activity. This situation is, however, very unstable, and the patient is, at certain stages of analysis, inclined to withdraw his confidence, which rests upon the reality situation, from the analyst.

Here a question arises: Does the preliminary situation, which is confined to analysis, and in which the analyst plays the part of an 'auxiliary super-ego', —that is to say a representative of the super-ego who exists in the external world—become a permanent institution? The patient would achieve this by building up a new super-ego modelled upon his analyst (not, of course, as he really is, but as he appears to the patient in the analytic situation), and in this way he would become independent of the external situation and would receive a guarantee of a constant change in the sense of cure. Observation seems to corroborate this assumption in many ways.

We can leave the question open whether the super-ego is at first re-established in the form of a parasitic super-ego which gradually concentrates the cathexes of the archaic super-ego on itself (as Rado thinks), or whether it is re-established step by step through innumerable small acts of testing the re-activated infantile instinctual impulses, and supplants the phantastic instinctual representatives that are being resolved (as Strachey seeks to show). But I should like to make two remarks. The view that it is absolutely necessary to re-erect a tolerant super-ego, which is guided by reality and for which analyst is taken as model,

obviously presumes in too one-sided a manner that no such elements exist in the neurotic's super-ego—that they are all purely phantastic ones. But when we make conscious all the present-day and genetic factors in the patient's mind we often uncover contradictions not only between his ego and his super-ego, but also within his super-ego—between the aggressive and kind or the prohibiting and demanding parts of it and also between the phantastic parts and those that are nearer to reality. These contradictions, through being raised into consciousness, can be examined and adjusted, i.e. the pathogenic parts are resolved. Furthermore, the new super-ego is, no doubt, established during analysis in the same way as it is in childhood. The necessary frustrations that are constantly being imposed demand a separation from the object, and this leads to a gradual internalization of the object. In contrast to the tension which dominated the patient's relationship to objects before the latency period (it is irrelevant whether it started from his side or from that of his object or from both), the analyst remains the safe object which cannot be lost, which understands and is without hatred even though it is a consistent representative of inescapable reality demands. The analyst, exercising these functions, is set up as an internal object in the patient (on the basis of a constant frustration which is, however, taken at its true value by the patient). Since, however, the tensions with the object are eliminated, it is difficult to say whether it is the ego or the super-ego which is re-moulded in this way to the greater extent. But then is it not part of the cure that the boundaries between these two institutions should no longer be clearly definable?

Apart, then, from the provisional influence exerted upon it through transference, the therapeutic changes which take place in the super-ego are effected by purely analytical means, i.e. by demonstrating contradictions in structure and development and by making an elucidation of them possible. We have, however, to assume that part of the ego's newly acquired security (whether occurring *viâ* the super-ego or directly in the ego), has to be traced to certain immediate influences and that a rôle which should not be underestimated has to be attributed to it in the process of cure, at least in certain cases. In my opinion the analyst's attitude, and the analytical atmosphere which he creates, are fundamentally a reality-correction which adjusts the patient's anxieties about loss of love and punishment, the origin of which lies in childhood. Even if these anxieties later undergo analytical resolution I still believe that the patient's relationship to the analyst

from which a sense of security emanates is not only a pre-condition of the procedure but also effects an immediate (apart from an analytical) consolidation of his sense of security which he has not successfully acquired or consolidated in childhood. Such an immediate consolidation—which, in itself, lies outside the field of analytic therapy—is, of course, only of permanent value if it goes along with the co-ordinated operation of analytic treatment.

The natural forces of cure which help to effect the changes in the super-ego are the same as those acting in the *id* and ego, respectively, as we have shown in our description of the resolution of the super-ego as an instinctual vicissitude and a process of ego-defence. Everybody's super-ego can temporarily and to a greater or less degree be modified. This ability to be modified we have described as one of the foundations of a permanent change. It is based

on various factors, above all on the unstable position, for all its strength, of the super-ego within the psychic frame-work, particularly of an ill person. The rebellion which still lives unchanged in the depth of man against the restrictions of childhood or culture which have been precipitated in his super-ego, no less than his fear of the punishing forces of fate with in him or outside, drives his ego to anchor its conscience outside its sphere of responsibility. As Freud has shown, this is one of the fundamental causes of the leader-group situation.

We know that changes of the super-ego are, in certain patients, difficult to achieve. It was precisely the fact that the super-ego seemed to demand gratification with the same stubbornness and relative perseverance as the biologically known instincts did that, amongst other things, was the cause of important extensions of theory. It is very difficult to estimate how great a part quantitative factors play. A great sense of guilt, too great a fear of punishment, but particularly too great an aggression discharged viâ the super-ego and thus turned away from the external world can prevent the ego from giving up the once-established though pathogenic adjustment, or from even temporarily suspending it. One must not forget that it is particularly in the relationship between super-ego and ego that every institution can experience gratification to an extent that amounts to a closed system which is almost or entirely indestructible.

III

We shall now turn to the question of the changeability of the ego. It is the ego which is the actual seat of treatment and cure. We

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30 Cf. Ferenczi and Rank, *Entwicklungsziele der Psychoanalyse*, 1924.
31 Cf. Edward Glover's paper, 'The Therapeutic Effect of Inexact Interpretation', this JOURNAL, Vol. XII, 1931.

cannot achieve anything without the help of the ego and without the alteration of it. In saying this we do not take up a position in favour of ego-analysis and against *id*-analysis. The alternative implied in the question whether cure consists of educating the impulses or of educating the ego is refuted by the facts.[30] Analysis of the ego alone would not merely give a false picture, as Anna Freud has pointed out; as regards a cure especially it must be affirmed that analysis of the ego without analysis of the *id* would, theoretically, be as unsuccessful as analysis of the *id* without analysis of the ego. (Why, in spite of this, changes do nevertheless occur in incomplete analyses is another question.)[31]

Which part of the ego is to be changed? Of course not the part that belongs to the system 'Cs', but that which belongs to the system 'Ucs' and which is the actual subject of treatment. There are thus two parts of the ego which we set over against each other: the methods of working over of the conscious, uniform and rational ego against the unconscious, defending ego and its mechanisms. Our first therapeutic aim with reference to the ego is therefore to bring about a mitigation of its defensive attitude and a modification of its defensive mechanisms. As the defensive attitude of the ego is mobilized by its fear of dangers lying in the external world and in the two psychic institutions, those defensive mechanisms cannot be given up unless the fear has been resolved. Thus the results aimed at by the therapeutic action on the ego are: a resolution of anxiety, an increased toleration of affects and instincts, an increased security with regard to the super-ego and the external world, a removal of pathogenic defence-mechanisms, and, finally, a restoration of the natural range of modificatory methods at the disposal of the conscious ego.

To the question, how and why are these changes possible? we can answer at once, through exerting an analytical and pedagogical influence on the ego which, in this case, too, can be supported by certain natural factors of cure. Through making the unconscious ego-reactions conscious, the defending part of the ego becomes the object of the observing, conscious ego.

The first effect of making conscious the forms of defence is to clear the way for less disguised instinctual derivatives and affects. It is only after the warded-off instinctual and affective impulses have been made conscious that the complete and actual conflict situation

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32 It is quite likely that we shall one day have definite evidence of the existence not only of an analytical history of the defence which the ego puts up against its three dangers, but also of specific defence-forms for certain stages of life. In other words, there may be an evolutionary series of defence-mechanisms as well as a series of forms of modification which is constantly present in every phase of life. If this is established, one could regard ego development as analogous, at least in this respect, to instinctual development, and could picture the possibility of fixations of certain defence-forms and of regressions to old methods of defence having taken place or of those methods having been worked over or superimposed upon in earlier or later stages of their development.

is established. The observing and criticizing ego is now confronted with the complete conflict of defence and thus forced to deal with the instinctual or affective impulses on the one hand, and with the defence-mechanisms on the other. Progressive objectivation is, however, not only achieved by making conscious the unconscious parts of the ego as well as of the *id*; these parts are also separated from their previous connections—in so far as they emerge as particular modes of behaviour—and are inserted where they belong in the new connections which have up to now been unconscious. This is necessarily followed by a changed attitude of the conscious ego towards its behaviour which it has up till now wrongly ordered and understood. It is obvious that this schematic description does not do full justice to the complications involved in the processes of therapy as they occur in reality. Things like the oscillation between putting at a distance and re-assimilating on the old basis, the appearance of new, concealed defensive forms, the uncertain alliance with the ego, etc., make working through necessary here as well. It will therefore be the analyst's task to work through all the higher defensive processes on the broadest basis from a phenomenological and genetic point of view, with the aim of bringing up all those defence situations which have an important pathogenic effect (namely the current as well as the past and infantile ones) in their original character in order to have them worked over anew by the conscious ego. This he will achieve by resolving all the modificatory methods, transformations and assimilations to the corresponding stages of development which have been made by the patient.[32] There is no need to emphasize the point that this process takes place by means of a series of innumerable indconstantly-repeated small steps. In this way the conscious ego extends its sphere of power over parts of the *id*

which were previously unapproachable, and subjects them to its co-ordinating synthetizing activity.

How can anxiety be resolved, defence loosened and pathogenic defensive-mechanisms replaced by adequate methods of working over? Defensive-mechanisms are resolved as a result of various causes. (1) If the material that has been warded-off in childhood becomes unimportant to the ego; for in that case there will be no need to ward it off (e.g. incestuous wishes). (2) If the warded-off material is accepted; for in that case, too, defence against it will be superfluous (e.g. genital tendencies). (3) If it becomes evident that defence does not serve its purpose (e.g. projection of instincts and affects, struggles against instincts directed to the external world, repression, denial, regression, etc.). (4) If the defensive form itself is rejected by the ego from any other motives (e.g. because it is a primitive form). The same is true if the defensive form itself is genetically dissolved, i.e. if it is reduced to material that is contradicted or devaluated.

Ego-anxiety is reduced analytically by making conscious its present-day and its infantile sources and by demonstrating its unreal character. This is achieved by a confrontation of its infantile and its present-day determinants. Anxiety is reduced in a pedagogic way (1) because

of the rôle which the analyst assumes as a protective authority and a source of security, and as one who bears the responsibility, (2) because the fear of punishment is eliminated in connection with transference, (3) because reason, experience and morals, etc., are directly appealed to.

In these efforts of analytical therapy we are assisted by certain forces to which we shall now direct our attention. The patient's wish to be cured comes in here. That part of his ego which has remained intact rejects the illness and its causes. This wish for health contains rational and irrational components, both of which are used in treatment in order gradually to dissolve the irrational ones (Nunberg). The recuperative powers which underly the wish to be cured are the ego's self-preservative trends.

The ego's actual recuperative power lies in its synthetic function, i.e. in that central function of regulation, adjustment and unification which characterizes the activities of the conscious ego. This also includes the active tendency of the ego not only to maintain its own laws of being, but also to extend its sphere of power and to impose its attitude and methods of modification as against the influence of ego-dystonic material. As Wälder says, 'it assimilates the external world

as well as the ego-dystonic institutions into the organic growth of the individual'. These active ego-tendencies of integrating and assimilating are, perhaps, the most important foundations of cure. We can assume their existence and need neither seek to evoke them nor to change them.

The same activity is working in unconscious defence-mechanisms as in dreams during the lowered state of the ego, in which the dream material is subjected to censorship and secondary elaboration. This assimilating tendency of the ego is therefore not only working as a curative force, but also, and primarily, as an inhibiting tendency, which at first resists analytic treatment and cure. For, after all, the defence-mechanisms, too, have their origin in the assimilating dynamics of the ego, even though they may be regarded rather as unsuccessful attempts on the part of this organizing tendency. In so far as the results of these inadequate attempts of defence reach consciousness they have been subjected to a further modification and have been inserted into different connections. The resolution of these modifications, like the loosening of unconscious defence-forms, at first counteracts the integrating force of the ego and calls out the full extent of its resistance. Anna Freud has clearly shown this difference between the *id*-trends which work in the direction of cure and the ego-trends which oppose the making conscious of defence. But the continuous process of making conscious the unconscious parts of the defensive conflict mobilizes the synthetic function in another direction as well. This function does not only assimilate *id*-elements which have been made conscious, but also keeps at a distance the defensive forms and the contents which have been warded-off. All affects, defensive forms or instinctual impulses which have been made conscious and are opposed by the ego or the super-ego are experienced, in a certain sense, as alien to the ego; the effect of making them conscious is that the solution which had previously been found, and which could be maintained because it remained unconscious, has now to accord with the central aims and attitudes of the conscious ego. In so far as it does not do this, a tension arises between the centrally-steered conscious ego and parts of the conflict which have been made conscious. As analytical activity upholds this enlarged state of consciousness, the tension does not lead to a casting out from the ego, as it did before, but to a relinquishing of the old forms of solution and to a search for new ones which shall be adequate for the central ego, and finally to their consolidation. The synthetic function is, therefore, in a certain sense, the basis of an

objectivisation of rejected parts, just as it is the basis of an assimilation—with the help of new forms of solution—of instinctual impulses which have been duly changed and are no longer taken exception to.

The synthetic function does not, it is true, effect everything, particularly in the first phase of analysis. Analytical procedure, in the narrow sense of the word, is intermixed with pedagogic influences which alleviate anxiety, weaken defence, strengthen the rational ego, etc. All these influences do not represent the essence of the analytical process; they are only of a provisional nature and are intended to be replaced by the results of genuinely analytic methods. At the beginning of treatment analytical therapy makes use to some extent, as Nunberg has already emphasized, of entirely different mental forces from those with which we conduct analysis at later stages and on which the results achieved are built up. No doubt, however, these pedagogic influences are partly preserved as such and contribute in practice to the attainment of analytical success.

What is the attitude of the patient that enables us in analysis to appeal continually to him in a pedagogic way? Apart from factors of transference, which need not be discussed here, we encounter a certain attitude which can also be taken as a natural tendency towards recovery. This attitude may be called, in terms that are illustrative rather than explanatory, 'biological sense' or 'biological thinking'. These terms do not, of course, imply the existence of any intellectual processes, but of certain aims which are fundamentally common to all human beings. Under this heading come a tendency to recognize the requirements of reality, a capacity for experience, a sense of what is expedient, a higher valuation of the object-relationships as compared to other relationships of the libido, an inclination towards a social environment, etc. In spite of all differences between individual personalities, this 'logic' of biological 'instincts' is common to a smaller or larger extent to all of them in a more or less latent form. Perhaps one can say in general that the natural forces of cure which are active in ego and super-ego have their source in this 'biological sense'.

In all attempts at a theory of cure the concept of the strength of the ego plays a constant part. It is a concept that concerns relations: it measures the comparative strength of certain forces—those of the ego and of the *id*-impulses in especial, but also those of the ego and the super-ego or the external world. It is not easy to define the concept of ego-strength more precisely. In fulfilling the often contradictory

demands of *id*, super-ego, and external world, a strong ego will predominantly obey its own aims and conditions. In any case a strong ego, in contrast to a weak one, is characterized by a certain kind of behaviour at moments of danger which differentiates it from a weak one. It is not only able to bind the quantities of stimuli which break in on it—that is, to effect counter-cathexes, but it can also, I think, at the moment of external danger, raise the cathexis of certain important functions, such as the function of perception, reality testing, critical judgement, etc. At the same time the motor apparatus becomes tense, possible attempts at solution are alternatively examined, and so on.

The ego of the patient which is the main object of the therapeutical influence of analysis is the weak ego, the ego which was defeated in childhood by the dangers that threatened it; whereas the strength of the grown-up ego, which has remained untouched by disease, may be considered as a supporting factor of cure. This part is constantly being strengthened by the effects of analysis. The ego is obviously better able to meet situations of danger, in the manner described above, if it is uniform, i.e. without contradiction in itself. By giving its uniformity back to the ego we increase its ability to defend itself adequately against the dangers that threaten it from the three quarters upon which it is dependent.

After making a short examination of the relevant part of our analytic procedure I have tried to discuss the changes which we expect from the operation of that procedure, and finally to enquire into the natural tendencies which help cure and support our analytical efforts. Since, in the interest of clarity, it has seemed advisable to examine the changeability of the three psychic institutions separately, what I have said may have been in many respects one-sided. But this fault attaches to it, I think, only in so far as it is a description of events and not as a general view of the state of affairs. From the outset, this view was not intended to do more than put together those known facts and assumptions which are suitable to be the basis of a general theory of cure. Obviously such an enterprise is bound to be to a certain extent incomplete; and almost every point that has been mentioned requires to receive a wider and more detailed discussion.

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7 *Internationale Zeitschrift für Psychoanalyse*, Bd. XXI, 1935.

1934) THE NATURE OF THE THERAPEUTIC ACTION OF PSYCHO-ANALYSIS. INT. J. PSYCHO-ANAL., 15:127 (IJP)

THE NATURE OF THE THERAPEUTIC ACTION OF PSYCHO-ANALYSIS[1]

JAMES STRACHEY

Introductory

It was as a therapeutic procedure that psycho-analysis originated. It is in the main as a therapeutic agency that it exists to-day. We may well be surprised, therefore, at the relatively small proportion of psycho-analytical literature which has been concerned with the mechanisms by which its therapeutic effects are achieved. A very considerable quantity of data have been accumulated in the course of the last thirty or forty years which throw light upon the nature and workings of the human mind; perceptible progress has been made in the task of classifying and subsuming such data into a body of generalized hypotheses or scientific laws. But there has been a remarkable hesitation in applying these findings in any great detail to the therapeutic process itself. I cannot help feeling that this hesitation has been responsible for the fact that so many discussions upon the practical details of analytic technique seem to leave us at cross-purposes and at an inconclusive end. How, for instance, can we expect to agree upon the vexed question of whether and when we should give a 'deep interpretation', while we have no clear idea of what we *mean* by a 'deep interpretation', while, indeed, we have no exactly formulated view of the concept of 'interpretation' itself, no precise knowledge of what 'interpretion' is and what effect it has upon our patients? We should gain much, I think, from a clearer grasp of problems such as this. If we could arrive at a more detailed understanding of the workings of the therapeutic process we should be less prone to those occasional feelings of utter disorientation which few analysts are fortunate enough to escape; and the analytic movement itself might be less at the mercy of proposals for abrupt alterations in the ordinary technical procedure—proposals which derive much of their strength from the prevailing uncertainty as to the exact nature of the analytic

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1 Portions of this paper were read at a meeting of the British Psycho-Analytical Society on June 13, 1933.

therapy. My present paper is a tentative attack upon this problem; and even though it should turn out that its very doubtful conclusions cannot be maintained, I shall be satisfied if I have drawn attention to the urgency of the problem itself. I am most anxious, however, to make it clear that what follows is not a practical discussion upon psychoanalytic technique. Its immediate bearings are merely theoretical. I have taken as my raw material the various sorts of procedures which (in spite of very considerable individual deviations) would be generally regarded as within the limits of 'orthodox' psycho-analysis and the various sorts of effects which observation shows that the application of such procedures tends to bring about; I have set up a hypothesis which endeavours to explain more or less coherently why these particular procedures bring about these particular effects; and I have tried to show that, if my hypothesis about the nature of the therapeutic action of psycho-analysis is valid, certain implications follow from it which might perhaps serve as criteria in forming a judgment of the probable effectiveness of any particular type of procedure.

Retrospect

It will be objected, no doubt, that I have exaggerated the novelty of my topic.[2] 'After all', it will be said, 'we do understand and have long understood the main principles that govern the therapeutic action of analysis'. And to this, of course, I entirely agree; indeed I propose to begin what I have to say by summarizing as shortly as possible the accepted views upon the subject.

For this purpose I must go back to the period between the years 1912 and 1917 during which Freud gave us the greater part of what he has written directly on the therapeutic side of psycho-analysis, namely the series of papers on technique[3] and the twenty-seventh and twenty-eighth chapters of the *Introductory Lectures*.

'Resistance Analysis'

This period was characterized by the systematic application of the method known as 'resistance analysis'. The method in question was by no means a new one even at that time, and it was based upon ideas which had long been implicit in analytical theory, and in particular

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2 I have not attempted to compile a full bibliography of the subject, though a number of the more important contributions to it are referred to in the following pages.
3 *Collected Papers*, Vol. II.

upon one of the earliest of Freud's views of the function of neurotic symptoms. According to that view (which was derived essentially from the study of hysteria) the function of the neurotic symptom was to defend the patient's personality against an unconscious trend of thought that was unacceptable to it, while at the same time gratifying the trend up to a certain point. It seemed to follow, therefore, that if the analyst were to investigate and discover the unconscious trend and make the patient aware of it—if he were to make what was unconscious conscious—the whole *raison d'être* of the symptom would cease and it must automatically disappear. Two difficulties arose, however. In the first place some part of the patient's mind was found to raise obstacles to the process, to offer resistance to the analyst when he tried to discover the unconscious trend; and it was easy to conclude that this was the same part of the patient's mind as had originally repudiated the unconscious trend and had thus necessitated the creation of the symptom. But, in the second place, even when this obstacle seemed to be surmounted, even when the analyst had succeeded in guessing or deducing the nature of the unconscious trend, had drawn the patient's attention to it and had apparently made him fully aware of it—even then it would often happen that the symptom persisted unshaken. The realization of these difficulties led to important results both theoretically and practically. *Theoretically*, it became evident that there were two senses in which a patient could become conscious of an unconscious trend; he could be made aware of it by the analyst in some intellectual sense without becoming 'really' conscious of it. To make this state of things more intelligible, Freud devised a kind of pictorial allegory. He imagined the mind as a kind of map. The original objectionable trend was pictured as being located in one region of this map and the newly discovered information about it, communicated to the patient by the analyst, in another. It was only if these two impressions could be 'brought together' (whatever exactly that might mean) that the unconscious trend would be 'really' made conscious. What prevented this from happening was a force within the patient, a barrier—once again, evidently, the same 'resistance' which had opposed the analyst's attempts at investigating the unconscious trend and which had contributed to the original production of the symptom. The removal of this resistance was the essential preliminary to the patient's becoming 'really' conscious of the unconscious trend. And it was at this point that the *practical* lesson emerged: as analysts our main

task is not so much to investigate the objectionable unconscious trend as to get rid of the patient's resistance to it.

But how are we to set about this task of demolishing the resistance? Once again by the same process of investigation and explanation which we have already applied to the unconscious trend. But this time we are not faced by such difficulties as before, for the forces that are keeping up the repression, although they are to some extent unconscious, do not belong to the

unconscious in the systematic sense; they are a part of the patient's ego, which is co-operating with us, and are thus more accessible. Nevertheless the existing state of equilibrium will not be upset, the ego will not be induced to do the work of re-adjustment that is required of it, unless we are able by our analytic procedure to mobilize some fresh force upon our side.

What forces can we count upon? The patient's will to recovery, in the first place, which led him to embark upon the analysis. And, again, a number of intellectual considerations which we can bring to his notice. We can make him understand the structure of his symptom and the motives for his repudiation of the objectionable trend. We can point out the fact that these motives are out-of-date and no longer valid; that they may have been reasonable when he was a baby, but are no longer so now that he is grown up. And finally we can insist that his original solution of the difficulty has only led to illness, while the new one that we propose holds out a prospect of health. Such motives as these may play a part in inducing the patient to abandon his resistances; nevertheless it is from an entirely different quarter that the decisive factor emerges. This factor, I need hardly say, is the transference. And I must now recall, very briefly, the main ideas held by Freud on that subject during the period with which I am dealing.

Transference

I should like to remark first that, although from very early times Freud had called attention to the fact that transference manifested itself in two ways—negatively as well as positively, a good deal less was said or known about the negative transference than about the positive. This of course corresponds to the circumstance that interest in the destructive and aggressive impulses in general is only a comparatively recent development. Transference was regarded predominantly as a *libidinal* phenomenon. It was suggested that in everyone there existed a certain number of unsatisfied libidinal impulses,

and that whenever some new person came upon the scene these impulses were ready to attach themselves to him. This was the account of transference as a universal phenomenon. In neurotics, owing to the abnormally large quantities of unattached libido present in them, the tendency to transference would be correspondingly greater; and the peculiar circumstances of the analytic situation would further increase it. It was evidently the existence of these feelings of love, thrown by the patient upon the analyst, that provided the necessary extra force to induce his ego to give up its resistances, undo the repressions and adopt a fresh solution of its ancient problems. This instrument, without which no therapeutic result could be obtained, was at once seen to be no stranger; it was in fact the familiar power of suggestion, which had ostensibly been abandoned long before. Now however it was being employed in a very different way, in fact in a contrary direction. In pre-analytic days it had aimed at bringing about an increase in the degree of repression; now it was used to overcome the resistance of the ego, that is to say, to allow the repression to be removed.

But the situation became more and more complicated as more facts about transference came to light. In the first place, the feelings transferred turned out to be of various sorts; besides the loving ones there were the hostile ones, which were naturally far from assisting the analyst's efforts. But, even apart from the hostile transference, the libidinal feelings themselves fell into two groups: friendly and affectionate feelings which were capable of being conscious, and purely erotic ones which had usually to remain unconscious. And these latter feelings, when they became too powerful, stirred up the repressive forces of the ego and thus increased its resistances instead of diminishing them, and in fact produced a state of things that was not easily distinguishable from a negative transference. And beyond all this there arose the whole question of the lack of permanence of all suggestive treatments. Did not the existence of the transference threaten to leave the analytic patient in the same unending dependence upon the analyst?

All of these difficulties were got over by the discovery that the transference itself could be analysed. Its analysis, indeed, was soon found to be the most important part of the whole treatment It was possible to make conscious its roots in the repressed unconscious just as it was possible to make conscious any other repressed material—that is, by inducing the ego to abandon its resistances—and there was nothing self-contradictory in the fact that the force used for resolving

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4 P. 381.

the transference was the transference itself. And once it had been made conscious, its unmanageable, infantile, permanent characteristics disappeared; what was left was like any other 'real' human relationship. But the necessity for constantly analysing the transference became still more apparent from another discovery. It was found that as work proceeded the transference tended, as it were, to eat up the entire analysis. More and more of the patient's libido became concentrated upon his relation to the analyst, the patient's original symptoms were drained of their cathexis, and there appeared instead an artificial neurosis to which Freud gave the name of the 'transference neurosis'. The original conflicts, which had led to the onset of neurosis, began to be re-enacted in the relation to the analyst. Now this unexpected event is far from being the misfortune that at first sight it might seem to be. In fact it gives us our great opportunity. Instead of having to deal as best we may with conflicts of the remote past, which are concerned with dead circumstances and mummified personalities, and whose outcome is already determined, we find ourselves involved in an actual and immediate situation, in which we and the patient are the principal characters and the development of which is to some extent at least under our control. But if we bring it about that in this revivified transference conflict the patient chooses a new solution instead of the old one, a solution in which the primitive and unadaptable method of repression is replaced by behaviour more in contact with reality, then, even after his detachment from the analysis, he will never be able to fall back into his former neurosis. The solution of the transference conflict implies the simultaneous solution of the infantile conflict of which it is a new edition. 'The change', says Freud in his *Introductory Lectures*, 'is made possible by alterations in the ego occurring as a consequence of the analyst's suggestions. At the expense of the unconscious the ego becomes wider by the work of interpretation which brings the unconscious material into consciousness; through education it becomes reconciled to the libido and is made willing to grant it a certain degree of satisfaction; and its horror of the claims of its libido is lessened by the new capacity it acquires to expend a certain amount of the libido in sublimation. The more nearly the course of the treatment corresponds with this ideal description the greater will be the success of the psycho-analytic therapy'.[4] I quote these words of Freud's to

make it quite clear that at the time he wrote them he held that the ultimate factor in the therapeutic action of psycho-analysis was suggestion on the part of the analyst acting upon the patient's ego in such a way as to make it more tolerant of the libidinal trends.

The Super-Ego

In the years that have passed since he wrote this passage Freud has produced extremely little that bears directly on the subject; and that little goes to shew that he has not altered his views of the main principles involved. Indeed, in the additional lectures which were published last year, he explicitly states that he has nothing to add to the theoretical discussion upon therapy given in the original lectures fifteen years earlier.[5] At the same time there has in the interval been a considerable further development of his theoretical opinions, and especially in the region of ego-psychology. He has, in particular, formulated the concept of the super-ego. The re-

statement in super-ego terms of the principles of therapeutics which he laid down in the period of resistance analysis may not involve many changes. But it is reasonable to expect that information about the super-ego will be of special interest from our point of view; and in two ways. In the first place, it would at first sight seem highly probable that the super-ego should play an important part, direct or indirect, in the setting-up and maintaining of the repressions and resistances the demolition of which has been the chief aim of analysis. And this is confirmed by an examination of the classification of the various kinds of resistance made by Freud in *Hemmung Symptom und Angst* (1926).[6] Of the five sorts of resistance there mentioned it is true that only one is attributed to the direct intervention of the super-ego, but two of the ego-resistances—the repression-resistance and the transference-resistance—although actually originating from the ego, are as a rule set up by it out of fear of the super-ego. It seems likely enough therefore that when-Freud wrote the words which I have just quoted, to the effect that the favourable change in the patient 'is made possible by alterations in the ego' he was thinking, in part at all events, of that portion of the ego which he subsequently separated off into the super-ego. Quite apart from this, moreover, in another of Freud's more recent works, the *Group Psychology* (1921), there are passages which suggest

5 *New Introductory Lectures* (1933), p. 194.
6 Pp. 117–118.
7 P. 77.

a different point—namely, that it may be largely through the patient's super-ego that the analyst is able to influence him. These passages occur in the course of his discussion on the nature of hypnosis and suggestion.[7] He definitely rejects Bernheim's view that all hypnotic phenomena are traceable to the factor of suggestion, and adopts the alternative theory that suggestion is a partial manifestation of the state of hypnosis. The state of hypnosis, again, is found in certain respects to resemble the state of being in love. There is 'the same humble subjection, the same compliance, the same absence of criticism towards the hypnotist as towards the loved object'; in particular, there can be no doubt that the hypnotist, like the loved object, 'has stepped into the place of the subject's ego-ideal'. Now since suggestion is a partial form of hypnosis and since the analyst brings about his changes in the patient's attitude by means of suggestion, it seems to follow that the analyst owes his effectiveness, at all events in some respects, to his having stepped into the place of the patient's super-ego. Thus there are two convergent lines of argument which point to the patient's super-ego as occupying a key position in analytic therapy: it is a part of the patient's mind in which a favourable alteration would be likely to lead to general improvement, and it is a part of the patient's mind which is especially subject to the analyst's influence.

Such plausible notions as these were followed up almost immediately after the super-ego made its first *début*.[8] They were developed by Ernest Jones, for instance, in his paper on 'The Nature of Auto-Suggestion'.[9] Soon afterwards[10] Alexander launched his theory that the principal aim of all psycho-analytic therapy must be the complete demolition of the super-ego and the assumption of its functions by the ego. According to his account, the treatment falls into two phases. In the first phase the functions of the patient's super-ego are handed over to the analyst, and in the second phase they are passed back again to the patient, but this time to his ego. The super-ego, according to this view of Alexander's (though he explicitly limits his use of the word to the unconscious parts of the ego-ideal), is a portion of the

8 In Freud's paper at the Berlin Congress in 1922, subsequently expanded into *The Ego and the Id* (1923).
9 This JOURNAL, Vol. IV, 1923.
10 At the Salzburg Congress in 1924: 'A Metapsychological Description of the Process of Cure', this JOURNAL, Vol. VI, 1925.

mental apparatus which is essentially primitive, out of date and out of touch with reality, which is incapable of adapting itself, and which operates automatically, with the monotonous uniformity of a reflex. Any useful functions that it performs can be carried out by the ego, and there is therefore nothing to be done with it but to scrap it. This wholesale attack upon the super-ego seems to be of questionable validity. It seems probable that its abolition, even if that were practical politics, would involve the abolition of a large number of highly desirable mental activities. But the idea that the analyst temporarily takes over the functions of the patient's super-ego during the treatment and by so doing in some way alters it agrees with the tentative remarks which I have already made.

So, too, do some passages in a paper by Radó upon 'The Economic Principle in Psycho-Analytic Technique'.[11] The second part of this paper, which was to have dealt with psycho-analysis, has unfortunately never been published; but the first one, on hypnotism and catharsis, [12] contains much that is of interest. It includes a theory that the hypnotic subject introjects the hypnotist in the form of what Radó calls a 'parasitic super-ego', which draws off the energy and takes over the functions of the subject's original super-ego. One feature of the situation brought out by Radó is the unstable and temporary nature of this whole arrangement. If, for instance, the hypnotist gives a command which is too much in opposition to the subject's original super-ego, the parasite is promptly extruded. And, in any case, when the state of hypnosis comes to an end, the sway of the parasitic super-ego also terminates and the original super-ego resumes its functions.

However debatable may be the details of Radó's description, it not only emphasizes once again the notion of the super-ego as the fulcrum of psychotherapy, but it draws attention to the important distinction between the effects of hypnosis and analysis in the matter of permanence. Hypnosis acts essentially in a temporary way, and Radó's theory of the parasitic super-ego, which does not really replace the original one but merely throws it out of action, gives a very good picture of its apparent workings. Analysis, on the other hand, in so so far as it seeks to affect the patient's super-ego, aims at something

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11 Also first read at Salzburg in 1924.

12 This JOURNAL, Vol. VI, 1925; in a revised form in *German, Zeitschrift*, Bd. XII, 1926.

13 This hypothesis seems to imply a contradiction of some authoritative pronouncements, according to which the structure of the super-ego is finally laid down and fixed at a very early age. Thus Freud appears in several passages to hold that the super-ego (or at all events its central core) is formed once and for all at the period at which the child emerges from its Œdipus complex. (See, for instance, *The Ego and the Id*, pp. 68-69.) So, too, Melanie Klein speaks of the development of the super-ego 'ceasing' and of its formation 'having reached completion' at the onset of the latency period (*The Psycho-Analysis of Children*, pp. 250 and 252), though in many other passages (e.g. p. 369) she implies that the super-ego can be altered at a later age under analysis. I do not know how far the contradiction is a real one. My theory does not in the least dispute the fact that in the normal course of events the super-ego becomes fixed at an early age and subsequently remains essentially unaltered. Indeed, it is a part of my view that in practice nothing except the process of psycho-analysis can alter it. It is of course a familiar fact that in many respects the analytic situation re-constitutes an infantile condition in the patient, so that the fact of being analysed may, as it were, throw the patient's super-ego once more into the melting-pot. Or, again, perhaps it is another mark of the non-adult nature of the neurotic that his super-ego remains in a malleable state.

much more far-reaching and permanent—namely, at an integral change in the nature of the patient's super-ego itself.[13] Some even more recent developments in psycho-analytic theory give a hint, so it seems to me, of the kind of lines along which a clearer understanding of the question may perhaps be reached.

Introjection and Projection

This latest growth of theory has been very much occupied with the destructive impulses and has brought them for the first time into the centre of interest; and attention has at the same time been concentrated on the correlated problems of guilt and anxiety. What I have in mind especially are the ideas upon the formation of the superego recently developed by Melanie Klein and the importance which she attributes to the processes of introjection and projection in the development of the personality. I will re-state what I believe to be her views in an exceedingly schematic outline.[14] The individual, she holds, is perpetually introjecting and projecting the objects of its *id*-impulses, and the character of the introjected objects depends on

14 See *The Psycho-Analysis of Children* (1932), *passim*, especially Chapters VIII and IX.

the character of the *id*-impulses directed towards the external objects. Thus, for instance, during the stage of a child's libidinal development in which it is dominated by feelings of oral aggression, its feelings towards its external object will be orally aggressive; it will then introject the object, and the introjected object will now act (in the manner of a super-ego) in an orally aggressive way towards the child's ego. The next event will be the projection of this orally aggressive introjected object back on to the external object, which will now in its turn appear to be orally aggressive. The fact of the external object being thus felt as dangerous and destructive once more causes the *id*-impulses to adopt an even more aggressive and destructive attitude towards the object in self-defence. A vicious circle is thus established. This process seeks to account for the extreme severity of the super-ego in small children, as well as for their unreasonable fear of outside objects. In the course of the development of the normal individual, his libido eventually reaches the genital stage, at which the positive impulses predominate. His attitude towards his external objects will thus become more friendly, and accordingly his introjected object (or super-ego) will become less severe and his ego's contact with reality will be less distorted. In the case of the neurotic, however, for various reasons—whether on account of frustration or of an incapacity of the ego to tolerate *id*-impulses, or of an inherent excess of the destructive components—development to the genital stage does not occur, but the individual remains fixated at a pre-genital level. His ego is thus left exposed to the pressure of a savage *id* on the one hand and a correspondingly savage super-ego on the other, and the vicious circle I have just described is perpetuated.

The Neurotic Vicious Circle

I should like to suggest that the hypothesis which I have stated in this bald fashion may be useful in helping us to form a picture not only of the mechanism of a neurosis but also of the mechanism of its cure. There is, after all, nothing new in regarding a neurosis as essentially an obstacle or deflecting force in the path of normal development; nor is there anything new in the belief that psycho-analysis (owing to the peculiarities of the analytic situation) is able to remove the obstacle and so allow the normal development to proceed. I am only trying to make our conceptions a little more precise by supposing that the pathological obstacle to the neurotic individual's further growth is in the nature of a vicious circle of the kind I have

15 A similar view has often been suggested by Melanie Klein. See, for instance, *The Psycho-Analysis of Children*, p. 369. It has been developed more explicitly and at greater length by Melitta Schmideberg: 'Zur Psychoanalyse asozialer Kinder und Jugendlicher' (*Zeitschrift*, Bd. XVIII, 1932).

described. If a breach could somehow or other be made in the vicious circle, the processes of development would proceed upon their normal course. If, for instance, the patient could be made less frightened of his super-ego or introjected object, he would project less terrifying

imagos on to the outer object and would therefore have less need to feel hostility towards it; the object which he then introjected would in turn be less savage in its pressure upon the *id*-impulses, which would be able to lose something of their primitive ferocity. In short, a *benign* circle would be set up instead of the vicious one, and ultimately the patient's libidinal development would proceed to the genital level, when, as in the case of a normal adult, his super-ego will be comparatively mild and his ego will have a relatively undistorted contact with reality.[15]

But at what point in the vicious circle is the breach to be made and how is it actually to be effected? It is obvious that to alter the character of a person's super-ego is easier said than done. Nevertheless, the quotations that I have already made from earlier discussions of the subject strongly suggest that the super-ego will be found to play an important part in the solution of our problem. Before we go further, however, it will be necessary to consider a little more closely the nature of what is described as the analytic situation. The relation between the two persons concerned in it is a highly complex one, and for our present purposes I am going to isolate two elements in it. In the first place, the patient in analysis tends to centre the whole of his *id*-impulses upon the analyst. I shall not comment further upon this fact or its implications, since they are so immensely familiar. I will only emphasize their vital importance to all that follows and proceed at once to the second element of the analytic situation which I wish to isolate. The patient in analysis tends to accept the analyst in some way or other as a substitute for his own super-ego. I propose at this point to imitate with a slight difference the convenient phrase which was used by Radó in his account of hypnosis and to say that in analysis the patient tends to make the analyst into an 'auxiliary super-ego'. This phrase and the relation described by it evidently require some explanation.

The Analyst as 'Auxiliary Super-Ego'

When a neurotic patient meets a new object in ordinary life, according to our underlying hypothesis he will tend to project on to it his introjected archaic objects and the new object will become to that extent a phantasy object. It is to be presumed that his introjected objects are more or less separated out into two groups, which function as a 'good' introjected object (or mild super-ego) and a 'bad' introjected object (or harsh super-ego). According to the degree to which his ego maintains contacts with reality, the 'good' introjected object will be projected on to benevolent real outside objects and the 'bad' one on to malignant real outside objects. Since, however, he is by hypothesis neurotic, the 'bad' introjected object will predominate, and will tend to be projected more than the 'good' one; and there will further be a tendency, even where to begin with the 'good' object was projected, for the 'bad' one after a time to take its place. Consequently, it will be true to say that in general the neurotic's phantasy objects in the outer world will be predominantly dangerous and hostile. Moreover, since even his 'good' introjected objects will be 'good' according to an archaic and infantile standard, and will be to some extent maintained simply for the purpose of counteracting the 'bad' objects, even his 'good' phantasy objects in the outer world will be very much out of touch with reality. Going back now to the moment when our neurotic patient meets a new object in real life and supposing (as will be the more usual case) that he projects his 'bad' introjected object on to it—the phantasy external object will then seem to him to be dangerous; he will be frightened of it and, to defend himself against it, will become more angry. Thus when he introjects this new object in turn, it will merely be adding one more terrifying imago to those he has already introjected. The new introjected imago will in fact simply be a duplicate of the original archaic ones, and his super-ego will remain almost exactly as it was. The same will be also true *mutatis mutandis* where he begins by projecting his 'good' introjected object on to the new external object he has met with. No doubt, as a result, there will be a slight strengthening of his kind super-ego at the expense of his harsh one, and to that extent his condition will be improved. But there will be no *qualitative*

change in his super-ego, for the new 'good' object introjected will only be a duplicate of an archaic original and will only re-inforce the archaic 'good' super-ego already present.

The effect when this neurotic patient comes in contact with a

new object *in analysis* is from the first moment to create a different situation. His super-ego is in any case neither homogeneous nor well-organised; the account we have given of it hitherto has been oversimplified and schematic. Actually the introjected imagos which go to make it up are derived from a variety of different stages of his history and function to some extent independently. Now, owing to the peculiarities of the analytic circumstances and of the analyst's behaviour, the introjected imago of the analyst tends in part to be rather definitely separated off from the rest of the patient's super-ego. (This, of course, presupposes a certain degree of contact with reality on his part. Here we have one of the fundamental criteria of accessibility to analytic treatment; another, which we have already implicitly noticed, is the patient's ability to attach his *id*-impulses to the analyst.) This separation between the imago of the introjected analyst and the rest of the patient's super-ego becomes evident at quite an early stage of the treatment; for instance in connection with the fundamental rule of free association. The new bit of super-ego tells the patient that he is allowed to say anything that may come into his head. This works satisfactorily for a little; but soon there comes a conflict between the new bit and the rest, for the original super-ego says: 'You must not say this, for, if you do, you will be using an obscene word or betraying so-and-so's confidences'. The separation off of the new bit—what I have called the 'auxiliary' super-ego—tends to persist for the very reason that it usually operates in a different direction from the rest of the super-ego. And this is true not only of the 'harsh' super-ego but also of the 'mild' one. For, though the auxiliary super-ego is in fact kindly, it is not kindly in the same archaic way as the patient's introjected 'good' imagos. The most important characteristic of the auxiliary super-ego is that its advice to the ego is consistently based upon *real* and *contemporary* considerations and this in itself serves to differentiate it from the greater part of the original super-ego.

In spite of this, however, the situation is extremely insecure. There is a constant tendency for the whole distinction to break down. The patient is liable at any moment to project his terrifying imago on to the analyst just as though he were anyone else he might have met in the course of his life. If this happens, the introjected imago of the analyst will be wholly incorporated into the rest of the patient's harsh super-ego, and the auxiliary super-ego will disappear. And even when the content of the auxiliary super-ego's advice is realised as being

different from or contrary to that of the original super-ego, very often its *quality* will be felt as being the same. For instance, the patient may feel that the analyst has said to him: 'If you don't say whatever comes into your head, I shall give you a good hiding', or, 'If you don't become conscious of this piece of the unconscious I shall turn you out of the room'. Nevertheless, labile though it is, and limited as is its authority, this peculiar relation between the analyst and the patient's ego seems to put into the analyst's grasp his main instrument in assisting the development of the therapeutic process. What is this main weapon in the analyst's armoury? Its name springs at once to our lips. The weapon is, of course, interpretation. And here we reach the core of the problem that I want to discuss in the present paper.

Interpretation

What, then, *is* interpretation? and how does it work? Extremely little seems to be known about it, but this does not prevent an almost universal belief in its remarkable efficacy as a weapon: interpretation has, it must be confessed, many of the qualities of a magic weapon. It is, of

course, felt as such by many patients. Some of them spend hours at a time in providing interpretations of their own—often ingenious, illuminating, correct. Others, again, derive a direct libidinal gratification from being given interpretations and may even develop something parallel to a drug-addiction to them. In non-analytical circles interpretation is usually either scoffed at as something ludicrous, or dreaded as a frightful danger. This last attitude is shared, I think, more than is often realized, by a certain number of analysts. This was particularly revealed by the reactions shewn in many quarters when the idea of giving interpretations to small children was first mooted by Melanie Klein. But I believe it would be true in general to say that analysts are inclined to feel interpretation as something extremely powerful whether for good or ill. I am speaking now of our *feelings* about interpretation as distinguished from our reasoned beliefs. And there might seem to be a good many grounds for thinking that our feelings on the subject tend to distort our beliefs. At all events, many of these beliefs seem superficially to be contradictory; and the contradictions do not always spring from different schools of thought, but are apparently sometimes held simultaneously by one individual. Thus, we are told that if we interpret too soon or too rashly, we run the risk of losing a patient; that unless we interpret promptly and deeply we run the risk of losing a patient; that interpretation

may give rise to intolerable and unmanageable outbreaks of anxiety by 'liberating' it; that interpretation is the only way of enabling a patient to cope with an unmanageable outbreak of anxiety by 'resolving' it; that interpretations must always refer to material on the very point of emerging into consciousness; that the most useful interpretations are really deep ones; 'Be cautious with your interpretations!' says one voice; 'When in doubt, interpret!' says another. Nevertheless, although there is evidently a good deal of confusion in all of this, I do not think these views are necessarily incompatible; the various pieces of advice may turn out to refer to different circumstances and different cases and to imply different uses of the word 'interpretation'.

For the word is evidently used in more than one sense. it is, after all, perhaps only a synonym for the old phrase we have already come across—'making what is unconscious conscious', and it shares all of that phrase's ambiguities. For in one sense, if you give a German English dictionary to someone who knows no German, you will be giving him a collection of interpretations, and this, I think, is the kind of sense in which the nature of interpretation has been discussed in a recent paper by Bernfeld.[16] Such descriptive interpretations have evidently no relevance to our present topic, and I shall proceed without more ado to define as clearly as I can one particular sort of interpretation, which seems to me to be actually the ultimate instrument of psycho-analytic therapy and to which for convenience I shall give the name of 'mutative' interpretation.

I shall first of all give a schematized outline of what I understand by a mutative interpretation, leaving the details to be filled in afterwards; and, with a view to clarity of exposition, I shall take as an instance the interpretation of a hostile impulse. By virtue of his power (his strictly limited power) as auxiliary super-ego, the analyst gives permission for a certain small quantity of the patient's *id*-energy (in our instance, in the form of an aggressive impulse) to become conscious.[17] Since the analyst is also, from the nature of things, the

16 'Der Begriff der Deutung in der Psychoanalyse', *Zeitschrift für angewandte Psychologie*, Bd. 42, 1932. A critical summary of this by Gerö will be found in *Imago*, Bd. XIX, 1933.

17 I am making no attempt at describing the process in correct meta-psychological terms. For instance, in Freud's view, the antithesis between conscious and unconscious is not, strictly speaking, applicable to instinctual impulses themselves, but only to the ideas which represent them in the mind. ('The Unconscious', *Collected Papers*, Vol. IV, p. 109.) Nevertheless, for the sake of simplicity, I speak throughout this paper of 'making *id*-impulses conscious'.

object of the patient's *id*-impulses, the quantity of these impulses which is now released into consciousness will become consciously directed towards the analyst. This is the critical point. If all goes well, the patient's ego will become aware of the contrast between the aggressive character of his feelings and the real nature of the analyst, who does not behave like the patient's 'good' or 'bad' archaic objects. The patient, that is to say, will become aware of a distinction between his archaic phantasy object and the real external object. The interpretation has now become a mutative one, since it has produced a breach in the neurotic vicious circle. For the patient, having become aware of the lack of aggressiveness in the real external object, will be able to diminish his own aggressiveness; the new object which he introjects will be less aggressive, and consequently the aggressiveness of his super-ego will also be diminished. As a further corollary to these events, and simultaneously with them, the patient will obtain access to the infantile material which is being re-experienced by him in his relation to the analyst.

Such is the general scheme of the mutative interpretation. You will notice that in my account the process appears to fall into two phases. I am anxious not to pre-judge the question of whether these two phases are in temporal sequence or whether they may not really be two simultaneous aspects of a single event. But for descriptive purposes it is easier to deal with them as though they were successive. First, then, there is the phase in which the patient becomes conscious of a particular quantity of *id*-energy as being directed towards the analyst; and secondly there is the phase in which the patient becomes aware that this *id*-energy is directed towards an archaic phantasy object and not towards a real one.

The First Phase of Interpretation

The first phase of a mutative interpretation—that in which a portion of the patient's *id*-relation to the analyst is made conscious in virtue of the latter's position as auxiliary super-ego—is in itself complex. In the classical model of an interpretation, the patient will first be made aware of a state of tension in his ego, will next be made aware that there is a repressive factor at work (that his super-ego is

threatening him with punishment), and will only then be made aware of the *id*-impulse which has stirred up the protests of his super-ego and so given rise to the anxiety in his ego. This is the classical scheme. In actual practice, the analyst finds himself working from all three sides at once, or in irregular succession. At one moment a small portion of the patient's super-ego may be revealed to him in all its savagery, at another the shrinking defencelessness of his ego, at yet another his attention may be directed to the attempts which he is making at restitution—at compensating for his hostility; on some occasions a fraction of *id*-energy may even be directly encouraged to break its way through the last remains of an already weakened resistance. There is, however, one characteristic which all of these various operations have in common; they are essentially upon a small scale. For the mutative interpretation is inevitably governed by the principle of minimal doses. It is, I think, a commonly agreed clinical fact that alterations in a patient under analysis appear almost always to be extremely gradual: we are inclined to suspect sudden and large changes as an indication that suggestive rather than psycho-analytic processes are at work. The gradual nature of the changes brought about in psycho-analysis will be explained if, as I am suggesting, those changes are the result of the summation of an immense number of minute steps, each of which corresponds to a mutative interpretation. And the smallness of each step is in turn imposed by the very nature of the analytic situation. For each interpretation involves the release of a certain quantity of *id*-energy, and, as we shall see in a moment, if the quantity released is too large, the highly unstable state of equilibrium which enables the analyst to function as the patient's auxiliary superego is bound to be upset. The whole analytic situation will thus be imperilled, since it is only in virtue of the analyst's acting as auxiliary super-ego that these releases of *id*-energy can occur at all.

Let us examine in greater detail the effects which follow from the analyst attempting to bring too great a quantity of *id*-energy into the patient's consciousness all at once.[18] On the one hand, nothing whatever may happen, or on the other hand there may be an unmanageable result; but in neither event will a mutative interpretation have been effected. In the former case (in which there is apparently no

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18 Incidentally, it seems as though a qualitative factor may be concerned as well: that is, some kinds of *id*-impulses may be more repugnant to the ego than others.

effect) the analyst's power as auxiliary super-ego will not have been strong enough for the job he has set himself. But this again may be for two very different reasons. It may be that the *id*-impulses he was trying to bring out were not in fact sufficiently urgent at the moment: for, after all, the emergence of an *id*-impulse depends on two factors—not only on the permission of the super-ego, but also on the urgency (the degree of cathexis) of the *id*-impulse itself. This, then, may be one cause of an apparently negative response to an interpretation, and evidently a fairly harmless one. But the same apparent result may also be due to something else; in spite of the *id*-impulse being really urgent, the strength of the patient's own repressive forces (the degree of repression) may have been too great to allow his ego to listen to the persuasive voice of the auxiliary super-ego. Now here we have a situation dynamically identical with the next one we have to consider, though economically different. This next situation is one in which the patient accepts the interpretation, that is, allows the *id*-impulse into his consciousness, but is immediately overwhelmed with anxiety. This may shew itself in a number of ways: for instance, the patient may produce a *manifest* anxiety-attack, or he may exhibit signs of 'real' anger with the analyst with complete lack of insight, or he may break off the analysis. In any of these cases the analytic situation will, for the moment at least, have broken down. The patient will be behaving just as the hypnotic subject behaves when, having been ordered by the hypnotist to perform an action too much at variance with his own conscience, he breaks off the hypnotic relation and wakes up from his trance. This state of things, which is manifest where the patient responds to an interpretation with an actual outbreak of anxiety or one of its equivalents, may be *latent* where the patient shews no response. And this latter case may be the more awkward of the two, since it is masked, and it may sometimes, I think, be the effect of a greater overdose of interpretation than where manifest anxiety arises (though obviously other factors will be of determining importance here and in particular the nature of the patient's neurosis). I have ascribed this threatened collapse of the analytic situation to an overdose of interpretation: but it might be more accurate in some ways to ascribe it to an *insufficient* dose. For what has happened is that the second phase of the interpretative process has not occurred: the phase in which the patient becomes aware that his impulse is directed towards an archaic phantasy object and not towards a real one.

The Second Phase of Interpretation

In the second phase of a complete interpretation, therefore, a crucial part is played by the patient's sense of reality: for the successful outcome of that phase depends upon his ability, at the critical moment of the emergence into consciousness of the released quantity of *id*-energy, to distinguish between his phantasy object and the real analyst. The problem here is closely related to one that I have already discussed, namely that of the extreme lability of the analyst's position as auxiliary super-ego. The analytic situation is all the time threatening to degenerate into a 'real' situation. But this actually means the opposite of what it appears to. It means that the patient is all the time on the brink of turning the real external object (the analyst) into the archaic one; that is to say, he is on the brink of projecting his primitive introjected imagos on to him. In so far as the patient actually does this, the analyst becomes like anyone else that he

meets in real life—a phantasy object. The analyst then ceases to possess the peculiar advantages derived from the analytic situation; he will be introjected like all other phantasy objects into the patient's super-ego, and will no longer be able to function in the peculiar ways which are essential to the effecting of a mutative interpretation. In this difficulty the patient's sense of reality is an essential but a very feeble ally; indeed, an improvement in it is one of the things that we hope the analysis will bring about. It is important, therefore, not to submit it to any unnecessary strain; and that is the fundamental reason why the analyst must avoid any real behaviour that is likely to confirm the patient's view of him as a 'bad' or a 'good' phantasy object. This is perhaps more obvious as regards the 'bad' object. If, for instance, the analyst were to shew that he was really shocked or frightened by one of the patient's *id*-impulses, the patient would immediately treat him in that respect as a dangerous object and introject him into his archaic severe super-ego. Thereafter, on the one hand, there would be a diminution in the analyst's power to function as an auxiliary super-ego and to allow the patient's ego to become conscious of his *id*-impulses—that is to say, in his power to bring about the first phase of a mutative interpretation; and, on the other hand, he would, as a real object, become sensibly less distinguishable from the patient's 'bad' phantasy object and to that extent the carrying through of the *second* phase of a mutative interpretation would also be made more difficult. Or again, there is another case. Supposing the analyst behaves in an opposite way and actively urges

the patient to give free rein to his *id*-impulses. There is then a possibility of the patient confusing the analyst with the imago of a treacherous parent who first encourages him to seek gratification, and then suddenly turns and punishes him. In such a case, the patient's ego may look for defence by itself suddenly turning upon the analyst as though he were his own *id*, and treating him with all the severity of which his super-ego is capable. Here again, the analyst is running a risk of losing his privileged position. But it may be equally unwise for the analyst to act really in such a way as to encourage the patient to project his 'good' introjected object on to him. For the patient will then tend to regard him as a good object in an archaic sense and will incorporate him with his archaic 'good' imagos and will use him as a protection against his 'bad' ones. In that way, his infantile positive impulses as well as his negative ones may escape analysis, for there may no longer be a possibility for his ego to make a comparison between the phantasy external object and the real one. It will perhaps be argued that, with the best will in the world, the analyst, however careful he may be, will be unable to prevent the patient from projecting these various imagos on to him. This is of course indisputable, and indeed, the whole effectiveness of analysis depends upon its being so. The lesson of these difficulties is merely to remind us that the patient's sense of reality has the narrowest limits. It is a paradoxical fact that the best way of ensuring that his ego shall be able to distinguish between phantasy and reality is to withhold reality from him as much as possible. But it is true. His ego is so weak—so much at the mercy of his *id* and super-ego—that he can only cope with reality if it is administered in minimal doses. And these doses are in fact what the analyst gives him, in the form of interpretations.

Interpretation and Reassurance

It seems to me possible that an approach to the twin practical problems of interpretation and reassurance may be facilitated by this distinction between the two phases of interpretation. Both procedures may, it would appear, be useful or even essential in certain circumstances and inadvisable or even dangerous in others. In the case of interpretation, [19] the first of our hypothetical phases may be

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19 For the necessity for 'continuous and deep-going interpretations' in order to diminish or prevent anxiety-attacks, see Melanie Klein's *Psycho-Analysis of Children*, pp. 58-59. On the other hand: 'The anxiety belonging to the deep levels is far greater, both in amount and intensity, and it is therefore imperative that its liberation should be duly regulated'. (*Psycho-Analysis of Children*, p. 139.)

20 Its uses were discussed by Melitta Schmideberg in a paper read to the British Psycho-Analytical Society on February 7, 1934.

said to 'liberate' anxiety, and the second to 'resolve' it. Where a quantity of anxiety is already present or on the point of breaking out, an interpretation, owing to the efficacy of its second phase, may enable the patient to recognize the unreality of his terrifying phantasy object and so to reduce his own hostility and consequently his anxiety. On the other hand, to induce the ego to allow a quantity of *id*-energy into consciousness is obviously to court an outbreak of anxiety in a personality with a harsh super-ego. And this is precisely what the analyst does in the first phase of an interpretation. As regards 'reassurance', I can only allude briefly here to some of the problems it raises.[20] I believe, incidentally, that the term needs to be defined almost as urgently as 'interpretation', and that it covers a number of different mechanisms. But in the present connection reassurance may be regarded as behaviour on the part of the analyst calculated to make the patient regard him as a 'good' phantasy object rather than as a real one. I have already given some reasons for doubting the expediency of this, though it seems to be generally felt that the procedure may sometimes be of great value, especially in psychotic cases. It might, moreover, be supposed at first sight that the adoption of such an attitude by the analyst might actually directly favour the prospect of making a mutative interpretation. But I believe that it will be seen on reflection that this is not in fact the case: for precisely in so far as the patient regards the analyst as his phantasy object, the second phase of the interpretation does not occur—since it is of the essence of that phase that in it the patient should make a distinction between his phantasy object and the real one. It is true that his anxiety may be reduced; but this result will not have been achieved by a method that involves a permanent qualitative change in his super-ego. Thus, whatever tactical importance reassurance may possess, it cannot, I think, claim to be regarded as an ultimate operative factor in psycho-analytic therapy.

It must here be noticed that certain other sorts of behaviour on the part of the analyst may be dynamically equivalent to the giving of a mutative interpretation, or to one or other of the two phases of that process. For instance, an 'active' injunction of the kind contemplated

by Ferenczi may amount to an example of the first phase of an interpretation; the analyst is making use of his peculiar position in order to induce the patient to become conscious in a particularly vigorous fashion of certain of his *id*-impulses. One of the objections to this form of procedure may be expressed by saying that the analyst has very little control over the dosage of the *id*-energy that is thus released, and very little guarantee that the second phase of the interpretation will follow. He may therefore be unwittingly precipitating one of those critical situations which are always liable to arise in the case of an incomplete interpretation. Incidentally, the same dynamic pattern may arise when the analyst requires the patient to produce a 'forced' phantasy or even (especially at an early stage in an analysis) when the analyst asks the patient a question; here again, the analyst is in effect giving a blindfold interpretation, which it may prove impossible to carry beyond its first phase. On the other hand, situations are fairly constantly arising in the course of an analysis in which the patient becomes conscious of small quantities of *id*-energy without any direct provocation on the part of the analyst. An anxiety situation might then develop, if it were not that the analyst, by his behaviour or, one might say, absence of behaviour, enables the patient to mobilize his sense of reality and make the necessary distinction between an archaic object and a real one. What the analyst is doing here is equivalent to bringing about the second phase of an interpretation, and the whole episode may amount to the making of a mutative interpretation. It is difficult to estimate what proportion of the therapeutic changes which occur during analysis may not be due to *implicit* mutative interpretations of this kind. Incidentally, this type of situation seems sometimes to be regarded, incorrectly as I think, as an example of reassurance.

'Immediacy' of Mutative Interpretations

But it is now time to turn to two other characteristics which appear to be essential properties of every mutative interpretation. There is in the first place one already touched upon in considering the apparent or real absence of effect which sometimes follows upon the giving of an interpretation. A mutative interpretation can only be applied to an *id*-impulse which is actually in a state of cathexis. This seems self-evident; for the dynamic changes in the patient's mind implied by a mutative interpretation can only be brought about by the operation of a charge of energy originating in the patient himself: the

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21 *The Psycho-Analysis of Children*, pp. 58-59.

function of the analyst is merely to ensure that the energy shall flow along one channel rather than along another. It follows from this that the purely informative 'dictionary' type of interpretation will be non-mutative, however useful it may be as a prelude to mutative interpretations. And this leads to a number of practical inferences. Every mutative interpretation must be emotionally 'immediate'; the patient must experience it as something actual. This requirement, that the interpretation must be 'immediate', may be expressed in another way by saying that interpretations must always be directed to the 'point of urgency'. At any given moment some particular *id*-impulse will be in activity; *this* is the impulse that is susceptible of mutative interpretation at that time, and no other one. It is, no doubt, neither possible nor desirable to be giving mutative interpretations all the time; but, as Melanie Klein has pointed out, it is a most precious quality in an analyst to be able at any moment to pick out the point of urgency.[21]

'Deep' Interpretation

But the fact that every mutative interpretation must deal with an 'urgent' impulse takes us back once more to the commonly felt fear of the explosive possibilities of interpretation, and particularly of what is vaguely referred to as 'deep' interpretation. The ambiguity of the term, however, need not bother us. It describes, no doubt, the interpretation of material which is either genetically early and historically distant from the patient's actual experience or which is under an especially heavy weight of repression—material, in any case, which is in the normal course of things exceedingly inaccessible to his ego and remote from it. There seems reason to believe, moreover, that the anxiety which is liable to be aroused by the approach of such material to consciousness may be of peculiar severity.[22] The question whether it is 'safe' to interpret such material will, as usual, mainly depend upon whether the second phase of the interpretation can be carried through. In the ordinary run of case the material which is urgent during the earlier stages of the analysis is not deep. We have to deal at first only with more or less far-going displacements of the deep impulses, and the deep material itself is only reached later and by degrees, so that no sudden appearance of unmanageable quantities of anxiety is to be anticipated. In exceptional cases, however,

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22 *The Psycho-Analysis of Children*, p. 139.

owing to some peculiarity in the structure of the neurosis, deep impulses may be urgent at a very early stage of the analysis. We are then faced by a dilemma. If we give an interpretation of this deep material, the amount of anxiety produced in the patient may be so great that his sense of reality may not be sufficient to permit of the second phase being accomplished, and the whole analysis may be jeopardised. But it must not be thought that, in such critical cases as we are now considering, the difficulty can necessarily be avoided simply by not giving any interpretation or by giving more superficial interpretations of non-urgent material or by

attempting reassurances. It seems probable, in fact, that these alternative procedures may do little or nothing to obviate the trouble; on the contrary, they may even exacerbate the tension created by the urgency of the deep impulses which are the actual cause of the threatening anxiety. Thus the anxiety may break out in spite of these palliative efforts and, if so, it will be doing so under the most unfavourable conditions, that is to say, outside the mitigating influences afforded by the mechanism of interpretation. It is possible, therefore, that, of the two alternative procedures which are open to the analyst faced by such a difficulty, the interpretation of the urgent *id*-impulses, deep though they may be, will actually be the safer.

'Specificity' of Mutative Interpretations

I shall have occasion to return to this point for a moment later on, but I must now proceed to the mention of one further quality which it seems necessary for an interpretation to possess before it can be mutative, a quality which is perhaps only another aspect of the one we have been describing. A mutative interpretation must be *'specific'*: that is to say, detailed and concrete. This is, in practice, a matter of degree. When the analyst embarks upon a given theme, his interpretations cannot always avoid being vague and general to begin with; but it will be necessary eventually to work out and interpret all the details of the patient's phantasy system. In proportion as this is done the interpretations will be mutative, and much of the necessity for apparent repetitions of interpretations already made is really to be explained by the need for filling in the details. I think it possible that some of the delays which despairing analysts attribute to the patient's *id*-resistance could be traced to this source. It seems as though vagueness in interpretation gives the defensive forces of the patient's ego the opportunity, for which they are always on the lookout,

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23 'The Therapeutic Effect of Inexact Interpretation', this JOURNAL, Vol. XII, 1931.

of baffling the analyst's attempt at coaxing an urgent *id*-impulse into consciousness. A similarly blunting effect can be produced by certain forms of reassurance, such as the tacking on to an interpretation of an ethnological parallel or of a theoretical explanation: a procedure which may at the last moment turn a mutative interpretation into a non-mutative one. The apparent effect may be highly gratifying to the analyst; but later experience may show that nothing of permanent use has been achieved or even that the patient has been given an opportunity for increasing the strength of his defences. Here we have evidently reached a topic discussed not long ago by Edward Glover in one of the very few papers in the whole literature which seriously attacks the problem of interpretation.[23] Glover argues that, whereas a *blatantly* inexact interpretation is likely to have no effect at all, a *slightly* inexact one may have a therapeutic effect of a non-analytic, or rather anti-analytic, kind by enabling the patient to make a deeper and more efficient repression. He uses this as a possible explanation of a fact that has always seemed mysterious, namely, that in the earlier days of analysis, when much that we now know of the characteristics of the unconscious was still undiscovered, and when interpretation must therefore often have been inexact, therapeutic results were nevertheless obtained.

Abreaction

The possibility which Glover here discusses serves to remind us more generally of the difficulty of being certain that the effects that follow any given interpretation are genuinely the effects of interpretation and not transference phenomena of one kind or another. I have already remarked that many patients derive direct libidinal gratification from interpretation as such; and I think that some of the striking signs of abreaction which occasionally follow an interpretation ought not necessarily to be accepted by the analyst as evidence of anything more than that the interpretation has gone home in a libidinal sense.

The whole problem, however, of the relation of abreaction to psycho-analysis is a disputed one. Its therapeutic results seem, up to a point, undeniable. It was from them, indeed, that analysis was born; and even to-day there are psycho-therapists who rely on it almost exclusively. During the War, in particular, its effectiveness

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24 *Entwicklungsziele der Psychoanalyse* (1924), p. 27.
25 'New Ways in Psycho-Analytic Technique', this JOURNAL, Vol. XIV, 1933.
26 *Allgemeine Neurosenlehre auf psychoanalytischer Grundlage* (1932), pp. 303-304. This chapter appears in English in an abbreviated version as a contribution to Lorand's *Psycho-Analysis To-day* (1933). There is very little, I think, in Nunberg's comprehensive catalogue of the factors at work in analytic therapy that conflicts with the views expressed in the present paper, though I have given a different account of the interrelation between those factors.
27 *Beyond the Pleasure Principle*, p. 28.
28 'The Economic Principle in Psycho-Analytic Technique', this JOURNAL, Vol. VI, 1925.

was widely confirmed in cases of 'shell-shock'. It has also been argued often enough that it plays a leading part in bringing about the results of psycho-analysis. Rank and Ferenczi, for instance, declared that in spite of all advances in our knowledge abreaction remained the essential agent in analytic therapy.[24] More recently, Reik has supported a somewhat similar view in maintaining that 'the element of surprise is the most important part of analytic technique'.[25] A much less extreme attitude is taken by Nunberg in the chapter upon therapeutics in his text-book of psycho-analysis.[26] But he, too, regards abreaction as one of the component factors in analysis, and in two ways. In the first place, he mentions the improvement brought about by abreaction in the usual sense of the word, which he plausibly attributes to a relief of endo-psychic tension due to a discharge of accumulated affect. And in the second place, he points to a similar relief of tension upon a small scale arising from the actual process of becoming conscious of something hitherto unconscious, basing himself upon a statement of Freud's that the act of becoming conscious involves a discharge of energy.[27] On the other hand, Radó appears to regard abreaction as opposed in its function to analysis. He asserts that the therapeutic effect of catharsis is to be attributed to the fact that (together with other forms of non-analytic psycho-therapy) it offers the patient an artificial neurosis in exchange for his original one, and that the phenomena observable when abreaction occurs are akin to those of an hysterical attack.[28] A consideration of the views of these various authorities suggests that what we describe as 'abreaction' may cover two different processes: one a discharge of affect and the other a libidinal gratification. If so, the first of these might

be regarded (like various other procedures) as an occasional adjunct to analysis, sometimes, no doubt, a useful one, and possibly even as an inevitable accompaniment of mutative interpretations; whereas the second process might be viewed with more suspicion, as an event likely to impede analysis—especially if its true nature were unrecognised. But with either form there would seem good reason to believe that the effects of abreaction are permanent only in cases in which the predominant ætiological factor is an external event: that is to say, that it does not in itself bring about any radical qualitative alteration in the patient's mind. Whatever part it may play in analysis is thus unlikely to be of anything more than an ancillary nature.

Extra-Transference Interpretations

If we now turn back and consider for a little the picture I have given of a mutative interpretation with its various characteristics, we shall notice that my description appears to exclude every kind of interpretation except those of a single class—the class, namely, of *transference* interpretations. Is it to be understood that no extra-transference interpretation can set in motion the chain of events which I have suggested as being the essence of psycho-analytical therapy?

That is indeed my opinion, and it is one of my main objects in writing this paper to throw into relief—what has, of course, already been observed, but never, I believe, with enough explicitness—the dynamic distinctions between transference and extra-transference interpretations. These distinctions may be grouped under two heads. In the first place, extra-transference interpretations are far less likely to be given at the point of urgency. This must necessarily be so, since in the case of an extra-transference interpretation the object of the *id*-impulse which is brought into consciousness is not the analyst and is not immediately present, whereas, apart from the earliest stages of an analysis and other exceptional circumstances, the point of urgency is nearly always to be found in the transference. It follows that extra-transference interpretations tend to be concerned with impulses which are distant both in time and space and are thus likely to be devoid of immediate energy. In extreme instances, indeed, they may approach very closely to what I have already described as the handing-over to the patient of a German-English dictionary. But in the second place, once more owing to the fact that the object of the *id*-impulse is not actually present, it is less easy for the patient, in the case of an extra-transference interpretation, to become directly

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29 This corresponds to the fact that the pseudo-analysts and 'wild' analysts limit themselves as a rule to extra-transference interpretations. It will be remembered that this was true of Freud's original 'wild' analyst ('Observations on "Wild" Psycho-Analysis' (1910), *Collected Papers*, Vol. II).

aware of the distinction between the real object and the phantasy object. Thus it would appear that, with extra-transference interpretations, on the one hand what I have described as the first phase of a mutative interpretation is less likely to occur, and on the other hand, if the first phase *does* occur, the second phase is less likely to follow. In other words, an extra-transference interpretation is liable to be both less effective and more risky than a transference one.[29] Each of these points deserves a few words of separate examination.

It is, of course, a matter of common experience among analysts that it is possible with certain patients to continue indefinitely giving interpretations without producing any apparent effect whatever. There is an amusing criticism of this kind of 'interpretation-fanaticism' in the excellent historical chapter of Rank and Ferenczi.[30] But it is clear from their words that what they have in mind are essentially extra-transference interpretations, for the burden of their criticism is that such a procedure implies neglect of the analytic situation. This is the simplest case, where a waste of time and energy is the main result. But there are other occasions, on which a policy of giving strings of extra-transference interpretations is apt to lead the analyst into more positive difficulties. Attention was drawn by Reich[31] a few years ago in the course of some technical discussions in Vienna to a tendency among inexperienced analysts to get into trouble by eliciting from the patient great quantities of material in a disordered and unrelated fashion: this may, he maintained, be carried to such lengths that the analysis is brought to an irremediable state of chaos. He pointed out very truly that the material we have to deal with is stratified and that it is highly important in digging it out not to interfere more than we can help with the arrangement of the strata. He

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30 *Entwicklungsziele der Psychoanalyse*, p. 31.

31 'Bericht über das "Seminar für psychoanalytische Therapie" in *Wien', Zeitschrift*, Bd. XIII, 1927. This has recently been re-published as a chapter in Reich's volume upon *Charakteranalyse* (1933), which contains a quantity of other material with an interesting bearing on the subject of the present paper.

had in mind, of course, the analogy of an incompetent archæologist, whose clumsiness may obliterate for all time the possibility of reconstructing the history of an important site. I do not myself feel so pessimistic about the results in the case of a clumsy analysis, since there is the essential difference that our material is alive and will, as it were, re-stratify itself of its own

accord if it is given the opportunity: that is to say, in the analytic situation. At the same time, I agree as to the presence of the risk, and it seems to me to be particularly likely to occur where extra-transference interpretation is excessively or exclusively resorted to. The means of preventing it, and the remedy if it has occurred, lie in returning to transference interpretation at the point of urgency. For if we can discover which of the material is 'immediate' in the sense I have described, the problem of stratification is automatically solved; and it is a characteristic of most extra-transference material that it has no immediacy and that consequently its stratification is far more difficult to decipher. The measures suggested by Reich himself for preventing the occurrence of this state of chaos are not inconsistent with mine; for he stresses the importance of interpreting *resistances* as opposed to the primary *id*-impulses themselves—and this, indeed, was a policy that was laid down at an early stage in the history of analysis. But it is, of course, one of the characteristics of a resistance that it arises in relation to the analyst; and thus the interpretation of a resistance will almost inevitably be a transference interpretation.

But the most serious risks that arise from the making of extra-transference interpretations are due to the inherent difficulty in completing their second phase or in knowing whether their second phase has been completed or not. They are from their nature unpredictable in their effects. There seems, indeed, to be a special risk of the patient not carrying through the second phase of the interpretation but of projecting the *id*-impulse that has been made conscious on to the analyst. This risk, no doubt, applies to some extent also to transference interpretations. But the situation is less likely to arise when the object of the *id*-impulse is actually present and is moreover the same person as the maker of the interpretation.[32] (We may here once more

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32 It even seems likely that the whole possibility of effecting mutative interpretations may depend upon this fact that in the analytic situation the giver of the interpretation and the object of the *id*-impulse interpreted are one and the same person. I am not thinking here of the argument mentioned above—that it is easier under that condition for the patient to distinguish between his phantasy object and the real object—but of a deeper consideration. The patient's original super-ego is, as I have argued, a product of the introjection of his archaic objects distorted by the projection of his infantile *id*-impulses. I have also suggested that our only means of altering the character of this harsh original super-ego is through the mediation of an auxiliary super-ego which is the product of the patient's introjection of the analyst as an object. The process of analysis may from this point of view be regarded as an infiltration of the rigid and unadaptable original super-ego by the auxiliary super-ego with its greater contact with the ego and with reality. This infiltration is the work of the mutative interpretations; and it consists in a repeated process of introjection of imagos of the analyst—imagos, that is to say, of a real figure and not of an archaic and distorted projection—so that the quality of the original super-ego becomes gradually changed. And since the aim of the mutative interpretations is thus to cause the introjection of the analyst, it follow that the *id*-impulses which they interpret must have the analyst as their object. If this is so, the views expressed in the present paper will require some emendation. For in that case, the first criterion of a mutative interpretation would be that it must be a transference interpretation. Nevertheless, the quality of urgency would still remain important; for, of all the possible transference interpretations which could be made at any particular moment, only the one which dealt with an urgent *id*-impulse would be mutative. On the other hand, an extra-transference interpretation even of an extremely urgent *id*-impulse could never be mutative—though it might, of course, produce temporary relief along the lines of abreaction or reassurance.

recall the problem of 'deep' interpretation, and point out that its dangers, even in the most unfavourable circumstances, seem to be greatly diminished if the interpretation in question is a transference interpretation.) Moreover, there appears to be more chance of this whole process occuring silently and so being overlooked in the case of an extra-transference interpretation, particularly in the earlier stages of an analysis. For this reason, it would seem to be important after giving an extra-transference interpretation to be specially on the *qui vive* for transference complications. This last peculiarity of extra-transference interpretations is actually one of their most important from a practical point of view. For on account of it they can be made to act as 'feeders' for the transference situation, and so to pave the way for mutative interpretations. In

other words, by giving an extra-transference interpretation, the analyst can often provoke a situation

in the transference of which he can then give a mutative interpretation.

It must not be supposed that because I am attributing these special qualities to transference interpretations, I am therefore maintaining that no others should be made. On the contrary, it is probable that a large majority of our interpretations are outside the transference—though it should be added that it often happens that when one is ostensibly giving an extra-transference interpretation one is implicitly giving a transference one. A cake cannot be made of nothing but currants; and, though it is true that extra-transference interpretations are not for the most part mutative, and do not themselves bring about the crucial results that involve a permanent change in the patient's mind, they are none the less essential. If I may take an analogy from trench warfare, the acceptance of a transference interpretation corresponds to the capture of a key position, while the extra-transference interpretations correspond to the general advance and to the consolidation of a fresh line which are made possible by the capture of the key position. But when this general advance goes beyond a certain point, there will be another check, and the capture of a further key position will be necessary before progress can be resumed. An oscillation of this kind between transference and extra-transference interpretations will represent the normal course of events in an analysis.

Mutative Interpretations and the Analyst

Although the giving of mutative interpretations may thus only occupy a small portion of psycho-analytic treatment, it will, upon my hypothesis, be the most important part from the point of view of deeply influencing the patient's mind. It may be of interest to consider in conclusion how a moment which is of such importance to the patient affects the analyst himself. Mrs. Klein has suggested to me that there must be some quite special internal difficulty to be overcome by the analyst in giving interpretations. And this, I am sure, applies particularly to the giving of mutative interpretations. This is shown in their avoidance by psycho-therapists of non-analytic schools; but many psycho-analysts will be aware of traces of the same tendency in themselves. It may be rationalized into the difficulty of deciding whether or not the particular moment has come for making an interpretation. But behind this there is sometimes a lurking difficulty in the actual *giving* of the interpretation, for there seems to be a constant

temptation for the analyst to do something else instead. He may ask questions, or he may give reassurances or advice or discourses upon theory, or he may give interpretations—but interpretations that are not mutative, extra-transference interpretations, interpretations that are non-immediate, or ambiguous, or inexact—or he may give two or more alternative interpretations simultaneously, or he may give interpretations and at the same time show his own scepticism about them. All of this strongly suggests that the giving of a mutative interpretation is a crucial act for the analyst as well as for the patient, and that he is exposing himself to some great danger in doing so. And this in turn will become intelligible when we reflect that at the moment of interpretation the analyst is in fact deliberately evoking a quantity of the patient's *id*-energy while it is alive and actual and unambiguous and aimed directly at himself. Such a moment must above all others put to the test his relations with his own unconscious impulses.

SUMMARY

I will end by summarizing the four main points of the hypothesis I have put forward:

1. The final result of psycho-analytic therapy is to enable the neurotic patient's whole mental organization, which is held in check at an infantile stage of development, to continue its progress towards a normal adult state.

2. The principal effective alteration consists in a profound qualitative modification of the patient's super-ego, from which the other alterations follow in the main automatically.

3. This modification of the patient's super-ego is brought about in a series of innumerable small steps by the agency of mutative interpretations, which are effected by the analyst in virtue of his position as object of the patient's id-impulses and as auxiliary super-ego.

4. The fact that the mutative interpretation is the ultimate operative factor in the therapeutic action of psycho-analysis does not imply the exclusion of many other procedures (such as suggestion, reassurance, abreaction, etc.) as elements in the treatment of any particular patient.

1949) Cybernetics, or Control and Communication in the Animal and the Machine. INT. J. PSYCHO-ANAL., 30:133 (IJP)

Cybernetics, or Control and Communication in the Animal and the Machine

J. O. Wisdom

By Norbert Wiener. (The Technology Press: John Wiley & Sons, Inc., New York; Chapman & Hall, London, 1948. Pp. 194.)

The Nature of Explanation. By K. J. W. Craik. (Cambridge University Press, 1943. Pp. viii + 123.)

'Rhythmic Behaviour of the Nervous System.' By Hudson Hoagland. (*Science*, 1949. Vol. CIX, pp. 157–64.)

'The Nervous System as Physical Machine: with Special Reference to the Origin of Adaptive Behaviour.' By W. R. Ashby. (*Mind*, 1947, N.S. Vol. LVI, No. 221, pp. 44–59.)

A good deal of interest has been aroused by the new computing machines invented within the last decade, because of the ideas they suggest about the mode of functioning of the brain and mind. Numbers of collaborators working in different fields have contributed to the formation of a new science known as 'Cybernetics' based on these ideas. Professor Wiener is one of the most important contributors, perhaps the chief, and his is the first book to be written on the subject.

A striking analogy between the machine and the brain is the capacity for storing information and making it available. Perhaps this may be best illustrated by the project of a chess-playing machine, to which a note is devoted. It should be possible to construct such a machine, using principles and devices of the automatic type used on the London Underground Railways. In response to the opponent's move, the instrument would play all possible games for two or three moves ahead. Numerical valuations for these would be assigned according to the 'instructions' given to the machine, e.g. full marks for checkmate, fewest for being mated, more for capturing a queen than a rook, and so on. Thus a very good standard of play would be achieved, enough to beat a 'sound' player with a solid unimaginative knowledge of the game—the machine also would be unimaginative, but would make fewer mistakes than its human opponent.

Naturally such an instrument must be able to play reasonably quickly. But this is not a difficulty. The old mechanical machine that is used in offices for doing simple sums was surpassed during the war by a type worked by electronic methods, with the result that complicated mathematical equations, whose solution was of importance in atomic research, could be solved in a few hours instead of weeks.

But it is not merely this 'intellectual' achievement that points to a resemblance between the machine and the brain. The striking phenomenon of 'feed-back' is also common to both. In automatic devices this is familiar. Thus a thermostat, which is to keep a room at a certain temperature, works not by maintaining an absolutely constant temperature but by reversing serious deviations. When the temperature rises somewhat above that desired, the extra heat stops the heat-producing mechanism from working. When the room cools somewhat too much, the lack of heat starts the mechanism going. What happens is therefore that the actual temperature oscillates round the desired one. Riding a bicycle is an example of repeated compensation for slightly erroneous movements of the front wheel. Governors controlling the speed of a gramophone function in the same way. When the disc rotates too quickly, the weights on the governors swing out a greater distance from the centre of rotation, which slows down the disc; as it slows, the weights fall in towards the centre, and with less drag on the rotation the disc gathers speed.

The author points out that this is characteristic (a) of human behaviour in, say, picking up a pen—'our motion is regulated by some measure of the amount by which it has not yet been accomplished' (p. 116)—and (b) of the functioning of the nervous system.

Neurons, the cell-units of the nervous system, have different electric potentials inside and outside, which do not equalize perhaps because of insulation by the cell-wall. But if the disparity becomes too great, or if there is a decrease in electrical permeability, the neuron 'fires'—analogous to the way electrically charged clouds may remain in unstable electrical equilibrium before a flash of lightning occurs. This is characteristic of the automatic—or, better, 'self-correcting'—machine.

The nervous system and the computing machine both store the results of past operations ('memory'), for instance, by keeping a sequence of impulses travelling around in a closed circuit, or by a charge on a condenser like the magnetic tape used on recording machines; a closed circuit of neurons or a neuron condenser is formed, and their synapses (i.e. points of contact between neurons through which impulses pass) become impervious to impulses.

It seems that the brain has alternative sets of neurons available for a single purpose, rather as, when we dial a number such as 9 on an automatic telephone, a selector seeks any available corresponding circuit at the exchange. The author considers that some memories, continually circulating instead of dissipating, may sometimes occupy an inordinate part of the neuron pool. Then there would not be

enough neurons available for further storage and the brain would be overloaded—like an automatic exchange when the number is engaged. One drastic way of dealing with an overloaded telephone system is to cut a few lines or remove some telephones; to this the parallel in psychiatry may be prefrontal leucotomy or prefrontal lobotomy respectively. The one may lessen storage capacity, the other memory power. An interesting feature of the telephone, mentioned by Wiener, is that it can give a very high level of performance right up to the point where it becomes overloaded—analogous to the way in which a patient may show no gradual onset of mental illness until the last straw makes pressure too great, so that he becomes neurotic or psychotic with startling suddenness. Wiener regards such breakdowns as functional diseases of memory—traffic jams. They are due not to the destruction of contents but to the density distribution of vehicles along a certain route.

Wiener evidently holds that memory in the brain and storage in a machine are not lodged in any one place, but are due to the co-ordination of the whole. (This is particularly stressed by Hoagland.) Experiments show that the removal or cutting of a given region of the brain does not destroy (though it may impair) memory, so that memory traces must be regarded as being related to extensive cortical areas. This paves the way to a new and unmetaphorical meaning of 'memory traces'. According to the Lockean conception of the mind as a *tabula rasa*, sensation leaves an impression imbedded upon the mind as a seal does upon wax. We may now replace this by the notion of a circulating charge in the brain as being the neurological counterpart of an experience that can be recollected. Repressed memories would have as their counterpart blocked charges which could not be discharged; and the function of psycho-analysis might, I think, be interpreted as 'earthing' these charges. It must not be supposed, however, that these ideas are more than tentative beginnings. If we earth a circuit, all its current is dissipated; but if we tap a memory the analogy is not complete, for a person can recollect a certain experience many times without dissipation of its contents. Thus the analogy would have to be between one run of the machine and one life-time of a person—but here, too, the analogy breaks down, because the non-human machine can be used again. Wiener is of course alive to the differences between the machine and the brain. Again, the 'memory' of a machine can be expunged, and the

machine can be used once more; but the brain, while some memories can be dissipated, cannot lose all memories until it dies. But, however incomplete the new conceptions may be, it is clear that not the least of the author's achievements is to present a new model of the brain and mind; this will be discussed further below.

To turn to the book itself, we may express admiration of the extraordinary degree to which Professor Wiener commands the basic scientific qualities—daring imagination involving a great capacity to see parallels in diverse fields of enquiry, and insistence upon having both feet on the ground, i.e. the capacity to find empirical tests for hypotheses. He has drawn upon mathematics, physiology, modern logic, and engineering. The breadth of knowledge involved makes the work extremely difficult and has made it impossible for one reader at least to understand it completely. Unfortunately there are also defects in the construction of the book. The author does not communicate all parts of his subject with equal ease. Thus in some places where he touched on a topic in a field familiar to me, it was possible to see that what he said was completely correct, but so allusive and condensed that it would be meaningless to a reader without the background of the topic in question. Perhaps he is writing only for his collaborators, for whom his allusive sketch may suffice. But, if he wishes to interest others, it would be necessary to bring out the relationship between the different chapters and to give patient detailed exposition of each link in the whole conception. There is no reason why a scientist rich in ideas and skilled in experimental work should be expected also to be a gifted expositor, and it is no scientific crime for Professor Wiener not to be interested in the task of writing up his results. Why not, then, relieve himself of it and turn it over to one or more of his assistants with a liking for exposition?

A conception of the mind similar to Wiener's was put forward by Craik. His little book, *The Nature of Explanation*, is somewhat misnamed, for it is about two subjects—science and machines. It devotes some space in the opening chapters to scientific procedure, on which he had some very good remarks to make; and he was up to date. His contention that the theory of probability presupposes the concept of causation is striking, and somewhat at variance with current opinion, but very possibly correct. He said in general little that was new to students of the subject; but the present-day position has not yet found its way into textbooks, and these chapters, though sketchy, should be useful.

The part of the book on scientific procedure, however, appears to have been written not for the sake of the subject discussed but as an introduction to what follows concerning the cybernetic model of the mind. What is remarkable in this connection is not mainly what he has to say—one would look elsewhere for a clear presentation of the hypothesis—but his extraordinary perception in seeing the subject from the new standpoint at all as early as 1943 or before, for self-correcting machines were then still in their infancy.

None the less there are some ideas in his book

not to be found in Wiener's. Craik presents a model of thought consisting of a system of 'symbols', which (a) parallels reality and (b) is of a kind that is familiar to us in mechanical aids to thought and calculation. Thought is symbolic in the sense that in purposive action a symbolic parallel of that action is present to the mind; for instance, consequences of some proposed action are considered mentally in 'symbolic' form—if we are thinking of building a bridge of cardboard we consider a symbolic parallel to its collapse. Craik is wisely unwilling to commit himself to any definition for fear that it would prove too narrow, but his caution leads to vagueness. Under (b) he seems to mean any kind of mathematical or verbal material (words or statements), or machinery such as a slide rule or the multiplication table. He contends that symbolism occurs in nature, i.e. that patterns in one type of phenomenon are paralleled in another type—e.g. sound waves and ocean waves parallel each other. And he contends that

similar mechanisms are at work in our sensory nervous system, i.e. the organism carries a small-scale model of external reality and of its own possible actions within its head.

Craik then contends that it should be possible to describe abstract mental relations in terms of such symbolic mechanisms, such as meaning, implication, recognition, abstraction, number, paradox, explanation, and so on. His method of testing such descriptions would be not to study the brain directly, but, having found out the basic mechanisms of the brain, to build large-scale models of it and study in them the counterparts of abstract mental mechanisms. These are stimulating ideas. One regrets the author's sketchiness of treatment; but one can hardly doubt that he would have greatly developed his ideas, had it not been for his premature death.

Hoagland's paper is mainly about electrical brain rhythms or waves of the type recorded by the encephalogram. It is found that the frequencies of the alpha rhythm (the rhythm that occurs when the brain is undisturbed by specific stimuli) are effected by deep breathing, focusing, the recall of images, and so on. About the general significance of these waves I would hazard one point: the basic mechanism of feed-back, when rapid, as it must be in the nervous system, must assume the character of an oscillation, so that it is not surprising to find brain waves of all kinds emanating; hence it may be that these waves will throw light on the feed-back mechanism involved.

An interesting and admirably presented addition comes from Ashby, who was among the first to make significant contributions to the subject (he has given a clear account of Cybernetics in the *Journal of Mental Science*, XCV, **400**, 1949). He is concerned with adaptation, not as a dynamic process, though this is characteristic of the organism, but as the end-result of this, and he points out that such adaptation is characteristic both of organisms and of physical systems. Further, adapted behaviour is the behaviour of a dynamical system in equilibrium. It is important to realize, however, that the kind of equilibrium Ashby is dealing with is not that of an ashtray on a table, but that of a ball in a bowl or of a simple pendulum. Thus, if you push a pendulum to one side it adapts by swinging back: 'It is an elementary property of all systems in equilibrium that they react so as to oppose disturbance' (p. 47). He then considers the problem: 'How does a new system develop such an organization internally that, as a machine, it shall be in equilibrium with its environment?' His answer, developed with a certain elegance, may be put like this. It is characteristic of a machine in Ashby's sense that each configuration determines the one following it. A pendulum swinging under the influence of gravity is an example of a machine in this sense. But, if a break occurs, such as a break in the thread suspending the bob of the pendulum, we might be tempted to say that the next configuration, i.e. the bob falling to the ground, is not determined by the one immediately prior to the break. Now Ashby points out, with the requisite mathematics, that this is not so; if we enlarge the original system to include the break within it—and a mathematical function can be devized to describe it—then the configuration after the break is determined by the one just before it. He gives a precise definition of 'break' by means of the mathematical concept of a step-function. In English what it amounts to is that, if a dynamical system can be expressed by a description such that up to a certain moment the description takes one form and after that moment takes a different form, then we may say that the description describes a machine up to that moment and that at that moment the machine 'broke' and became a new machine covered by the original description. Now each configuration of a machine can be represented by a point, and a sequence of configurations or the behaviour of it can be represented by a path taken by this point. Equilibrium in practice means that part of the field of possible paths is filled with paths that converge to and terminate in one point. Hence where there is no equilibrium the paths extend to an infinite distance. This means that the variables determining the states of a machine can increase indefinitely, so that in practice the machine must break, just as every machine in practice does break if the variables increase beyond a certain point—we fuse the lights if the relevant variable, the current, is made too great by turning on a large electric fire attached to the lighting circuit. Hence, Ashby concludes, a system must either break or attain equilibrium. But it is infinitely probable that it will at some time cease to break; this can be seen, as he strikingly

points out, from a gambling game played according to the rule, 'Heads, I win; tails, we toss again!',

to which there is only one practical ending. It follows that it is infinitely probable that the system will attain equilibrium. Now all possible configurations where a break would occur define what for mathematical reasons may be called a 'break-surface'. From the foregoing it is clear that a system either meets a break-surface or attains equilibrium; but, if the former, there is a new break-surface to be faced or else equilibrium is attained, and so on. Hence 'a layer of break surfaces round a given region will automatically ensure the establishment of an organization having an equilibrium within the given region' (p. 56). Ashby thinks that neurons have breaks available, and that systems of neurons are machines in the sense defined. Consequently the general idea is that the activity of the nervous system must have breaks until it reaches equilibrium.

It should, of course, be noted that he has not merely described in technical language a simple fact, i.e. that a machine breaks or attains equilibrium, which might seem obvious; what he has done is to prove that equilibrium or breaking characterizes machines in his sense—which may be said to be the point of his paper.

It seems to me that here we have the germ of an explanation of the existence of death for the organism. And this would not require the postulate of a 'death instinct'; for the idea is simply that the machine-organism continues to live, i.e. to resist death, by having breaks in its system. (To live for ever would be infinitely improbable; there would be an outside chance of having an unusually large number of breaks and becoming a centenarian.)

It may be of interest to consider some philosophical ideas in connection with the new model of the brain.

One of the striking features of the human mind is the capacity to think of universal ideas or simply 'universals', that is, to recognize a property or relation observed in one situation as being the same as a property or relation observed in another situation. The intellectualist school of philosophers regarded such ideas as innate or evoked by 'natural light'; the empiricists made understandably poor attempts to trace the growth of universals out of the raw material of experience. Now at last some reasonably adequate empirical account is possible. It is possible in principle to construct a machine with the property of *Gestalt* -recognition. What is required is the recording of forms, no matter how the details composing them vary. Thus to an adult human being the circular form of a coin is recognizable whether the coin is held at right angles to vision or obliquely, and if the parts of it are interchanged or altered in any way. Further, a blind man, who has once been able to see, can transform his auditory experiences into a visual form. These facts and the functional or non-localized nature of memory suggest that recognition of universals also is a function of the brain as a whole and may therefore be connected with the alpha-rhythm. In addition, in order that various stimuli having a common form should have a common effect, there must be some way of representing the form. This suggests that it has to be an invariant function of the variable component parts. Beyond this Wiener's treatment of the subject does not seem to go; he does indeed bring 'scanning' (analogous to that used in television) into the context, but the connection remains obscure.

One is driven to suppose that the presentation of a certain form, however varied the content may be, results in a constant wave-effect. The invariance of form is equivalent to constancy of relationships. If two triangles of the same shape but different sizes are presented, two sets of nervous impulses will be set up, in which the relationship between the impulses of one set will be the same as the relationship between those of the other, just as there is the same relationship

between the notes of a bar of music, whether it is played fast or slow. But how this constant relationship links (if it does) with a wave form is difficult to understand.

Can we get any help from the scanning process in television? This is a process in which a plate, sensitive to light impulses received from an object (naturally the intensity of the impulses will vary over the plate), is swept with a rapidly oscillating stream of electrons, rather as a hose might sweep a window-pane when the jet issuing from it is directed at every point of the glass by moving it across and up and down. This takes place thousands of times a second, and there is therefore a rapid succession of splashes when the electron jet interacts with the light impulses, which sets up innumerable small electric currents in every particle of the plate, to be circulated or stored in the machine or by analogy in the brain. In this way a set of electric currents would be a translation of a picture at any moment, and there would be a succession of such sets following one another at an enormous speed (thousands per second). If the jet of electrons were sprayed all over the plate at once instead of by rapid sweeping, we should get a continuous current set up in each part of the plate instead of a succession of impulses; but the problem of storage requires discrete impulses. Now it is to be expected that a stream of impulses should have a wave effect; and the set of impulses is not dependent on their being originated in any particular part of the plate or in their being stored in any particular part of the machine. Hence there would seem to be a certain unlocalized wave character about form-recognition; and the uniform character of scansion suggests the alpha-rhythm. Thus television seems to offer mild support for what has already been said without adding to its clarity. The scansion process

does of course reduce the complexity of forms in stimuli to simpler relationships between electric impulses. But the problem remains of understanding how very similar waves are set up by an invariant relation that is possessed by different sets of impulses.

The scanning process suggests another idea in connection with perception. If the mechanism of perception is at all like scansion, the old idea that it consists of afferent impulses is insufficient; as opposed to this passive account of perception, a set of impulses emanating from the brain is required to spray the 'sensitive plate', such as the retina.

The remaining general ideas to be considered here have been stimulated by Wiener's work, though he is not responsible for them and might not accept them.

Perhaps it is an over-bold speculation to suggest a connection between brain-waves and telepathy. Let us allow ourselves to suppose that, in order to transmit telepathically, a person must be in a state of great emotional excitement, so that the brain-waves would have an unusually high frequency or large amplitude. The possibility of another person receiving a telepathic communication would depend upon his having at that moment brain-waves of the same frequency or amplitude; would this not require that the recipient would also have to be in a state of high excitement from some cause or other and also that he should identify himself with the transmitter? The rarity of telepathy would be accounted for, even where identified persons are concerned, by the improbability of the two persons, separated in space, both being in a state of excitement at the same moment. The weakness of the analogy of course is not hard to find: considerable energy is required for transmission, and we do not know if sufficient energy is at the disposal of the brain.

Can anything useful be said about the mind-body relation, which has puzzled philosophers for so many centuries? Philosophers have differed according to whether they held that there is interaction between mind and body, or whether there is none, but just a parallelism between their operations, or whether mental events are no more than accompaniments of bodily events and dependent on these for their existence. Broad has stated the arguments for and against these beliefs with great care (C. D. Broad, *The Mind and its Place in Nature*, 1925, pp. 95–133), and

concluded that none of them is completely convincing. It is easy to see why this should be so with regard to the beliefs in interaction and parallelism: both presuppose that the mind and the body are two things—a conception that no one would bother to entertain if it were not for the paucity of other ideas. Now, however, Wiener offers the possibility of a new model of the brain.

The traditional model was a telephone exchange, run by a nebulous 'mind', a *deus ex machina*, whose function was to do the plugging in. This is, as Ryle has put it (*The Listener*, June 30, 1949, pp. 1110–1), like looking for an invisible horse inside a steam engine. The new model is still a telephone exchange, but an automatic one. The important point to realize, however, is that such electronic machines are not automatic in the mechanical (Newtonian) sense in which a steam engine is; for they have features that are 'functional', i.e. (a) self-correcting and (b) unlocalized.

Thus the mind is not an epiphenomenon or quality of the brain in part or whole, but a self-correcting non-localized functioning of the brain (and nervous system). This may seem very close to epiphenomenalism, but it is really poles apart, because this functioning in a machine is not reducible to any mechanical mechanism of a Newtonian kind. It resembles epiphenomenalism only in the respect that the mind is not conceived as something numerically distinct and existing independently of the body; it differs in that the mind is regarded not as a dependent property but a dependent functioning. But there is the further important difference: this functioning, not being reducible to the combined activity of the parts of the brain, may be conceived as having the capacity to initiate changes. In other words, according to epiphenomenalism any change that takes place in the mind must be caused by changes in the body without the influence of the previous state of the mind; but, if we accept the new model, there appears to be nothing against supposing that some changes taking place in the mind and some in the body may be initiated by the previous state of the mind. It is interesting at least to see light dawning on an old philosophical problem from a scientific source—and indeed a source that is not pure science but technology.

Putting together the various parts of the model, we may perhaps describe the result like this. The mind is the functioning of a system of electroneural circuits, from some of which impulses scan sensitive screens, such as the retina, and there interact with external stimuli, and in others of which impulses are set up as a result of such interaction; and of which the joint effect after some lapse of time may be further circuits (possibly electro-magnetically induced) that give rise to new experiences without the aid of additional sensory stimuli. This may indicate roughly the relation between mind and body, but there is of course much to be found out about the functioning that consists of thinking and purposive action, a sphere where Craik's ideas may help. Would introspection, for instance, be the scanning of impulses originating not at the body boundary nor at most places inside it but specifically at the brain or some part of it?

All this is probably no more than a floundering beginning, and it is hardly necessary to stress to a scientific reader that these various ideas are highly tentative and that all hypotheses suggested would have to be subjected to experimental test.

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THE NATURE AND FUNCTION OF PHANTASY[1]

SUSAN ISAACS

INTRODUCTION

A survey of contributions to psycho-analytic theory would show that the term 'phantasy' has been used in varying senses at different times and by different authors. Its current usages have widened considerably from its earliest meanings.

Much of this widening of the concept has so far been left implicit. The time is ripe to consider the meaning and definition of the term more explicitly.

When the meaning of a technical term does become extended in this way, whether deliberately or insensibly, it is usually for a good reason—because the facts and the theoretical formulations they necessitate require it.[2] *It is the relationships between the facts* which need to be looked at more closely and clarified in our thoughts. This paper is mostly concerned with the definition of 'phantasy'; that is to say, with describing the *series of facts* which the use of the term helps us to identify, to organize and to relate to other significant series of facts. Most of what follows will consist of this more

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1 A chapter from a book in preparation jointly with Paula Heimann, Melanie Klein and Joan Riviere.

2 In a contribution to the British Psycho-Analytic Society in 1943, Dr. Ernest Jones commented with regard to this extension of the meaning of 'phantasy': 'I am reminded of a similar situation years ago with the word "sexuality". The critics complained that Freud was changing the meaning of this word, and Freud himself once or twice seemed to assent to this way of putting it, but I always protested that he made no change in the meaning of the word itself: what he did was to extend the conception and, by giving it a fuller content, to make it more comprehensive. This process would seem to be inevitable in psycho-analytical work, since many conceptions, e.g. that of conscience, which were previously known only in their conscious sense, must be widened when we add to this their unconscious significance.'

careful study of the relationships between different mental processes.

As the work of psycho-analysis has gone on, in particular the analysis of young children, and our knowledge of early mental life has developed, the relationships which we have come to discern between the earliest mental processes and the later more specialized types of mental functioning commonly called 'phantasies' have led many of us to extend the connotation of the term 'phantasy' in the sense which is now to be developed. (A tendency to widen the significance of the term is already apparent in many of Freud's own writings, including a discussion of unconscious phantasy.)

It is to be shown that certain mental phenomena which have been generally described by various authors, not usually in reference to the term 'phantasy', do in fact imply the activity of unconscious phantasies. By correlating these phenomena with the unconscious phantasies with which they are bound up, their true relationships to other mental processes can be better understood, and their function and full importance in the mental life appreciated.

This paper is not primarily concerned to establish any particular content of phantasy. It will deal with the nature and function of phantasy as a whole, and its place in the mental life. Actual examples of phantasy will be used for illustrative purposes, but it is not suggested that these examples cover the field; nor are they chosen systematically. It is true that the very same

evidence which establishes the existence of phantasies even at the earliest ages gives us some indication of their specific character; yet to accept the general evidence for the activity of phantasy from the beginning of life and the place of phantasy in the mental life as a whole does not automatically imply accepting any particular phantasy content at any given age. The relation of content to age will be worked out to some extent elsewhere; this paper is intended to pave the way for that by general considerations.

To understand the nature and function of phantasy in the mental life involves the study of the earliest phases of mental development, i.e. during the first three years of life. Scepticism is sometimes expressed as to the possibility of understanding the psychic life at all in the earliest years—as distinct from observing the sequence and development of behaviour. In fact we are far from having to rely upon mere imagination or blind guesswork, even as regards the first year of life. When all the observable facts of behaviour are considered in the light of *analytic* knowledge gained from adults and from children of over two years, and are brought into relation with analytic principles, we arrive at many hypotheses carrying a high degree of probability and some certainties, regarding early mental processes.

Our views about phantasy in these earliest years are based almost wholly upon inference, but then this is true at any age. Unconscious phantasies are always inferred, not observed as such; indeed, the technique of psycho-analysis as a whole is largely based upon inferred knowledge. As has often been pointed out regarding the adult patient too, he does not tell us his unconscious phantasies directly, nor, for that matter, his preconscious resistances. We often observe quite directly emotions and attitudes of which the patient himself is unaware; these and many other observed data (such as those instanced later, on pp. 90, 91) make it possible and necessary for us to infer that such and such resistances or phantasies are operating. This is true of the young child as well as of the adult.

The data to be drawn upon here are of three main sorts, and the conclusions to be put forward are based upon a *convergence* of these lines of evidence.

a. Considerations regarding the relationships between certain established facts and theories, many of which facts and theories, although quite familiar in psycho-analytic thought, have hitherto been dealt with in a relatively isolated way. When considered fully, these relationships require the postulates which will be put forward, and by means of these postulates become better integrated and more adequately understood.

b. Clinical evidence gained by analysts from the actual analysis of adults and children of all ages.

c. Observational data (non-analytic observations and experimental studies) of the infant and young child, by the various means at the disposal of the science of child development.

I. METHODS OF STUDY

A. Observational Methods

Before considering our main thesis, it may be useful to survey briefly certain fundamental principles of method which provide us with the material for conclusions as to the nature and function of phantasy, and which are exemplified

both in clinical (psycho-analytic) studies and in many of the most fruitful recent researches into the development of behaviour.

A variety of techniques for the study of particular aspects of child development has been evolved in recent years. It is a no table fact that observational researches into the development of personality and social relationships, and especially those which attempt to reach understanding of motives and of mental process generally tend to pay more and more regard to certain methodological principles, now to be discussed. These principles bring them into closer line with clinical studies and thus form a valuable link between observational methods and analytic technique. They are: (a) attention to details; (b) observation of context; (c) study of genetic continuity.

a. All serious contributions to child psychology in recent years could be instanced as illustration of the growing appreciation of the need to attend to *the precise details* of the child's behaviour, whatever the field of enquiry may be, emotional, social, intellectual, locomotor or manipulative skills, perception and language. The researches of Gesell (1928–40), Shirley (1933), Bayley (1936) and many others into early mental development exemplify this principle. So do the experimental and observational studies of social development, or the researches into infant behaviour by D. W. Winnicott (1941) and M. M. Middlemore (1941). Middlemore's research on the behaviour of infants in the feeding situation, for example, demonstrated how varied and complex even the earliest responses of infants turn out to be when noted and compared in close detail, and how intimately the child's experiences, for example, the way he is handled and suckled, influence succeeding phases of feeling and phantasy and his mental processes generally.

Most advances in observational and experimental technique have been devised to facilitate the precise observation and recording of details of behaviour. We shall later refer to the great importance of this principle in psycho-analytic work and the way in which it helps us to discern the content of early phantasies.

b. *The principle of noting and recording* the context of observed data is of the greatest importance, whether in the case of a particular instance or sort of social behaviour, particular examples of play, questions asked by the child in the development of speech—whatever the data may be. By 'context' is meant, not merely earlier and later examples of the same sort of behaviour, but the whole immediate setting of the behaviour being studied, in its social and emotional situation. With regard to phantasy, for example, we have to note when the child says this or that, plays this or that game, performs this or that ritual, masters (or loses) this or that skill, demands or refuses a particular gratification, shows signs of anxiety, distress, triumph, glee, affection, or other emotions; who is present—or absent—at the time; what is his general emotional attitude or immediate feeling towards these adults or playmates; what losses, strains, satisfactions have been recently experienced or are being now anticipated? And so on and so forth.

The importance of this principle of studying the psychological *context* of particular data in the mental life has become increasingly recognized amongst students of children's behaviour, whatever mental process or function of behaviour happens to be the subject of study. Many examples could be given: e.g. the study of temper tantrums, by Florence Goodenough, 3 of the innate bases of fear, by C. W. Valentine4 (1930) ; of the development of speech in infancy, by M. M. Lewis5 (1936) ; of the development of sympathy in young children, by L. B. Murphy6 (1937).

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3 Goodenough (1931) trained her observers to record not merely the frequency and time distribution of temper tantrums, but also the context of social and emotional situations and physiological conditions in which they occurred. In this way, she was able to elucidate, to a degree which had not been done before, the nature of the situations which give rise to temper tantrums in young children.

4Repeating Watson's work on the subject of innate fears, Valentine paid attention to the total situation in which the child was placed as well as to the precise nature of the stimuli applied. He concluded that the setting is always a highly important factor in determining the particular response of the child to a

particular stimulus. It is a *whole situation* which affects the child, not a single stimulus. The presence or absence of the mother, for example, may make all the difference to the child's actual response.
5 Lewis not only made a complete phonetic record of the development of speech in an infant from birth onwards, but also noted the social and emotional situations in which particular speech sounds and speech forms occurred, enabling us to infer some of the emotional sources of the drive to speech development.
6 Lois Barclay Murphy has made a considerable contribution to problems of social development in a series of careful studies of the personalities of young children and their social relationships. She showed that it is useless to attempt either ratings of personality as a whole, or of particular traits such as sympathy, without having constant regard to the context of the behaviour studied. The social behaviour and personal characteristics of young children vary according to the specific social context. For example, one boy is excited and aggressive when another particular boy is present, but not so when that boy is absent. Murphy's work gives us many such glimpses of the feelings and motives which enter into the development of the child's traits of personality. She sums up her study of 'sympathetic behaviour' in young children playing in a group: 'the behaviour which constitutes this trait is dependent upon the functional relation of the child to each situation, and when shifts in status give a basis for a changed interpretation of the situation in which the child finds himself, changed behaviour occurs. A significant proportion of the variations in a child's behaviour which we have discussed are related to the child's security, as affected by competitive relations with other children, disapproval by adults, or guilt and self-accusation in relation to injury to another child, ' thus emphasising that sympathetic behaviour (as one aspect of personality) cannot be understood apart from the variations in the context in which it is shown.

Murphy's work, in especial, has shown how indispensable is this principle in the study of social relationships, and how far more fruitful it proves than any purely quantitative or statistical treatment of types of behaviour or traits of personality, made without reference to context.

One of the outstanding examples of the way in which attention to precise details in their total context may reveal the significance of a piece of behaviour in the inner psychic life of the child is Freud's observation of the play of a boy of eighteen months of age. This boy was a normal child, of average intellectual development, and generally well behaved. Freud writes: 'He did not disturb his parents at night; he scrupulously obeyed orders about not touching various objects and not going into certain rooms; and above all he never cried when his mother went out and left him for hours together, although the tie to his mother was a very close one: she had not only nourished him herself, but had cared for him and brought him up without any outside help. Occasionally, however, this well-behaved child evinced the troublesome habit of flinging into the corner of the room or under the bed all the little things he could lay his hands on, so that to gather up his toys was often no light task. He accompanied this by an expression of interest and gratification, emitting a loud long-drawn-out "o-o-o-oh" which in the judgement of the mother (one that coincided with my own) was not an interjection but meant "gone away" (*fort*). I saw at last that this was a game, and that the child used all his toys only to play "being gone" (*fortsein*) with them. One day I made an observation that confirmed my view. The child had a wooden reel with a piece of string wound round it … he kept throwing it with considerable skill, held by the string, over the side of his little draped cot, so that the reel disappeared into it, then said his significant "o-o-o-oh" and drew the reel by the string out of the cot again, greeting its reappearance with a joyful " *Da* " (there). This was therefore the complete game, disappearance and return, the first act being the only one generally observed by the onlookers, and the one untiringly repeated by the child as a game for its own sake, although the greater pleasure unquestionably attached to the second act.

The meaning of the game was then not far to seek. It was connected with the child's great cultural achievement—the forgoing of the satisfaction of an instinct—as the result of which he could let his mother go away without making any fuss. He compensated himself for this, as it were, by himself enacting the same disappearance and return with the objects within his reach (1922).

Later on, Freud also noted a further detail in the boy's behaviour: 'One day when the mother had been out for some hours she was greeted on her return by the information "Baby o-o-o-oh" which at first remained unintelligible. It soon proved that during his long lonely hours he had found a method of bringing about his own disappearance. He had discovered his reflection in the long mirror which nearly reached to the ground and had then crouched down in front of it, so that the reflection was "gone".'

The observation of this detail of the sounds with which the boy greeted his mother's return called attention to the further link of the child's delight in making his own image appear and disappear in the mirror, with its confirmatory evidence of his triumph in controlling feelings of loss, by his play, as a consolation for his mother's absence.

Freud also brought to bear upon the boy's play with the wooden reel other and more remote facts which many observers would not have thought had any relation to it, such as the child's general relationship to his mother, his affection and obedience, his capacity to refrain from disturbing her and to allow her to absent herself for hours together without grumbling or protest. Freud thus came to understand much of the significance of the child's play in his social and emotional life, concluding that

in the boy's delight in throwing away material objects and then retrieving them, he enjoyed the phantasied satisfaction of controlling his mother's comings and goings. On this basis he could tolerate her leaving him in actuality, and remain loving and obedient.

The principle of observing context, like that of attention to detail, is an essential element in the technique of psycho-analysis, whether with adults or children.

c. The principle of Genetic Continuity.

The third fundamental principle, of value both in observational and in analytic studies, is that of *genetic continuity*[7] (1936).

Experience has already proved that throughout every aspect of mental (no less than of physical) development, whether in posture, locomotor and manipulative skill, in perception, imagination, language, or early logic, any given phase develops by degrees out of preceding phases in a way which can be ascertained both in general outline and in specific detail. This established general truth serves as a guide and pointer in further observations. All studies of developmental status (such as those of Gesell and Shirley) rest upon this principle.

It does not mean that development proceeds at an even pace throughout. There are definite crises in growth, and there are integrations which from their nature bring radical changes in experience and further achievement, e.g. learning to walk is such a crisis; but dramatic though it be in the changes it introduces into the child's world, actual walking is but the end-phase of a long series of developing co-ordinations. Learning to talk is another such crisis; but again, one prepared for and foreshadowed in every detail before it is achieved. So true is this that the definition of ability to talk is purely a matter of convention[8] (1933). Commonly it is taken to mean the use of two words, an arbitrary standard useful for purposes of comparison, but not intended to blur the continuous course of development. Speech development begins, as has often been shown, with the sounds made by the infant when hungry or feeding in the first few weeks of life; and on the other hand, the changes occurring *after* the mastery of the first words are as continuous and as varied and complex as those occurring before this moment.

One aspect of speech development having a special bearing upon our present problems is the fact that *comprehension of words long antedates their use*. The actual length of time during

which the child shows that he understands much that is said to him, or spoken in his presence, yet has not come to the point of using any words himself, varies much from child to child. In some highly intelligent children, the interval between comprehension and use of words may be as much as one year. This time lag of use behind comprehension is found generally throughout childhood. Many other intellectual processes, also, are expressed in action long before they can be put into words.

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7 Referred to by Joan Riviere in her paper 'On the Genesis of Psychical Conflict in Earliest Infancy'.
8 Hazlitt, in her chapter on 'Retention, Continuity, Recognition and Memory' says: 'The favourite game of "peep-bo" which the child may enjoy in an appropriate form from about the third month gives proof of the continuity and retentiveness of the mind of the very young child. If impressions died away immediately and the child's conscious life were made up of a number of totally disconnected moments this game could have no charm for him. But we have ample evidence that at one moment he is conscious of the change in experience, and we can see him looking for what has just been present and is now gone.'

Hazlitt's whole treatment of these problems takes the line that explicit memory grows out of early recognition—i.e. 'any process of perceiving which gives rise to a feeling of familiarity.' She goes on: 'In speaking of the month-old child's sucking reaction to the sound of the human voice it has not been assumed that the child recognizes the voices, that there is a conscious experience corresponding to the idea "voices again". There may or may not be such conscious experience. … As the weeks go by, however, numberless instances of recognition occur in which the child's expression and general behaviour form a picture so like that which accompanies conscious experience of recognition at the later stages that it is difficult to resist the inference that the child is recognizing in the true sense of the word. Records tell of children from eight weeks onwards appearing to be distressed by strange, and reassured by familiar faces.'

Hazlitt also takes the view that even judgment is present, e.g. in the child's adaptive responses, in the third and fourth months. Hazlitt has no doubt that the very earliest responses of the infant show the rudimentary qualities from which memory, imagination, thinking, etc., develop. She says: 'Another argument for the view here taken that judgment is present from a very early time is that the expression of surprise at stimuli which are not surprising through their intensity, but from being changed in some way from their usual appearance, is quite common by six months and shows itself every now and then much earlier than this.'

Another important field in which this law of genetic continuity operates is that of logical relations. Experimental studies of Hazlitt and others have shown that the child can understand and act upon certain logical relations (such as identity, exception, generalization, etc.) long before he can express these relations in words, and he can understand them in simple concrete terms before he can appreciate them in a more abstract form. E.g. he can act upon the words 'all … but not …' when he cannot yet understand the word 'except'; again, he can comprehend and act upon 'except' before he can use the word himself.

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Examples of rudimentary thought emerging in action and in speech from the second year of life are given in the studies of speech development by M. M. Lewis (1937). The experimental studies of the development of logical thinking, by Hazlitt (1933) and others, show the same principle at work in later years.

This general fact of genetic continuity, and its particular exemplifications in speech development, have a specific bearing upon one important question: are phantasies active in the child at the time when the relevant impulses first dominate his behaviour and his experience, or do these become so only in retrospect, when later on he can put his experience into words? The

evidence clearly suggests that phantasies are active along with the impulses from which they arise. (This question is bound up with the problem of *regression*, which will be discussed elsewhere.)

Genetic continuity thus characterizes every aspect of development at all ages. There is no reason to doubt that it holds true of phantasy as well as of overt behaviour and of logical thinking. Is it not, indeed, one of the major achievements of psycho-analysis to have shown that the development of the instinctual life, for instance, had a continuity never understood before Freud's work? The essence of Freud's theory of sexuality lies in just this fact of detailed continuity of development.

Probably no psycho-analyst would question the abstract principle, but it is not always appreciated that it is far more than this. The established principle of genetic *continuity is a concrete instrument of knowledge*. It enjoins upon us to accept no particular facts of behaviour or mental processes as *sui generis*, ready-made, or suddenly emerging, but to regard them as items in a developing series. We seek to trace them backwards through earlier and more rudimentary stages to their most germinal forms; similarly, we are required to regard the facts as manifestations of a process of growth, which has to be followed forward to later and more developed forms. Not only is it necessary to study the acorn in order to understand the oak, but also to know about the oak in order to understand the acorn (1911).

B. The Method of Psycho-Analysis

These three ways of obtaining evidence of mental process from observation of behaviour: that of noting the context, observing details and approaching any particular data as a part of a developmental process, are essential aspects of the work of psycho-analysis, and most fully exemplified there. They are indeed its breath of life. They serve to elucidate the nature and function of phantasy, as well as of other mental phenomena.

The observation of detail and of context are so intimately bound up in analytic work that they may be briefly dealt with together. With adult patients, as well as children, the analyst not only listens to all the details of the actual content of the patient's remarks and associations, including what is not said as well as what is, but notes also where emphasis is put, and whether it seems appropriate. Repetition of what has already been told or remarked, in its immediate affective and associative context; changes occurring in the patient's account of events in his earlier life, and in the picture he presents of people in his environment, as the work goes on; changes in his ways of referring to circumstances and to people (including the names he gives them), from time to time, all serve to indicate the character and activity of the phantasies operating in his mind. So do idiosyncrasies of speech, or phrases and forms of description, metaphors and verbal style generally. Further data are the patient's selection of facts from a total incident, and his denials (e.g. of things he has previously said, of states of mind which would be appropriate to the content of what he is saying, of real objects seen or incidents occurring in the analytic room, of facts in his own life which can certainly be inferred from the other known content of his life or family history, of facts known by the patient about the analyst or of happenings in public affairs, such as war and bombs). The analyst notes the patient's manner and behaviour as he enters and leaves the room, as he greets the analyst or parts from him, and while he is on the couch; including every detail of gesture or tone of voice, pace of speaking, and variations in this, idiosyncratic routine or particular changes in mode of expression, changes of mood, every sign of affect or denial of affect, in their particular nature and intensity and their precise associative context. These, and many other such kinds of detail, taken as a context to the patient's dreams and associations, help to reveal his unconscious phantasies (among other mental facts). The particular situation in the internal life of the patient at the moment gradually becomes clear, and the relation of his immediate problem to earlier situations

and to actual experiences in his history is gradually made plain.

The third principle, that of genetic continuity, is inherent in the whole approach and the moment-by-moment work of psycho-analysis.

Freud's discovery of the successive phases of libidinal development in the child, and the continuity of the various manifestations of the sexual wishes from infancy to maturity, has not only been fully confirmed with every patient analysed, but, as in the case of every sound generalization of observed facts, has proved to be a reliable instrument for further understanding of new data.

Observations in the analytic field of the development of phantasy and of the continuous and developing interplay between psychic reality and knowledge of the external world, are fully in accordance with the data and generalizations regarding development arrived at in other fields, such as bodily skills, perceptions, speech and logical thinking. As with the external facts of behaviour, so with the development of phantasy, we have to regard each manifestation at any given time and in any given situation as a member of a developing series whose rudimentary beginnings can be traced backwards and whose further, more mature, forms can be followed forward. Awareness of the way in which the content and form of phantasy at any given time are bound up with the successive phases of instinctual development, and of the growth of the ego, is always operating in the analyst's mind. To make this plain (in concrete detail) to the patient is an inherent part of the work.

It was by attending to the details and the context of the patient's speech and manner, as well as of his dreams and associations, that Freud laid bare both the fundamental instinctual drives in the mental life, and the varied processes—the so-called *'mental mechanisms'*—by which impulses and feelings are controlled and expressed, internal equilibrium is maintained and adaptation to the external world achieved. These 'mechanisms' are very varied in type and many of them have received close attention. In the view of the present writers, all these various mechanisms are intimately related to particular sorts of phantasy, and at a later point, the character of this relationship will be gone into.

Freud's discoveries were made almost entirely from the analysis of adults, together with certain observations of children. Melanie Klein, in her direct analytic work with children of two years and onwards, developed the full resources of analytic technique by using the children's play with material objects, their games and their bodily activities towards the analyst, as well of course as their mien and manner and signs of feeling and their talk about what they were doing and feeling, or what had been happening in their external lives. The makebelieve and manipulative play of young children exemplify those various mental processes (and therefore, as we shall see, the phantasies) first noted by Freud in the dream life of adults and in their neurotic symptoms. In the child's relationship to the analyst, as with the adult's, the phantasies arising in the earliest situations of life are repeated and acted out in the clearest and most dramatic manner, with a wealth of vivid detail.

Transference Situation

It is especially in the patient's emotional relation to the analyst that the study of context, of details and of continuity of development proves fruitful for the understanding of phantasy. As is well known, Freud early discovered that patients repeat towards their analyst situations of feeling and impulse, and mental processes generally, which have been experienced earlier in their relationships to people in their external lives and personal histories. This transference on to the analyst of early wishes, aggressive impulses, fears and other emotions, is confirmed by every analyst.

The personality, the attitudes and intentions, even the external characteristics and the sex of the analyst, *as seen and felt in the patient's mind*, change from day to day (even from moment to moment) according to changes in the inner life of the patient (whether these are brought about by the analyst's comments or by outside happenings). That is to say*, the patient's relation to his analyst is almost entirely one of unconscious phantasy*. Not only is the phenomenon of 'transference' as a whole evidence of the existence and activity of phantasy in every patient, whether child or adult, ill or healthy; its detailed changes also enable us to decipher the particular character of the phantasies at work in particular situations, and their influence upon other mental processes. The 'transference' has turned out to be the chief instrument of learning what is going on in the patient's mind, as well as of discovering or reconstructing his early history; the unfolding of his

transference phantasies, and the tracing of their relation to early experiences and present-day situations, form the chief agency of the 'cure'.

Repetition of early situations and 'acting out' in the transference carry us back far beyond the earliest conscious memories; the patient (whether child or adult) often shows us, with the most vivid and dramatic detail, feelings, impulses and attitudes appropriate not only to the situations of childhood but also to those of the earliest months of infancy. In his phantasies towards the analyst, the patient is back in his earliest days, and to follow these phantasies in their context and understand them in detail is to gain solid knowledge of what actually went on in his mind as an infant.

Mental Life under Two Years of Age

For the understanding of phantasy and other mental processes in children from the end of the second year onwards, we thus have not only all the evidence of observed behaviour in ordinary life, but also the full resources of the analytic method used directly.

When we turn to children under two years, we bring certain proved instruments of understanding to the study of their responses to stimuli, their spontaneous activities, their signs of affect, their play with people and with material objects, and all the varied aspects of their behaviour. First, we have those principles of observation already outlined—the value of observing context, of noting precise details, and of regarding the data observed at any one moment as being members of a series which can be traced backward to their rudimentary beginnings and forward to their more mature forms. Secondly, we have the insight gained from direct analytic experience into the mental processes so clearly expressed in similar types of behaviour (continuous with these earlier forms) in children of more than two years; above all, the evidence yielded by the repetition of situations, emotions, attitudes and phantasies in the 'transference' during analyses of older children and of adults.

Using these various instruments, it becomes possible to formulate certain hypotheses about the earliest phases of phantasy and of learning, of mental development generally, which can be credited with a considerable degree of probability. There are gaps in our understanding, and from the nature of the case, these may take time to remove. Nor are our inferences as certain as those regarding later development. But there is much which is definitely clear, and much more that only awaits further detailed observations, or more patient correlating of the observable facts, to yield a high degree of understanding.

II. THE NATURE AND FUNCTION OF PHANTASY

To turn now to our main thesis:—

As has been said, it is on the basis of the convergence of these various lines of evidence that the present-day significance of the concept of phantasy is to be discussed. A consideration of all these sorts of fact and theory calls for a revision of the usages of the term.

Common Usages of the term 'Phantasy'

Among psycho-analytic writers, the term has sometimes referred (in line with everyday language) only to *conscious* 'fantasies', of the nature of day-dreams. But Freud's discoveries soon led him to recognize the existence of *unconscious* phantasies. This reference of the word is indispensable. The English translators of Freud adopted a special spelling of the word 'phantasy', with the *ph*, in order to differentiate the psycho-analytical significance of the term, i.e. predominantly or entirely *unconscious* phantasies, from the popular word 'fantasy', meaning conscious day-dreams, fictions, and so on. The psycho-analytical term 'phantasy' essentially connotes unconscious mental content, which may or may not become conscious.

This meaning of the word has assumed a growing significance, particularly in consequence of the work of Melanie Klein on the early stages of development.

Again, the word 'phantasy' has often been used to mark a contrast to 'reality', the latter word being taken as identical with 'external' or 'material' or 'objective' facts. But when external reality is thus called 'objective' reality, this makes an implicit assumption which denies to psychical reality its *own objectivity as a mental fact*. Some analysts tend to contrast 'phantasy' with 'reality' in such a way as to undervalue the dynamic importance of phantasy. A related usage, very common in patients, is to think of 'phantasy' as something 'merely' or 'only' imagined, as something unreal, in contrast with what is actual, what happens to one. This kind of attitude tends towards a depreciation of psychical reality and of the significance of mental processes as such.

Psycho-analysis has shown that the quality of being 'merely' or 'only' imagined is not the most important criterion for the understanding of the human mind. When and under what conditions 'psychical reality' is in harmony with external reality is one special part of the total problem of understanding mental life as a whole: a very important part indeed; but, still, 'only' one part. (This will be touched upon at various later points, for example p. 90 *et seq*.)

Freud's discovery of *dynamic psychical reality* initiated a new epoch of psychological understanding.

He showed that the inner world of the mind has a continuous living reality of its own, with its own dynamic laws and characteristics, different from those of the external world. In order to understand the dream and the dreamer, his psychological history, his neurotic symptoms or his normal interests and character, we have to give up that prejudice in favour of external reality, and of our conscious orientations to it, that under-valuation of internal reality, which is the attitude of the ego in Western civilized life to-day.[9]

A further point, of importance in our general thesis, is that unconscious phantasy is fully active in the normal, no less than in the neurotic mind. It seems sometimes to be assumed that only in the 'neurotic' is psychical reality (i.e. unconscious phantasy) of paramount importance, and that with 'normal' people its significance is reduced to vanishing point. This view is not in accordance with the facts, as they are seen in the behaviour of ordinary people in daily life, or as observed through the medium of psycho-analytic work, notably in the transference. The difference between normal and abnormal lies in the way in which the unconscious phantasies are dealt with, the particular mental processes by means of which they are worked over and

modified; and the degree of direct or indirect gratification in the real world and adaptation to it, which these favoured mechanisms allow.

Phantasy as the Primary Content of Unconscious Mental Processes

Thus far, we have been upon familiar ground. If, however, we bring recent clinical data into closer relation with certain formulations of Freud's, we take a definite step forward in understanding the function of phantasy.

A study of the conclusions arising from the analysis of young children leads to the view that phantasies are the primary content of unconscious mental processes. Freud did not formulate his views on this point in terms of phantasy, but it can be seen that such a formulation is in essential alignment with his contributions.

Freud has said that '… everything conscious has a preliminary unconscious stage. …'[10] (1932). All mental processes originate in the unconscious and only under certain conditions become conscious. They arise either directly from instinctual needs or in response to external stimuli acting upon instinctual impulses. 'We suppose that it (the *id*) is somewhere in direct contact with somatic processes and takes over from them instinctual needs and gives *them mental expression*.'[11] (1933). (My italics.) 'We must say that the Ucs is continued into its so-called derivatives, is accessible to the influence of life, perpetually acts upon the Pcs, and even is, on its part, capable of influence by the latter system.'[12] (1915B).

Now in the view of the present writers, this 'mental expression' of instinct is unconscious phantasy. Phantasy is (in the first instance) the mental corollary, the psychic representative, of instinct. There is no impulse, no instinctual urge or response which is not experienced as unconscious phantasy.

In the beginning of his researches, Freud was concerned particularly with libidinal desires, and his 'mental expression of instinctual needs' would refer primarily to libidinal aims. His later studies, however, and those of many other workers, have required us to include destructive impulses as well.

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9 E.g.: 'There is a most surprising characteristic of unconscious (repressed) processes to which every investigator accustoms himself only by exercising great self-control; it results from their entire disregard of the reality-test; thought-reality is placed on an equality with external actuality, wishes with fulfilment and occurrence. … One must, however, never allow oneself to be misled into applying to the repressed creations of the mind the standards of reality; this might result in undervaluing the importance of phantasies in symptomformation on the ground that they are not actualities; or in deriving a neurotic sense of guilt from another source because there is no proof of actual committal of any crime.' (Freud: 'Formulations Regarding the Two Principles in Mental Functioning') (1911). 'An abandonment of the over-estimation of the property of consciousness is the indispensable preliminary to any genuine insight into the course of psychic events. …' (Freud: *The Interpretation of Dreams*, p. 562) (1932).
10 *The Interpretation of Dreams*, p. 562.
11 *New Introductory Lectures*, p. 98.
12 *'The Unconscious*, ' p. 122.

The first mental processes, the psychic representatives of bodily impulses and feelings, i.e. of libidinal and destructive instincts, are to be regarded as the earliest beginning of phantasies. In the mental development of the infant, however, phantasy soon becomes also a means of defence against anxieties, a means of inhibiting and controlling instinctual urges and an expression of reparative wishes as well. The relation between phantasy and wish-fulfilment has always been emphasized; but our experience has shown, too, that most phantasies (like symptoms) also serve various other purposes as well as wish-fulfilment; e.g. denial, reassurance, omnipotent control,

reparation, etc. It is, of course, true that, in a wider sense, all these mental processes which aim at diminishing instinctual tension, anxiety and guilt also serve the aim of wish-fulfilment; but it is useful to discriminate the specific modes of these different processes and their particular aims.

All impulses, all feelings, all modes of defence are experienced in phantasies which give them mental life and show their direction and purpose.

A phantasy represents the particular content of the urges or feelings (for example, wishes, fears, anxieties, triumphs, love or sorrow) dominating the mind at the moment. In early life, there is indeed a wealth of unconscious phantasies which take specific form in conjunction with the cathexis of particular bodily zones. Moreover, they rise and fall in complicated patterns according to the rise and fall and modulation of the primary instinct-impulses which they express. The world of phantasy shows the same protean and kaleidoscopic changes as the contents of a dream. These changes occur partly in response to external stimulation and partly as a result of the interplay between the primary instinctual urges themselves.

It may be useful at this point to give some examples of specific phantasies, without, however, discussing the particular age or time relations between these actual examples.

In attempting to give such examples of specific phantasies we are naturally obliged to put them into words; we cannot describe or discuss them without doing so. This is clearly not their original character and inevitably introduces a foreign element, one belonging to later phases of development, and to the preconscious mind. (Later on we shall discuss more fully the relation between phantasies and their verbal expression.)

On the basis of those principles of observation and interpretation, which have already been described and are well established by psycho-analytic work, we are able to conclude that when the child shows his desire for his mother's breast, he experiences this desire as a specific phantasy—'I want to suck the nipple'. If desire is very intense (perhaps on account of anxiety), he is likely to feel: 'I want to eat her all up.' Perhaps to avert the repetition of loss of her, or for his pleasure, he may feel: 'I want to keep her inside me.' If he is feeling fond, he may have the phantasy: 'I want to stroke her face, to pat and cuddle her.' At other times, when he is frustrated or provoked, his impulses may be of an aggressive character; he will experience these as, e.g.: 'I want to bite the breast; I want to tear her to bits.' Or if, e.g. urinary impulses are dominant, he may feel: 'I want to drown and burn her.' If anxiety is stirred by such aggressive wishes, he may phantasy: 'I myself shall be cut or bitten up by mother'; and when his anxiety refers to his internal object, the breast which has been eaten up and kept inside, he may want to eject her and feel: 'I want to throw her out of me.' When he feels loss and grief, he experiences, as Freud described: 'My mother has gone for ever.' He may feel: 'I want to bring her back, I must have her now', and then try to overcome his sense of loss and grief and helplessness by the phantasies expressed in auto-erotic satisfactions, such as thumb-sucking and genital play: 'If I suck my thumb, I feel she is back here with me, belonging to me and giving me pleasure.' If, after having in his phantasy attacked his mother and hurt and damaged her, libidinal wishes come up again, he may feel he wants to restore his mother and will then phantasy: 'I want to put the bits together again', 'I want to make her better', 'I want to feed her as she has fed me'; and so on and so forth.

Not merely do these phantasies appear and disappear according to changes in the instinctual urges stirred up by outer circumstances, they also exist together, side by side in the mind, even though they be contradictory; just as in a dream, mutually exclusive wishes may exist and be expressed together.

Not only so: these early mental processes have an omnipotent character. Under the pressure of instinct-tension, the child in his earliest days not only feels: 'I want to', but implicitly phantasies: 'I am doing' this and

that to his mother: 'I *have* her inside me', when he wants to. The wish and impulse, whether it be love or hate, libidinal or destructive, tends to be felt as actually fulfilling itself, whether with an external or an internal object. This is partly because of the overwhelmingness of his desires and feelings. In these earliest days, his own wishes and impulses fill the whole world at the time when they are felt. It is only slowly that he learns to distinguish between the wish and the deed, between external facts and his feelings about them. The degree of differentiation partly depends upon the stage of development reached at the time, and partly upon the momentary intensity of the desire or emotion.

This omnipotent character of early wishes and feelings links with Freud's views about hallucinatory satisfaction in the infant.

Hallucination and Primary Introjection

Freud had been led (by his study of unconscious processes in the minds of adults) to assume that, in the beginning of mental life, '… whatever was thought of (desired) was simply imagined in a hallucinatory form, as still happens with our dream-thoughts every night'. This he calls the child's 'attempt at satisfaction by hallucination' (1911).

What, therefore, does the infant hallucinate? We may assume, since it is the oral impulse which is at work, first, the nipple, then the breast, and later, his mother as a whole person; and he hallucinates the nipple or the breast in order to enjoy it. As we can see from his behaviour (sucking movements, sucking his own lip or a little later his fingers, and so on), hallucination does not stop at the mere picture, but carries him on to what he is, in detail, going to do with the desired object which he imagines (phantasies) he has obtained. It seems probable that hallucination works best at times of less intense instinctual tension, perhaps when the infant half-awakes and first begins to be hungry, but still lies quiet. As tension increases, hunger and the wish to suck the breast becoming stronger, hallucination is liable to break down. The pain of frustration then stirs up a still stronger desire, viz. the wish to take the whole breast into himself and keep it there, as a source of satisfaction; and this in its turn will for a time omnipotently fulfil itself in belief, in hallucination. Thus we must assume that the incorporation of the breast is bound up with the earliest forms of the phantasy life. This hallucination of the internal satisfying breast may, however, break down altogether if frustration continues and hunger is not satisfied, instinct-tension proving too strong to be denied. Rage and violently aggressive feelings and phantasies will then dominate the mind, and necessitate some adaptation.

Let us consider further what Freud has to say about this situation.

He goes on: 'In so far as it is auto-erotic, the ego has no need of the outside world, but … it cannot but for a time perceive instinctual stimuli as painful. Under the sway of the pleasure principle, there now takes place a further development. The objects presenting themselves, in so far as they are sources of pleasure, are absorbed by the ego into itself, "introjected" (according to an expression coined by Ferenczi): while, on the other hand, the ego thrusts forth upon the external world whatever within itself gives rise to pain (*v. infra*: the mechanism of projection)' (1915A).

Although in describing primary introjection, Freud does not use the phrase 'unconscious phantasy', it is clear that his concept accords with our assumption of the activity of unconscious phantasy in the earliest phase of life.

Difficulties in Early Development Arising from Phantasy

Many of the familiar difficulties of the young infant (e.g. in feeding and excreting, or his phobias of strangers and anxiety of being left alone, etc.) can best be integrated with well-established analytic views, and their significance more fully understood, if they are seen as manifestations of early phantasy.

Freud commented on some of these difficulties. E.g. he referred to '… the situation of the infant when he is presented with a stranger instead of his mother'; and after speaking of the child's anxiety, added: '… the expression of his face and his reaction of crying indicate that he is feeling pain as well. … As soon as he misses his mother he behaves as if he were never going to see her again.' Freud also referred to 'the infant's misunderstanding of the facts. …'

Now, by 'pain', Freud obviously does not here mean bodily, but *mental* pain; and mental pain has a content, a meaning, and implies phantasy. On the view presented here, 'he behaves as if he were never going to see her again' means his phantasy is that his mother has been destroyed (by his own hate or greed)

and altogether lost. His awareness of her absence is profoundly coloured by his feelings towards her—his longing and intolerance of frustration, his hate and consequent anxieties. His 'misunderstanding of the situation' is that same 'subjective interpretation' of his perception of her absence which, as J. Riviere points out, is a characteristic of phantasy.

On another occasion, when speaking of oral frustrations, Freud says: 'It looks far more as if the desire of the child for its first form of nourishment is altogether insatiable, and as if it never got over the pain of losing the mother's breast. … It is probable, too, that the fears of poisoning are connected with weaning. Poison is the nourishment that makes one ill. Perhaps, moreover, the child traces his early illnesses back to this frustration' (1933).

How would it be possible for the child to 'trace back his early illnesses to this frustration' unless at the time of the frustration he experienced it *in his mind*, retained it and later on remembered it unconsciously? At the time when he experiences the frustration, there is not merely a bodily happening but also a mental process, i.e. a phantasy—the phantasy of having a bad mother who inflicts pain and loss upon him. Freud says 'the fear of poisoning is probably connected with weaning'. He does not discuss this connection further; but it implies the existence of phantasies about a poisoning breast, such as Melanie Klein's work has shown (1932).

Again, when Freud speaks of the feelings the little girl has about her mother, he refers to the child's 'dread of being killed by the mother'.13

Now to speak of a 'dread of being killed by the mother' is obviously a way of describing the child's phantasy of a murderous mother. In our analytic work, we find that the phantasy of the 'murderous' mother supervenes upon that of the mother who is attacked with murderous intent by the child. Sometimes the phantasy of the vengeful mother may come to conscious expression in words later on, as in the small boy reported by Dr. Ernest Jones, who said of his mother's nipple when he saw her feeding a younger child: 'That's what you bit me with.' As we can confirm by analysis of the transference in every patient, what has happened here is that the child has projected his own oral aggressive wishes on to the object of those wishes, his mother's

breast. In his phantasy which accompanies this projection, she (the mother or her breast) is now going to bite him to bits as he wanted to do to her.

Phantasies and Words

We must now consider very briefly the relation between phantasies and words.

The primary phantasies, the representatives of the earliest impulses of desire and aggressiveness, are expressed in and dealt with by mental processes far removed from words and conscious relational thinking, and determined by the logic of emotion. At a later period, they may under certain conditions (sometimes in children's spontaneous play, sometimes only in analysis) become capable of being expressed in words.

There is a wealth of evidence to show that phantasies are active in the mind long before language has developed, and that even in the adult they continue to operate alongside and independently of words. Meanings, like feelings, are far older than speech, alike in racial and in childhood experience.

In childhood and in adult life, we live and feel, we phantasy and act far beyond our verbal meanings. E.g. some of our dreams show us what worlds of drama we can live through in visual terms alone. We know from dancing, acting, drawing, painting and sculpture and the whole world of art, what a wealth of implicit meaning can reside even in a shape, a colour, a line, a movement, a mass, a composition of form or colour, or of melody and harmony in music. In social life, too, we know from our own ready and intuitive response to other people's facial expression, tones of voice, gestures, etc., [14] how much we appreciate directly without words, how much meaning is implicit in what we perceive, sometimes with never a word uttered, or even in spite of words uttered. These things, perceived and imagined and felt about, are the stuff of experience. Words are a means of referring to experience,

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13 These occasional references by Freud to phantasies in young children, quoted above, are examples of the way in which the intuitive insight of his genius, perforce scientifically unsupported and unexplained at the time, is being confirmed and made intelligible both by the work of certain of his followers, notably M. Klein, and by observations of behaviour.

14 'When the lady drank to the gentleman only with her eyes, and he pledged with his, was there no conversation because there was neither noun nor verb?'—Samuel Butler.

actual or phantasied, but are not identical with it, not a substitute for it. Words may evoke feelings and images and actions, and point to situations; they do so by virtue of being signs of experience, not of being themselves the main material of experience.

Freud made quite clear, in more than one passage, his own view that words belong to the conscious mind only and not to the realm of unconscious feelings and phantasies. He spoke, e.g. of the fact that it is real objects and persons which we invest with love and interest, not their names[15] (1915B).

And of visual memory he wrote: '… it approximates more closely to unconscious processes than does thinking in words, and it is unquestionably older than the latter, both ontogenetically and phylogenetically.'

Perhaps the most convincing evidence of the activity of phantasy without words is that of hysterical conversion symptoms.[16] In these familiar neurotic symptoms, ill people revert to a primitive pre-verbal language, and make use of sensations, postures, gestures and visceral processes to express emotions and unconscious wishes or beliefs, i.e. phantasies. The psychogenic character of such bodily symptoms, first discovered by Freud and followed up by

Ferenczi, has been confirmed by every analyst; their elucidation is a commonplace in the work with many types of patient. Each detail of the symptoms turns out to have a specific meaning, i.e. to express a specific phantasy; and the various shifts of form and intensity and bodily part affected reflect changes in phantasy, occurring in response to outer events or to inner pressures.

We are not, however, left to depend upon even such convincing general considerations from adults and older children, but can occasionally gather quite direct evidence from a young child that a particular phantasy may dominate his mind long before its content can be put into words.

As an example: a little girl of one year and eight months, with poor speech development, saw a shoe of her mother's from which the sole had come loose and was flapping about. The child was horrified, and screamed with terror. For about a week she would shrink away and scream if she saw her mother wearing any shoes at all, and for some time could only tolerate her mother's wearing a pair of brightly coloured house shoes. The particular offending pair was not worn for several months. The child gradually forgot about the terror, and let her mother wear any sort of shoes. At two years and eleven months, however (fifteen months later), she suddenly said to her mother in a frightened voice, 'Where are Mummy's broken shoes?' Her mother hastily said, fearing another screaming attack, that she had sent them away, and the child then commented: 'They might have eaten me right up.'

The flapping shoe was thus seen by the child as a threatening mouth, and responded to as such, at one year and eight months, even though the phantasy could not be put into words. Here, then, we have the clearest possible evidence that a phantasy can be felt, and felt as real, long before it can be expressed in words.

Phantasies and Sensory Experience

Words, then, are a late development in our means of expressing the inner world of our phantasy. By the time a child can use words—even primitive words such as 'Baby o-o-oh'—he has already gone through a long and complicated history of psychic experience.

The first phantasied wish-fulfilment, the first 'hallucination', is bound up with sensation. Some pleasurable sensation (organ-pleasure) there must be, very early, if the baby is to survive. E.g. if, for one reason or another, the first sucking impulse does not lead to pleasurable satisfaction, acute anxiety is aroused in the infant. The sucking impulse itself may then tend to be inhibited or to be less well co-ordinated than it should. In extreme cases, there may be complete inhibition of feeding; in less marked instances, 'pining' and poor development. If, on the other hand, through a natural unity of rhythm between mother and child, or the skilful handling of any difficulties that may arise, the infant is soon able to receive pleasurable satisfaction at the breast, good co-ordination of sucking and a positive attitude to the suckling process is set up which goes on

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15 'The system Ucs contains the thing-cathexes of the object, the first and true object-cathexes; the system Pcs originates in a hyper-cathexis of this concrete idea by a linking up of it with the verbal ideas of the words corresponding to it. It is such hyper-cathexes, we may suppose, that bring about higher organization in the mind and make it possible for the primary process to be succeeded by the secondary process which dominates Pcs.' (*'The Unconscious'*, *Collected Papers*, IV, pp. 133–4, 1915 B).
16 Dr. Sylvia Payne pointed out this connection in a discussion on this subject at the B.Ps-An.Soc. January 27, 1943.

automatically thereafter, and fosters life and health (1941). Changes of contact and temperature, the inrush of sound and light stimulation, etc., are manifestly felt as painful. The inner stimuli of hunger and desire for contact with the mother's body are painful, too. But sensations of

warmth, the desired contact, satisfaction in sucking, freedom from outer stimulus, etc., soon bring actual experience of pleasurable sensation. At first, the whole weight of wish and phantasy is borne by sensation and affect. The hungry or longing or distressed infant feels actual sensations in his mouth or his limbs or his viscera, which *mean to him* that certain things are being done to him or that he is doing such and such as he wishes, or fears. He *feels as if* he were doing so and so—e.g. reaching or sucking or biting the breast which is actually out of reach, or as if he were being forcibly and painfully deprived of the breast, or as if *it* were biting *him*. And all this at first, probably without visual or other plastic images.

Interesting material bearing upon this point is offered by Middlemore, from the analysis of a girl of two years nine months, who was treated for severe feeding difficulties. In her play, both at home and during her analysis, she was continually biting. 'Among other things she pretended to be a biting dog, a crocodile, a lion, a pair of scissors that could cut up cups, a mincing machine and a machine for grinding cement.' Her unconscious phantasies and conscious imaginative play were thus of an intensely destructive nature. In actuality, she had from birth refused to suck the breast, and her mother had had to give up the attempt to breast-feed her because of the infant's complete lack of interest and response. When she came to analysis, she was eating very little and never without persuasion. She had thus had no experience of actually 'attacking' the breast, not even in sucking, let alone in biting as the animals did whose fierce attacks she played out. Middlemore suggests that the bodily sensations, i.e. the pangs of hunger, which disturbed the infant were the source of these fierce phantasies of biting and being bitten17 (1941).

The earliest phantasies, then, spring from bodily impulses and are interwoven with bodily sensations and affects. They express primarily an internal and subjective reality, yet from the beginning they are bound up with an actual, however limited and narrow, experience of objective reality.

The first bodily experiences begin to build up the first memories, and external realities are progressively woven into the texture of phantasy. Before long, the child's phantasies are able to draw upon plastic images as well as sensations—visual, auditory, kinæsthetic, touch, taste, smell images, etc. And these plastic images and dramatic representations of phantasy are progressively elaborated along with articulated perceptions of the external world.

Phantasies do not, however, take origin in articulated knowledge of the external world; their source is internal, in the instinctual impulses.

E.g. the inhibitions of feeding sometimes appearing in quite young infants, and very commonly in children after weaning and in the second year, turn out (in later analysis) to arise from the anxieties connected with the primary oral wishes of intense greedy love and hate: the dread of destroying (by tearing to bits and devouring) the very object of love, the breast that is so much valued and desired.

It has sometimes been suggested that unconscious phantasies such as that of 'tearing to bits' would not arise in the child's mind before he had gained the conscious knowledge that tearing a person to bits would mean killing them. Such a view does not meet the case. It overlooks the fact that such knowledge is inherent in bodily impulses as a vehicle of instinct, in the excitation of the organ, i.e. in this case, the mouth.

The phantasy that his passionate impulses

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17 It was said by Dr. Clifford Scott, in a contribution to the discussion on this subject at the B.Ps-An.Soc. on January 27, 1943, that the adult way of regarding the body and the mind as two separate sorts of experience can certainly not hold true of the infant's world. It is easier for adults to observe the actual sucking than to remember or understand what the experience of the sucking is to the infant, for whom

there is no dichotomy of body and mind, but a single, undifferentiated experience of sucking and phantasying. Even those aspects of psychological experience which we later on distinguish as 'sensation', 'feeling', etc. cannot in the early days be distinguished and separated. Sensations, feelings, as such, emerge through development from the primary whole of experience, which is that of sucking—sensing—feeling—phantasying. This total experience becomes gradually differentiated into its various aspects of experience: bodily movements, sensations, imaginings, knowings, and so on and so forth.
We recall that according to Freud, 'The ego is first and foremost a body-ego' (1927). As Dr. Scott said, we need to know more about what 'the body' means in unconscious phantasy, and to consider the various studies made by neurologists and general psychologists of the 'body schema'. On this view, the unconscious body-schema or 'phantasy of the body' plays a great part in many neuroses and in all psychoses, particularly in all forms of hypochondriasis.
18 The aim of oral love is 'incorporating or devouring, a type of love which is compatible with abolition of any separate existence on the part of the object'.

will destroy the breast does not require the infant to have actually seen objects eaten up and destroyed, and then to have come to the conclusion that he could do it too. This aim, this relation to the object, is inherent in the character and direction of the impulse itself, and in its related affects[18] (1915A).

To take another example: the difficulties of children in the control of urination are very familiar. Persistent enuresis is a common symptom even in the middle years of childhood. In the analysis of children and adults it is found that such difficulties arise from particularly powerful phantasies regarding the destructive effect of urine and the dangers connected with the act of urinating. (These phantasies are found in normal people as well, but for particular reasons they have become specially active in incontinent children.) Now in the child's phantasies, urine is very potent for evil. His anxieties thus spring from destructive impulses. It is primarily because he *wants* his urine to be so very harmful that he comes to believe that it is so, not primarily because his mother gets cross when he wets the bed, and certainly not because he has ever observed that his urine is as harmful as in his phantasies he really believes it to be; nor because he has conscious awareness that people may be drowned and burned in external reality.

The situation goes back to early infancy. In the phantasy: 'I want to drown and burn mother with my urine', we have an expression of the infant's fury and aggression, the wish to attack and annihilate mother by means of his urine, partly because of her frustrating him. He wishes to flood her with urine in burning anger. The 'burning' is an expression both of his own bodily sensations and of the intensity of his rage. The 'drowning', too, expresses the *feeling* of his intense hate and of his omnipotence, when he floods his mother's lap. The infant feels: 'I *must* annihilate my bad mother.' He overcomes his feeling of helplessness by the omnipotent phantasy: 'I can and *will* destroy her'—by whatever means he possesses;19 and when urinary sadism is at its height, what he feels he can do is to flood and burn her with his urine. Doubtless the 'flooding' and 'burning' also refer to the way in which he feels *he* is overcome, flooded, by his helpless rage, and burnt up by it. The whole world is full of his anger, and he will himself be destroyed by it if he cannot vent it on his mother, discharging it on her with his urine. The rush of water from the tap, the roaring fire, the flooding river or stormy sea, when these are seen or known as external realities, link up in his mind with his early bodily experiences, instinctual aims and phantasies. And when he is given names for these things, he can *then* sometimes put these phantasies into words.

Similarly with the infant's feelings about his excretions as good things which he wishes to give to his mother. In certain moods and moments he does feel his urine and fæces to be something mother wants and the gift of them is his means of expressing his love and gratitude towards her. Such phantasies of fæces and urine as beneficent are certainly strengthened by the fact that mother is pleased when he gives them at the proper time and place; but his observation of his mother's pleasure is not the primary origin of his feeling of them as good. The source of this

lies in his wish to give them as good—e.g. to feed his mother as she has fed him, to please her and do what she wants; and in his feeling of the goodness of his organs and of his body as a whole, when he is loving her and feeling her good to him. His urine and fæces are then instruments of his potency in love, just as his voice and smile can also be. Since the infant has so few resources at his command for expressing either love or hate, he has to use all his bodily products and activities as means of expressing his profound and overwhelming wishes and emotions. His urine and fæces may be either good or bad in his phantasy, according to his intentions at the moment of voiding and the way (including at a later period the time and place) in which they are produced.

These feelings and fears about his own bodily products link with the so-called 'infantile sexual theories'. Freud first drew attention to the fact, since then very widely observed, that young children, consciously as well as unconsciously, form their own spontaneous theories about the origin of babies and the nature of parental sexual intercourse, based upon their own bodily capacities. E.g. babies are made from food, and parental intercourse consists in mutual feeding or eating. Father puts the good food into mother, he feeds her with his genital

19 Grasping, touching, looking and other activities can be felt to be disastrously harmful, as well.
20 Scupin records an instance (of his own boy of eleven and a half months) which illustrates the interpretation of an observed reality in terms of phantasy arising from the infant's own primary instinctual life. 'When we (his parents) were fighting in fun, he suddenly uttered a wild scream. To try if it was the noise we made that had frightened him, we repeated the scene in silence; the child looked at his father in horror, then stretched his arms out longingly to his mother and snuggled affectionately up against her. It quite gave the impression that the boy believed his mother was being hurt, and his scream was only an expression of sympathetic fear.
An example of a child in the second year being comforted by ocular proof that his parents were not fighting was noted by a colleague. His boy suffered from frequent attacks of anxiety, the cause of which was not understood, and he could take comfort from neither parent. Their caresses and soothing voices did not relieve his anxiety. But they found, at first by accident, that when he was in these moods, if they kissed *each other* (not him) in his presence, his anxiety was immediately relieved. It is thus to be inferred that the anxiety was connected with his fear of his parents quarrelling, and his phantasy of their intercourse being mutually destructive, the anxiety being relieved and the child reassured by the visible demonstration that they could love each other and be gentle together in his presence.

in return for her feeding him with her breast, and then she has the babies inside her. Or they are made from fæces. Father puts fæces into mother and in so far as the child is loving and able to tolerate the parents' love for each other, he may feel this is good and gives mother life inside her. At other times, when he is feeling full of hate and jealousy and completely intolerant of his parents' intercourse, he wishes father to put bad fæces into mother—dangerous, explosive substances which will destroy her inside; or to urinate into her in a way that will harm her. These infantile sexual theories are obviously not drawn from observation of external events. The infant has never observed that babies are made from food and fæces, nor seen father urinate into mother. His notions of parental intercourse are derived from his own bodily impulses under the pressure of intense feeling. His phantasies express his wishes and his passions, using his bodily impulses, sensations and processes as their material of expression.20

These and other specific contents of early phantasies, no less than the ways in which they are experienced by the child and their modes of expression, are in accordance with his bodily development and his capacities for feeling and knowing at any given age. They are a part of his development, and are expanded and elaborated along with his bodily and mental powers, influencing and being influenced by his slowly maturing ego.

The Relation of Early Phantasy to the Primary Process

The earliest and most rudimentary phantasies, bound up with sensory experience, and being affective interpretations of bodily sensations, are naturally characterized by those qualities which Freud described as belonging to the 'primary process': lack of co-ordination of impulse, lack of sense of time, of contradiction, and of negation. Furthermore, at this level, there is no discrimination of external reality. Experience is governed by 'all or none' responses and the absence of satisfaction is felt as a positive evil. Loss, dissatisfaction or deprivation are felt in sensation to be positive, painful experiences.

We are all familiar with the feeling of being 'full of emptiness'. Emptiness is positive, in sensation; just as darkness is felt as an actual thing, not the mere absence of light, whatever we may *know*. Darkness falls, like a curtain or a blanket. When the light comes it drives away the darkness; and so on.

Thus, when we say (justifiably) that the infant feels a mother who does not remove a source of pain to be a 'bad' mother, we do not mean that he has a clear notion of the negative fact of his mother's not removing the source of pain. That is a later realization. The pain itself is positive; the 'bad' mother is a positive experience, undistinguished at first from the pain. When at six months or so, the infant sits up and sees that his mother, as an external object, does not come when he wants her, he may then make the link between what he sees, viz. her not coming, and the pain or dissatisfaction he feels.

When the infant misses his mother and behaves 'as if he were never going to see her again', it does not mean that he then has discriminative notions of time, but that the pain of loss is an absolute experience, with a quality of sheer 'neverness' about it—until mental development and the experience of time as a slowly built up external reality have brought discriminative perceptions and images.

The 'primary process' is, however, not to be regarded as governing the *whole* mental life of the child during any measurable period of development. It might conceivably occupy the main field for the first few days, but we must not overlook the first adaptations of the infant to his external environment, and the fact that both gratification and frustration are experienced

from birth onwards. The progressive alterations in the infant's responses during the first few weeks and onwards show that even by the second month there is a very considerable degree of integration in perception and behaviour, with signs of memory and anticipation.

From this time on, the infant spends an increasing amount of time in experimentative play, which is, at one and the same time, an attempt to adapt to reality and an active means of expressing phantasy (a wish-enactment and a defence against pain and anxiety).

The 'primary process' is in fact a limiting concept only. As Freud said: 'So far as we know, a psychic apparatus possessing only the primary process does not exist, and is to that extent a theoretical fiction.'[21] Later on he speaks of the 'belated arrival' of the secondary processes, which seems at first sight somewhat contradictory. The contradiction is resolved if we take the 'belated arrival' to refer not so much to the *onset* of the secondary processes, their rudimentary beginnings, but rather to their full development. Such a view would best accord with what we can see of the infant's actual development, in adaptation to reality, in control and integration.

Instinct, Phantasy and Mechanism

We must now consider another important aspect of our problem, that of the relation between instincts, phantasies and mechanisms. A good deal of difficulty and certain confusions on this matter have appeared in various discussions; one of the aims of this section is to clarify the relations between these different concepts.

The distinction between, e.g. the phantasy of incorporation and the mechanism of introjection has not always been clearly observed. For example, in discussions about specific oral phantasies of devouring or otherwise *incorporating* a concrete object, we often meet with the expression: 'The *introjected object*'. Or people have sometimes spoken of the 'introjected breast', again mixing up the concrete bodily phantasy with the general mental process. It is especially with regard to the mechanisms of introjection and projection that these difficulties seem to have arisen, although the problem of the relation between instincts, phantasies and mechanisms can be considered in a more general way, with regard to every variety of mental mechanism.

To consider 'introjection' and 'projection', in particular: these are abstract terms, the names of certain fundamental mechanisms or methods of functioning in the mental life. They refer to such facts as that ideas, impressions and influences are often taken into the self and become part of it; or that aspects or elements of the self may be disowned and attributed to some person or group of persons, or some part of the external world. These common mental processes, plainly seen in both children and adults, in ordinary social life as well as in the consulting room, are 'mechanisms', i.e. particular ways in which mental life operates, as a means of dealing with internal tensions and conflicts.

Now these mental mechanisms are intimately related to certain pervasive phantasies. The phantasies of incorporating (devouring, absorbing, etc.) loved and hated objects, persons or parts of persons, into ourselves are amongst the earliest and most deeply unconscious phantasies, fundamentally oral in character since they are the psychic representatives of the oral impulses. Some of these oral phantasies have been described above (p. 82), for example: 'I want to take and I am taking her (mother or breast) into me.' The distinction should be kept clear between a specific phantasy of incorporating an object and the general mental mechanism of introjection. The latter has a far wider reference than the former, although so intimately related to it. To understand the relationship between phantasies and mechanisms, we must look more closely at the relation of both to instinct. On our view, phantasy is the operative link between instinct and ego mechanism.

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21 More fully Freud writes: 'When I termed one of the psychic processes in the psychic apparatus the primary process, I did so not only in consideration of its status and function, but was also able to take account of the temporal relationship actually involved. So far as we know, a psychic apparatus possessing only the primary process does not exist, and is to that extent a theoretical fiction; but this at least is a fact: that the primary processes are present in the apparatus from the beginning, while the secondary processes only take shape gradually during the course of life, inhibiting and overlaying the primary, whilst gaining complete control over them perhaps only in the prime of life. Owing to this belated arrival of the secondary processes, the essence of our being, consisting of unconscious wish-impulses, remains something which cannot be grasped or inhibited by the preconscious; and its part is once and for all restricted to indicating the most appropriate paths for the wish-impulses originating in the unconscious. …'

An instinct is conceived of as a border-line psycho-somatic process. It has a bodily aim, directed to concrete external objects. It has a representative in the mind which we call a 'phantasy'. Every human activity derives from some instinct; it is only through the phantasy of

what would fulfil our instinctual needs that we are enabled to attempt to realize them in external reality.

Although themselves psychic phenomena, phantasies are primarily about bodily aims, pains and pleasures, directed to objects of some kind. When contrasted with external and bodily realities, the phantasy, like other mental activities, is a figment, since it cannot be touched or handled or seen; yet it is real in the experience of the subject. It is a true mental function and it has real effects, not only in the inner world of the mind but also in the external world of the subject's bodily development and behaviour, and hence of other people's minds and bodies.

We have already touched incidentally upon many examples of the outcome of particular phantasies; for example, in young children, such difficulties as feeding and excretory troubles and phobias; to these could be added so-called 'bad habits', tics, tantrums, defiance of authority, lying and thieving, etc., etc. We have spoken also of hysterical conversion symptoms in people of all ages as being the expression of phantasy (1933). Examples are alimentary disturbances, headaches, susceptibility to catarrh, dysmenorrhœa, and many other psycho-somatic changes. But ordinary bodily characteristics, other than illnesses, such as manner and tone of voice in speaking, bodily posture, gait of walking, mode of handshake, facial expression, handwriting and mannerisms generally, also turn out to be determined directly or indirectly by specific phantasies. These are usually highly complex, related both to the internal and the external worlds, and bound up with the psychical history of the individual.

It is noteworthy how often and to what a degree such bodily expressions of individual phantasies may change, whether temporarily or permanently, during the process of analysis. In moments of depression, for instance, the manner of walking and holding the body, the facial expression and voice, the patient's whole bodily response to the physical world as well as to people, will be different from what it is at times of elation, of defiance, of surrender, of determined control of anxiety, etc., etc. These changes during analysis are sometimes quite dramatic.

In outside life, people may have phases of dropping and breaking or losing things, of stumbling and falling, of a tendency to bodily accidents.[22] One has only to look round at people in ordinary life, in the tube train, the bus or restaurant or family life, to see the endless differentiations of bodily characteristics, e.g. mannerisms, individualities and idiosyncrasies in dress and speech, etc., through which dominant phantasies and the emotional states bound up with them are expressed.

Analytic work brings the opportunity to understand what these varied details signify, what particular changing sets of phantasies are at work in the patient's mind—about his own body and its contents, and about other people and his bodily or social relation to them now or in the past. Many such bodily traits become modified and sometimes considerably altered after the analysis of the underlying phantasies.

Similarly, the broader social expressions of character and personality show the potency of phantasies. E.g. people's attitudes to such matters as time and money and possessions, to being late or punctual, to giving or receiving, to leading or following, to being 'in the limelight' or content to work among others, and so on and so forth, are always found in analysis to be related to specific sets of varied phantasies, the development of which can be followed out through their various functions of defence in relation to specific situations, back to their origins in primary instinctual sources.

Freud drew attention to a striking example in his study of 'The "Exceptions"', where he discussed the interesting character trait exhibited by quite a number of people, that of proclaiming themselves as exceptions and behaving as such—exceptions from any demands made by particular persons, such as members of the patient's family or the physician, or by

reality as a whole. Freud refers to Richard III as a supreme example of this, and in his discussion, he penetrated to some of the phantasies lying behind the apparently simple defiance of Richard on account of his deformity. Freud suggests (1915)

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22 'Accident proneness' has long been recognized among industrial psychologists. The well-known superstition that 'if you break one thing you're sure to break three before you've finished', is a strong confirmation of the view that such tendencies spring from phantasies.

23 'But I, that am not shaped for sportive tricks,
Nor made to court an amorous looking-glass;
I, that am rudely stamp'd, and want love's majesty
To strut before a wanton ambling nymph;
I, that am curtail'd of this fair proportion,
Cheated of feature by dissembling Nature,
Deform'd, unfinish'd, sent before my time
Into this breathing world, scarce half made up,
And that so lamely and unfashionable,
That dogs bark at me as I halt by them;
And therefore, since I cannot prove a lover,
To entertain these fair well-spoken days,
I am determined to prove a villain,
And hate the idle pleasure of these days.'

that Richard's soliloquy[23] is by no means mere defiance, but signifies an unconscious argument (which we should call a phantasy) as follows: '"Nature has done me a grievous wrong in denying me that beauty of form which wins human love. Life owes me reparation for this, and I will see that I get it. I have a right to be an exception, to overstep those bounds by which others let themselves be circumscribed. I may do wrong myself, since wrong has been done to me."'

An example which may be quoted from the writer's analytic experience is that of an adolescent boy who came to treatment because of serious difficulties in his home and public school life—e.g. very obvious lying of a sort that was certain to be found out, aggressive behaviour, and a wild untidiness in dress. In general the conduct and attitude of this boy of sixteen years of age were entirely out of keeping with his family traditions; they were those of a social outcast. Even when the analysis had brought sufficient improvement for him to join the Air Force, soon after the outbreak of war, he could not follow the normal course of events for those in his social circumstances. He did brilliant work in the Air Force and built up an excellent reputation, but always refused to accept a commission. At the beginning of the analysis he had been lonely and miserable, and entirely without friends. Later he was able to maintain steady friendships, and was very much liked in the sergeants' mess, but was quite unable to live up to the family social traditions, in which there were distinguished officers.

This boy's illness, as always, was determined by many complex causes of external circumstances and internal response. He had a rich phantasy life, but dominant amongst all other of his phantasies was that the only way of overcoming his aggressiveness towards his younger brother (ultimately, his father) was to renounce all ambition in their favour. He felt it impossible for both himself and his younger brother (a normal, gifted and happy person) to be loved and admired by his mother and father. In bodily terms, it was impossible for them both, himself and his younger brother (ultimately himself and his father), to be potent; this notion arose in the depths of his mind from the early phantasies of incorporating his father's genital; he felt that if he himself sucked out father's genital from his mother, swallowed it up and possessed it, then the good genital would be destroyed, his younger brother could not have it, would never grow up, never become potent or loving or wise—indeed, never exist! By electing to renounce everything in favour of his younger brother (ultimately, of his father) the boy modified and controlled his aggressive impulses towards both his parents, and his fears of them.

In this boy, many subsidiary internal processes and external circumstances had served to make this particular phantasy dominate his life—the notion that there is only one good thing of a kind— *the* good breast, *the* good mother, *the* good father's penis; and if one person has this ideal object, another must suffer its loss, and thus become dangerous to the possessor. This phantasy is widely found, although in most people it becomes modified and counterbalanced during development, so that it plays a far less dominant part in life.

Similarly, Freud brings out that Richard's claim to be an exception is one which we all of us feel, although in most people it becomes corrected and modified or covered up. Freud remarks: 'Richard is an enormously magnified representation of something we may all discover in ourselves'24 (1915C). Our view that phantasy plays a fundamental and continuous part, not only in neurotic symptoms but also in normal character and personality, is thus in agreement with Freud's comments.

To return to the particular problem of the

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24 Freud writes: '… now we feel that we ourselves could be like Richard, nay, that we are already a little like him. Richard is an enormously magnified representation of something we can all discover in ourselves. We all think we have reason to reproach nature and our destiny for congenital and infantile disadvantages; we all demand reparation for early wounds in our narcissism, our self-love. Why did not nature give us the golden curls of Balder or the strength of Siegfried or the lofty brow of genius or the noble profile of aristocracy? Why were we born in a middleclass dwelling instead of in a royal palace? We could as well carry off beauty and distinction as any of those whom now we cannot but envy'.

phantasy of incorporation; the mental process or unconscious phantasy of incorporating is described in abstract terms as the process of introjection. As we have seen, whichever it be called, its real psychic effects follow. It is not an actual bodily eating up and swallowing, yet it leads to actual alterations in the ego. These 'mere' beliefs about internal objects, such as, e.g. 'I have got a good breast inside me', or, it may be: 'I have got a bitten-up, torturing bad breast inside me—I must kill it and get rid of it', and the like, lead to real effects: deep emotions, actual behaviour towards external people, profound changes in the ego, character and personality, symptoms, inhibitions and capacities.

Now the relation between such oral phantasies of incorporation and the earliest processes of introjection has been discussed by Freud in his essay on 'Negation'. Here he not only states that even the intellectual functions of judgment and reality-testing 'are derived from the interplay of the *primary instinctual impulses'* (my italics), and rest upon the *mechanism* of introjection (a point to which we shall return shortly): he also shows us the part played in this derivation by *phantasy*. Referring to that aspect of judgment which asserts or denies that a thing has a particular property, Freud says: 'Expressed in the language of the oldest, that is, of the oral instinctual impulses, the alternative runs thus: "I should like to take this into me and keep that out of me." That is to say, it is to be either *inside me* or outside me' (1925). The wish thus formulated is the same thing as a phantasy.

What Freud picturesquely calls here 'the language of the oral impulse', he elsewhere calls the 'mental expression' of an instinct, i.e. the phantasies which are the psychic representatives of a bodily aim. In this actual example, Freud is showing us the phantasy that is the mental equivalent of an *instinct*. But he is at one and the same time formulating the subjective aspect of the mechanism of introjection (or projection). Thus *phantasy is the link between the id impulse and the ego mechanism*, the means by which the one is transmuted into the other. 'I want to eat that and therefore I have eaten it' is a phantasy which represents the *id* impulse in the psychic life; it is at the same time the subjective experiencing of the mechanism or function of introjection.

The problem of how best to describe the process of introjection related to the phantasy of incorporation is often dealt with by saying that what is introjected is an image or 'imago'. This is surely quite correct; but it is too formal and meagre a statement of a complex phenomenon to do justice to the facts. For one thing, this describes only the preconscious processes, not the unconscious.

How does anyone—whether psychologist or other person—come to know this distinction, to realize that what he has actually 'taken inside', his internal object, is an image and not a bodily concrete object? By a long and complex process of development. This, in broad outline, must include the following steps, among others:

a. The earliest phantasies are built mainly upon oral impulses, bound up with taste, smell, touch (of the lips and mouth), kinæsthetic, visceral, and other somatic sensations; these are at first more closely linked with the experience of 'taking things in' (sucking and swallowing) than with anything else. The visual elements are relatively small.

b. These sensations (and images) are a bodily experience, at first scarcely capable of being related to an external, spatial object. (The kinæsthetic, genital and visceral elements are not usually so referred.) They give the phantasy a concrete bodily quality, a 'meness', experienced in the body. On this level, images are scarcely if at all distinguishable from actual sensations and external perceptions. The skin is not yet felt to be a boundary between inner and outer reality.

c. The visual element in perception slowly increases, becoming suffused with tactile experience and spatially differentiated. The early visual images remain largely 'eidetic' in quality—probably up to three or four years of age. They are intensely vivid, concrete and often confused with perceptions. Moreover, they remain for long intimately associated with somatic responses: they are very closely linked with emotions and tend to immediate action. (Many of the details referred to here so summarily have been well worked out by psychologists.)

d. During the period of development when the visual elements in perception (and in corresponding images) begin to predominate over the somatic, becoming differentiated and spatially integrated, and thus making clearer the distinction between the inner and the outer worlds, the concrete bodily elements in the total

experience of perceiving (and phantasying) largely undergo *repression*. The visual, externally referred elements in phantasy become relatively de-emotionalized, de-sexualized, independent, in consciousness, of bodily ties. They become 'images' in the narrower sense, representations 'in the mind' (but not, consciously, incorporations in the body) of external objects recognized to be such. It is 'realized' that the objects are outside the mind, but their images are 'in the mind'.

e. Such images, however, draw their power to affect the mind by being 'in it', i.e. their influence upon feelings, behaviour, character and personality, upon the mind as a whole, is founded upon *their repressed unconscious somatic associates* in the unconscious whole of wish and phantasy, which *form the link with the id* ; and which do mean, in unconscious phantasy, that the objects to which they refer are believed to be inside the body, to be incorporated.

In psycho-analytic thought, we have heard more of *'imago'* than of *image*. The distinctions between an *'imago'* and 'image' might be summarized as: (a) *'imago'* refers to an unconscious image; (b) *'imago'* usually refers to a person or part of a person, the earliest objects, whilst *'image'* may be of any object or situation, human or otherwise; and (c) 'imago' includes all the somatic and emotional elements in the subject's relation to the imaged person, the bodily links in unconscious phantasy with the *id*, the phantasy of incorporation which underlies the process

of introjection; whereas in the 'image' the somatic and much of the emotional elements are largely repressed.

If we pay enough attention to the details of the way in which other mental mechanisms operate in the minds of the patients, every variety of mechanism can be seen to be related to specific phantasies or sorts of phantasy. They are always experienced as phantasy. For example, the mechanism of *denial* is expressed in the mind of the subject in some such way as: 'If I don't admit it (i.e. a painful fact) it isn't true.' Or: 'If I don't admit it, no one else will know that it is true.' And in the last resort this argument can be traced to bodily impulses and phantasies, such as: 'If it doesn't come out of my mouth, that shows it isn't inside me'; or 'I can prevent anyone else knowing it is inside me.' Or: 'It is all right if it comes out of my anus as flatus or fæces, but it mustn't come out of my mouth as words.' The mechanism of *scotomization* is experienced in such terms as: 'What I don't see I need not believe'; or 'What I don't see, other people don't, and indeed it doesn't exist.'

Again, the mechanism of compulsive confession (which many patients indulge in) also implies such unconscious argument as the following: 'If I say it, no one else will', or 'I can triumph over them by saying it first, or win their love by at least appearing to be a good boy.'[25]

In general it can be said that ego mechanisms are all derived ultimately from instincts and innate bodily reactions. 'The ego is a differentiated part of the *id*' (1926).

Phantasy, Memory-Images and Reality

In quoting just now from Freud's essay on 'Negation', we noted his view that the intellectual functions of judgment and reality testing 'are derived from the interplay of the primary instinctual impulses'. If, then, phantasy be the 'language' of these primary instinctual impulses, it can be assumed that phantasy enters into the earliest development of the ego in its relation to reality, and supports the testing of reality and the development of knowledge of the external world.[26]

We have already seen that the earliest phantasies are bound up with sensations and affects. These sensations, no matter how selectively over-emphasized they may be under the pressure of affect, bring the experiencing mind into contact with external reality, as well as expressing impulses and wishes.

The external world forces itself upon the attention of the child, in one way or another, early and continuously. The first psychical experiences result from the massive and varied stimuli of birth and the first intake and expulsion of breath—followed presently by the first feed. These considerable experiences during the first

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25 In the analysis, a great deal of mocking and triumph and intention to defeat the analyst can often be discerned behind the 'goodness' of such compulsive confessions.
'He put in his thumb
And pulled out a plum,
And said, "What a good boy am I."

26 '… one must not take the difference between ego and *id* in too hard-and-fast a sense, nor forget that the ego is a part of the *id* which has been specially modified.' (*The Ego and the Id*, pp. 51–2) (1927). Again, '… originally, of course, everything was *id*; the ego was developed out of the *id* by the continual influence of the external world. In the course of this slow development certain material in the *id* was transformed into the preconscious state and was thus taken into the ego.' ('Outline of Psycho-Analysis'*, Int. J. Psycho-Anal*. (1940) 21, p. 43.)

27 An appreciation of what external facts, e.g. the way he is fed and handled in the very beginning, and later the emotional attitudes and conduct of both his parents, or his actual experience of loss or change, mean to the child in terms of his phantasy life gives a greater weight to real experiences than would usually be accorded by those who have no understanding of their phantasy value to the child. Such actual

experiences in early life have a profound effect upon the character of his phantasies as they develop, and therefore upon their ultimate outcome in his personality, social relationships, intellectual gifts or inhibitions, neurotic symptoms, etc.

twenty-four hours must already evoke the first mental activity, and provide material for both phantasy and memory. Phantasy and reality-testing are both in fact present from the earliest days.[27]

External perceptions begin to influence mental processes at a certain point (actually from birth on, though at first they are not appreciated as external). At first the psyche deals with most external stimuli, as with the instinctual ones, by means of the primitive mechanisms of introjection and projection. Observation of the infant during the first few weeks shows that in so far as the external world does not satisfy our wishes, or frustrates or interferes with us, it is at once hated and rejected. We may then fear it and watch it and attend to it, in order to defend ourselves against it; but not until it is in some degree libidinized through its connections with oral satisfactions and thus receives some measure of love, can it be played with and learnt about and understood.

We conclude with Freud that the disappointingness of hallucinatory satisfaction is the first spur to some degree of adaptation to reality. Hunger is not satisfied by hallucinating the breast, whether as an external or an internal object, although waiting for satisfaction may be made more tolerable by the phantasy. Sooner or later, hallucination breaks down, and a measure of adaptation to real external conditions (e.g. making demands on the external world by crying, seeking movements, restlessness, etc., and by adopting the appropriate posture and movements when the nipple arrives) is turned to instead. Here is the beginning of adjustment to reality and of the development of appropriate skills and of perception of the external world. Disappointment may be the first stimulus to adaptative acceptance of reality, but the postponement of satisfaction and the suspense involved in the complicated learning and thinking about external reality which the child presently accomplishes—and for increasingly remote ends—can only be endured and sustained when it itself satisfies instinctual urges, represented in phantasies, as well. Learning depends upon interest, and interest is derived from desire, curiosity and fear—especially desire and curiosity.

In their developed forms, phantasy thinking and reality thinking are distinct mental processes, different modes of obtaining satisfaction. The fact that they have a distinct character when fully developed, however, does not necessarily imply that reality thinking operates quite independently of unconscious phantasy. It is not merely that they 'blend and interweave';28 their relationship is something less adventitious than this. On our view, *reality-thinking cannot operate without concurrent and supporting unconscious phantasies*. E.g. we continue to 'take things in' with our ears, to 'devour' with our eyes, to 'read, mark, learn and inwardly digest', throughout life.

These conscious metaphors represent unconscious psychic reality. It is a familiar fact that all early learning is based upon the oral impulses. The first seeking and mouthing and grasping of the breast is gradually shifted on to other objects, the hand and eye only slowly attaining independence of the mouth, as instruments of exploration and of knowing the outer world.

All through the middle part of his first year, the infant's hand reaches out to everything he sees in order to put it into his mouth, first, to try and eat it, then at least to suck and chew it, and later to feel and explore it. (Only later do his hand and eye become independent of his mouth.) This means that the objects which the infant touches and manipulates and looks at and explores are invested with oral libido. He could not be interested in them if this were not so. If at any stage he were entirely auto-erotic, he could never learn. The instinctual drive towards taking things into his mind through eyes and fingers (and ears, too), towards looking and touching and

exploring, satisfies some of the oral wishes frustrated by his original object. Perception and intelligence draw upon this source of libido, for their life and growth. Hand and eye retain an oral significance

28 As Dr. Brierley once put it: 'phantasy thinking … and reality thinking constantly blend and interweave in the patterns of current mental activity'—in adults as well as children.
W. Stern too has written at length (although in reference to the child's conscious fantasies) of 'this mutual, intimate intermingling of reality and imagination', which he says is 'a fundamental fact', *Psychology of Early Childhood*, p. 277 (London: 1930, George Allen and Unwin).

throughout life, in unconscious phantasy and often, as we have seen, in conscious metaphor.

In her papers 'Infant Analysis' and 'The Importance of Symbol Formation in the Development of the Ego' (1926), Mrs. Klein took up Ferenczi's view that (primary) identification, which is the forerunner of symbolism, 'arises out of the baby's endeavour to rediscover in every object his own organs and their functioning', and also Ernest Jones's view that the pleasure-principle makes it possible for two separate objects to be equated because of an affective bond of interest. She showed, by means of illuminating clinical material, how the primary symbolic function of external objects enables phantasy to be elaborated by the ego, allows sublimations to develop in play and manipulation, and builds a bridge from the inner world to interest in the outer world and knowledge of physical objects and events. His pleasurable interest in his body, his discoveries and experiments in this direction, are clearly shown in the play of an infant of three or four months. In this play he manifests (among other mechanisms) this process of symbol-formation, bound up with those phantasies which we later discover in analysis to have been operating at the time. *The external physical world is in fact libidinized largely through the process of symbol-formation*.

Almost every hour of free association in analytic work reveals to us something of the phantasies which have promoted (mainly through symbol-formation) and sustained the development of interest in the external world and the process of learning about it, and from which the power to seek out and organize knowledge about it is drawn. It is a familiar fact that, from one point of view, every instance of concern with reality, whether practical or theoretical, is also a sublimation[29] (1935).

This, in its turn, means that *pari passu* some measure of 'synthetic function' is exercised upon instinctual urges, from the beginning. The child could not learn, could not adapt to the external world (physical or human) without some sort and degree of control and inhibition, as well as satisfaction, of instinctual urges, progressively developed from birth onwards.

If, then, the intellectual functions are derived from the interplay of the primary instinctual impulses, we need, in order to understand either phantasy or reality-testing and 'intelligence', to look at mental life as a whole and to see the relation between these various functions during the whole process of development. To set them apart and say 'this is perception and knowledge, but that is something quite different and unrelated, that is mere phantasy', would be to miss the *developmental* significance of both functions.[30]

Certain aspects of the nexus between thought and phantasy were discussed *in Intellectual Growth in Young Children*[30] (1944). From direct records of spontaneous make-believe play among a group of children between two and seven years of age, it was possible to show the various ways in which such imaginative play, arising ultimately from unconscious phantasies, wishes and anxieties, creates practical situations which call for knowledge of the external world. These situations may then often be pursued for their own sake, as problems of learning and understanding, and thus lead on to actual discoveries of external fact or to verbal judgment and

reasoning. This does not always happen—the play may for periods be purely repetitive; but at any moment a new line of inquiry or argument may flash out, and a new step in understanding be taken by any or all of the children taking part in the play.

In particular, observation made it clear that spontaneous make-believe play creates and fosters the first forms of 'as if' thinking. In such play, the child re-creates selectively those elements in past situations which can embody his emotional or intellectual need of the present, and adapts the details moment-by-moment to the present play situation. This ability to evoke the past in imaginative play seems to be closely connected with the growth of the power to evoke *the future* in constructive

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29 See e.g. E. F. Sharpe's paper on 'Similar and Divergent Unconscious Determinants Underlying the Sublimations of Pure Art and Pure Science' (*Int J. Psycho-Anal.*, (1935) 16, Part 2).
30 Dr. Brierley has written: '… the existence of "internalized object" phantasies would not contravene the memory-trace hypothesis since memories and phantasies have a common trace origin. All images are memory-images, re-activations of past experience. It was suggested that, artificially simplified, the concept of an "internalized good object" is the concept of an unconscious phantasy gratifying the wish for the constant presence of the mother in the form of a belief that she is literally inside the child. Such an unconscious phantasy would help the child to retain conscious memory of its mother during temporary absences though it might fail to bridge a prolonged absence. A two-year-old child's memory of its mother will not be a simple system but the resultant of two years of life with her. The conscious memory will be the accessible part of a far more extensive unconscious mother-system having its roots in earliest infancy'.

hypothesis, and to develop the consequences of 'ifs'. The child's make-believe play is thus significant not only for the adaptive and creative intentions which when fully developed mark out the artist, the novelist and the poet, but also for the sense of reality, the scientific attitude, and the growth of hypothetical reasoning.

The argument of this paper may now be summarized:

1. *The concept of phantasy* has gradually widened in psycho-analytic thought. It now requires clarification and explicit expansion in order to integrate all the relevant facts.

2. On the views here developed:

a. Phantasies are the primary content of unconscious mental processes.

b. Unconscious phantasies are primarily about bodies, and represent instinctual aims towards objects.

c. These phantasies are, in the first instance, the psychic representatives of libidinal and destructive instincts; early in development they also become elaborated into defences, as well as wish-fulfilments and anxiety-contents.

d. Freud's postulated 'hallucinatory wishfulfilment' and his 'primary introjection' and 'projection' are the basis of the phantasy life.

e. Through external experience, phantasies become elaborated and capable of expression, but they do not depend solely upon external experience for their existence.

f. Phantasies are not dependent upon words, although they may under certain conditions be capable of expression in words.

g. The earliest phantasies are experienced in sensations; later, they take the form of plastic images and dramatic representations.

h. Phantasies have both psychic and bodily effects, e.g. in conversion symptoms, bodily qualities, character and personality, neurotic symptoms, inhibitions and sublimations.

i. Unconscious phantasies form the operative link between *instincts* and *mechanisms*. When studied in detail, every variety of ego-mechanism can be seen to arise from specific sorts of phantasy, which in the last resort have their origin in instinctual impulses. 'The ego is a differentiated part of the *id*.' A mechanism is an abstract general term describing certain mental processes which are experienced by the subject as unconscious phantasies.

j. Adaptation to reality and reality-thinking require the support of concurrent unconscious phantasies. Observation of the ways in which knowledge of the external world develops shows how the child's phantasy contributes to his learning.

k. Unconscious phantasies exert a continuous influence throughout life, both in normal and neurotic people, the differences lying in the specific character of the dominant phantasies, the desire or anxiety associated with them and their interplay with each other and with external reality.

REFERENCES

BALDWIN, J. M. 1911 Genetic Logic (George Allen).

BAYLEY, N. 1936 The California Infant Scale of Motor Development (University of California Press).

BRIERLEY, M. 1944 'Notes on Metapsychology as Process Theory' Int. J. Psycho-Anal. 25

FREUD, S. 1911 'Formulations Regarding the Two Principles in Mental Functioning' Collected Papers (Hogarth Press)4 14

FREUD, S. 1915A 'Instincts and Their Vicissitudes' Collected Papers 4 78

FREUD, S. 1915B 'The Unconscious' Collected Papers 4 133–134

FREUD, S. 1915C 'Some Character Types Met with in Psycho-Analytic Work' Collected Papers 4 318–344

FREUD, S. 1922 Beyond the Pleasure Principle (The International Psycho-Analytical Press), 11–13

FREUD, S. 1925 'Negation' Int. J. Psycho-Anal. 6 369

FREUD, S. 1927 The Ego and the Id (Hogarth Press).

FREUD, S. 1932 The Interpretation of Dreams Revised English Translation (George Allen and Unwin).

FREUD, S. 1933 New Introductory Lectures on Psycho-Analysis (Hogarth Press).

FREUD, S. 1940 'Outline of Psycho-Analysis' Int. J. Psycho-Anal. 21 43

GESELL, A. 1928 Infancy and Human Growth (MacMillan).

GESELL, A. 1939 Biographies of Child Development (Hamish Hamilton).

GESELL, A. 1940 The First Five Years of Life (Methuen).

GOODENOUGH, FLORENCE 1931 Anger in Young Children (University of Minnesota Press).

HAZLITT, V. 1933 The Psychology of Infancy (Methuen), 78

HAZLITT, V. 1930 'Children's Thinking' Brit. J. Psychol. 20

ISAACS, S. 1930 Intellectual Growth in Young Children (Routledge and Kegan Paul), 99–106

KLEIN, M. 1926 'Infant Analysis' Int. J. Psycho-Anal. 7

KLEIN, M. 1930 'The Importance of Symbol Formation in the Development of the Ego' Int. J. Psycho-Anal. 11

KLEIN, M. 1932 The Psycho-Analysis of Children (Hogarth Press).

KLEIN, M. 1948 Contributions to Psycho-Analysis 1921–1945 (Hogarth Press).

LEWIS, M. M. 1936 Infant Speech (Kegan Paul).

LEWIS, M. M. 1937 'The Beginning of Reference to Past and Future in a Child's Speech' Brit. J. Educ. Psychol. 7

LEWIS, M. M. 1938 'The Beginning and Early Functions of Questions in a Child's Speech' Brit. J. Educ. Psychol. 8

MIDDLEMORE, MERELL P. 1941 The Nursing Couple (Hamish Hamilton).

MURPHY, L. B. 1937 Social Behaviour and Child Personality (Columbia University Press), 191

RIVIERE, JOAN 1936 'On the Genesis of Psychical Conflict in Earliest Infancy' Int. J. Psycho-Anal. 17

SHARPE, E. F. 1935 'Similar and Divergent Unconscious Determinants Underlying the Sublimations of Pure Art and Pure Science' Int. J. Psycho-Anal. 16 Part 2

SHIRLEY, M. 1933 The First Two Years 1, 2, 3 (University of Minnesota Press). (A study of the development of twenty-five normal children.)

VALENTINE, C. W. 1930 'The Innate Bases of Fear' J. Genetic Psychol. 37

WINNICOTT, D. W. 1941 'The Observation of Infants in a Set Situation' Int. J. Psycho-Anal. 22 229–49

1950) ON THE TERMINATION OF ANALYSIS. INT. J. PSYCHO-ANAL., 31:196 (IJP)

ON THE TERMINATION OF ANALYSIS[1]

MICHAEL BÁLINT

I

The criteria for termination can be classified under many possible headings. From among these I have chosen three, not only because they appear to me important, but mainly because I have studied them more closely than the others. The first heading is that of *instinctual aims*. That means a firmly established genital primacy, the capacity to enjoy full genital satisfaction, i.e. mature genitality. I wish to point out that I mean more than a simple sum-total of all the component sexual instincts; mature genitality is in my opinion a new function emerging about puberty, possibly as the result of a 'natural process' such as I tried to describe in 'Eros and Aphrodite'.[2]

The second group of criteria can be summed up under the heading*: relation to instinctual objects*. I dealt with this topic in a recent paper: 'On Genital Love'.[3] The gist of my thesis is that genital love is definitely *not* a natural, spontaneous process but an artefact—the result of civilization (or of education)—a complex fusion of genital satisfaction and pre-genital tenderness; its psychological expression is genital identification with the object based on an exacting reality testing, and its aim the changing of an indifferent or even reluctant object into a loving and co-operating genital partner.

The third group of criteria can be summed up under the heading: *structure of the ego*. The ego must be strong enough to cope with tensions caused— *inter alia* —by: (a) the use of alloplastic instead of autoplastic methods for dealing with reality; (b) the acceptance of unpleasant ideas; (c) the sudden increase of excitement before and during an orgasm; (d) maintaining the genital identification with the partner even in phases of temporary dissatisfaction; etc. Obviously the common basis of all these functions is reliable reality testing which enables the individual to maintain an uninterrupted contact with reality even under strain.

I am aware that all this is well known. In the same way we know that these are rather perfectionist standards, which nobody can fulfil completely. A sceptical critic would be more than justified in asking at this point: Granted all these criteria, how much deviation from these high standards should be allowed before finishing a cure? As this question cannot easily be answered, I propose to try another approach.

II

As the attempt to establish theoretical standards did not prove promising, we shall drop the search for external criteria and try to describe clinically what actually happens when an analysis terminates. In two of my papers[4] I have tried to describe this process which I *called new beginning*. Briefly what happens is: the patient gradually gives up his suspicious attitude towards the world of objects, especially his analyst; parallel with this a particular kind of object relation emerges which could be called archaic, primitive, or passive, object love; its main features are the unconditional expectation of being loved without being under the obligation to give anything in return, and of obtaining safely and without fail the desired gratification, irrespective of the interests of the object; an important point is that these gratifications demanded with vehemence never go beyond the level of forepleasure. Naturally these wishes can never be fully met in the framework of the analytical situation, but—according to my experience—they must be fully understood and also met to a considerable degree. For only if

1 Contribution to a symposium on the Termination of Psycho-Analytical Treatment at the meeting of British Psycho-Analytical Society, on March 2, 1949.
2 *Int. J. Psycho-Anal*., 19, 199–213, 1938.
3 *Int. J. Psycho-Anal*., 29, 34–40, 1948.
4 Charakteranalyse und Neubeginn', *Intern. Zeitschrift für Ps.A*., 20, 54, 65, 1934. 'The Final Goal of Psycho-Analytical Treatment', *Int. J. Psycho-Anal*., 17, 206–216, 1936.

the analyst has succeeded in leading his patient through all these Scyllas and Charybdises can the patient develop from this newly begun primitive passive object love to mature genital love. This development goes parallel to, and depends largely on, the patient's gradual allowing of more and more rights to his objects, i.e. by developing his capacity for testing the reality with regard to his objects and in this way endeavouring to arrive at an acceptable compromise between his and his objects' demands.

If this process can develop in an undisturbed way a surprisingly uniform experience dominates the very last period of the treatment. The patient feels that he is going through a kind of re-birth into a new life, that he has arrived at the end of a dark tunnel, that he sees light again after a long journey, that he has been given a new life, he experiences a sense of great freedom as if a heavy burden had dropped from him, etc. It is a deeply moving experience; the general atmosphere is of taking leave for ever of something very dear, very precious—with all the corresponding grief and mourning—but this sincere and deeply felt grief is mitigated by the feeling of security, originating from the newly-won possibilities for real happiness. Usually the patient leaves after the last session happy but with tears in his eyes and, —I think I may admit— the analyst is in a very similar mood.

It is very important that we should not be led astray by the obvious symbolism of this description, although naturally we must remain fully aware of all the implications. But I think the real problem is much deeper than the symbolic expression, and the symbolism is only a clumsy language in which this deeper problem is expressed haltingly and rather incompletely.

This deeper problem, which I regard as the crux of our discussion, can be formulated in several ways, all of which try to convey the same content. I shall discuss only two such formulations.

The first asks the question: Is the analytical cure a 'natural' or an 'artificial' process? i.e. does the analyst's task consist only of removing the obstacles created by the individual and social traumata—after which the 'natural' processes will take charge of the cure?

(a) If the answer is Yes, we may expect rather uniform happenings in the end phase; moreover these events will probably be expressed in some general symbolic form, such as that of giving up an intra-uterine existence which retrospectively will be described as both good and bad; or (b) If the answer is No, we must expect widely varying experiences in the end phase, dependent on—among other factors—the degree of the overall maturity reached, on the problems that happen to be the last ones to be dealt with, on the personality of the analyst, etc.

Another formulation—using more general concepts—may ask: (1) Is *health* a natural state of equilibrium? i.e. do processes exist in the mind which—if unhampered and undisturbed—would lead the development towards that equilibrium? or (2) Is *health* the result of a lucky chance, a rare or even an improbable event, the reason being that its conditions are so stringent and so numerous that the chances are very heavily weighted against it?

The two dilemmas are essentially identical. There are a few other possible formulations, but we need not trouble ourselves about them on this occasion. Analysts have not as yet been able to give a satisfactory answer to these questions. Roughly there are two camps. It is interesting to

note that those who think that mature genitality is not simply a chance sumtotal of a motley mixture of component sexual instincts but a function per se, also think that health is a 'natural' equilibrium and the termination of a psycho-analytic cure is a 'natural' process. And there is the other camp which maintains fairly unanimously that health, the termination of an analysis and mature genitality are similarly the result of the interplay of so many forces, tendencies and influences that one is not justified in assuming governing 'natural' processes.

III

Obviously the answer to this important dilemma lies with the clinical experiences, i.e. with the study of truly terminated analyses. Unfortunately the available material is very meagre and unconvincing. Still, it is worth while to examine it. The first source is my own experience. This cannot be really decisive because (a) it is subjectively coloured and (b) my numbers are too small. Taking all those of my cases which went beyond the trial period, I could observe the end phase as described in this paper roughly in two cases out of ten. A very poor proportion indeed. Still I remain convinced that in the main my description is correct. My principal reason is that in every case in which we failed to achieve a proper

termination, I think I know what went wrong, although I must admit that once the mistake was made and the phase of new beginning was spoilt, it was hardly possible to remedy the situation. In such cases the analysis usually ended in a state of partial success, seldom of dissatisfaction or even of resentment, in spite of sincere goodwill and honest efforts from both sides. The reassuring point is that very often the processes started by the cure developed further after the so-called termination, and in this way the final results have often become quite commendable—still a feeling of having missed something seems to persist for long periods with the patient as well as with his analyst. Obviously this is not very convincing material.

Control analyses should provide a second source of material. Unfortunately control work as a rule finishes before the analyses can be carried out to their termination: a very unsatisfactory state of affairs both for the candidate and the supervisor—and not least for the patient. Apart from the real difficulties, an additional reason for our tolerating this grave fault in our training system is the unconscious and unformulated doubt mentioned above as to the possibility of any 'natural' termination of analysis.

The last source of material should be found in other analysts' cases. Unfortunately, we know so little about our colleagues' techniques and we are so secretive about our own that only a very small fraction of all cases can be used by an outsider. The small fraction about which an outsider may know something is the training analyses.

For several reasons one would expect fewer complications here than with neurotics; unfortunately the very opposite is the case. It is generally known—though not officially recognized—that quite a number of candidates continue their analyses without any break after qualification. This entails not only a short period for some tidying up, but honest all-out treatments. I think this fact, which I believe occurs in every Training Institution, is of crucial importance to our topic.

Our present training system is based on the empirical fundamental rule that no one shall analyse who has not been analysed himself. Obviously this must mean more than just having started analysis or having had say a few dozen sessions. Although the rule does not say it in so many words, one is led to assume that it implies that the candidate should finish his own analysis before being allowed to treat patients without any further compulsory supervision.

Apparently this is not the case, and we are working with two standards instead of one. Standard A, less stringent but publicly controlled and strictly enforced by our Societies and their officers, says that the candidate is healthy (i.e. trained) enough for starting to analyse patients on his own, for being qualified as a fully-fledged analyst, but as yet not necessarily healthy enough to deal with his own neurotic unconscious problems. Standard B, more stringent but uncontrolled by our Societies and their officers, a matter of private agreement between the patient (a fully qualified analyst) and his training analyst, determines the criteria of the real termination. We know a good deal about Standard A, but unfortunately hardly anything about Standard B.

I wish to add that this dual standard system is a comparatively new development away from—what may have been—too perfectionist an idea, a kind of coming-down-to-sober-reality policy. Some of the factors of this development which started, as far as I know, in the thirties, are known; they include, among others, incompletely finished analyses of several of our colleagues, which later necessitated a resumption of their analyses as a private venture, inefficient selection of the candidates at the start, the ever-lengthening duration of the normal training analyses which in turn always leads to heavy external pressure, especially of a financial nature, etc. It would be a very important piece of research to find out more about the conscious and unconscious motives of this latest development in our training system.

As things are at present this source of clinical material does not yield a reliable answer to our problems either. Obviously standard A is useless to us; and of standard B we know as little as of any other terminated analysis.

IV

To sum up: we have excellent theoretical criteria to decide whether an analysis has been properly terminated or not. Unfortunately we must admit that they are rather perfectionist standards, and we are not able to define what would constitute an admissible deviation from our criteria. I am well aware of the fact that other analysts prefer to use criteria partly or wholly different from mine. The above criticism,

however, remains true for any set of criteria.

On the practical side, when examining the end phases of my truly terminated analyses, we landed in the dilemma: is health a 'natural' state or is it only the result of extremely good luck, a very rare event? And we had to admit our inability to solve it.

And lastly, when looking for reliable clinical material the study of which might enable us to formulate an empirical, or at least a statistical, answer to our problem, we found that such material—even if it exists—is inaccessible to any other analyst, i.e. is available only to the analyst who actually conducted the analysis to its end. As, for the time being, there is no possibility of control or verification, all statements about truly terminated analyses are, of necessity, subjectively coloured and therefore not absolutely reliable.

This is, of course, as true of my own statements as it is of those of anyone else taking part in this discussion, until such time as reliable material is made accessible to all of us for proper criticism. As long as things remain as they are now, any contribution to this problem must run the risk of bringing but little to the solution of this problem, and of disclosing a good deal about the personality of the contributor, albeit in a highly sublimated form. I hasten to say that this holds good for this contribution too.

Still, in spite of this uncertainty, every year several analyses are terminated. Even if we take the cautious view that each member of our International Association who is a practising analyst finishes only one or two of his cases per year, the sum-total will be 1, 000–2, 000 per annum. Using my figures quoted in this paper, according to which at least two out of ten finished cases are truly terminated, we arrive at the figure of 200–400 per annum. This is a vast material indeed. I write these notes in the hope that they will stimulate some colleague to collect this material critically and to use it as a means of finding a real answer to our problems.

1948) ON GENITAL LOVE. INT. J. PSYCHO-ANAL., 29:34 (IJP)

ON GENITAL LOVE[1]

MICHAEL BÁLINT

If one reads the psycho-analytical literature for references to genital love to one's surprise two striking facts emerge; (a) much less has been written on genital love than on pregenital love (e.g. 'genital love' is missing from the indices of Fenichel's new text-book[3]); and of Nunberg's *Allgemeine Neurosenlehre* [3]); (b) almost everything that has been written on genital love is negative like Abraham's description of his famous term 'postambivalent phase'. We know fairly well what an ambivalent love relation is—of postambivalent love we know hardly more than that it is, or at least ought to be, no longer ambivalent.

This emphasis on the negative qualities, i.e. on those which have, or ought to have been, superseded in the course of development blurs the whole picture. It is not the presence of certain positive qualities that is accentuated only the absence of certain others.

To avoid this pitfall let us examine an ideal case of such postambivalent genital love that has no traces of ambivalency and in addition no traces of pregenital object relationship:

a. There should be no greediness, no insatiability, no wish to devour the object, to deny it any independent existence, etc., i.e. there should be no *oral* features;

b. There should be no wish to hurt, to humiliate, to boss, to dominate the object, etc., i.e. no *sadistic* features;

c. There should be no wish to defile the partner, to despise him (her) for his (her) sexual desires and pleasures, there should be no danger of being disgusted by the partner or being attracted only by some unpleasant features of him, etc., i.e. there should be no remnants of anal traits;

d. There should be no compulsion to boast about the possession of a penis, no fear of the partner's sexual organs, no fear for one's own sexual organs, no envy of the male or female genitalia, no feeling of being incomplete or of having a faulty sexual organ, or of the partner having a faulty one, etc., i.e. there should be no trace of the phallic phase or of the castration complex.

We know that there is no such ideal case, but we have to get all this negative stuff out of our way before we can start with the proper examination.

What is then 'genital love' apart from the absence of all the enumerated 'pregenital' traits? Well, we love our partner

1. because he or she can satisfy us;

2. because we can satisfy him or her;

3. because we can experience a full orgasm together, nearly or quite simultaneously.

This seems very plain sailing, but unfortunately it is not so. Let us take the first condition, that our partner can satisfy us. This may be, and very likely is, rather egotistical, or even completely narcissistic. It entails hardly any regard for the partner's happiness. Such types are well known, they may be men or women alike. Their only aim is their own satisfaction which is truly genital and which obviously may or may not be coupled with love.

The same is true about the second condition, i.e. that we can satisfy our partner. This is certainly too altruistic, though not necessarily masochistic. Here only the object counts, and for this kind of love more or less complete disregard for one's own needs, interests and happiness is characteristic. Again there are many examples of this type too which may also be found in either men or women. And again, although the satisfaction is truly genital, it may or may not be coupled with love.

One could argue that these two types are not real love relations but this argument is faulty. Relations based on these two types of genital satisfaction may be truly harmonious for very long periods—even for life—especially if the types of love of the two partners are supplementary to each other.

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1 Paper read at the Conference of European Analysts in Amsterdam on May 26, 1947.
3 Nunberg, H.: *Allgemeine Neurosenlehre*., Berne, H. Huber, 1932.

These two types seem to have led us into a blind alley. The investigation of the third type may be more promising. If two partners love each other because they can find happiness together in one mutual experience, this truly must be the real love. But is this really so? There are many examples—in history, in the *chronique scandaleuse*, and in psycho-analytical practice—where the two partners have perfect sexual experience, find real happiness in each others' arms, where they feel an absolute security that whenever they meet they can give this happiness to each other and still—notwithstanding that they are called lovers—they do not love each other. Often quite the contrary is true, as in Shakespeare's famous 129th sonnet:

> *All this the world well knows; yet none knows well To shun this heaven that leads men to this hell*.

This attitude—irresistible desire for the partner before the act, inability to bear him after—is sometimes mutual, more frequently one-sided. Often the partner is not quite unbearable after the orgasm, only indifferent. And there are many intermediate forms too.

We expected that this form of genital relation would give us some idea what true genital love is; instead of it the result was disappointing. Genital satisfaction is apparently only a necessary and not a sufficient condition of genital love. What we have learned is that genital love is much more than gratitude for, or contentment about, the partner being available for genital satisfaction. Further that it does not make any difference whether this gratitude or contentment is onesided or mutual.

What is this more? We find in addition to the genital satisfaction in a true love relation

1. Idealization;

2. Tenderness;

3. A special form of identification.

As Freud[4] dealt with the problem of idealization, both of the object and of the instinct, I need only to repeat his findings. He showed convincingly firstly that idealization is not absolutely necessary, that also without idealization a good love relation is possible, and secondly that in many cases idealization is not a help but a hindrance to the development of a satisfactory form of love. Accordingly we may discard this condition too as not absolutely necessary.

It is different with the second phenomenon: tenderness (*Zärtlichkeit*). Since Freud first mentioned it the whole psycho-analytical literature uses this term in two different senses.

According to the first[5] tenderness is the result of aim-inhibition. In fact tenderness is the most quoted example of aim-inhibition: the original urge was directed towards a certain aim, but—for one reason or another—had to content itself with only partial satisfaction, i.e. with much less than the intended aim. According to this notion tenderness is a secondary phenomenon, a faint representative only of the original aim; and because of this quality of *faute de mieux* it never leads to full satisfaction, i.e. it is always and inherently connected with some frustration.

According to the second notion[6] tenderness is an archaic quality which appears in conjunction with the ancient self-preserving instincts, and has no further aim, only this quiet, not passionate gratification. Consequently passionate love must be a secondary phenomenon, superimposed on the archaic tender love.

This second idea can be supported by some suggestive data from anthropology. In general, different forms of civilization may be grouped in two types. In the first type we find passionate love, idealization of the object or of the instinct, a strict social enforcement of the latency, courting, abundant love-songs and love poetry, sexual hypocrisy, appreciation of tenderness, and usually well-developed complicated *ars amandi*. In the second type the society does not seem to care much about enforcing a latency, in fact there is hardly any social demand for sexual abstention at any age; there is hardly any courting, hardly any love-songs, and very poor love poetry, very little idealization, not much tenderness, but there is straightforward, simple, uncomplicated genital sexuality. Perhaps both passion and excessive tenderness are 'artificial', products of civilization, the result of systematic training by frustration during education. The apparent contradiction in Freud's two uses of the term 'tenderness' could thus be reconciled; tenderness is not a secondary aim-inhibition but an inhibited development.

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4 Freud, S.: 'The Most Prevalent Form of Degradation in Erotic Life.' *Collected Papers*, Vol. IV. London, Hogarth Press, 1925.
5 Freud, S.: *Three Contributions to the Theory of Sexuality*. New York, 1910.
6 Freud, S.: 'The Most Prevalent Form of Degradation in Erotic Life, ' *Collected Papers* Vol. IV. London Hogarth Press, 1925.

Etymology, too, seems to support this idea. The German zart, the root of *Zärtlichkeit*, means not strong, delicate, young. The same is true of the French word tendre. Alix Strachey7 translates *Zärtlichkeit* with 'affection', 'fondness', 'tenderness'. Of these 'affection' has a double meaning; apart from tenderness it means disease or weakness, as when we speak of an affected heart or affections of the kidney. 'Fond' has even a treble meaning. It is the past participle of the Middle English verb 'fonnen' which means to dote, to befool, of which the present-day words 'fun' and 'funny' are derivatives. The three meanings of 'fond' are (1) vain, inept, thus King Lear is described as 'a very foolish fond old man'; (2) credulous, as 'fond hope'; and (3) affectionate. 'Tender' means: soft, not tough, as in 'tender meat'; easily touched, as in 'tender heart'; susceptible to pain, as in 'tender spot'; delicate, fragile, as in 'tender colour'; immature, young, as in 'tender buds', and only lastly kind and loving.

Something is surely wrong here. How has genital love, the mature form of love got mixed up with this doubtful company of disease, weakness, immaturity, etc.? And still more surprising: the pregenital forms of love—according to the psycho-analytical literature—are not necessarily connected with tenderness, whereas genital love is true only if it has undergone a considerable fusion with tenderness.

Undoubtedly one task of all education and certainly of education in our form of civilization is to teach the individual to love, i.e. to compel him to bring about this kind of fusion. What we call genital love has really very little to do with genitality, in fact it uses the genital sexuality only as a stock on which to graft something that is essentially different. In short, we are expected to give and are expecting to receive, kindness, regard, consideration, etc., even at times when there

is no genital wish, no genital satisfaction to be felt. This is contrary to the habit of most animals which show interest for the other sex only during heat. Man, however, is supposed to show unfailing interest in, and regard for, his partner for ever.

A parallel phenomenon to this everlasting demand for regard is man's prolonged childhood. When animals reach sexual maturity they usually show no further filial or emotional ties to their parents only respect for strength and power. We, however, demand eternal gratitude and in fact man remains a child as long as his parents live, if not to the end of his days. He is expected to, and usually does, pay love, regard, respect, fear, gratitude to his parents for ever. Something similar is demanded in love: a prolonged perpetual emotional tie, not only as long as the genital wish for satisfaction lasts but far beyond it, as long as the partner lives, or even after his death.

According to this idea, what we call 'genital love' is an artefact of civilization like art or religion. It is enforced upon us, irrespective of our biological nature and needs, by the condition that mankind must live in socially organized groups. Genital love is even doubly artificial. Firstly, constant interference with the free sexual gratification (both genital and pregenital) builds up external and later internal resistances against pleasure, and thereby causes passions to develop in order that man should be able to break down these resistances in odd moments. Secondly, the demand for prolonged, perpetual, regard and gratitude forces us to regress to, or even never to egress from, the archaic infantile form of tender love. Man can be regarded therefore as an animal which is retarded even in his 'mature' age in an infantile form of love.

It is interesting that anatomists have discovered similar facts long before we did. The discovery was that anatomically man more resembles the ape embryo than the adult ape. The verdict of the anatomists is that man is biologically retarded, structurally a fœtus, is in fact fœtalized, but in spite of that has attained full genital function.[8], [9] There are several more such instances in the animal kingdom, where an embryo acquires truly developed bisexual genital functions; these are called neotenic embryos. Genital love is an exact parallel to these forms. We find full genital function coupled with infantile behaviour, i.e. man is not only anatomically but also mentally a neotenic embryo.

> *This train of thought can explain a few of the peculiarities of genitality in man. It is well known how unstable genital love is especially as compared with the eternal 'pregenital' forms. Being a phylogenetically*

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7 Strachey, A.: *A New German-English Psycho-Analytical Vocabulary*. London, Baillière, Tindall and Cox, 1943.
8 Bolk, L.: *Das Problem der Menschwerdung*, 1926.
9 Keith, Sir A.: 'The Evolution of the Human Races', *J. Roy. Anthr. Soc*. (1928), 58, 312.

> *'new' function it is not yet firmly established; man has not yet had enough time so to speak to adapt himself to this form of love, in fact he has to be trained in every generation anew. Obviously no such training is needed, e.g. for the oral love. Conversely, there is no danger of a breakdown of oral love, whereas genital love is much more delicate.*
>
> *Another peculiarity is the contradictory attitude of society to genital love. On the one hand society admires and worships the unscrupulous he-man or the glamour girl, though with suspicious awe; on the other hand it pays due respect to a lasting genital love, notices and celebrates golden and diamond weddings, but often derides such faithful relations and calls them cautious and sloppy.*

The third phenomenon connected with genital love is a special form of identification which is totally different, from the better studied oral identification and should perhaps be *called genital*

identification. The oral identification is based mainly on introjection: the ego assumes certain qualities of the object but without showing any consideration for it. A good example for this kind of identification is the rite of the holy communion which the believer performs (with the help of a priest) for his own benefit. He wants to be similar to his God and it is no problem for him if God wishes to be incorporated, to be assimilated; all this is taken for granted. The whole situation is different in genital identification, i.e. in a relation based not only on genital satisfaction but also on 'genital love'. Here interests, wishes, feelings, sensitivity, shortcomings of the partner attain—or are supposed to attain—about the same importance, as our own. In a harmonious relation all these conflicting tendencies have to be balanced up very carefully which is anything but an easy task. In order to win a loving and lovable genital object and to keep it for good, nothing can be taken for granted as happens in oral love; one must keep up a permanent, never relaxing, exacting reality testing. This might be called *the work of conquest* (conversely for the subject this means an exacting piece of *adaptation to his object*). It is most exacting in the initial stages of a relation but in a milder form must be maintained unwaveringly throughout the whole duration. In other words, the two partners must always be in harmony.

Again animals are entirely different. If they are on heat both desire the sexual act and hardly any work of conquest is necessary; compared with man there is hardly any preliminary lovemaking. If they are not on heat, the most expert lovemaking is of no avail. Lasting harmony between the partners is not usually demanded. Man, on the other hand, is potentially always on heat, can always be interested; but potentially is always capable of rejecting any would-be partner. The condition of lasting harmony is of paramount importance.

It was Freud[10] who described the importance of forepleasure, i.e. pregenital satisfaction in the work of conquest. This could also be described[11] as a short recapitulation of one's own sexual development before every sexual act. This development, of course, is more or less individual, i.e. different for any two given partners. Harmonious love can only be established where these individual differences are not too great, where mutual identification between the two partners is possible without causing an undue strain.

Thus harmonious genital love requires a constant testing of reality in order that the two partners should be able to find out, and to satisfy, as much as possible of each other's needs and wishes in the forepleasure. Further, we are expected not only to give to our partner as much as we can bear but even to enjoy giving it, while not suffering too much under the necessarily not quite complete satisfaction of our own wishes. All this must go on all the time, both before and after the genital gratification as long as the love relation itself lasts. This work of conquest (and of adaptation) is therefore a mutual attempt by the two partners at satisfying each other's individual wishes and needs which were made individually different, i.e. distorted from the original primitive ones by the process of education. This work causes a considerable strain on the mental apparatus, and only a healthy ego is able to bear it. Still, it cannot be relaxed, till just before the orgasm. Then,

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10 Freud, S.: *Three Contributions to the Theory of Sexuality*, New York, 1910.
11 Balint, M.: 'Eros and Aphrodite', *Int. J. Psycho-Anal.* (1938), 19, 199.

however, the happy confidence sets in that everything in the world is now all right, all individual needs are satisfied, all individual differences sunk, only one—identical—wish has remained in which the whole universe submerges, and both subject and partner become one in the 'mystical union'.

But one should never forget that this supreme happiness is to a very large extent an illusion based on a regression to an infantile stage of reality testing. This primitive reality, that the whole world, in particular everything good in the world, is the happy *Me*, testing permits the

individual to believe—for a short time—that all his needs have been satisfied. This is the most primitive stage of object relationship, called by Ferenczi [12] the passive object love. Healthy people are elastic enough to experience this far-going regression without fear, and with complete confidence that they will be able to emerge from it again.

I wish to leave out all the interesting pathological consequences of this theory except one. The most important anxiety connected with this situation is that of losing the mature attitude, and once lost, of not being able to regain it. In these cases, maturity is mainly a defence against the wish of infantilism which means conversely that these people had a very hard task to become mature, achieved it only with considerable difficulty, and therefore they do not dare to let themselves go. For such people every pregenital pleasure is childish, disgusting, even despicable; they cannot give up their 'mature dignity', they do not dare to lose their heads in or before an orgasm.

As is well known, there are three common dangers for a weak ego: (a) psychosis, either transitory as in an acute anxiety state, or chronic as in paranoia or schizophrenic hallucinations; (b) intoxication, either acute as in drunkenness or chronic as in addiction; (c) falling in love. All the poets have known since the beginning of time that these three are closely related and have often spoken of love as mad or intoxicating. The psychological basis of the similarity is the danger of the breakdown of the ego structure. It must be a strong ego that can face this danger with equanimity, proud in the confidence that it will be able to emerge from any danger unscathed and even thrilled and refreshed.

To sum up: 'Genital love' in man is really a misnomer. We can find genital love in the true sense only in animals which develop in a straight, undistorted line from infantile ways of behaviour to mature genital sexuality—and then die. Man, that neotenic embryo, never reaches full maturity, he remains an embryo in his anatomical structure, in his emotional behaviour towards his elders and betters—and in his love life. What we call 'genital love' is a fusion of disagreeing elements: genital satisfaction and pregenital tenderness. The expression of this fusion is 'genital identification', and the reward for bearing the strain of this fusion is the possibility of regressing periodically for some happy moments to a really infantile stage of no reality testing, to the short-lived re-establishment of the complete union of micro- and macrocosmos.

APPENDIX

I. HOMOSEXUAL ORIGINS

If we accept Freud's theory[13] about the beginnings of mankind, a very probable assumption emerges according to which 'genital love'—this queer mixture of genital satisfaction and pregenital tenderness—first developed in a homosexual form. This is another startling paradox, 'genital love' the true form and quintessence of adult sexuality is in its original form homosexual, i.e. perverse, not fully mature. It is obvious, however, that in the 'primal horde', between the primal father and his women, there was no genital love only genital satisfaction. The same was true for the occasional, furtive, sexual acts between the sons and the women. The only relation where 'genital love' could have developed, was the sacred friendly bond uniting the sons in homosexual love against their tyrant-father. As long as this homosexual love remained weak—to break down (after the killing of the father-tyrant) under the impact of the possibility of open heterosexual satisfaction—each of the sons grabbed as many women as his power, cunning, and strength were able to secure for him, and founded a new father horde. When, however, true love developed linking the sons in perpetuity, regard for, and gratitude to, each other prevailed and the 'brother horde' was established. The main features of this new

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12Ferenczi: 'Thalassa. A Theory of Genitality', New York, *Psycho-Anal. Quarterly*, Inc., 1938.
13Freud, S.: *Totem and Tabu*. New York, Moffat Yard, 1918.

organization were (a) respect for, and regard to, the fair rights, wishes, interests of every male member; (b) a periodical, complicated, sacred ceremony with strong, hardly aim-inhibited, genital-homosexual features re-uniting again and again all adult males; and (c) rather simple, straightforward heterosexual genitality, without much sentimental, romantic fuss.

Pending the final verdict of the anthropologists whether this idea is compatible with the available facts or otherwise, it will be permissible to use it as a working hypothesis and to follow up the spreading of the 'genital love' from its original homosexual sphere into the heterosexual genitality and into the social life.

II. HETEROSEXUAL RELATIONS

In every form of civilization the trend is unmistakably towards curbing and limiting the coarse, straightforward genital gratification and developing more and more complicated 'refined' forms of love. Conversely this means an ever-increasing intrusion of pregenital and therefore infantile, 'perverse' stimulations and gratifications into adult genitality changing it into 'love making' in the sense of the various *artes amandi*.

As pointed out previously, the attitude towards any human love object is, as a rule, ambivalent: willing and reluctant at the same time. To change it into a 'genital partner' is a strenuous task, which I called the 'work of conquest'. This begins with the acceptance of the fact that our object is a singular individual, because he too was subjected to a tortuous form of education, forcing upon him various likes and dislikes, different from ours. And further that our object will agree to the role of a genital partner only if in a fair compromise due regard will be given to a large part of his (her) individual peculiarities.

Thus, lasting genital relations are always based on a mixture of harmony and strain, an uncertain enough foundation, especially if we realize that individual developments continue throughout life. The, often hypocritical, demand for absolute monogamy is based on the assumption that once harmonious genital relations have been established between two partners, their individual developments will run parallel for ever. Unfortunately, as common experience shows, this assumption is correct in exceptional cases only.

A fairly frequent solution of the strain caused by the diverging individual developments is the gradual change of the originally passionate, genital, love-relation, into a less passionate, tender, more or less aim-inhibited, true and warm, heterosexual friendship. Many a naughty comedy, and many a serious psychological novel, describes this kind of solution, showing this or that facet of its many complicated possibilities. What interests us, however, is the ontogenetic emergence of the phylogenetically original form of friendly love out of the burnt-out passions of genital sexuality.

III. SOCIAL IMPLICATIONS

Genital sexuality is highly exclusive, indeed it can be called egotistic and asocial. Nothing and nobody exists apart from the two partners, any outside event or stimulus is disturbing, even painful.

Pregenital sexuality has a much wider field ranging from lonely narcissism to wholesale group gratifications; vide the pleasures of the white table, smoking, football and boxing matches, royal pageants, theatres, etc. All these can be enjoyed by a single person as well as by a large group, organized or unorganized. The only condition of such a group enjoyment is that due regard must be paid by everyone to the interests and peculiarities of the average member, that each of the members should be content with a more or less 'average' share. This 'average' share may be

more or may be less than would correspond to the wishes and individuality of any given member, but still he is expected to enjoy his share.

This was certainly not true in the father horde. The first relation where the 'average' share idea developed was the homosexual love cementing the brother horde together. Since then every social development can be regarded as a voluntary or enforced acceptance of the demand for an increased regard for the interests and wishes of the 'average' member. My present thesis is that usually the new demand is recognized first in the (homosexual) relation between men and men and only secondarily is extended to women, thus repeating the early stages of man's social evolution.

One interesting phase of this process is the modern demand for equality in every respect for both sexes (franchise, legal rights, access to higher education and to the professions, equal pay and so forth). Such a demand certainly is against the testimony of biology, which irrefutably proves that the two sexes are not equal. This, however, does not mean—as is

generally assumed by the stronger sex and enforced throughout the social life—that man is superior in every way to woman. Psychologically, however, the demand for universal equality is the result of a consequent development. 'All males must be equal' was the homosexual phase of the brother horde described above, 'women must have equal deal to men' is the spreading of the homosexual love into the heterosexual sphere.

If this is true, civilization means a gradual conquering of all relations between man and man by sublimated, aim-inhibited, homosexual love and only secondarily the transference of those new loving forms to the relation between man and woman. One has the impression—though it may be only an unjustified male slander against the gentle sex—that the relation between woman and woman is the sphere least civilized by this process of evolution.

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2 Fenichel, O.: *The Psycho-Analytic Theory of Neurosis*, New York, Norton, 1945.

1934) THE NATURE OF THE THERAPEUTIC ACTION OF PSYCHO-ANALYSIS. INT. J. PSYCHO-ANAL., 15:127 (IJP)

THE NATURE OF THE THERAPEUTIC ACTION OF PSYCHO-ANALYSIS

JAMES STRACHEY

Vide Supra.

1936) THE FINAL GOAL OF PSYCHO-ANALYTIC TREATMENT. INT. J. PSYCHO-ANAL., 17:206 (IJP)

THE FINAL GOAL OF PSYCHO-ANALYTIC TREATMENT

MICHAEL BÁLINT

Vide Supra.

1948) ON GENITAL LOVE. INT. J. PSYCHO-ANAL., 29:34 (IJP)

ON GENITAL LOVE

MICHAEL BÁLINT

Vide Supra

1952) ON LOVE AND HATE. INT. J. PSYCHO-ANAL., 33:355 (IJP)

ON LOVE AND HATE[1]

MICHAEL BÁLINT

I

If one has to ask the reader to re-examine some old, very familiar concepts, it is advisable to quote as an illustration a quite simple example. So I wish to begin with one which is an almost commonplace event in psycho-analytic practice. A patient of mine, a woman in her middle forties, recently bought a house, the first settled home in her much unsettled life. Of course, it was a great event; the house had to be altered, furnished and made just as she wanted it to be. I will not dwell on its obvious significance as a symbol of herself and behind that, of her mother. Anyhow it was a great thrill. Then she heard that a couple intended to visit her and to stay in the new house for about a fortnight. They were old, well-proved friends, and she was delighted that they were coming. They arrived, the house got ready just in time, and it was a great happiness. She could not repeat often enough how nice it was to have people one really loved as the first guests in a new house.

To our great surprise, within a few days, gradually, almost imperceptibly, feelings of irritation, tension, and uneasiness arose in her. The irritation increased till it amounted to a fairly severe anxiety state which, however, could be kept under control, though only with some difficulty. Gradually she became impatient: for heaven's sake, if only the people would leave! At this point some analysis became possible and we discovered behind the impatience and anxiety a bitter hatred against her 'friends'. As a result of this piece of analysis the anxiety subsided; the friends eventually departed, but the hatred against them remained practically unaltered.

Now this pattern was already well known to both of us. Anybody approaching her in friendship is equipped willy-nilly with 'angel wings' which (subjectively) means a blissful expectation that now she will *really* be loved, and she will be able to love *safely*. In this incident we discovered once again that it is impossible for anyone to live up to her expectations, that everybody must fall short of them because everybody has *also* his own life, needs, interests which are of necessity independent of, and so practically always different from, hers.

Her whole life has been an endless repetition of this same pattern. She has always been terribly in need of love and affection; several times it has happened that she has thrown herself away at the first signs of some slight attention. The person in question was then equipped with the 'angel wings', and for a short while she lived in blissful expectation. Then because of the other person not being identical with her, certain privations were automatically and unavoidably imposed upon her which she interpreted as heartlessness and cruel neglect; the result has always been a painful disappointment. This soon turned into hatred; the partner was discarded as bad, heartless, rotten, cruel, etc. Quite often, as in the incident reported here, the hate had to be repressed and severe anxiety appeared in its place.

Now let us consider what happened here. The sequence of events doubtless is: love—hate—anxiety. The change back from anxiety to hate can be fairly easily achieved with our psycho-analytic technique, whereas the next step, the change from hate to love, appears much more difficult. A number of problems arise here. The first question is, is the form of love described here love, or something quite different? Can one say that my patient 'loved' her friends before the fatal visit or not? At first this appears to be an unimportant innocent and somewhat academic question, but as I hope to show, any answer to it involves us unavoidably in very serious theoretical commitments. My contention is that the patient *did love* her friends, but she did so in a queer, very primitive way. Other workers in psycho-analysis have other ideas about

this primitive relationship. I propose to sum up these other ideas very briefly before discussing my own views.

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1 Paper read at the 17th Int. Psycho-Analytical Congress, Amsterdam, 1951.

Before doing this, however, I wish to stress a very important point. And that is that this kind of love is markedly different from what we call mature love. On the other hand the hate and anxiety shown by my patient cannot be called either mature, or infantile, or primitive. I am inclined to think that this difference is a fundamental one, i.e. there is both a mature and a primitive form of love, whereas anxiety (and to some extent hate) exist only in primitive forms.

The various attempts at explaining the nature of the difference between primitive and adult love are usually treated as rivals, and as mutually exclusive. I prefer to consider the several descriptions as complementing each other by throwing light on one aspect or another of this complicated structure or, in other words, as overdetermining factors.

One attempt stresses the *weakness of the ego* in the infantile form of love. Because of this weakness the individual is unable to bear any serious frustration and has to mobilize all sorts of defensive mechanisms against it, especially anxiety. But, if we accept this, should hate be considered also as a mechanism of defence? Closely associated with the idea of the weakness of the ego is the other, stressing the *undeveloped or faulty reality testing* which then allows the persistence of infantile hopes, demands, and expectations far beyond what is really possible.

A third attempt lays the emphasis on *strong innate sadistic tendencies* (according to one theory originating from the archaic death instinct), as the result of which either no safe fusion with libidinal tendencies develops or, if one does develop, it is unstable and easily upset by any privation. Such people can only have ambivalent relations to their objects, their love being easily smothered by their destructive tendencies or their sadism. Another attempt also based on the idea of strong sadistic tendencies answers our question by stressing the importance of *splitting processes* both in the mind and (especially) in regard to the objects. The love objects of such people are easily split and/or changed from extremely good to extremely bad; the latter are then pictured as indifferent, heartless, hateful and cruel, or, in one word, persecutory, giving rise in the individual to feelings of hatred and anxiety in place of love.

Yet another attempt at explaining this difference between mature and primitive love is to relate the inability to maintain loving relations for any length of time to *strong narcissistic tendencies*, whether innate or acquired, i.e. scars of early frustrations. Closely linked to this idea is that which explains the inability to love by *depressive fears*, i.e. by an impaired ability to bear 'normal', inevitable depressions. Such an individual cannot accept as unavoidable even the slightest amount of frustration by reality, and must resort to hatred and anxiety, whereas a normal individual, although aggrieved within reason, can bear it.

The last theory but one I wish to discuss uses the conception of strong oral tendencies, especially that of *oral greed*. Nowadays this theory is perhaps the most fashionable. Every desire or need, if difficult to satisfy, is thought to be a derivative of this oral greed; every desired object of such need represents milk; every person towards whom such desires are directed stands for the 'good' or 'bad' mother (or breast).

It has been said time and again that 'oral' describes only one of several aspects of such very primitive object relation, although admittedly a very conspicuous one. Other aspects equally important are warmth, bodily contact, familiar smells and tastes, or in one word, proper care and nursing. We all know that physiologically most proper food given without adequate nursing and especially without adequate bodily contact usually brings bad results, whereas with less

proper food but with understanding and devoted nursing children thrive and develop well. Thus, if 'oral' were used not literally but only metaphorically, on the basis of *pars pro toto*, I could raise no objection to it.[2] Unfortunately this is not the case. In

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2 I wish to call attention here to the distressing and pathetic one-sidedness of our theory. Practically all our technical terms describing this early period of mental life have been derived from objective phenomena and/or subjective experiences of the 'oral' sphere; as for instance: greed, incorporation, introjection, internalization, part-objects, destruction by sucking, chewing, and biting, projection according to the pattern of spitting and vomiting, etc. Sadly enough, we have almost completely neglected to enrich our understanding of these very early, very primitive, phenomena by creating theoretical notions and coining technical terms using the experiences, imagery, and implications of other spheres. Such spheres are, among others, feeling of warmth, rhythmic noises and movements, subdued nondescript humming, the irresistible and overwhelming effects of tastes and smells, of close bodily contact, of tactile and muscle sensations especially in the hands, and the undeniable power of any and all of these for provoking and allaying anxieties and suspicions, blissful contentment, and dire and desperate loneliness. It is highly probable that because of this omission, the time will come when our present theories will be considered as badly deficient and hopelessly lopsided.

the same way I have to object to the use of 'greed'. 'Greed' does not describe the true situation, it gives only a subjective impression of it in adultomorph language. To us adults a child (or my patient) appears greedy because (1) if frustrated or compelled to wait, very noisy, highly dramatic, and vehement symptoms appear, and (2) if satisfied, hardly anything can be observed by an outsider as the gratification brings only a state of quiet, tranquil well-being. Our theory then values what is noisy as highly important, what is silent as unimportant (it is even possible that silent signs remain unnoticed by the theory, moreover it is certain that they are hardly ever mentioned) and thus develops a distorted picture of a highly greedy infant.

In my view in this peculiar form of love proper and timely satisfaction of all needs is crucially important, because of the infant's (or the patient's) almost *absolute dependence* on the object. Or, changing our point of view, not the infant is greedy but the object and the gratification are all-important. Because of this overwhelming importance of object and gratification hardly any allowance can be made in their respect. *The object is indeed only an object* and must be treated as such, i.e. no consideration or regard can be paid to its interests, sensitivities, or well-being; it must be, and in fact is, simply taken for granted.

We find a very instructive example of this kind of object relation in the adult's attitude to the supply of air. I do not think anybody would consider breathing as an expression of oral greed, although if the need for air is gratified we can see hardly any signs of satisfaction; on the other hand, if it is not and suffocation threatens, very noisy, dramatic, and vehement symptoms develop. Moreover the supply of air is taken for granted by all of us and we do not stop to consider whether the air does or does not like to be used by us for our own ends. Our attitude is simply: we need it and therefore it must be there for us all the time.

Another aspect of this peculiar love relation or two-person relation is *omnipotence*. The idea of omnipotence was very much in vogue till the time when ego psychology came to the fore (c. 1925), but then somehow got crowded out of our theoretical considerations. Recently it returned for the description of certain aspects of the primitive two-person relation we are discussing. I am afraid it is another example of our thinking in adultomorph language. In fact 'omnipotence' never means a real feeling of power; on the contrary, a desperate and very precarious attempt at overcoming a feeling of helplessness and impotence. We call such an attempt 'omnipotence' if the following conditions are present: (a) certain objects and satisfactions can be taken for granted; (b) no regard or consideration need be paid to the object, the object can be treated as a mere object, as a thing; (c) there is a feeling of extreme dependence, the object and the satisfaction by it are all-important.

This is rather a surprising fact. We have found exactly the same dynamic structure in the case of 'oral greed'. A further, in my opinion, very important circumstance is that 'oral greed' and 'omnipotence' are practically always associated; that is if we find one of them in any two-person relation, the other is hardly ever missing. This very close association and the almost identical dynamic structure point convincingly to a common origin.

II

All 'pre-genital' or 'primitive' object relations contain—in varying proportions—these three ingredients: despondent dependence, denial of this dependence by 'omnipotence', and taking the object for granted, treating it as a mere object, as a thing. Or, in terms of two-person psychology: 'primitive object relation' means a relation in *which only one partner is entitled to make demands*, the other is treated as an object, albeit as an instinct- or love-object. An impressive argument for this conception is the sexually not dimorphous nature of all such 'pre-genital' relations; e.g. in the mother-child relation, the basic relation of all our theories, it makes no difference whether the child is boy or girl; anybody—father, mother, brother, sister, maid, etc. etc.—can be bullied equally well by a boy or girl, and the same is roughly true of scoptophilic gratifications.

The basis of all such pre-genital or primitive object relations is faulty reality testing, either still undeveloped (in infants) or stunted (in adults like my patient). That is why this 'omnipotent' or 'greedy' love is unstable, doomed to meet with frustration and to lead on to hate. In order to change to a more mature relation we need much more reliable reality testing. We have to realize that our needs have become too varied, complicated, and specialized, so that we can no longer expect automatic satisfaction by our objects; we must be able to bear the depression caused by this realization; and we

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3'On Genital Love'. *Int. J. Psych-Anal*., 1948, 29.

must accept the fact that we have to give something to our object, something that he expects from us, in order to change the object into a *cooperative partner*. The object can no longer be taken for granted, it must be induced to enjoy giving satisfaction to us, i.e. he must come to have his or her satisfaction at the same time, in the same mutual action. To establish this mutuality, to change a reluctant and uninterested object into a cooperative partner, means both tolerating considerable strains and maintaining a steady and reliable reality testing. I have called this the *work of conquest*.[3]

In contrast to the pre-genital relation, this genital or adult relation is always sexual (usually heterosexual but may be homosexual) whereas the pre-genital object relation is usually sexually non-dimorphous. Closely linked with this change from non-sexuality to sexuality is that other development, which has already been pointed out, from taking the object as a mere object to treating it as an equal partner, as a sexual human being.

If the work of conquest has been successful and the subsequent work of preserving is adequate, love and harmony may develop on the basis of mutuality.

III

Where is the place of hatred in this development? Is hatred just as normal and natural as love? Or is it something different?

Our theory based on the assumption of the two archaic instincts of life and death would suggest an equal status for love and hate. Moreover, our clinical experience seems in a way to confirm this view. A really healthy man must be capable of both love and hate; if his faculty for either is

weak, his health is somehow unstable. There is a further similarity: quite primitive hate is unconnected with any reality testing, being in this respect very much like pregenital love. On the contrary mature hate means taking into full consideration what would most hurt the object of our hate. A child would hit back at the table leg which hurt him without consideration and without testing whether it will cause pain to the table leg or not. The adult form of hate is perhaps best illustrated by an anecdote of the time of the Nazi régime. A group of Jews, refugees from Germany, are sitting in a café, and discussing what should be done to Hitler after victory has been won. All sorts of cruel retaliations are proposed until one silences the discussion: 'We shall sit here in this café and you, Schwarz, will say to me: "Look, there, at the next table, there is Adolf Hitler!" And I shall say: "So what?"'

In our first approach we found a kind of equal status for love and hate, but we must ask how far this parallel holds true. In my opinion, closer examination reveals important differences. Love in a healthy man ought to be fairly constant, steady, unchanging, almost unshakeable. Slight or even serious frustrations should alter it hardly or even not at all. Real love is understanding, forgiving, and forbearing. Hate, on the other hand, in a healthy man is only potential or incidental. When a really serious reason for it is present, strong or even vehement emotion should arise and be maintained. But it should be more like acute anger; in contrast to love, hate should easily and speedily dissipate if the situation changes for the better. Somehow it seems as if hate and health could tolerate each other only for short intervals, while love and health appear almost as inseparable comrades over long periods.

How shall we explain this important difference? I wish to submit for discussion one explanation which I know is neither the last nor the deepest but one that perhaps can account for a number of the characteristics of hate discussed here. In my opinion *hate is the last remnant, the denial of, and the defence against, the primitive object love (or the dependent archaic love)*.

This means that we hate people who, though very important to us, do not love us and refuse to become our cooperative partners despite our best efforts to win their affection. This stirs up in us all the bitter pains, sufferings, and anxieties of the past and we defend ourselves against their return by the *barrier of hatred*, by denying our need for those people and our dependence of them. In a way, we reassure ourselves that these people, though important, are bad, that we no longer depend on the love of all the important people, that we can do without the love of the bad ones among them.

This theory would explain the ease with which love can change into hate and the great difficulty of changing back hate into love. The change of love into hate is a subjective, intra-psychic process. The object itself need not take any part in it, may often remain completely unaware of this process. On the contrary the change of hate into love can happen only if, in addition to

the intra-psychic process, the object too can be changed into an affectionate partner, i.e. a considerable change in the external reality is also needed.

This theory enables us to understand why hate, especially persistent hate, makes us suspect a somewhat immature ego. In fact persistent hate has never been left untouched by psycho-analytic treatment and under analysis it has always revealed itself as a derivative of frustrated love—a familiar fact, often used by poets, playwrights and novelists of all ages.

On the other hand, incidental, not persistent, hate appears in the light of my idea as on the whole a good institution. It is a not-too-expensive guardian of our maturity, preventing us from sliding back into the archaic object world, into the infantile dependence on the affection of our environment.

The more mature an individual is, the less is his need for barriers against regression into primitive forms of object love, and so the less is his need for hatred. But not all of us can reach this high standard, and so for most of us the need for some hate remains. Perhaps this ideal standard of complete maturity is the true meaning of the traditional ending of the fairy tales: 'They lived happily ever after.' People who have reached that stage of maturity can be thought to be able to solve all their problems of love without resorting in any way to hate.

If we accept my idea then love and hate have no equal status. Love is the more general notion, more people and things can be loved than hated, because hate has the additional condition of a denial of dependence. It is easy, for example, for a Londoner to find an elephant or a giraffe in the zoo 'lovely', but very difficult to hate it. Love has no bounds, everybody and everything can be loved that has ever satisfied our needs, or from whom or which we may expect any satisfaction in the future. Hate has the additional condition that only people and things on which we depend can be hated. Hate is a measure of inequality between object and subject; the smaller the inequality, the more mature the subject, the less is his need for hate.

IV

It is high time to stop and examine where we have been led by this train of thought. We have come to have serious doubts whether hate can be given the same status as is given to love. Love—or at least a very primitive form of love—appears now, in the light of these considerations, as a more general and above all more primitive form of object relation; on the other hand, hate becomes less general and secondary, its range of potential objects is considerably more restricted, its dynamic structure more complicated, and above all it cannot be so easily tolerated by a healthy ego as can love.

This is dangerous ground indeed, as it involves us in the re-examination of the vexed problem of the two archaic instincts of life and death. If hate proves to be of secondary nature as compared with love, then very likely the status of the death instinct needs a careful re-examination too, and with it the theoretically assumed primary aggressiveness, primary sadism, primary narcissism, and possibly many more. It is certain that in this case our ideas about masochism must be reconsidered too. A really formidable task, so let us see whether there is a way to get round it.

One way would be to assume that the primary, archaic, object relation is so primitive, that it cannot be called either love, hate, or narcissism, or anything; all these are contained in it in rudimentary form as yet indiscriminable from one another, and they appear and become discernible only during later development. This is certainly an attractive idea: to say the least, it would enable us to continue our endless discussions about the true nature of the infantile mind.

But, we ought to ask ourselves, what else would we gain by this idea? And, moreover, what is the price to be paid for it? Every theoretician will agree that conceptions having only negative characteristics are very reassuring and comfortable; one can go on talking about them without much effort as it is almost impossible to catch one out. If one's opponent argues from any positive finding, one can easily defeat him by pointing out that nothing positive can relate to the original conception. If the primitive object relation is neither love, nor hate, nor narcissism, and in spite of this all these are contained in it *in nuce*, then everything in the world, and in addition the opposite of everything in the world, can be postulated as pertaining to this primitive object relation.

A further difficulty will arise in connection with two of our fundamental clinical experiences: regression and fixation. One dynamic factor in every mental illness—whether neurotic or psychotic—is the establishment of some primitive form both of satisfaction and object relation in place of the mature one. This is

4 *Int. J. Psycho-Anal.*, 1949, 30.

brought about either by a stunted development, i.e. fixation, or by being thrown back from a higher level, i.e. regression. I am certain there will be no difficulty in finding examples in any analyst's practice for the form of primitive love described in this and in several other of my papers. But, I do not think anybody could give instances of the theoretical primitive object relation possessing only negative qualities that is a relation which is neither love, nor hate, nor narcissism; in my opinion, because no such state exists. Though I must admit that it is possible to argue that any observed and observable state has not yet regressed far enough to reach this theoretical state. I think I have proved the inherent fallacy of any argument using the words 'not yet' in my paper on 'Early Developmental States of the Ego.'[4]

And, thirdly, what shall be our ideas about the dynamic mechanisms that start and then maintain the processes that change this primitive form of relation into a mature one? Are these inherent in human biology, i.e. at least potentially innate, or are they mainly external, i.e. originating in the environment? Considered from this angle we must admit that our work as analysts consists above all in providing well aimed and well controlled external influences for the release and maintenance of such evolutionary processes. I think we may also agree that the chances of any considerably regressed individual for emerging on his own from regression are not very good; on the other hand, given 'proper' analytic help his chances become considerably better. From this angle 'proper' analytic help means very favourable external conditions for changing a primitive object relation into a mature one. I think we may further agree that 'proper' analytic help—from the point of view of the analyst—means as little ambivalence as possible, i.e. very little hate, a very fine and never relaxing control over the analyst's own satisfactions in the analytic situation, an ever present alertness to respond in the 'right' way to any need or demand of the patient, a constant watch over any possible over- or under-stimulation of the patient by the analytic process, resulting especially in inhibitions and anxiety, and dissolving any such anxiety or inhibition preeminently by means of understanding interpretations. These are only a few outstanding characteristics of the complicated rôle that the analyst has to play, but I think this much will be enough to prove that the rôle is—in many ways—that of the object of the primitive love described in this paper, an object that can be taken for granted, to whose interests, feelings, sensitivities no regard need be paid, who is always there when needed, in fact, who can be used and treated as a mere object, as a thing.

To sum up: To assume a primary state which, though object-related, cannot be described either as love, or hatred, or narcissism, is profitable only in so far as it permits us not to commit ourselves in any way. I cannot see that it could be useful in any other way. States met with in patients, however deeply fixated or regressed, do not correspond to such a theoretical assumption; on the other hand, they fit exactly into the picture of primary object love. An equally weighty argument is that the other partner of this primitive two-person relation, the analyst, agrees in every respect with the 'object' of the primary object love, both in his actual behaviour in the analytic situation and in the rôles he has to play in the patient's phantasies.

V

This leads us to our last topic, the significance of my ideas for our technique. I think this is such an important question that I intend to examine it in a separate paper. Here I wish only to point out that what we call analytic situation is almost exactly the same as what I call 'primitive object love.' The analyst is taken for granted and is treated as an object, as a thing. The patient, on the other hand, shows all the characteristics described in the introductory part of my paper. These are: considerable weakness of his ego, faulty reality testing, strong sadistic tendencies, splitting processes both within his own mind and with regard to his objects resulting in a paranoid picture of the world, strong narcissistic features, marked fears of any depression and

above all 'oral greed' and despondent 'omnipotence.' I wish to add to this description that all these affects, feelings, sentiments develop only under the impact of the analytical situation but are practically independent of the analyst's age, sex, personality, and—within surprisingly wide limits—even of his individual variant of technique.

For a long while the therapeutic process consists in studying and analysing this or that facet or component of this complicated and precarious

object-relation, which—for want of a better word—is usually called transference. Sooner or later changes appear in the patient's emotions, associations, and behaviour which we *call genital transference* in contra-distinction to the former *pre-genital transference*. (These two terms are shortened expressions for the correct 'transference of emotions, feelings and attitudes etc. characteristic of genital—or pregenital—object relations'). On closer examination all these changes appear to point in one direction, which is accepting the analyst as a 'real' person. That means, that the patient tries to find out his analyst's wishes and desires, interests, needs, and sensitivities, and then is at pains to adapt his behaviour and associations, even his use of phrases and forms of speech to the image formed of his analyst, in order to find pleasure in the analyst's eyes. I wish to call attention to the almost exact correspondence between this 'genital transference' and what I called 'work of conquest.' The aim of both is to induce a recalcitrant object (the analyst in this case) to become a cooperative partner.

The third and last stage on this road leading towards health is what we *call transference to real objects*. The patient gradually realizes, understand, and accepts his analyst's shortcomings especially in relation to himself (the patient). Parallel with this process he renounces bit by bit his wish to change the analyst into a cooperative partner, i.e. to establish a harmonious relation in which the two partners—patient and analyst—will desire the same satisfaction in the same *mutual* act, and turning towards the world of external reality tries to find someone else there, better suited for such a purpose.

I am fully aware that my description of the complicated therapeutic process is scanty, meagre, highly condensed, and simplified. My only aim is to provide a frame in order to put into proper perspective the consequences arising out of my ideas about the origin of hate.

The first phase, which may be called pre-genital transference, or more correctly establishment in the analytic situation of an object-relation according to the pattern of primary object love, or briefly: *primary transference*, comprises all the factors which we found active in the formation of hatred. These are, once more: despondent dependence, denial of this dependence by 'omnipotence', and 'oral greed', or in other words: establishment of an oppressive inequality between subject and object. It would mean carrying coals to Newcastle to prove that in every analytical treatment a momentous amount of hatred is inevitably evoked, [5] and, if not dealt with adequately, may either wreck the therapeutic result, or—despite a good result—may colour for a long time, even for good, the patient's feelings towards his former analyst. We say that in such cases the transference was not properly resolved. Although true, this statement is not specific enough. What in fact happened was that the patient remained dependent on his former analyst, the inequality between his object and himself did not cease to exist, and so one possible solution for the patient was the erection of a *barrier of hatred* against his object, the analyst.

We know also of another solution, and this is the *perpetuation of the dependence* in the form of an interminable analysis. In such a relation any suggestion of a possible termination of the analysis mobilizes anxiety and hatred, which have to be dealt with by further analysis, and so on for ever. I know of cases in which this vicious circle could be broken only by some heroic procedure. It is easy to say that in a 'properly' conducted analysis such an outcome should not occur; practical experience, however, shows that even analysts of the highest repute have

occasionally had such a case. In other cases the dependence can be greatly diminished, the treatment eventually terminates, but the patients remain in the peripheral orbit of the analyst as his 'faithful children.'

This leads to the third, perhaps still less pathological, solution which might be called *idealized*, or more correctly *dependent identification*. Here too the dependence is perpetuated, albeit in a sublimated form. *Identification with the aggressor* would describe another aspect of this outcome. If one cannot conquer the object, the opponent—and the analyst is but very seldom conquered—in order to avoid hating him, one must accept him wholesale. Then there is no hate on the surface, but to a large extent the patient himself disappears with his hate—and love. Uppermost is his unconquerable and inexorable analyst with all his terms, happy phrases, theories, his ways of experiencing emotions and his ways of expressing such experiences, even with his petty habits.

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5 In addition to hatred, in every analysis there occur periodically blissful expectations and serious attacks of anxiety. In my opinion this triad is a characteristic diagnostic sign of primary object love in an adult.

In some cases, perhaps, this dependent identification may be a not too bad solution. After all, some people with weak muscles and flabby joints need supports; without their supports they are cripples, with their supports they may live a useful and fairly contented life. Although this is not a goal to aim at without some compelling reason, I do not see any justification for rejecting it altogether, even as a second or third best solution. Furthermore, some traces or even considerably more than traces of 'dependent, idealized, identification' can be detected easily in most successfully terminated analyses. It seems that if any human being has been exposed to the primary object relation, either in the original form as in infancy, or in a transferred form, as in the analytical situation, his mind will for ever bear some marks reminiscent of it. Moreover, it may be that it is only possible to alter an already established mental structure by subjecting the individual to the impact of this primary object relation.

To sum up: In some cases the result of treatment will be health behind barriers of hatred, a costly but not-too-bad protection against the wish to regress. In other cases the result will be a perpetual dependent identification, defending by idealization the object against our hatred. And lastly, in favourable cases, the lasting marks of this fateful primary object relation, of the primary transference, may amount only to unforgettable memories, sweet and painful at the same time. When describing such fortunate people, may I quote again the traditional ending of the fairy tales: 'And they lived happily ever after!'

FALTA : Michael Balint, “On Transference of Emotions” en Primary Love…

1948) ON GENITAL LOVE. INT. J. PSYCHO-ANAL., 29:34 (IJP)

ON GENITAL LOVE

MICHAEL BÁLINT

Vide Supra

1949) LOVE FOR THE MOTHER AND MOTHER-LOVE. INT. J. PSYCHO-ANAL., 30:251 (IJP)

LOVE FOR THE MOTHER AND MOTHER-LOVE[1]

ALICE BÁLINT

The relation of mother-child has been at the centre of psycho-analytic interest right from the beginning. Its importance became even greater when, in the exploration of our cases, it was found necessary to go regularly back into the pre-œdipal times. As this is the earliest object relation the beginnings of which reach into the nebulous times where the frontiers of ego and external world merge into each other, it is of paramount importance both theoretically and practically. Thus it is quite understandable that each of us has tried his mettle on the mother-child relation. My contribution to this problem is mainly an attempt at a résumé, and I can only claim originality for the point of view from which the summing up was carried out.

I

Clinical examples may serve as a starting point. I begin with a case in which love for the mother was expressed in a particularly peculiar way. This was the case of a woman patient whose main symptom was that she had to be the slave of her mother. Her unsuccessful attempts at liberation soon became revealed as reactions to disappointments, for in reality she loved her mother and made enormous sacrifices in order to try to satisfy her, which, however, she never succeeded in doing. It was astonishing that the daughter was absolutely helpless in face of the unreasonable reproaches of her mother and reacted to them with guilt feelings which were quite incomprehensible to her. An extraordinarily strong masculinity complex gave the first explanation of these guilt feelings. Right from the beginning of the analysis it stood out clearly that she wanted to replace her father (and a generous lover) vis-à-vis her widowed mother. The first years of the analysis were almost completely taken up with a working through of her masculinity complex. By the end of this phase, her relation to her mother had improved considerably. She had attained an almost normal freedom of movement, could come and go as she liked and had a private life as befits an adult. In her sexual life, too, there was a change for the better. A capacity for orgasm developed, although somewhat labile, in place of an absolute frigidity and repeated, though interrupted, pregnancies pointed also in the direction of accepting

the feminine rôle. But despite all these improvements, her feelings of anxiety and guilt towards her mother remained in unmitigated strength. It was the analysis of her death wishes against the mother that led to the discovery of the deep roots of the guilt feelings. It came to light that the death wishes did not originate in any hatred against her mother. This hatred served only as a secondary rationalization of a much more primitive attitude, according to which the patient simply demanded that her mother 'should be there' or 'should not be there', according to the patient's needs. The thought of the death of her mother filled the patient with the warmest feelings, the meaning of which was not repentance but something like 'How kind of you that you did die, how much I love you for that'. The patient's guilt feeling proved to be well founded in reality, i.e. in the type of love she felt towards her mother. This was a kind of love of which one would indeed be afraid and which explained fully why the patient never wanted to have children. We discovered in it the deep conviction that it belongs to the duties of a loving mother to let herself be killed for the well-being of her children, should occasion demanding it arise. In other words we discovered in this 'daughter of a bad mother' that deep down she demanded *absolute unselfishness* from her mother. She loved her mother as the only human being who—at least for her unconscious—allowed for the possibility of such a demand. Both the attempts at liberating herself and the exertions made in the attempt to satisfy her mother now

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(Translated by Michael Balint.)

1Parts of this paper were first published under the title 'The evolution of love and the sense of reality' in the S. Ferenczi memorial volume: *Lélekelemzési tanulmányok*, Budapest, 1933. The final version appeared under the title 'Liebe zur Mutter und Mutterliebe' in *Int. Z. f. Psa*. u. *Imago*, 24, 33–48, 1939.

gained a new significance. They were obviously also counter-cathexes with the help of which she maintained the repression of her primitive form of love. Also the significance of the identification with the husband (lover) of the mother could be clearly recognized. In the first layer this identification, as previously stated, served as a gratification of her masculine desires. In the deeper layer, however, it was the expression of the patient's demand for love in the reversed form. Just as the mother was loved by her lovers, so did the daughter want to be loved by her mother. And just as the mother unscrupulously exploited the men and then dropped them when they became useless (old or sick), so did the daughter want to use her mother and then get rid of her according to her whims. While the patient let herself be exploited by her mother, she tried secondarily to *gain from hatred the strength necessary to that unscrupulous ruthlessness which in her mother she envied so much*.

This, the deepest, layer of the attitude towards the mother, cannot be conceived as ambivalence proper (just as in the same way we cannot say that a huntsman hates the game he intends to kill). When children, with the most innocent face in the world, speak of the desirable death of a loved person, it would be quite erroneous to explain this by hatred, especially if the wish concerns the mother or one of her substitutes. The little daughter who is of the opinion that mummy should peacefully die in order that she (the daughter) might marry daddy, does not necessarily hate her mother; she only finds it quite natural that the nice mummy should disappear at the right moment. The ideal mother has no interests of her own. True hate[2] and with it true ambivalence can develop much more easily in relation to the father whom the child gets to know right from the beginning as a being who has interests of his own.

The next case concerns a homosexual patient of twenty-one who complained above all of his incapacity to find and to win someone who would love him. Gradually it came to light that it was he who could not love (in the social sense). We learn how little he knows of the men with whom he has homosexual relations and from whom he demands excessive tenderness. His lack of interest in other people becomes clear and with it the tendency to claim from anyone and everyone the same gratuitous love that the infant claims from his mother. At this level it

becomes clear that he does not want at all to love and to be loved in the sense common to adults. Through his claims the partner who loves him (the patient) causes him anxiety, makes him frightened. Eventually the patient becomes aware that he really wishes to find someone who, not out of love—for lovers are egotistic—but out of chivalry, would heap presents on him. We soon learn that the 'chivalrous duty' really stands for 'parental duty'. The essence of the parental duty is that parents make no demands upon their children because they do only their duty—yielding to the pressure of public opinion—in providing for their children irrespective of whether the children are brave or naughty. These are the comfortable 'lovers'. It is not difficult to discover that underlying this disguise is the primitive way of loving of the infant who does not yet know of his mother as a separate entity having her own interests and who has not yet been compelled to make this discovery. Later, when the mother demands a return for her love she will be felt to be a nuisance and her demands will be refused. 'I do not want to be loved at all', the child appears to say defiantly. In reality it ought to be 'Why am I not loved in the same way (i.e. unselfishly) as I was before?'

The same fear of being loved, or to express it more correctly, fear of the demands of the (love) partner, is shown in the third case. The patient, while in analysis, told the following dream: 'As he enters his flat he sees a large tube in the middle of the room; he lies down on it as if on a bed. It changes in fact into a bed (or couch), but soon it becomes an old woman who makes lewd, grunting sounds. He feels disgust and descends from her although she tries to hold him back.' The immediate cause of the dream was his having seen how his mother was spoiling her grandchild whom she wanted to have completely to herself. With great misgiving he recognizes the repressed eroticism in her action and at the same time feels ashamed of his own jealousy. Beneath the jealousy there is also a sympathy with his little nephew who, apparently, has to face the same fate as he (the patient) himself. The time will come when the nephew, too, will try to get out of the grandmother's clutches, and she will hold him back in just the same way as she held

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2 True hate is pure aggressiveness ; pseudo-hate is originally always a demand for unselfishness from the mother.

him, her son. The dream contains many layers, among others several indications of the patient's castration anxiety. From our point of view, the most important feature is the indignation which the patient experienced on discovering the eroticism in the (grand)mother-love. Until then, when criticising his mother's attitude, he had thought of lack of understanding and not of selfishness. Now she had changed into that grunting old thing who uses her own son for her own lust. In fact, he has the same attitude towards all women. The sexual desires of the woman he feels to be painful and frightening. The women must be willing but not demanding. He likes best to approach them as a cry-baby who wants to be pitied and comforted. Marriage is prohibited, for then the woman gains something and because of that he cannot believe in the purity of her love. Reciprocity of demands is as incomprehensible to him as to an infant who lives as an ectoparasite on its mother. One of his main symptoms is his predilection for quite little girls who, however, can be represented by obscene pictures of children. The children, whom he treats as dolls and for whose feelings he need not care, signify in fact the mother. They are the true, unselfish objects of love.

In these three cases the attitude towards the love object was interpreted in the course of analysis in various ways: as an oral tendency to incorporation, as a narcissistic attitude, as a need to be loved, as egoism, etc., as suggested by the material at the particular time of the interpretation. Yet ultimately, the version that seemed most adequate was that which I used when describing the case material. The oral tendency to incorporate appeared as only one special form of expression of this kind of love which could be present in more or less clearly marked form. The conception of narcissism did not do justice to the fact that this kind of love was always firmly

directed towards an object, the concept of passive object-love (the wish to be loved) was least satisfactory especially because of the essentially active quality of this kind of love. We come nearest to it with the conception of egoism. It is in fact an archaic, egotistic way of loving, originally directed exclusively to the mother; its main characteristic is the complete lack of reality sense in regard to the interests[3] of the love object. I shall call this egoism, which in fact is only the consequence of the lack of reality sense, the naïve egoism to differentiate it from the conscious neglect of the interests of the object.

A particularly clear picture of this love, directed especially towards the mother, emerges, in my opinion, from certain quite general phenomena of the transference which appear in each case independent of age, sex and form of illness, and are also to be found in training analyses, i.e. in practically healthy people. I have described these transference phenomena in a paper[4] on the handling of the transference as a paranoically over-sensitive and yet inconsiderate, egocentric attitude, the maintenance of which is made possible by a characteristic blindness concerning the person of the analyst; for during treatment, the analyst is not a man who has his own interests as other men have. The necessary insight to change this attitude is attained, as a rule, only during the period of growing detachment from the analysis, and even then only very gradually. I would add yet another example to this general description.

A patient asks for one more session per week. His wish is justified in so far as he comes only four times a week because of the lack of time. In spite of this I preserve my passivity and restrict myself to the analysis of this wish which helps us to gain insight into the emotional life of the patient. The wish for one more session each week revealed itself as a declaration of love of the affectively very inhibited patient. At the same time, however, it was the defence against his becoming conscious of the emotional urge. He wanted to have one more session in order to avoid feeling the longing in which his love betrayed itself. Really he wanted the extra session in order not to be compelled to love me—as he explained it to me in detail on this occasion. The most painful thought for him was that possibly I might not have time for him, i.e. that our interests might clash. *He wished to be with me but, if possible, in such a way as not to be compelled to take notice of me*. It would have been easy to attribute this attitude to narcissistic withdrawal of libido at a moment when the tension created by the longing had surpassed a certain point. On the other hand, his wish was undeniably a declaration of love. The correct way is to assume that here we have

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3 I mean here both the libidinal and the ego-interests of the object.

4 Alice Balint: Handhabung der Übertragung auf Grund der Ferenczischen Versuche. *Int. Z. f. Psa*., 1936, 22.

5 Another patient equally inhibited in his emotions said once, towards the end of the session, *'Es geht zu Ende mit uns*' (We are nearing our end).

to deal with love, that archaic love, the fundamental condition of which is the complete harmony of interests.[5] With this love the recognition of the *actual* love object is superfluous, i.e. 'anyway, it wants the same as I do'. This apparently insignificant observation is in my opinion important for it may possibly explain something of the essence of that subjective self-sufficiency which we assume the satisfied infant possesses.

Another characteristic of archaic love is the pseudo-ambivalence. With this primitive object-relation an alteration in the behaviour towards the object is not necessarily a consequence of an altered emotional attitude (love, hate) but originates in the child's naïve egoism. In this naïve egoism the antagonism that exists between self-interest and the interest of the object is not perceived at all, e.g. when a little child, or the patient in this particular state of transference, means that the mother (or the analyst) must not be ill, then it does not mean concern for the well-being of the other, but for one's own well-being which might possibly be endangered by the other's illness. That this is really so is shown by the very unfriendly way in which the

child—or the patient—reacts to the actual occurrence of the dreaded illness. Must we then doubt the love character of this behaviour? After an illness of several months I had good opportunity in which to study the question. My patients, without exception, were angry with me because they felt wronged by the fact that I had been ill, a feeling that was, in a way, justified by the real situation. Their anger was the most forceful expression of their infantile love and attachment. I want to draw attention to the fact that the expressions 'attachment', 'clinging' as well as the German 'Anhang-lichkeit' and the Hungarian 'ragaszkodás' (adhesiveness, stickiness), describing this kind of infantile love are beautiful examples of a piece of unconscious knowledge.

Although I do not doubt that everyone will recognize in this description the kind of love that is directed especially towards the mother (I have only repeated what is generally known), I wish to emphasise the observation that most men (and women)—even when otherwise quite normal and capable of an 'adult', altruistic form of love which acknowledges the interests of the partner—retain towards their own mothers this naïve egotistic attitude throughout their lives. For all of us it remains self-evident that the interests of mother and child are identical, and it is the generally acknowledged measure of the goodness or badness of the mother how far she really feels this identity of interests.

Before leaving this subject and turning to discussion of maternal love, I wish to return for a moment to a remark of mine on the love towards the father.[6] Although the 'pater familias' has assumed many maternal traits and is, therefore, treated by the child in many ways like the mother, yet that archaic tie linking mother and child is missing. The child's learning to know the father is guided by the reality principle. Such general observations as, for instance, that children are usually more obedient with their fathers than with their mothers cannot be wholly explained by the fact that the father may be more strict than the mother. The child behaves towards the father more in accordance with reality because the archaic foundations of an original, natural identity of interests has never existed in its relation to the father. The mother, however, must not want anything that might run contrary to the wishes of the child. The same explanation holds true for the greater pedagogical effectiveness of strangers. Folk tales seem to confirm this, the wicked mother is always the step-mother, while the wicked father is not necessarily the step-father; and this is true for both son and daughter. (It is, in fact, a further argument for the archaic nature of the kind of love described above; it is revealed in similar form in both sexes, therefore is likely to be of preœdipal origin.) Therefore*: love for the mother is originally a love without a sense of reality, while love and hate for the father—including the œdipus situation—is under the sway of reality.*

II

Turning now to mother-love, I will again start with an example. A young mother told me her opinion of a lecture on criminal psychology which she had heard on the previous day. The lecturer spoke about the case of a woman who was unhappily married and in her despair murdered her two daughters, and then tried to commit suicide. She did not die, however, and was condemned to fifteen years'

6 Alice Balint, 1926: 'Der Familienvater', *Imago*, 12, 292–304.

imprisonment. The lecturer considered this sentence to be unjust, and my patient agreed with him. The explanation added by her was, however, very remarkable. She thought the sentence was unjust because the woman could not be considered a 'public danger'—she had killed only her own children. In the ensuing discussion it became increasingly clear that the idea of the children having any right to express their opinion did not even enter her mind. She considered

the whole occurrence as the internal affair of the mother *because one's own child is indeed not the external world.*

I do not need to emphasize how strange the woman felt after the voicing of these, to her, quite natural thoughts. What she said was a piece of archaic reality which—in our civilization—is expressed only under various disguises. Primitive people, however, regard infanticide as something that is in no way connected with murder. It is a domestic, internal affair of the family, and society has nothing to do with it.

Roheim wrote that the Central Australian mothers, when under the dominance of 'meat hunger', bring about an abortion with their fingers and eat the fœtus. He does not mention any feelings of guilt or remorse. The fœtus appears to these women to be, in the strictest sense of the word, their own property with which they may do as they like. One can even think of the rule whereby every second child is eaten by the family as a restriction of sovereignty because by this means life is safeguarded for a certain number of children. But we must not think that the Australian women are in general 'bad' mothers. On the contrary, they give a full measure of maternal care to the living children. They are even capable of great sacrifice, spending nights on their knees and elbows crouching over their babies in order to protect them from the cold with their own bodies.

Some reports of the Esquimaux show a transitional stage between those Australian mothers who unconcernedly eat their children and our conscious attitude. (I say 'conscious attitude' because cannibalistic desires towards children are by no means rare in dreams, etc.) For example, it has been reported that an Esquimaux woman who ate her child during a period of famine is now paralysed and cannot hold her urine. The inhabitants of the village consider that this state was brought about because she 'ate a part of herself'.[7] It happens even more frequently that during a famine children would be left behind to die of cold. On such occasions the Esquimaux show a harshness as well as a resoluteness which amazed the author who reported on this matter, for he was well aware of the love and tenderness usually felt by the Esquimaux for their children. It is under the pressure of a terrible emergency that the children are thus abandoned, just as we ourselves would sacrifice our most precious possessions when shipwrecked in order to save our own lives. An additional important detail which is quite familiar to the people of more primitive ways of thought than our own, and appears strange to us only because of our high regard for any individual, is the fact that children can be produced at will, just like any other chattels.

The eating of children which for the Australian woman is a simple satisfaction of an instinctual need free from any burden of guilt and is for the Esquimaux woman a desperate action undertaken only in a desperate emergency which may have dire consequences but is something to be pitied rather than condemned, appears in Hungarian folklore as the punishment in hell for those women who bring about a miscarriage.[8]

The institution of abortion is a paramount factor in the relation between mother and child. Women all over the world know of artificial abortion so that it is women who have the final say about the existence or non-existence of a child. (This fact is undoubtedly one of the reasons why the mother appears sometimes so weird and gruesome to the child whose life depends in the truest sense of the word on whether it pleases her or not.) The undeniable fact of psychogenic sterility points to another fact, namely that the child who is born is always the child who was wanted by the mother. Moralizing condemnation or penal prosecution of artificial abortion are probably only defensive measures against the dangerous, absolute power of the woman. It is another defensive measure that the right over the child's life which originally was maternal was transferred to the pater familias. It argues for the originality of the maternal right that it is an informal and private affair of the woman. The paternal right, however, is a social institution.

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7 Rasmussen: *Thulefahrt*, 1926, 358.
8 *A magyarság néprajza* (Folklore of the Magyars), Vol. IV, p. 156.

In spite of these limitations on the archaic maternal rights which have been imposed by civilization, it probably remains true of most children born that they are born as the realization of the instinctual wishes of their mothers. Pregnancy, giving birth, suckling and fondling are instinctual urges to a woman, and these she satisfies with the help of her baby.[9] Physical proximity lasting as long as possible is pleasurable to both mother and child. In fact, I believe—turning again to anthropology—that those rules which separate man and wife after the birth of a child, often for many months, have their origin in the desire of the woman to enjoy without disturbance the new relationship with her infant. The unlimited confidence of the child in the love of his mother grows from this mutuality, and later it will be badly shaken by the foreboding or by the actual experience of the mother's being able to dissolve this link at her will, and that she can substitute one child by another.

Maternal love is intended—according to its instinctual sources—only for the very young child, the infant depending upon the mother's body. That is why we so often see mothers who — influenced by their cultural patterns continue to nurse and fondle their children far beyond infancy even until they are quite grown up—still think of them as their 'little ones', however big and tall they may be, a sentiment often openly expressed both by word and behaviour. For the mother the child is never grown up, for when grown up, he is no longer her child. Is not this yet another proof of the remoteness of maternal love from reality? just as the child's love is remote because he never imagines his mother as a being with divergent, that is to say, self-interests? *Maternal love is the almost perfect counterpart to the love for the mother*.

Thus, just as the mother is to the child, so is the child to the mother—an object of gratification. And just as the child does not recognize the separate identity of the mother, so does the mother look upon her child as a part of herself whose interests are identical with her own. *The relation between mother and child* is built upon *the interdependence of the reciprocal instinctual aims*. What Ferenczi said about the relation of man and woman in coitus holds true in this mother-infant relation. He meant that in coitus there can be no question of egoism or altruism, there is only mutuality, i.e. what is good for one is right for the other also. *In consequence of the natural interdependence of the reciprocal instinctual aims there is no need to be concerned about the partner's well-being.*

This behaviour I call *instinctive maternity* in contradistinction to *civilized maternity*.[10] This can be studied best in animals, or with quite primitive people. In it the naïve egoism plays the same rôle as in the child's love for the mother. But, if we consider both partners (mother and child) simultaneously, we can speak with Ferenczi of mutuality. The mutuality is the biological, the naïve egoism the psychological aspect. *The biological interdependence makes the naïve egoism psychologically possible.* Every disturbance of this interdependence calls forth a development beyond the naïve egoism.

If in man, as is the case with animals, the mother-child-unity were replaced without any gap by mature sexuality, i.e. by the man-woman-unity, naïve egoism could perhaps suffice for the whole of life as the method of loving. The interval, characteristic for man, between the infantile and the adult period, i.e. the two phases of life in which a mutual interdependence of two beings is naturally given—leads to a disocrd which must be resolved. This discord, increasing parallel with the development of civilization, is resolved to a great extent by the *progressive strengthening of the power of the reality sense over the emotional life.*

Tact, insight, consideration, sympathy, gratitude, tenderness (in the sense of inhibited sensuality) are signs and consequences of the extending strength of the reality sense in the sphere of emotions. The real capacity for loving in the social sense is a secondary formation

created by an external disturbance. It has nothing to do directly with genitality. The genital act is really the situation in which the reciprocal interdependence as experienced in early childhood is re-created. Everything learnt in the meantime may play an important rôle in wooing, but must be forgotten during the act. Too much reality sense (tact), a too precise delimitation of one partner from the other is disturbing, causes coldness, may even lead to impotence, for example, the anxiety of some neurotics—that originates from training in cleanliness—that they might disturb or even

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9 See Ferenczi's notion of 'parental eroticism' in *Thalassa*, 1938, New York. (German original Versuch einer Genitaltheorie, 1924, *Int. Psa. Verlag*, Vienna.)
10 For 'civilized maternity' see Alice Balint, 1937: 'Die Grundlagen unseres Erziehungssystems, *' Z. f. psa. Paedagogik*, 11, 98–101.

disgust their partner by their body odour or by some involuntary sound or movement.

The first disturbance of the naïve egoism is caused by the mother's turning away from her growing child. This turning away may be expressed either directly as true estrangement or indirectly in the mother trying to delay in some way the development of the child. I think there is no need to give examples here. For the child it would be quite natural if the mother were to remain his (or her) sexual partner even after the period of infancy. Her reluctance can only be attributed by the child to the disturbing influence of some external power. In fact this is true with animals where the infantile period is followed immediately by sexual maturity. It is the strength of the father animal which is the only obstacle to the sexual union of mother and child. With man it is different: the sexual significance of the child for the mother ceases to exist much earlier than the time of the child's attaining sexual maturity, i.e. the time when he could be a sexual partner in adult form to the mother. The instinctual attachment to the mother is replaced by instinctual rejection by the mother. From this it becomes clear what is the essential difference—in spite of many corresponding traits—between maternal love and love for the mother. The mother is unique and irreplaceable, the child can be replaced by another. We experience the repetition of this conflict in every transference neurosis. Each patient is more or less concerned at some time or another with the relative irreplaceability of the analyst as compared to the real or assumed ease with which the analyst can fill the time vacated by any of his patients. The detachment from the mother, in the sense of the dissolution of the primitive attachment based on mutuality, means the reconciliation with the fact that the mother is a separate being with her own interests. Hatred of the mother is no solution because it means the preservation of the attachment but with the negative sign. One hates the mother because she is no longer what she used to be. (In analytical practice we have long known that hatred of the analyst after the end of an analysis is the sign of unsolved transference.)

To sum up: the child who has outgrown his infancy is no longer so agreeable to the mother (thinking still in terms of instinctual maternity), nevertheless he clings to her and does not know any other form of love but that of his naïve egoism. This naïve egoism, however, becomes untenable, because now there is no mutuality which was its basis. Thus the child is faced with the task of adapting himself to the wishes of those whose love he needs.[11] It is at this point that the rule of the reality sense starts in the emotional life of man.[12]

III

In this connection I would like to discuss briefly the problem of auto-erotism. We know auto-erotism is archaic. Its most important quality from the point of view of adaptation to reality is its far-reaching independence of the external world. The auto-erotic activity need not be learned by the child and for its practice there is no need for help from the environment; it may, however, be disturbed or even inhibited by the external world. Moreover, it is not independent of internal processes. As is well known, several auto-erotisms may supplant each other when one or the

other method of discharge has become impossible. But the dissolution of the instinctual interdependence of mother and child also influences the auto-erotic function. One could even say that it is here that the psychological rôle of auto-erotism really begins. In the next period, rich in relative love-frustrations, auto-erotism assumes the significance of a substitute gratification. In this way it becomes the biological foundation of secondary narcissism, the psychological pre-condition of which is the identification with the faithless object. The earlier the infantile harmony disappears, the earlier auto-erotism assumes this rôle in the mental life of man. Contrary to the opinion of the majority of analysts, I do not think that this is a regression to the auto-erotic phase; moreover I think that auto-erotism and archaic attachment to the mother exist simultaneously, maintaining a balance, but that from the beginning they are two different factors, their difference becoming apparent only after the original harmony has been disturbed. In my opinion there is no phase of life that is dominated solely by auto-erotism. When

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11 Protracted infantilism may itself be adaptation of a sort.

12 I wish to point out that this rule of the reality sense over the emotional life is not identical with Ferenczi's notion of the erotic reality sense. The concept of the erotic sense of reality relates exclusively to the erotic functions whose development is thought of as a quest for the most perfect way of discharging erotic tensions.

13 Cf. the observations by the analyst and pediatrician, E. Petö, 1937: 'Säugling und Mutter', *Z. f. psa. Paedagogik*, 11, 244 (translated and reprinted in this number of this Journal).

man fails to obtain sufficient gratification from the world of objects, auto-erotism comes to help him as a means of obtaining comfort. If the frustration is not too great, all this happens without much ado. The over-burdening of the auto-erotic function, however, soon leads to pathological phenomena; the auto-erotic activity degenerates into addiction. But inversely, we may observe that an all too successful pedagogical suppression of auto-erotism is followed by an over-burdening of object-relations which usually appears as an abnormal dependence and pathological clinging to the mother (or her representatives). On the other hand, not too exaggerated inhibition of auto-erotism reinforces the object-attachments to that extent which is desirable for the educability of the child. Apparently there is for each age an optimal proportion between auto-erotism and object attachment. Though this equilibrium is elastic, i.e. frustration on the one hand may be equalized by gratification on the other, this cannot go beyond certain limits. This circumstance secures the development of the reality sense in the emotional life. Man cannot renounce object love without suffering severe impairment.[13]

IV

The different kinds of loving have been classified by psycho-analysis according to several principles: first as to their relation to aim-inhibition, secondly, as to whether they belong to a component instinct or to genitality. Using the one principle the concepts of oral, anal and genital love were developed, using the other those of tender and of sensual love. A third principle of classification results from contrasting narcissistic with object libido, leading to a narcissistic and object-libidinal form of love, which in some way are also connected with egoism and altruism. And finally Ferenczi's differentiation must be mentioned, that of active and passive love, which he uses as often as not in place of the customary terms—narcissistic and object-libidinal love—but without exactly stating whether passive object-love is identical with narcissistic love or not. The principle I use in differentiating the several forms of love is their relation to the sense of reality. Object love proper has two mainstays, (a) gratification of needs by their objects, (b) reality sense.

a. exists from the beginning, especially if we accept the teachings of Ferenczi's Theory of Genitality according to which the whole of sexuality including the auto-erotic function, is founded on an object-orientated tendency.

b. this is developed only gradually. On the basis of observations of a form of love, the most characteristic trait of which is the scanty development of the reality sense (the object is recognized but not its self-interests) I assume that along with a gradual development of the reality sense there is a gradual development of object love. The parallel between these two developments is not quite complete. The extension of the rule of the reality sense over the object relations is limited by two powerful factors: as is well known, one of these factors is the far-reaching independence from the external world which is made possible in the libidinal sphere by the auto-erotic (according to Ferenczi autoplastic) method of gratification. The second factor is the interdependence between mother and child (and later between man and woman in coitus). The instinctual interdependence of two beings creates a situation in which the recognition of the object's own interests is unnecessary. This is the basis of the naïve egoism in the sphere of object libido.

I arrive at the concept of primary *archaic object relation without reality sense* through extrapolation. It is the last link in a series which is constructed from the various grades of adaptations to reality in the field of object relationship. Accordingly there exists an archaic form of love of which the essential determinant is the lack of reality sense towards the love-object and not the prevalence of any component instinct. (To avoid a possible misunderstanding I wish to emphasize that one must differentiate strictly between forms of gratification, e.g. oral, anal, etc. and forms of love, e.g. naïvely egoistic, altruistic, [14] etc.). The development of the socially higher forms of love derives as a consequence of adaptation to reality. This classification is closely related to Freud's distinction between sensual and aim-inhibited love, for aim-inhibition is indeed the most important of the factors, originating in the influence of the external world, which bring

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14 Cf. M. Balint (1935): 'Zur Kritik der Lehre von den prägenitalen Libidoorganisationen', *Int. Z. f. Psa.*, 21, 525–543.

about the development of emotional life; pure sensuality, on the other hand, knows solely 'the erotic reality sense' and can exist in relation to the partner fairly comfortably coupled with naïve egoism.

The point at which my train of thought deviates somewhat from that of Freud is the significance I attribute to the rôle of the libidinal object relation in this connection. Freud, too, traces back the growth of object love to the irreplaceability of the external world, but the basis of this irreplaceability according to him lies not in the erotic but in the self-preserving instincts. In dependence on the gratifications of the self-preserving instincts the first object relations develop which, however, are soon replaced by the auto-erotic investment of the libido. It is only by this detour via auto-erotism that the libido finds its way back—in the course of further development—to the world of objects. Freud assumes that 'certain of the component impulses of the sexual instinct have an object from the very beginning and hold fast to it; such are the impulse to mastery (sadism), to gazing and curiosity'.[15] [16] After the completion of the theory of the libido by the theory of narcissism it then appeared 'that auto-erotism was the sexual activity of the narcissistic phase of directions of the libido', [17] whereby this narcissistic phase is assumed, as is well known, to be the primary phase.

I have tried, from observable phenomena, to represent this early phase as an archaic object-relation lacking any sense of reality, but from which what we are wont to call love develops directly under the influence of reality.

My assumption can easily be described in terms of ego and *id*. The archaic love without reality sense is the form of the love of the *id*, which persists as such throughout life, while the social reality-based form of love represents the manner of loving of the ego.[18]

APPENDIX

Dual-unity and Primary (Archaic) Object-relation

In several contributions to the discussion of this paper, it was suggested that I abandon the term primary object relation in favour of the term dual-unity. I am of the opinion, however, that it is more helpful to use terms in such a way that emphasis is given to quite small deviations in theory and thus to increase the general understanding. I. Hermann, E. P. Hoffman and L. Rotter-Kertész emphatically stress the fact that they do not want to think of dual-unity as a form of object relationship at all, whereas I, on the contrary, actually think of a possible, very primitive object relation which already exists before one can assume an ability to distinguish between ego and object, i.e. already in the *id*, so to speak. The starting point of these ideas is Ferenczi's well-known concept of *'passive object love'*. In my paper on this subject—printed in the Ferenczi memorial volume—I used only this term. Later, under the influence of M. Balint's ideas on the 'new beginning' in which he emphasizes the active features in early infantile behaviour, as well as partly under that of I. Hermann's work on the instinct to cling—I thought that the term passive was not a suitable description of a relation in which such markedly active tendencies as the instinct to cling play a paramount rôle. Since then I have used—as in the present paper—in place of *'passive object love'* mainly the terms *'archaic' or 'primary object relation' (object love).*

This latter term I could only change to 'dual-unity' if those using it changed their views and accepted dual-unity as a primitive kind of object relation, or else if I, for my part, could relinquish the idea that object-relations are as old as their biological basis.

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15 Freud: (1936) *Introductory Lectures*, 5th edition, p. 276. London: Allen and Unwin.
16 Since the recent researches of I. Hermann the number of the components of the sexual instincts directed towards an external object from the beginning, must be increased by the instinct to cling.
17Freud: (1936) *Introductory Lectures*, 5th edition, p. 276. London: Allen and Unwin, p. 347.
18Papers of recent years which follow a similar theme:
Balint, Michael, 1935. 'Zur Kritik der Lehre von den prägenitalen Libidoorganisationen', *Int. Z. f. Psa.*, 21. (Critical remarks on the theory of the pre-genital organisations of the libido.)
Balint, Michael, 1937. 'Frühe Entwicklungsstadien des Ichs. Primäre Objektliebe', *Imago*, 23. (Early developmental phases of the Ego. Primary object love. Reprinted in this number of this Journal.)
Hermann, I., 1936. 'Sich-Anklammern—Auf-Suche-Gehen', *Int. Z. f. Psa.*, 22. (To cling—to go.)
Hoffmann, E. P., 1935. 'Projektion und Ich-Entwicklung', *Int. Z. f. Psa.*, 21. (Projection and Ego development.)
Rotter-Kertész, L., 1936. 'Der tiefenpesychologische Hintergrund der inzestuösen Fixierung', *Int. Z. f. Psa.*, 22. (The depth-psychological background of the incestuous fixation.)

1937) THE PROBLEM OF THE GENESIS OF PSYCHICAL CONFLICT IN EARLIEST INFANCY—REMARKS ON A PAPER BY JOAN RIVIERE. INT. J. PSYCHO-ANAL., 18:406 (IJP)

THE PROBLEM OF THE GENESIS OF PSYCHICAL CONFLICT IN EARLIEST INFANCY[1]—REMARKS ON A PAPER BY JOAN RIVIERE

ROBERT WÄLDER

During the last few years different psycho-analytical writers in our literature have evinced growing interest in the early phases of ego-development, and pioneer work has been done in various quarters with the object of throwing light on this obscure subject. One such piece of work, which has been carried out with special thoroughness, stimulated the considerations I propose to put before you in this paper. A body of observations and theories has been accumulated, to which various writers have contributed. I would mention especially the works of Melanie Klein, which are based on her experience of the analysis of children conducted by means of the play-methods which she was the first to introduce; these theories are presented as a whole in her book *The Psycho-Analysis of Children*, [2] but her writings on this subject go back to the year 1923. Ernest Jones has conducted a number of investigations from a similar standpoint; his writings deal principally with female sexual development, with problems concerning hate and the sense of guilt, and with the condition which he calls aphanisis. The material for these writings has been amassed during more than two decades. Joan Riviere has treated problems of the neuroses in the light of these theories in some papers and we are also indebted to her for an exposition of the whole subject that is remarkable for its lucidity.[3] Edward Glover has studied problems of ego-development and the option of neurosis, the genesis of obsessional neurosis and addiction to alcohol, etc., and has considered the possible application of his conclusions to sociology. James Strachey has examined the therapeutic process from the angle of these theories. John Rickman and others have dealt with their bearing on the upbringing of children. A

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1 The following paper embodies the conclusions of many discussions which have taken place on these problems amongst members of the Vienna Psycho-Analytical Society. For some of these conclusions I alone am responsible; in other cases I have made use of ideas contributed by others.

2 Hogarth Press, 1932.

3 Joan Riviere, 'On the Genesis of Psychical Conflict in Earliest Infancy', this JOURNAL, Vol. XVII, 1936.

4 Cf. the bibliography given at the end of Joan Riviere's paper.

large number of other writings testifies to the fruitfulness of the views in question and their applicability in various fields.[4]

Now the authors named are far from being in complete agreement; some of their hypotheses vary greatly. I will give a single example of this difference of opinion. Glover[5] explains the phenomenon of *ambivalence* from the succession of great fluctuations of introjection and projection, the swing of the pendulum between the two being very wide during the first year of life while their subsequent alternation follows more rapidly on one another, with a lesser swing, during the second year. That is to say, ambivalence is a very swift alternation between processes of introjection and projection with a comparatively small degree of intensity. Joan Riviere6 holds that the basis of ambivalence is the child's attempt to keep the image of the good object separate from that of the bad, for, if they were to merge, the good object itself would no longer be really good and the child would have no refuge, and no support for its reparation-tendencies. This is an instance of two quite different theories appearing in this group of

writings and it may be asked whether there is any justification for presenting these theories together and making them a common starting-point for our discussion, seeing that they do not agree in all particulars.

Now I think that in spite of this and a number of other divergences all these theories have a common element, so that they may rightly be considered together. The following seem to me to be the points they have in common:

1. It is invariably assumed (a) that the experiences of the individual at a very early period of life, above all during the first year, are known to us or at least are discernible by means of analysis like the experiences at later periods, (b) that they can be described in terms of mental life, (c) that they are of great importance in the later development of neuroses and the formation of character, and (d) that throughout this early period phantasy is active or at least that there is a kind of psychic life which approximates and is comparable to what we generally speak of as phantasy and that these psychic activities are consolidated and developed in a degree far beyond that which Freud and other writers are inclined to attribute to them at this age.

5 'A Developmental Study of Obsessional Neurosis', this JOURNAL, Vol. XVI, 1935, p. 142.
6 'A Developmental Study of Obsessional Neurosis', this JOURNAL, Vol. XVI, 1935, pp. 405–6.

2. It is assumed that these processes during the infant's first year are on the instinctual side determined by oral-sadistic impulses and on the side of the ego-mechanisms by the processes of introjection and projection.

In this respect these theories approximate closely to various psycho-analytical conclusions arrived at by Freud and to the views embodied in Abraham's writings, but in respect both of their generalizations and of the question of date the writers whom I have in mind go beyond what is held by all analysts in this connection.

3. The instinctual side and the ego-side of the experiences of early infancy are represented as being closely related. For instance, cannibalistic impulses are held to be the basis of mechanisms of introjection and anal excretion that of the mechanism of projection. From this point instinctual development and ego-development continue to be closely related and are shown to be interwoven in a remarkable manner.

4. Further, in all the works mentioned the relation between phantasy and reality is conceived of in a somewhat different form from that commonly accepted in psycho-analysis. Although the fundamental principle of Freud's complementary series is consistently adhered to, much of what we have been accustomed to account for by the interplay between the individual and his environment is explained as the product of an inner phantasy-activity, which is evoked and intensified by external experiences but which would occur in essentially the same way even without such experiences. There are two possible views, one at either end of the scale, with regard to predisposition and environmental influences. According to the one, the living being is regarded as so much plastic material upon which its accidental environment leaves manifold imprints, while, according to the other, that being has already its definite form and its development is at most accelerated or retarded by the influence of environment. These are two extreme conceptions between which Freud always endeavoured to hold a middle line. The authors I have quoted seem to incline more to the second possibility than do other analysts.

5. By devoting their attention to the experiences of early infancy and deriving from these initial processes the later phases in the evolution of the infantile psyche these writers place great weight on certain early processes, the existence of which they have inferred or conjectured. Other factors tend to be relegated to the background: amongst these I will mention especially

the classical Œdipus situation and the closely allied castration-complex on the instinctual side and, on the ego-side,

7 Compare in this connection the study of these 'higher' ego-elaborations contained in Anna Freud's recent work (1936), *The Ego and the Mechanisms of Defence*, Hogarth Press, 1937. By 'higher' ego-elaborations we must understand those which do not or at least do not necessarily occur in the first two years of life.

all those later, higher elaborations, attempts at solving conflicts, methods of defence against anxiety and unpleasure, and so forth, which certainly exercise a decisive influence upon the later fate of the neuroses and the formation of character.[7]

To all this it may be replied that the theories in question abandon none of the views with which we have long been familiar but merely add to them. I do not think, however, that it is possible simply to add to the body of our knowledge without altering it in any respect. It is never simply a question of displacement of accent: there are also displacements in the structure itself. When Freud added the infantile factors in the genesis of illness to those accidental factors with which the old psychiatry was familiar, or when to our knowledge of conscious psychic processes he added the notion of those which are unconscious, it was not a question of a mere addition, which left unchanged all that had been before. We take a different view of the accidental causes of illness if and when we recognize their infantile antecedents.

The above seem to me the common characteristics of the scientific writings we are considering, though they may differ from one another on this or that particular point. And because they have so much in common I think it is legitimate and imperative to study all these works together.

In this paper I propose to discuss a number of questions raised by these theories. I should like to say in advance that I have no controversial intention. Controversy would be particularly unprofitable since my standpoint in regard to them is that of an outsider and my only means of forming an opinion about the experience on which they are based is the study of the works published and the comparison of them with my own experience or that of other analysts. Moreover, I am not in a position to enter into controversy, for I do not know what point of view the authors in question adopt with regard to all the problems upon which I shall touch. Probably their standpoint would be similar in many instances to that which I shall advocate. In other instances this may not be so but, since I do not know where there is a difference of opinion about the points I shall discuss, it is, if only for that reason, out of the question to discuss them in a controversial

spirit, except in a few isolated cases. The purpose of this paper is much more modest. It is to enumerate and invite discussion of the questions which in my view have been rendered acute by the formulation of these theories and so to contribute something to future study or discussion of them.

It is doubtful whether an essay so circumscribed can really be called a scientific work at all. The purpose of scientific works is, first, to make public discoveries which the author has made or theories which he has evolved; secondly, to present conclusions arrived at by others; and, thirdly, to criticize and refute the views of other writers. I can lay claim to none of these three intentions. The attempt to envisage the problems raised by a particular theory and to make a kind of catalogue of questions for future discussion deserves the more modest title of an appendix to scientific work.

I

Sources of our knowledge of processes occurring during the first year of life

In every theory about the processes occurring early in life the principal question is that of the means of our knowledge: how do we know anything at all about psychic processes, how can we discover anything about them, how can we corroborate our conjectures? Of course this question always arises and applies to the experiences of any other period of life and we know that it is upon this that one of the arguments against psycho-analysis in general is based. Many of our opponents deny that we have any right to speak of unconscious processes. So the question as to the sources of our knowledge of the psychic processes might be formulated in the widest possible terms. But I think that there is no necessity to raise so comprehensive a problem here. For the purposes of this study we can be quite happy in taking as our starting-point the fact that we are all agreed as to the sources of our knowledge of psychic processes in later life. In so far as this question has any bearing on our subject it will be discussed when we are considering the criteria of interpretation.

Accordingly we will confine ourselves to the only question which can still seem problematical to analysts, namely, what are the sources of our knowledge of psychic processes occurring at an age when the child as yet cannot speak and to which, as it seems, memory cannot go back in later years.

There are two principal methods of discovering the psychic processes of an individual whom we are studying. One is direct observation

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8 The term *reconstruction* is not used here to denote simply that which is commonly understood by it in ordinary analytical phraseology. I mean by it any construction of the past which is not simply memory in the individual in question. We have the same sort of thing in judicial proceedings, when everything which is not admitted by the accused or vouched for by witnesses is called circumstantial evidence. The material for reconstruction varies. Sometimes different pieces of analytical material are used. This is what analysts generally mean when they use the term 'reconstruction'. In other cases the past is inferred from *repetition*, from *acting out* (in the transference) alone. If we wish to be exact we must discriminate between these cases. We have included the latter under the heading of 'reconstruction' for the following reasons. If we describe something as a piece of repetitive acting we have already formed a theory about it, for without a theory we could merely state that the patient was *behaving* in a particular way. The fact that this behaviour is a repetition requires to be proved. Thus, acting out is not in itself evidence of the past experiences which we infer from it. If, from the acting out, i.e. from a certain type of behaviour, we retrospectively construct past experiences, this amounts in my view to a kind of reconstruction.

at the time when the processes are occurring, the other is analysis at a later period. If we use the second method we have, again, two means at our disposal: the memory of the analysand and reconstruction by analyst and patient. Direct observation, memory, reconstruction[88]—thesemdash;these are the methods which have thrown light on infantile processes occurring at a somewhat later age, say, from the third to the fifty year of life. Let us now see what can be done by these methods when we come to the study of the first year.

In the first place, with regard to direct observation we may say that we have far more data at our disposal when the child is somewhat older. When we observe a three-year-old child, we can examine not only his behaviour but also what he says. Moreover, the behaviour of a three-year-old child is highly complex and consists not merely of expressional movements indicating instinctual impulses and the like, but of very complicated activities. In the case of children in their first year verbal communication is entirely lacking. We can only observe their behaviour and this is confined to a very small number of manifestations, of the nature of expressional movements or—and this not directly after birth but somewhat later—declarations and demands.

There are no more complicated activities. So when we study the first year, we can only directly observe the child's behaviour, and his modes of behaviour are very limited. One would

be inclined to suppose that from the observation of behaviour we can infer only relatively few and simple psychic processes in the infantile organism and that other, more complicated processes either do not occur or, if they do occur, do not betray themselves in behaviour and cannot be detected, at any rate by this kind of observation. I think it is, to say the least, an open question if the possibility exists of deducing with any sufficient degree of probability a large number of complicated psychic processes from the behaviour of young infants, behaviour with which we are very familiar, much of which has been examined and catalogued by academic as well as by analytical psychology.

Let us consider in particular the manifestations of oral-sadistic impulses. What the study of behaviour teaches us in this respect is at most the nature of the affect and the goal and object of the instinct. For example, it may make it plain that the child is experiencing rage and manifesting a desire to bite, which is directed towards a particular object, or a desire to incorporate, which is sadistic in character. But apart from the simple inference as to his instinctual and affective situation we learn nothing: we have no evidence in his behaviour of any phantasy. For instance, Melanie Klein speaks of the phantasy of the father's penis in the mother's body and of the tendency to destroy and incorporate the contents of that body. This is a phantasy which we know occurs from what the child tells us himself at a later period, probably when he is about three years old, but, so far as observation of behaviour is concerned, I do not see how it can possibly prove that this phantasy exists during the child's first year, seeing that his behaviour is confined to gestures.

Here is a second point in this connection. Oral-sadistic manifestations do not occur with the same intensity in all children during their first year. There are children who, when they experience oral frustration, will cry for hours at a time, and burst into shrieks of rage, and at Infant Welfare Clinics, where the feeding of the infants is strictly regulated, one comes across babies who scratch their faces with their nails till they bleed. But this is not true of all children. There are some who, when the initial difficulties have been overcome in the first four to eight weeks, never or very rarely scream, and in whom no paroxysms of rage in their very early days are observable, the first manifestations of rage appearing at the end of the first year, and who give the impression of a happy childhood with a strong positive libidinal attachment to those who look after them. It is true

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9 The mere existence of aggressive impulses is clearly not a sufficient basis for Melanie Klein's theory. This is what she says on the point: 'The idea of an infant of from six to twelve months trying to destroy its mother with every weapon at the disposal of its sadistic tendencies—with its teeth, nails and excreta and with the whole of its body, transformed in imagination into all kinds of dangerous weapons—presents a horrifying, not to say unbelievable, picture to our minds. And it is difficult, as I know from my own experience, to bring oneself to recognize that such an abhorrent idea answers to the truth. But the abundance, force and multiplicity of the imaginary cruelties which accompany these cravings are displayed before our eyes in early analyses so clearly and forcibly that they leave no room for doubt' (this JOURNAL, pp. 187–8).

10 In my view, if we leave out of account possible cases of a constitutional disposition to excessive aggression, we meet with violent manifestations of aggression in children only when there are exceptional conditions in their environment. For instance, they may be subjected to a strict régime with regard to their food (it does not take much to make a régime strict) or there may be an absence of calm in their surroundings; the people who bring them up may indulge their aggressive impulses or a child may suffer from some painful bodily illness or from a mother's ambivalence where there should be love, or his training in cleanliness may be premature and so forth. If there are no such injurious external influences, I

think that early manifestations of aggression can largely be avoided or at least so limited that they do not pass beyond the line which separates the normal from the pathogenic.

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that we ascribe aggressive impulses to all children in whatever circumstances, and we have reason to do so.[9] But it seems to me a mistake to treat these facts as indicating a mere difference in the intensity of the aggression and ignore them; there comes a point when quantity is transformed into quality. It may well be true that nobody, not even the richest person, can gratify all his material desires, but the recognition of this fact does not carry us much further when we come to the social problem, the difference between rich and poor. At all events a theory which assumes that in all children there is a great wealth of oral-sadistic impulse and phantasies in earliest infancy has to be squared with the fact that manifestations of oral sadism in the behaviour of infants vary hardly less[10] than does the degree of material prosperity enjoyed by different individuals in the present state of our civilization.

At the present moment I do not see how this phenomenon can be satisfactorily explained by a theory according to which fully developed

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oral sadism is universal in infants during their first year. We know that the very authors whom I have quoted expressly emphasize the fact that the oral-sadistic reactions of children are reactions to oral frustration, and further, as I need hardly mention, to peace or unrest in their environment, or to aggressiveness in those responsible for their upbringing, and so forth. It follows, too, that the strictness or laxity of a child's dietary régime has a considerable effect upon his aggressive impulses. We cannot help wondering whether possibly all the children whom these investigators studied happened to have been brought up in a particular way, for the methods of training infants vary according to their nationality, social position, etc. Is it not possible that the children in question had been subjected to a strict régime, applied or recommended by the exponents of the modern theories of child-hygiene, who are concerned only with the infant's physical well-being? We are loth to entertain the idea that a theory of general application can have been partly determined by what is really a chance selection of material and we will dismiss this possibility. But an impression remains that the material provided by reality itself may have happened to be of a particular kind and this may have helped to disguise the difference of intensity in the maxima and minima of infantile aggression.

Let us now consider the other two ways in which we may learn something of the experiences of earliest infancy. First let us take memory. One source of our knowledge of such early processes is the memories which emerge in analysis when amnesia has been dispelled. Here we are using the word *memory* in its strict sense to denote the reappearance of a fragment of the past in the shape of the knowledge that such and such a thing did once happen and that the subject experienced it. There are other ways in which the past may return when it has persisted in the patient's mind, but, though these certainly belong to the mnemic function, I think they are better described by another name. Now we find ourselves confronted with a grave difficulty when we are dealing with the very earliest period of life, when the infant is as yet incapable of speech. Our impression is that the earliest recollections which human beings retain or which emerge in analysis go back to the second year. At any rate I know of no case in which it was possible to *prove* that an individual consciously remembered what happened in his first year, though I know of many instances of ostensible memories which were discovered to be phantasies produced at a later period. We must of course guard against being overhasty and

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giving to a negative pronouncement the value of a general law, and we shall bear in mind the objection that it does not follow that what has not yet been proved never can be proved. Since

the difficulty of recovering memories becomes increasingly great and the number of those recovered more and more meagre the further back we go in life, one may think that in principle there is no limit to the capacity for memory.

Thus we shall hesitate to conclude that there is an inherent impossibility about any particular phenomenon because, so far, we lack material to prove it. I think, however, that a certain theoretical consideration is in place here.

There is a good reason for expecting that it will be quite impossible to recover conscious memories (in the sense in which we have used the term) of the very earliest period of life. When we remember an occurrence and know that it took place in the past, we direct our thoughts to it as an object of experience and it is natural to suppose that only those experiences can be really remembered at a later date which, at the time when they occurred, were viewed by the subject at a certain distance with 'intentional' reference to them as objects. At the moment when we had a particular experience we must, as it were, have stood at a distance from it, have objectified it, if we are to be able later to make it the object of conscious memory. No doubt everything which was not so experienced remains imprinted upon the psyche and continues to live and exert an influence, but in this case the mnemic function acts in a more primitive way: it cannot precisely be called memory. It helps to determine the subsequent life of the individual and the affect associated with it may be reproduced, or it may give rise to mental images, but it is not remembered. It seems that we have come back to the old distinction, long current in analysis, between acting over and remembering.[11]

Now the power to objectify experience is apparently not present from the beginning: it is rather the result of development. We are probably right in assuming that children arrive at this stage at the end of their first or the beginning of their second year. We shall come back to this point later, when we discuss the problem of super-ego

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11 This idea has been ably formulated by Max Scheler, no doubt under the influence of psycho-analysis (*Die Stellung des Menschen im Kosmos*, Darmstadt, 1927). He discriminates between tradition and memory and says that in the case of the former the past persists in the present, while, in the case of the latter, an experience is as it were thrown back by memory into the past to which it properly belongs.

formation, and for the moment we will content ourselves with recognizing that the beginnings of the capacity for speech (or, more correctly, of the representational function of speech) probably indicate that the child has reached that stage of experience which is a necessary condition of memory at a later date.

We believe that everything which is experienced earlier continues to exert an influence but that it cannot be the object of conscious memory. Perhaps the very reason why impressions received during this earliest period have such a particularly strong effect is that they lose nothing of their force through being remembered—they cannot be apprehended as having no present existence or be thrown back into the past; we must, I think, entirely agree with Joan Riviere when she says that the circumstance that a baby cannot express feelings in any way that we can understand 'may be one of the major causes of its special sensitivity to these earliest experiences and their especially significant after-effects'. But this does not alter the fact that these theoretical considerations serve to corroborate our view that the lack of memories which can definitely be proved to go back to the first year of life is not simply accidental but rather inevitable and determined by the ego-development of the child. If this is so, however, we cannot hope to corroborate theories about processes occurring in the first year of life by means of memories produced by individuals.

It may be objected that these are theoretical assumptions which themselves have not been proved and therefore cannot be adduced in support of the assertion that there is a limit below which memory, properly so-called, cannot reach; these considerations, however, are not the only ones to be taken into account. There are others, commonly accepted by psycho-analysts, which bear them out. When we say that a capacity to stand at a certain distance from a particular experience and transcend it potentially is a necessary condition of the power subsequently to objectify it in memory, we are of course not asserting that this capacity makes its appearance suddenly, when the infant begins to speak, and exists from that moment in its final and fully developed form. We are sure that it is slowly evolved, like the faculty of speech itself. If, as we assume, the complete absence of the capacity to objectify at the very beginning of life constitutes a fundamental limitation for later memory, it cannot but be that the still imperfect development of this capacity at a later age is a quantitative if not an insuperable difficulty in the way of subsequent memory. Here we are once more on familiar ground. Freud said of

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12'Female Sexuality', this JOURNAL, Vol. XIII, p. 282.
13'Notes on a Case of Obsessional Neurosis', *Collected Papers*, Vol. III, p. 368 (footnote).

the pre-Œdipal phase that all the experiences of that past era seem 'hoary with age and shadowy', [12] and other analysts have gone on to conjecture that human memory goes back to the time before the Œdipus period only seldom and with difficulty. It is a fact that the vast majority of the memories of childhood belong to the period characterized by the castration and Œdipus conflicts. There is a simple explanation of this phenomenon, on the lines of what has just been said. Speaking of the development from matriarchy to patriarchy, Freud said that it signified a mental advance, for reliance was now placed on inference and thought, instead of on the testimony of the senses.[13] Thus it was a step parallel to an advance in ego-development, towards release from an immediate dependence on the instinctual needs of the moment and on the actual perceptual situation. We may suppose that the same applies to the advance from the pre-Œdipal mother-fixation to the patriarchy of the Œdipus complex. The paucity of memories of the pre-Œdipal period may thus be similarly explained by the imperfect development of the ego at that period, just as the complete absence of memories of the first year is explained by the non-existence of the ego-function in question.

It seems then that we have good grounds for thinking that conscious memory of the very earliest period of life is fundamentally impossible and that the few examples which we should be inclined to regard as such memories really belong to a later period and have their source in what the individual has been told.

At this point it may be objected that it is no great loss even if true memory is lacking: memories are not a pure source of knowledge and we know how frequently they are deceptive. This is quite true and nobody will imagine that every memory has the value of proved material. Analysts, of all people, are constantly occupied in discovering the elaborations and distortions which have taken place in people's memories. But this imperfection in the material does not prove that it is worthless, any more than the fact that spurious fabrications are made where excavations are being carried out proves that archæology is of no value. Perception too is liable to error and yet science cannot do without it. We are tempted here to quote the anecdote of a man's remark about women, told by Freud in connection with the question of medical training for psycho-analysts: speaking of women, a man

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14 Postcript to 'Die Frage der Laienanalyse', *Ges. Schriften*, XI, S. 385.

once said, 'After all, a woman is the best thing of the kind that we have.'[14]

Another objection might run thus: Even if we have no memories going back to the first year, we have other mnemic products, for these experiences continue to exert a living influence and to be reproduced, whether in the re-emergence of visual images or in that of affects in the transference-situation under analysis. This cannot be disputed, but it really comes under our next heading: reconstruction from analytical data.

In this connection we can only make certain general statements, which are sure of general acceptance. Nobody doubts that in reconstruction the greatest caution must be exercised, the greater in proportion to the degree of discrepancy between the scope and the details of the processes reconstructed and the proved data at our disposal. A single instance from analytical writings will suffice. In 'The History of an Infantile Neurosis' how exhaustively Freud discusses the question of whether his reconstruction of the patient's observation of coitus when in his second year corresponded to a reality. And yet this same experience was on the whole very probable, and certainly by far the majority of children have witnessed such a scene in very early infancy either in consequence of restricted house-room or through the carelessness of the parents. We know that, after all, Freud could come to no definite conclusion and finally left it an open question whether what the child really witnessed was the sexual act performed by animals and not by his parents; for, since he grew up in the country, he had ample opportunity of observing the latter.

We can hardly escape the impression that the attempt to get at experiences of the first year must encounter very considerable difficulties and that theories about a rich phantasy-life in this period are harder to verify than statements about what occurred at a later age. It might be retorted that, because of these difficulties, it is not fair to demand from those who have investigated this period of life proofs of the same degree of cogency as those which psycho-analysis has at its command where its conclusions about later periods are concerned. But we soon realize that this is no argument for, to quote Freud again, 'Ignorance is ignorance; no right to believe anything can derive from it'.[15]

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15 *The Future of an Illusion*, p. 56.

Of course we can try to find a substitute for material which is lacking and, arguing that the psychic processes in very early infancy must still bear a strong resemblance to biological processes, we may look for that substitute in biology.[16] But so far it has not been found there.

Naturally, nothing in what has been said constitutes an argument against the validity of the theories put forward by Melanie Klein or other analysts with regard to the earliest period of life; but I think it is now evident that these theories cannot be said to be so convincingly attested as the other components of psycho-analysis.

II

Criteria of interpretation [17]

When we study the writings I have quoted, we often come across certain phrases which are also quite usual in other analytical works as well. We read that 'analysis showed' this or that, or that it led to such and such a conclusion, and so forth. Phrases of this sort are calculated to put an end to any further discussion. If we cannot agree with the author at this point, we must be on our guard lest we should be thought to be casting doubt on the material itself instead of questioning the soundness of his conclusions; and we shall be liable to come under suspicion of being prevented by something in ourselves from finding those conclusions as obvious as he does.

Of course, as I have already said, this phraseology is not peculiar to the writers in question but is to be met with in psycho-analytical works in general. It is impossible for an author in every instance to adduce the analytical material upon which his conclusions are based, consisting as it does of innumerable details. Nor is it necessary for him to do so, for, apart from a few productions addressed to non-analytical readers, analytic works are written for analysts and it is presumed that every analytical reader will be able to supply from the experience which he himself has accumulated that which is not fully described or expressly stated.

But the case before us is clearly one in which the views of a number

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16 Of course, by *biology* we understand here not merely the science of physiology and kindred researches, but biology in its more recent and comprehensive aspect, the aim of which is to investigate the vital processes in general.
17 Cf. Bernfeld, 'Der Begriff der Deutung in der Psychoanalyse', *Zeitschrift für angewandte Psychologie*, 1932, XLII; and H. Hartmann, Grundlagen der Psychoanalyse, Leipzig, 1927.
18Freud, 'Female Sexuality', this JOURNAL, Vol. XIII, p. 285.

of analytical investigators do not seem to their colleagues in the same field to be fully established, and therefore we sometimes feel that we cannot be satisfied with the bare statement that the analysis shewed this or that, but that we should like to know exactly what the facts were in every detail, and what were conclusions drawn from them, and precisely why these conclusions were drawn and not others. I do not think that it is enough to quote the obvious analogy between the hesitation felt by many analysts in accepting particular analytical theories and the doubts experienced by those outside analysis with reference to the conclusions of analysis in general. In particular, it seems to me unprofitable to deflect the discussion of an objective question to that of the possible emotional bias of the sceptic. For psychology is a two-edged weapon, as Freud pointed out when he said that 'the polemical use of analysis can obviously lead to no decision'.[18] Psychology has always a twofold application. Moreover, the general resistance to the conclusions of analysis which we all know to be the affective basis of its rejection by the world in general has never been used as an argument for their validity. On the contrary, it was not till after this seemed to have been abundantly proved that Freud asked himself the question why these conclusions had not long ago become common property, and still met with rejection even after his discoveries. The logical outcome of discrediting any doubts which may be expressed with regard to the findings of an analyst would be to assert that every analytical interpretation must be correct—a conclusion which can hardly be admitted.

In a word, the question of the criteria of interpretation, which is of itself exceedingly interesting, becomes acute when we have interpretations which do not appear convincing to all analysts in the light of their own experience. So long as those engaged in analysis were to all intents and purposes in agreement, the discussion of the question of criteria could be deferred, but when wide divergences of opinion become apparent it is time for it to find a place on our programme.

It is not my intention to enter here upon the whole problem of the criteria of interpretation; it would take us altogether too far outside the scope of this essay. We are confining ourselves to the points raised by certain controversial theories and there is therefore no need for us to discuss points which are not in question amongst analysts themselves.

Let us ask first what are our criteria in those fields of psycho-analysis in which there is no controversy.

Here it is advisable to distinguish between two types of interpretation. The first is that which relates to the present life of the analysand, the unconscious processes which are at work in him

hic et nunc, and the second that which is arrived at by a reconstruction of the past. It is evident that the criteria of interpretation are not quite the same in the two cases.

In interpreting current unconscious processes, no matter whether they belong to the sphere of instinct or to that of ego-elaboration, we look for some direct confirmation. The unconscious processes enter consciousness, sometimes immediately and sometimes only later, and the patient admits that they actually are taking place or have taken place in him. Generally such interpretations are followed by associations which indicate the operation of these unconscious processes in other connections. In some cases this does not happen, but the interpretation may all the same have been correct. If it was correct, it always makes it possible for us to understand and interpret the other type of reaction in the patient, namely, his resistance. What I said above applies to the interpretation of resistance as well: the patient becomes conscious of his resistance. Once the interpretation of it has been worked through, the way is clear for the other interpretations to enter consciousness or to be supplemented by fresh associations.[19]

The situation is more difficult in interpretations relating to the past. Here the patient's memories as they emerge often take the place of his conscious confirmation of our interpretation of his present experiences. And some of the memories which follow are analogous to the associations which, in the first case, indicate the operation in other connections of the instinctual impulses or methods of ego-behaviour which we have inferred. But this evidence is not always equally convincing. Memories are always open to the suspicion of error and of having been produced by the patient from a desire to please and so forth [20]

19 It is not necessary for the purpose of this study to discuss the technical problem of interpretation or certain grave pathological cases in which this formula does not exactly apply.
20 It might be said that the same thing may happen when we are interpreting current processes: the patient's admission that he detects in himself certain impulses may be mistaken or prompted by a desire to please, etc, that is to say, it may be the result of suggestion on the part of the analyst. If we were giving an account of the criteria of interpretation for the benefit of non-analysts we should have to consider this objection fully, but for the purposes of this paper it may be disregarded; we know that suggestion has no place in analysis and that it would argue peculiar lack of skill on the part of an analyst if he did not realize that certain associations were being produced from a desire to please and proceed to analyse the motive for them. It is evident that the possibilities of deception are greater in the case of the analysand's confirmation of interpretations relating to the past than in the case of that which relates to processes actually in operation.

There are various other possible ways of obtaining corroboration. In some cases a third party, possibly a relative of the patient, corroborates the fact that certain incidents happened which we have inferred in our interpretation. For technical reasons we usually refrain from using this method, but the fact remains that an interpretation can be, and in many cases has been, verified in this way. Or the patient's own store of memories furnishes corroboration of incidents which we have merely inferred to have happened.

But the final proof of the results arrived at by psycho-analytical interpretation lies outside analysis, in the direct observation of children. Of course, it is not possible to use this method to verify an interpretation in an individual case, for we cannot transport the patient back into his childhood and observe what he actually did. Certain fundamental facts, however, *can* be verified by direct observation of children, as, for instance, the existence of the Œdipus conflict and the castration-complex. These were originally arrived at by a process of interpretation in the analysis of adults: it was inferred that they had occurred in the patient's childhood. But the final proof lies in the fact that direct observation provides evidence of all these processes. The results of observation in this case are extraordinarily definite. We have only to allow children to express themselves fearlessly and we shall observe beyond any possibility of doubt all these

tendencies and anxieties. It would probably be quite right to say that the evidence of these infantile processes could be presented in a talking film.[21]

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21 I must take leave to dispute one passage in Joan Riviere's paper. On p. 397 we read: 'Even the most important part of the Œdipus complex, the gross sexual and aggressive impulses and phantasies, would hardly be regarded as proved or its existence as definitely established by extra-analytical observation alone.' I think that the evidence is as convincing here as evidence can ever be when it relates to what goes on in the mind of another. If we fail to realize the large body of evidence for such psycho-analytical conclusions and are inclined to think that these conclusions are based solely on considerations of plausibility and on such experiences on the part of the analyst as bear them out, we shall very likely go on to suppose this kind of corroboration would suffice in the case of analytical propositions in general, and that anyone who required more in the way of proof would be making a demand with which psycho-analysis does not and need not comply. This is to fail to appreciate the great gulf between the more convincing evidence which is required and forthcoming for our psycho-analytical theory and the much more uncertain basis for hypotheseS concerning processes occurring during the first year of life.

Now it is true that this in itself is still no proof of the validity of interpretations relating to individual variations in individual cases. But this extra-analytical evidence does establish the following points: (1) that certain processes occur regularly and are never absent, (2) that individual variations exist and, moreover, that direct observation provides evidence that such variations give rise later to precisely those products which we discover when analysing persons in whose infantile history, according to our interpretation, these variations played a part. Thus, for instance, the analysis of certain neurotic symptoms and character-traits in female patients leads us to infer an elaboration of the castration-complex. For example, a certain type of object-relation may represent an active castration-tendency which has its source in penis-envy. The corroboration furnished by the direct observation of children is that we find that little girls who elaborate the fact of the difference between the sexes in this particular way go on to develop this particular type of object-relation.

This brings us back to the observation of behaviour as the final means of verifying analytical interpretation. It is evident that it is no small loss if we must do without corroboration through direct observation.

A more comprehensive view of the matter may throw light on all this. We often find that writers suggest that a theory must be correct because its various elements agree with one another and bear one another out.[22] Let us consider whether the consistency of all the

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22 It might be contended that Freud makes use of a similar argument to justify the technique of dream-interpretation. Cf., *The Interpretation of Dreams* (Revised Translation, 1932, p. 487.) 'If such objections are really put forward, we may in defence appeal to the impression made by our dream-interpretations, the surprising connections with other drea-melements which emerge when we are pursuing the individual ideas and the improbability that anything which so perfectly covers and explains the dream as do our interpretations could be achieved otherwise than by following up psychic connections previously established … But the 'astonishing agreement with other dream-elements' is not taken by Freud to constitute a proof: he merely cites it by way of illustration of the 'impression' produced by our dream-interpretations and he points out that often, when the analyst is pursuing one dream-element, other elements are illumined in a surprising way. When he speaks of the 'improbability' that any explanation which so completely covers and elucidates a dream can be arrived at in any other way than by following up psychic connections previously established, he means that it is improbable that an explanation which comprises a large number of phenomena in a single whole can be based on chance. In a paper entitled 'Die Psycho-analyse Freuds, Verteidigung und kritische Bemerkungen', Bleuler endeavours to estimate this probability. But Freud does not regard this as the real proof of the validity of our technique of interpretation. And the next argument which he uses in the passage I have quoted—the identity 'of the procedure used in dream-interpretation with that used in resolving hysterical symptoms, when the correctness of the method is attested by the emergence and disappearance of the various symptoms, each in its place'—is again not accepted by him as a completely satisfactory proof. Such a proof he seeks and

finds only when discussing the problem of free association. There are many other criteria of the validity of psycho-analytical dream-interpretation. For instance, forgotten dream-fragments frequently re-emerge after one fragment has been interpreted; buried experiences of childhood are revealed as the result of an interpretation; the inference drawn is confirmed by the patient's present state or by his direct assent; or an interpretation enables us rightly to diagnose physical or psychic processes active at the moment (e.g. pregnancy in a patient who had not yet realized her condition, or some symptom such as agoraphobia which has not yet been confided to the analyst) or to predict what will happen later (e.g. when a dream reveals that a negative transference is emerging or that the patient has an inclination, which will only manifest itself after some time, to give up analysis). Cf. in this connection H. *Hartmann's Grundlagen der Psychoanalyse*, Leipzig, 1927.

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various elements is really a criterion of the correctness of the whole system.

One thing, however, is certain: the lack of such inner agreement, an inconsistency in the separate parts of a theory, is a strong argument against it. Either it is incorrect as a whole or parts of it need to be revised. Thus consistency is certainly a necessary condition for the correctness of a theory but it is doubtful whether consistency alone

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suffices to prove it. To frame the question in this way is to answer it in the negative. Even quite erroneous theories often seem to provide the explanation of a whole series of phenomena. To give an extreme example: paranoiacs often feel that every detail in their daily life confirms their beliefs, and they argue that these beliefs alone contain the key to everything that they experience. Interpretations cannot be used to prove one another; they must be corroborated, at least in some one point, *extra-systematically*, by something which is not itself interpretation.

This is very unsatisfactorily expressed because it leaves out of account the fact that the evidence upon which a system of interpretations can be based and which is not itself interpretation yet does contain elements of interpretation. (For instance, our direct observation of children—like any other observation of children—naturally contains such elements.) But some interpretations approximate less closely and others more closely to that which is verifiable intersubjectively. We might arrange interpretations in gradation and say that all those of the n th grade must be corroborated by at least one interpretation of the grade n — 1, so that ultimately the proof lies in that which is intersubjectively verifiable. Such a theory of gradation is very likely correct, but for our present purpose we may content ourselves with observing that the agreement of all interpretations is not of itself a sufficient basis for a theory but must be reinforced, at least in one point, extra-systematically by proved facts.

I think that this notion is applicable to the confirmation, through the direct observation of children, of the occurrence of infantile processes arrived at by interpretation in the analysis of adults.

It is hardly necessary to mention that yet another criterion, the criterion *ex juvantibus*, cannot legitimately be adduced here. Indeed it seems to me a proof of the high level of all psycho-analytical discussion that the various parties consistently refrain from using this argument. A cure can often be effected by more than one method. The question is what is meant by cure. On this point analysts have long taken up a very different position from that adopted by clinical psychiatry and the other methods of psychotherapy, whose practitioners speak of cure when certain symptoms known to them have disappeared. But psychotherapists as a rule do not and cannot know all the patient's symptoms and they do not stop to consider the price paid for the removal of a symptom. The same difficulties in regard to the problems of cure occur in analysis, though in an infinitely more

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subtle form. So it is a very good thing that we do not rely on this argument.

Perhaps to conclude this section we may take a general survey of the methods of verification that analysis may employ.

The fundamental difficulty is that human individuals are not suitable subjects for experimentation. By 'experimentation' we mean the variation at will of a single condition while all the others are kept constant, and it assumes that there is only a limited number of conditions and that these can be varied or kept constant at will. Thus experiment in the strict sense of the term can take place only in the sphere of phenomena we can control, i.e. inanimate objects. Life eludes experimentation in this strict sense; for life is an historic process. If we vary one condition in two different individuals in different ways, we still have no experiment in the exact sense of the term. The second individual cannot be used as a 'control' for the first, for these two individuals are not identical in every other respect. So we are not justified in immediately attributing the difference of the results obtained in the two to the variation of a particular condition. Supposing, on the other hand, we vary a condition in two successive experiments upon the same individual, we cannot as a rule draw any convincing conclusion, for, when the second experiment takes place, the individual is no longer in the same state as in the first, seeing that he has already been submitted to this. For instance, if we want to know how a child reacts to methods of tenderness or severity in his upbringing and try first the one and then the other, the child who has experienced severity is no longer the same as he was before that experience, and it has not been proved how he would have reacted to indulgence if his desires had not previously been thwarted. Thus the necessary conditions for experiment cannot be obtained in this way.

It is true that these conditions of (ideal) experiment are not strictly applicable even in the case of the natural sciences. Even in physics the number of conditioning factors, all but one of which should be kept constant, is not really limited but infinite, and some of these factors are not within our control. An experiment made in 1900 cannot, to be quite exact, be reproduced in 1936, for not all the previous conditions—for instance, the position of the Milky Way—can be exactly repeated. Strictly speaking, even an experiment in physics is an historical act in a process which cannot be reproduced. But experience has shewn that we are allowed to neglect a sufficiently large number of parameters.

We must not overlook the possibility of obtaining proofs in psychology which are comparable to those obtained by experiment. Experimental biology testifies to such a possibility. The life of the lower animals is also an historical process, though of more limited dimensions than human life, and yet it can be made the subject of experiment.

So although, when human beings are in question, the situation can never be exactly comparable to an experiment in physics, yet experiments or something comparable to them can be undertaken under the following conditions:

1. on the periphery of personality. Here experiments can really be made, either by taking two individuals and varying a particular condition in the case of one of them or by varying the same condition in one and the same individual in two successive tests. For instance, an experiment with contrasting colours does not alter the behaviour of the subject when he undergoes a second test. This is the basis of a great part of academic psychology; for analysis, concerned as it is with the central phenomena of personality, this case is of little interest.[23]

2. quasi-experiments conducted with a large number of persons. We have seen why we obtain no convincing proof if we vary a condition in the case of one subject of an experiment and keep it constant in the case of another. The difference in the other qualities of the two

individuals is too great for us to be able to ascribe the difference in our results with any certainty to the variation in this single factor. The greater the number of persons experimented with, the more limited is this source of error. If we have a sufficiently large number, we may legitimately draw a general conclusion, for we may expect that the variations will be distributed equally on both sides and cancel one another out.

Under this heading we must place the conclusions arrived at as the result of attempts to exert an influence psychically in accordance with some theoretical system (e.g. methods of education).

This kind of quasi-experiment plays a great part in analysis, when we draw conclusions from a large number of cases. Naturally it is not necessary for a condition to be varied *at will*. The observation of a

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23 Modes of behaviour belonging to the periphery of the personality may in fact be defined as those in which a first experiment does not alter the behaviour of the subject when submitted to a second.

large number of cases in which it varies by *chance* (for instance, in the way the individual has been brought up) answers the same purpose. For example, when we observe how regularly an acute neurosis develops in men who underwent operation for phimosis between their third and seventh year and when we compare these statistics with the far smaller percentage of cases of acute neurosis in other men, we feel it legitimate to draw certain conclusions.

3. experiments of nature. In many cases nature itself provides the conditions of experiment; we might say that every abnormality is an experiment of nature. This is why in psycho-analysis investigation of the pathological takes the place of experiment in the natural sciences.

A particularly impressive example of such an experiment of nature is that of uniovular twins, for we may assume that their heredity is identical and that their differences are due to factors in their environment. H. Hartmann shewed that in such twins we may find both aspects of the anal character, one being miserly and the other prodigal, and that this proves the unity of that character.[24]

4. experiments in cases in which the living object's freedom is somehow restricted (e.g. in hypnosis or in experiments with posthypnotic suggestion). Under this heading comes the experimental confirmation of dream-symbolism, obtained by Schrötter, Roffenstein, Betlheim and Hartmann. We have an instance of this kind of experiment in analysis when e.g. we draw an inference as to the nature of the transference-material from transference-phenomena which appear regularly.

This is how we finally arrive at our evidence in analysis, if we have not already received satisfactory corroboration in the direct assent of the patient to our interpretation.

It is time to return to our subject. We have made a wide détour and seem to be a long way from it. But all our considerations converge upon a single point, namely, that in my opinion we have not yet sufficient evidence for theories about processes during the first year of life.

All the phantasies which have been described as belonging to this early period have been abundantly proved to occur at a later age, in children of about three years old. I believe that we shall obtain

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24 'Psychiatrische Zwillingstudien', *Jahrbuch für Psychiatrie und Neurologie*, Bd. L and LI, 1933–4.

25 The word 'phantasy' is used here in the sense in which it is used in common parlance, whence psycho-analysis adopted it. Experiences which have not been dealt with by thought-processes would be more correctly described as impulses, anxieties, etc.

evidence that they occur even during the course of the third year. It is, I think, no small merit in the writings which we are considering that they have drawn attention to these phantasies. Their existence is not in question, only their occurrence so early in life. We might be tempted to say that they could not have arisen as late as the third or fourth year but must date back to an earlier period. The obvious argument in support of this view is that these are oral phantasies and we are accustomed to describe the first year as the oral phase. I do not think, however, that this is a sound argument. In the first place, as regards the ascription of oral phantasies to the oral phase, I would point out that orality does not come to an end when the libido takes up the anal position. Freud never intended to assert that a particular libidinal position excluded all others; he was merely describing a certain organization of the libido. In the next place, the classification of libidinal development in several phases was a tentative piece of work, a fine idea because it accounted for the phenomena in question at a single blow, but nevertheless it was a piece of pioneer work, and there are many points in connection with these phases of development which remain obscure for the very reasons I gave when speaking of the obscurity of that 'hoary and shadowy' past. Now when it comes to deciding that phantasies which we encounter must have originated at an earlier period, which is as much as to say that it is an impossibility for them to have arisen at the present time, this argument seems to me no more convincing than it would be to insist that Shakespeare's *Hamlet* or *Lear* must have already existed in his mind in childhood. It is true that the germs of the dramas were there —phantasies to be subsequently elaborated, a particular bent of his genius and much else besides belonged to the poet's early childhood—but the finished product came into existence only when he reached maturity. Similarly the phantasies[25] belonging to the third year may have their antecedents in processes which occur at the very beginning of life and be woven of this early material, combined with the experiences subsequently acquired during the development of the instincts and the ego, and as a result of external happenings. But I see no grounds which compel us to conclude that the phantasies themsel ves belong to these early periods.

III

The formation of the super-ego

One of the controversial questions relates, as we know, to the so-called early super-ego. Let us take the opportunity to describe the problem of the formation and development of that institution; some account of it may be useful as a basis for the discussion of differences of opinion.

We know that in *The Ego and the Id Freud* speaks of the formation of the super-ego at the time of the passing of the Œdipus complex. He describes its foundation as the child's identifications with the parents, these being, unlike the so-called 'identifications within the ego', opposed to the rest of the ego. The Œdipus conflict terminates in these identifications, which, in relation to the ego, embody the libidinal and aggressive tendencies of the object on the one hand and, on the other, the subject's own tendencies turned back upon the ego. All this is very familiar, as is Freud's explanation of how it is that the Œdipus complex has precisely this issue. This leads on naturally to the differences between the masculine and the feminine super-ego. In boys the Œdipus complex comes to an end more abruptly and more suddenly than in girls. In the latter it seems rather to die away gradually, the only causes for its destruction in the female sex being privation and dread of the loss of love, while in boys castration-anxiety is another contributing factor. Much later in life men have, as it were, their revenge on the opposite sex. The end of

the second sexual phase, the period of maturity, terminates abruptly for women, whereas in men there is a gradual process of decline. These differences in the passing of the Œdipus complex and the formation of the super-ego have been adduced as the explanation of the differences in the super-ego in the two sexes; in men it retains traces of its origin in castration-anxiety and in women of the dread of loss of love. Thus the man's super-ego, it follows, is less dependent on other people's opinion, while the woman's is more akin to social anxiety. The saying attributed to Martin Luther, 'Here stand I, I can no other' (the command of the super-ego which set him in open opposition to the forces of the community) is said to be characteristic of the male super-ego, while such an attitude is not easily conceivable in the case of women.[26]

26 It is not to be supposed that this attitude is never met with in women, only that it is comparatively rare and that women with a super-ego of this sort probably give us an impression of masculinity.

This theory of the formation of the super-ego during the fifth year has met with a good deal of contradiction. It is contended that it really dates much further back and is established at a very early period. To assume that the super-ego originates when the child is four years old is said to be as mistaken as to suppose that sexuality begins at puberty.

Now the theory of super-ego formation, as I have outlined it, was never intended to suggest that we can perceive nothing comparable to the processes of the super-ego before a child is four years old. What is meant is rather that at this age a psychic institution is formed which contains within itself a consistent code of laws and divides the world into good and bad, and that the behaviour of the child from that time on is decisively different from what it was before. This difference between children's behaviour in their fourth and in their sixth year is clearly noticeable in their upbringing. Anna Freud has described this change as follows:27

> *When the child enters on this phase, the life of those responsible for his upbringing becomes easier. Hitherto they have been struggling with a being totally opposed to them, who always wanted what they did not. Now, we may confidently assert, they have an ally in the enemy's camp. Those who have to deal with older children can always safely rely on this super-ego and say, "We two are in league against the child". And the child sees itself confronted by two powers: the transformed part of its own personality and the love-object which still exists in the outside world. He becomes docile to a degree hitherto quite unknown.*

The change which takes place in the child at the end of the first sexual period is familiar to educationists. The practice, common amongst civilized races, of sending children to school from about the sixth year is certainly not accidental. It is determined not only by their intellectual development but by what Freud describes as the development of the super-ego, for they are now able to grasp the idea of duty. Probably it was for the same reason that in the Middle Ages children were removed from the sole care of women and entered their father's sphere of interest on reaching this age.

There can be no doubt that, round about this time, revolutionary

27Anna Freud, 'Die Erziehung des Kleinkindes vom psychoanalytischen Standpunkt'*, Zeitschrift für psychoanalytische Pädagogik*, Bd. VIII, 1934, S. 24 f.

28Cf. O. Fenichel, 'die Identifizierung', *Internationale Zeitschrift für Psychoanalyse*, Bd. XII, 1926, S. 321 ff.

29There is another difficulty which must be mentioned in this connection. The writers whose works we are considering often speak of an 'introjected object' and the fact that this object has not the characteristics of the real object but those with which the child's phantasy endows it is held to prove that it is not a real object but an internalized object. I would suggest that we should differentiate between two things: an *inner institution* and an *idea of an external object*. Such an idea may not coincide with the reality: the

object may be distorted in phantasy by the addition of characteristics which have their source in the mind of the subject. But still this is not the same thing as an introjected object. There is a difference between a patient's rejecting a certain mode of behaviour at the bidding of an inner voice and refraining from it from fear of another person—however unreal this person may be and however little the characteristics with which he is endowed in the patient's imagination correspond to the reality. There are various criteria by which we may test this difference. I will mention only one: a neurosis apparently develops differently according as it is based on a true sense of guilt or on dread of an imaginary avenger; the methods adopted to deal with the pressure of an inner institution or the dread of a phantasied object are not the same. In the second case the patient often resorts to modes of defence designed to appease, deceive or outwit the imaginary antagonist. Such attempts are not so practicable when a true inner institution is in question.

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processes occur in the domain which we assign to the super-ego. But this does not mean and was never supposed to mean that even earlier, right back to the second year, there were no phenomena similar to the super-ego, such as, for instance, a sense of guilt. The existence of such phenomena is commonly admitted by psycho-analytical writers and has been discussed by them in the literature since Freud's *The Ego and the Id* directed attention to the problems connected with the super-ego. It is true that it has been customary to speak of 'antecedent phases' of the super-ego.[28] Let us for a moment disregard the question whether 'antecedent phases' is a suitable term for these phenomena. At all events we believe that a sense of guilt and remorse already manifest themselves at a much earlier age. Naturally in the case of a two-year-old child it is very difficult to distinguish between dread of an external object and a sense of guilt. Only too often we have the impression that no guilt is felt unless the external object whom the child fears knows of the transgression or—since to a child all adults are omniscient—is believed to know of it. It seems then that the guilty feelings lack one of the distinguishing marks of the super-ego, namely, its capacity to operate independently of the presence of a dreaded external object. Yet, in spite of all and even when we take into account everything which can possibly be a manifestation of anxiety, [29] there remains something which argues the existence of an inner voice.

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We know of two sources for these phenomena. One is the child's identification of himself with the people who bring him up and the other derives from the course taken in him by the conflict of ambivalence and from the limitations imposed on his aggression by the outside world. In the first case he identifies himself with adults, just as he does later at the passing of the Œdipus complex; he makes their commands and prohibitions his own and we may say that they are introjected. This is a fact which can hardly be questioned. We notice that children towards the end of their second year will put on a deep voice when quoting the commands of their elders. Melanie Klein gives a very good illustration of this sort of thing.

When considering the genesis of the phenomena of conscience from the conflict of ambivalence and the external restraints upon aggression we must distinguish between two things: the libidinal and the aggressive roots of these phenomena. In the one case it is the child's aggression which meets with an external check or is restrained by his own love-tendency and recoils on himself. For instance, it has often been observed that a child who is prevented from hitting another child will hit himself. This turning-back of the aggressive impulse upon the self may even give rise to behaviour suggestive of a need for punishment.

If, however, an aggressive impulse has actually been carried out and the object has suffered an injury, the tendency to make reparation comes into play in consequence of the ambivalence in the object-relation. The aggressive impulse has been satisfied and appeased by the act and its intensity diminishes: love once more makes itself heard and seeks to restore the object which has been injured. This is the account which Freud gives of the origin of remorse.[30] Of all the

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30 Freud, *Civilization and its Discontents*. H. Nunberg draws attention to the libidinal components in the sense of guilt in 'The Sense of Guilt and the Need for Punishment, ' this JOURNAL, Vol. VII, p, 420.

early phenomena of the type we have been discussing remorse is probably the earliest.

Psycho-analytical writers commonly describe all these impulses as antecedent phases of the super-ego [*Vorstufen*]. They closely resemble the super-ego proper. We can trace them as early as the second year. Why are they called antecedent phases? Fenichel says on this point: 'All these early forms are characterized by the fact that they are disconnected and independent of one another—much like the component instincts before they are combined in a unified sexual organization. The fundamental characteristics of the super-ego, its unity, its severity, its opposition to the ego, its unconsciousness and its strength—all of which are bequeathed to it by the Œdipus complex—are lacking in these antecedent phases.' [31]

I believe that at the present time the majority of analysts hold similar views about these antecedent phases and their difference from the later super-ego proper. We may wonder whether Fenichel's description is not somewhat too precise in this or that point, as, for instance, when he implies that these phases are never opposed to the ego or never unconscious, but on the whole the impression he conveys is that we are here dealing with relatively isolated phenomena, separate internalized commands and prohibitions which have not as yet been welded into a unified code, single and relatively disconnected acts prompted by remorse and the need for punishment.

Questions of terminology ought not to be made a bone of contention but should be cleared out of the way by agreement on a definition. I think that there is no reason why these antecedent phases should not also be called the 'super-ego', if anyone wishes so to call them. But, in order to do justice to the facts, we must then state that that which occurs in the fifth year of life is the decisive step taken in the development of the super-ego and may perhaps be termed its integration. There would be little difference in the result.

Let us now go back yet another step and ask whether we can find anything at an earlier period still which might be included in the concept of the super-ego. I think that we do find something of the sort at the end of the first or the beginning of the second year. I refer to the advance in the child's development when he reaches the point of being able to objectify his own self. This is a stage which we

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31 O. Fenichel, 'Die Identifizierung', *Internationale Zeitschrift für Psychoanalyse*, Bd. XII, 1926, S. 321 ff.

mentioned before when we were discussing the theoretical question of an ultimate limit to memory. the child now begins to detach himself from the biological situation characterized by vital instinctual needs and from his perceptual environment and develops the capacity to adopt another, imaginary standpoint. When this advance is made, there opens up a wealth of undreamed-of possibilities in the shape of speech and culture. A number of experiments in animal-psychology suggests that it is here that the real difference between human beings and animals lies. The newly acquired capacity manifests itself in many ways, e.g. in the ability to understand an imaginary situation. Some experts in cerebral pathology hold that it is precisely this function which is impaired and partially lost in asymbolic disturbances.

There seems to be good grounds for assigning this function to the super-ego. The power to objectify the self and to achieve detachment from it and the vital needs of the moment probably depends on that formation of different levels within the ego which is the most essential

characteristic of the super-ego. We remember that Freud, in his 'Introduction to Narcissism', introduced the concept of the super-ego in connection with the phenomena of the delusion of observation, and again in his most recent account in *the New Introductory Lectures on Psycho-Analysis* he raises the problem in connection with the question how the ego can take itself as an object. Moreover, it is certain that all the phenomena of the super-ego presuppose this function; whether we punish ourselves or comfort ourselves there must be some stratification within the ego, an imaginary standpoint from which we confront the rest of our personality. This was my reason for endeavouring to shew that the function in question is the essential characteristic of the super-ego and that what really distinguishes human beings from animals is the appearance of what in psycho-analytical terminology we call the super-ego function, to which I have given the name of the 'formal super-ego function'. [32] I personally am solely responsible for this classification and terminology and I am not sure how many analysts would agree with me. I see no objection if anyone prefers to give some other name to this advance in ego-development

32 Cf. 'Das Prinzip der mehrfachen Funktion', *Internationale Zeitschrift für Psychoanalyse*, Bd. XVI, 1930, S. 299 f., and 'The Problem of Freedom in Psycho-Analysis and the Problem of Reality-Testing', this JOURNAL, Vol. XVII, 1936.

and to reserve the term 'super-ego' for something much more concrete. Nevertheless I think we should still be justified in extending the concept of the super-ego to include the function of which I have been speaking. In that case the first traces of this development, which is only gradually completed, are (as we know from exact data as to mental development) found at the end of the first or the beginning of the second year.

But what can be meant by speaking of a super-ego at a still earlier period, in the first months of life? We have no evidence that any function of self-objectivation, without which there can certainly be no super-ego phenomena, appears so early. All that we know of mental development contradicts such a notion.

Several authors refer to auto-sadistic tendencies or aggressive impulses violently assaulting the subject's own ego; they are said to derive from the introjection of an object which has become 'bad' through the projection of the child's own aggressive impulses and they are sometimes spoken of as an early super-ego. We need not consider this theory of the origin of aggressive impulses against the self nor need we discuss whether they are so powerful as some authors are inclined to believe. Let us be content to admit that such aggressive impulses do exist and to ask whether it is right to describe them as the super-ego.

Not every aggression against the self is an aggression on the part of the super-ego, any more than all self-love is the super-ego's love for the ego. Freud says that in humour the super-ego treats the ego in an affectionate and comforting way, and we are familiar with the application of this idea: the ego's wooing of the super-ego for its love and the super-ego's affectionate tenderness towards the ego.[33] But all self-love does not come under this heading, otherwise we should have to say that narcissism was a super-ego phenomenon and that every narcissistic impulse was a form of humour—which is certainly not to be recommended, however closely related humour may be to narcissism. It is the same with aggression against the self. We cannot maintain that every self-destructive tendency emanates from the super-ego nor that every auto-sadistic impulse testifies to its existence. To speak of the super-ego at a stage when *id*-impulses alone are in question would be to extend the concept of the super-ego far beyond what is scientifically admissible. The logical conclusion of

33 Cf. in especial L. Jekels' writings.

such an extension would be to describe the death-instinct itself as a part of the super-ego.

It is of course a different matter to say, as Joan Riviere does, that '"archaic" feelings are a permanent element in the organization of the super-ego.' [34] There is no fundamental objection to this view. The auto-sadistic tendencies of an early period may contribute to the subsequent formation of the super-ego and lend to that institution something of their own aggressiveness, just as narcissism contributes to the positive relations of the super-ego to the ego, of which humour is an instance. But this belongs to the pre-history of the super-ego.

Now let us adopt the synthetic method and try to describe the development of the super-ego. We can distinguish six periods. The first is a period of latency, during which it may be said that, roughly speaking, nothing like the super-ego exists. This period covers the first year of life. Of course, the vicissitudes of the instincts during this period do nevertheless exercise an effect upon the subsequent development of the super-ego. The second stage is characterized by the appearance of the formal super-ego function, which develops gradually till the individual reaches maturity. During the third period the so-called antecedent phases occur, the various isolated internalizations of external commands and prohibitions, by means of identification, and the earliest phenomena of remorse and the tendency to self-punishment. The next phase is that of super-ego formation—or, if we prefer the term, of the integration of the super-ego—which takes place with the passing of the Œdipus complex. In this phase the antecedent phases are welded together, as Fenichel says, just as the component instincts become welded into a homogeneous sexual organization. A powerful inner code is formed, in which the separate commands and prohibitions are combined and the world is divided into good and bad. From that time on, part of the child's psyche is the ally of those who educate it and is in harmony with the demands of the outside world.

There follows a long phase in which the super-ego, thus formed, has not yet become firmly established and is still in communication with external objects in the manner described by Anna Freud.[35] It may still easily happen that the process of super-ego formation

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34 Cf. in especial L. Jekels' writings, p. 418.
35 'The Theory of the Analysis of Children, ' this JOURNAL, Vol. X, p. 29.

undergoes partial reversal and turns back again into a fresh object-relation, whereupon an internalization of the new object takes place. We say that the child or adolescent is not yet established in his character and we hesitate to allow him to get into bad company. This period of the super-ego's susceptibility to influence is a long one, probably lasting till the end of the twenties, though naturally the susceptibility diminishes as time goes on. The super-ego now enters upon its final phase and acquires that measure of stability which the individual in question has achieved. Of course, even then it is possible to influence it by mechanisms similar to those used during the earlier period. We have instances of such influence in women who are in love, in persons under hypnosis and in crowds. Apart from all this, a strictly conducted analysis may still modify the super-ego by analysing its origins in the patient.

IV

Phantasy and reality

Another problem raised by the writings we are studying is that of phantasy and reality or, as we may say, of reality and psychic reality. I have no doubt that in principle all analysts are agreed that we have here a complementary series; the fewer the factors of the one group, the more factors of the other group are necessary for the occurrence of a particular phenomenon.

Here we must distinguish two problems, which are not identical: that of the biological and social factors concerned in psycho-analysis and that of constitution and environment. In the former case we have to consider which phenomena are biologically determined and which produced by social influences, in other words, what is the relative part played in each phenomenon by biology and social environment. There is, for instance, the much discussed question whether the concept of mental disease is biological or social, or again, whether the Œdipus complex is a biological or a social phenomenon, whether puberty in civilized races is an artificial product, and so forth. On the other hand, when we consider how much in neurosis is to be attributed to the patient's character or other individual constitutional qualities and how much to environment we are dealing with the second problem.

The question of phantasy and reality, as raised in the works of Melanie Klein and others, is clearly part of the first problem. So

far, psycho-analysis has not propounded any detailed theory on the subject. This is an indication of Freud's unwillingness to generalize and his constant preference for the study of concrete individual questions. We can imagine two standpoints, one at either end of the external influences. This might be called the sociological preoccupation. It is embodied in its most extreme form in the writings of W. Reich, who was formerly an analyst but finally dissociated himself altogether from psycho-analysis on this question as well as on a number of others. According to Reich, neurosis is a social phenomenon and, if social conditions are altered, there are good chances of its disappearing. We find a less extreme expression of the sociological bias in various psycho-analytical writings. Some analysts, for example, contend that anxiety always has its origin in an external threat, so that all anxiety is derived from objective anxiety. A similar, although modified, view is put forward by Fenichel, who follows Freud in describing a trauma as an excessive increase in need-tensions, but goes on to imply that this traumatic situation arises either in consequence of some external barrier in the way of gratification or of the inadequacy of the apparatus by which gratification is sought. He is quite consistent in concluding that, if the apparatus for gratification remains intact, the strength of the instincts cannot produce anxiety. Although Fenichel is introducing the factor of physiological immaturity or of the individual's helplessness in the face of instinct by reason of his lack of an adequate executive apparatus, his view too may be regarded as a sociological preoccupation. The discussion of the death-instinct is approached from the same angle by those authors who describe aggression exclusively as the reaction to external frustration.

The biological preoccupation attaches less importance to the factor of environment. According to this view, external experiences simply provide the material upon which the inner forces work.

If we wish to classify the writings of Melanie Klein and the other authors whom we are considering, we should say that at any rate their standpoint is diametrically opposed to the sociological view, that is to say, it is biological. But this is not quite correct, for we find, contrary to expectation, that the facts of psychic reality described by Melanie Klein are not of a biological nature or covered by biological laws. One could say that we are dealing with a kind of quasi-biology which has no biology in it!

Although psycho-analysis has not as yet formulated any theory which claims general application on the mutual relation of biological and social factors, it may nevertheless be said that it has in the main held a middle course on the problem or, to put it another way, that its theory is dialectical. Historically, psycho-analysis at first chiefly devoted attention to the external causes of illness (e.g. in the theory of traumas). Later Freud discovered that the

phantasies of hysterics often did not correspond at all to the truth but were none the less pathogenic; they were a part of psychic reality.

Now let us try, while avoiding all generalization, to give a schematic outline of the view held by Freudian psycho-analysis on this subject. So many points remain obscure that our scheme can be only a framework, leaving room for many differences of opinion on details.

I have tried elsewhere to draw up a scheme of the ways in which development or change in general takes place in the psychic life.[36] I took as my starting-point the principle of multiple function, and I defined this to mean that every psychic act has a multiple function in that it must comply with the demands of the outside world, of instinct and of the super-ego and, further, with the will of the ego to emancipate itself from these alien institutions. If every psychic act represents a more or less successful attempt to perform several tasks (namely, those set for the ego by the *id*, the super-ego and reality [37] and those which it sets for itself) we see that psychic modification may take place either through a change in the nature of the tasks or in the methods adopted for their solution.

In the first place, the tasks themselves may be modified through the development of the instinctual life, a modification of the environment, or the development of the super-ego. In addition to these, what we have described as the ego's effort to emancipate itself from the forces of the non-ego gradually develops. Secondly, a development takes place in the ego's methods of solving its tasks; the investigation

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36'Das Prinzip der mehrfachen Funktion', *Internationale Zeitschrift für Psychoanalyse*, Bd. XVI, 1930, S. 297 f.

37 It is somewhat inaccurate to speak of the tasks set by reality, unless we add an explanation of how real happenings become inner tasks. This takes place through all those tendencies in the subject which are directed towards the object-world: the libidinal and aggressive *id*-instincts, the impulse of self-preservation, anxiety and the effort of the ego to enlarge its boundaries and, further, the super-ego raises demands in reference to the subject's relation to the outside world.

of these methods is one of the subjects of ego-psychology. And, thirdly, there is another factor which really comes under the heading of modification of the tasks themselves. When a psychic act is performed in an attempt to deal with a situation involving multiple tasks, the act itself alters the situation. We do something and in so doing we change the outside world, with the result that the world thus modified sets us new tasks. Similarly the instinctual situation changes when we gratify or refuse to gratify an instinct. I think this scheme will be generally acceptable because it is sufficiently broad.

Now what, in relation to this question, is the view of the authors whose works we are considering? When we read what James Strachey says about the alternation of the processes of projection and introjection in the familiar vicious circle, we have the impression that there must be a 'rotation of phantasies.'[38]

Speaking of the relation between reality and phantasy, Melanie Klein says as follows:

> *We know that the child's early phantasies and instinctual life on the one hand, and the pressure of reality upon it on the other, interact upon each other and that their combined action shapes the course of its mental development. In my judgment, reality and real objects affect its anxiety-situations from the very earliest stages of its existence, in the sense that it regards them as so many proofs or refutations of its anxiety-situations, which it has displaced into the outer world, and they thus help to guide the course of its instinctual life. And since, owing to the interaction of the mechanisms of projection and introjection, the external factors influence the formation*

of its super-ego and the growth of the object-relationships and its instincts, they will also assist in determining what the outcome of its sexual development will be.[39]

According to this admirably clear statement, reality can have the effect of intensifying or lessening anxiety-situations. Strachey is therefore applying this notion quite logically when he describes the process of cure as a gradual alleviation of the anxiety-situation by means of the reality of the analyst. It appears that all that reality does is to increase or diminish the quantity of anxiety; if it has any further influence, it can be only in so far as development is determined

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38 I am using a term coined by E. Bibring in a hitherto unpublished paper on technique.
39 Melanie Klein, *loc. cit.*, p. 302.

by the intensity of anxiety, as is stated in the last sentence of the passage which I have quoted.

Here we have the difference in the estimate of the factor of reality. Those who hold that my earlier scheme was correct will hardly believe in a 'rotation of phantasies' and will feel that Melanie Klein's description is not comprehensive enough. Real experiences, in our view, are sometimes more than mere proofs or refutations of anxiety.

We certainly notice a very marked difference when we compare my scheme with Joan Riviere's description of the genesis of a psychic conflict. She gives an account of a practically automatic development of anxiety and of its elaboration by means of the processes of projection and introjection. Her estimate of the part played by reality is not a high one. She states indeed that the infant's aggression is the result of oral frustration, but it is assumed that that degree of frustration which is universally and inevitably experienced suffices in practice to produce the aggressive impulses under discussion. If such real experience as is common to every individual is enough to give rise to these phenomena, the latter cannot be said to depend upon the nature of the reality in individual cases. Reality moderates aggression or renders it more violent. Joan Riviere describes very impressively the favourable results which ensue from the presence of good objects, but she regards all this only as a matter of quantitative displacements within the process, though admittedly these have a powerful influence upon further development.

Of course, I do not imagine that what I have said is a refutation of Melanie Klein's view. My object has been not to refute it but to bring out the differences of opinion on this question. The fact that I believe my own view to be correct is, of course, no argument, nor is the fact that it agrees with the view of most analysts. There is one thing to be said, however, even though it is only an argumentum ad hominem: the scheme which I have outlined suggests itself naturally and we have a right to ask for exact proofs of any other theory, whether it differ from mine in its biological or its sociological preoccupation. But here we have come back to the questions discussed in the first sections of this paper and we ask what are the final proofs upon which this kind of demarcation of phantasy from reality is based. A reference to the results of analysis is also clearly no argument, for the very point in dispute is whether these particular conclusions can legitimately be drawn from such results. On the other hand it would not be accurate to say that this point cannot be exactly proved: a

proof which would be sufficient for all practical purposes could probably be obtained by some of the methods of verification discussed in my second section. Direct observation of a sufficiently large number of children would provide such proof.

In order to make it clear wherein the differences of opinion lie I would point out that I am not here arguing that more things are to be ascribed to the factor of reality than is suggested in Melanie Klein's writings. It is not a mere problem of addition, not simply a question of how

many psychic processes have their origin in objective impressions. The point is rather that in our view reality enters into psychic development in quite another sense and that there is no such thing as a rotation of phantasies, but that the arc of life inevitably throws its curve through the outside world. This is what is indicated in my scheme.

Readers of the case-histories communicated by the children's analysts associated with Melanie Klein sometimes wish, when they read the various phantasies reported, that they knew more of the real incidents in the lives of these children. Acts of aggression directed against the contents of the mother's body occur, as we all know, for the most part when the mother is pregnant, or when the child has been told of the possibility that she is going to have a baby, or when he has some other occasion for thinking about the arrival of a brother or sister. Actions which represent something in the behaviour of an infant are carried out by a child when the real situation provides him with a motive for playing the baby or some other motive for this sort of behaviour. Whatever the content of these phantasies and however necessary it may be to study all the elements in them, they can never be wholly understood without a knowledge of the child's actual situation. So it is not enough to examine their content; they are never a mere continuation of old phantasies, woven, as it were, of themselves and detached from real life. We can only judge exactly why the child produced this particular phantasy or game at this particular moment, and what he is trying to convey by it, if we take into account at the same time the problems presented by reality.

Let us take a concrete example of what to us seems to be an underestimation of reality, which may perhaps be more exactly described as a *different* estimation from our own of that factor. We shall be leaving theory and launching straight into a problem of technique, but everything which we have already discussed from the purely theoretical standpoint must have its application to all the questions, small and great, which arise in our analytic work.

Melanie Klein and some other writers commonly represent the relation of the patient to the analyst as transference pure and simple; the possibility that such a relation may be in part based on reality is not considered by them. This does not correspond to Freud's idea of the transference, according to which there are relations between patient and analyst which are based on the real situation, though of course also on the wishes and modes of reaction which the patient has developed in the past and brought with him to his analysis. Every relation contains elements which are of the nature of repetitions and other elements which have their basis in reality. The repetitive elements in an object-relation are the more numerous in proportion as the inner urge to translate them into reality is strong and as the object permits of this, i.e. in proportion as no counter-action springing from the psychic structure of the object itself destroys the incipient repetition. When the element of reality is almost nil we speak of transference.[40]

There is no doubt that, for a number of reasons which I need not go into here, the analytic situation is specially favourable for the production of transference, so that its appearance in analysis is an invariable rule. It is determined above all by the behaviour of the analyst as receiver, the extent to which he refrains from any counter-action which might nip the patient's incipient transference in the bud. But it would surely be an exaggeration to say that the patient's relation to him is exclusively transference, and this exaggerated notion is refuted, in my view, by the mere fact that very often patients pass extremely shrewd judgments upon the analyst. These judgements may contain elements of transference, but this is not necessarily the case. When they are not complimentary the analyst may be tempted to interpret them as transference, but he is not always right in so doing.

For instance, Melanie Klein always describes the anxiety felt by children in analysis as transference, but other children's analysts are by no means convinced that the dread of the analyst which may be observed even during the first analytic session is really transference and

not a dread which has its basis in the actual situation. There is good evidence that children have a number of reasons for being afraid

40 These conditions of transference have been formulated by Anna Freud in *her Technik der Kinderanalyse*, but Freud's conception of the transference was always on these lines.
41Cf. Jenny Wälder's account of this situation, 'Analyse eines Falles von Pavor nocturnus', *Zeitschrift für psychoanalytische Pädagogik*, Bd. IX, 1935, S. 18 f.

of analysis. In the first place, a child, just like an adult at beginning of analysis, does not understand the intention of analysis and only learns it gradually, but he very soon feels (feels immediately, when Melanie Klein's technique is employed) that in analysis his secret and hidden thoughts and all his little misdemeanours are being made the subject of discussion. Children often believe that the adult wants to find out these things in order to punish them, or to tell their parents, who will punish them; if this does not happen, then they become afraid the grown-up is going to seduce them. In his own conflicts between his instincts and the defence against instinct a child can only imagine that the adult who is concerning himself with them will take one side or the other in the conflict, and so he fears punishment or seduction. It is a long time before he grasps that the adult wishes to do neither the one nor the other but to help him by bringing his conflicts into consciousness and shewing him how to overcome them.[41]

Hence it is quite possible that some of the anxiety manifested by children at the beginning, and not only at the beginning, of analysis may be based on a real situation; for the child has had experience both of punishment and seduction but knows nothing of the help which the analyst is trying to give him.[42]

There is another possibility which we feel must be taken into consideration: the anxiety with which children react to a 'deep' interpretation

42 It may rightly be contended that this is not 'real' anxiety, for there is in reality no reason for the child to fear either punishment or seduction by the analyst and the anxiety has been imported by him into the situation in consequence of other experiences. If we like, we can call this transference too, but it is certainly not what we generally understand by the term. When Melanie Klein interprets the child's earliest anxieties in analysis as transference, she means that aggressive phantasies have been transferred to the person of the analyst, together with the anxieties accompanying them. The expectations with which a child approaches a new situation, the reality of which is as yet unknown to him and cannot yet be understood by him, are derived from all his previous experience and clearly bear a much closer resemblance to 'real' anxiety, and we must not allow an error in the presentation of the subject or an inaccuracy in terminology to prevent our making it quite clear what we intend to convey.

(and we know that in Melanie Klein's technique such interpretations are given very early, indeed practically at once) may well be a dread of seduction. I am far from asserting that this is so, but the fact that this possibility is not weighed proves, as I think, that Melanie Klein and the children's analysts who adopt her views attach a smaller importance to reality than do others. If the child's anxiety is 'real', we can well imagine that, when it is interpreted as transference, the effect would be to allay it. He would then certainly react in the ways described by Melanie Klein, and these reactions might well have a therapeutic effect. But—and this brings us back again to the problem of the criteria of interpretation—this does not prove that the interpretation given was correct.

In connection with the problem of transference-love and the real relation to the analyst there has been criticism of another notion in Anna Freud's *Technik der Kinderanalyse*, namely, that when an analyst begins to analyse a child he must be at pains to establish contact with it. It is well known that this is repudiated by the children's analysts in Melanie Klein's circle. From their

standpoint they are only logical, for, if every relation to the analyst is transference, and contact and transference are therefore identical, there is no need for the analyst to bring about the transference-relation by artificial means; it will develop of itself, and all that he has to do is to interpret it. Indeed, we are told that the interpretation itself serves to establish analytic contact. But this idea differs from Freud's concept of the transference, which admits of a relation based on reality, the opportunity for this being the greater in proportion as the patient's hunger for repetition is less and as the analyst departs from the attitude of complete passivity which assists the repetition, for these are the factors by which transference is determined. Anna Freud tells us that the repetition-compulsion and the analyst's passive response are conditions of adult analysis far more than of child-analysis. The child has but little hunger for repetition, for he still possesses his libidinal objects in reality; while the degree of the analyst's passivity may vary in matters of technique but can never, when he is analysing children, be absolute.[43]

43This is because, however passively an adult may behave in his relation to a child, he is for the latter always a person in authority and therefore exercises an educating influence, whether he will or no. Owing to the transference there is a similar situation in the analysis of adults, but there it can be resolved if the transference itself is analysed, whereas in the case of a child, who is essentially a dependent and immature being, it is an unalterable reality.
Anna Freud's views on the part played by pedagogy in child-analysis have been much misunderstood. She never maintained that one should introduce a pedagogic factor (as an extra-analytical measure) whether for technical or therapeutic reasons, i.e. as a thing one can do or leave undone at will. Her view was that an adult cannot avoid being in the position of an educator in relation to a child, for every situation in which adult and child are in contact is a pedagogic situation; it therefore seems advisable to make the best practical use of what cannot be avoided.

Even in the analysis of adults the establishing of contact between patient and analyst has always had a place, although a modest one. We try in the first analytic sessions to bring this contact about. It is true that this happens very quickly in the case of adults, and so there has not been much discussion of the subject.

V

Early ego-development

We have a more difficult task before us in this section than in the previous ones. When we were discussing the development of the super-ego or the problem of phantasy and reality, we were able to outline our own view and to contrast one thesis with another. But in the case of the early development of the ego it can hardly be said that a theory exists and we must content ourselves with pointing out uncertainties and doubtful questions.

In studying the theories under discussion one obtains the impression that many writers assume an exact correspondence between phases of libidinal development and phases of ego-development, so that Abraham's scheme of the former becomes a scheme of the latter.[44] To us it seems problematical from the outset whether any such exact correspondence exists.

Let us take a single point. The process of introjection is said to be modelled on that of oral incorporation and the process of projection on that of anal expulsion. Oral incorporation and anal expulsion are ego-functions connected with the preservation of life, but we generally consider them as *id-tendencies*. Projection and introjection are

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44 Cf. for example, Edward Glover, 'A Developmental Study of the Obsessional Neurosis', this JOURNAL, Vol. XVI, 1935.

attempts of the ego to solve its conflicts. It does not seem altogether justifiable to equate these two pairs of processes off-hand.

Under the headings of introjection and projection we include very various phenomena. Let us begin with projection. Sometimes it is assumed that all perception is based on projection. This has not been established, but it is one of the contexts in which we use the term 'projection'. Again, when an individual displaces into the outside world a stimulus which arises in his own mind, we call it projection; it was in this connection that Freud first introduced the concept of projection. Or, to take another example: by the age of seven months a child will touch his nose or his ear with his finger in imitation of an adult. This shews that at that age children already have some idea of the form of their own body and also of that of the other person. Pötzl explains this as projection of the idea of the body. Or here is another point: towards the end of their second year we notice that children, when accused of a fault, begin to reply that someone else did it; they will blame a doll, etc. This is the mechanism of shifting one's own guilt on to someone else, and this too is a form of projection. Again, at a later age, possibly at about four years old, children will try to anticipate some attack which they fear by launching an attack themselves, a mechanism which Anna Freud describes as 'identification with the aggressor', and this also is projection. Finally we speak of projection in the 'case of the 'influencing-machine' of schizophrenics or when psychotics hear voices. Are all these phenomena which we call projection really the same thing? Do they really in origin and form represent a single process? It may be so, but in using the word 'projection', which refers to a formal characteristic in all these processes, there is a danger that we may overlook the fact that this question demands separate investigation.

I think that the position is much the same when we come to introjection. Here again we have an enormous number of manifestations, concerning which we are by no means certain that they are all identical in character; still less is it certain that, whenever this mechanism comes into play, a tendency to oral incorporation is at work. We will consider only three mechanisms of introjection, all of which are designed to protect the subject against his aggressive impulses.

One mechanism may be formulated as follows, 'I hate not him but myself'. The mental process here may also be described as identification, but it is really a mechanism for the avoidance of the dangerous situation brought about by aggression against the object. It does not

seem to me proved that oral incorporation-tendencies are necessarily at work here or are at least the prototype of this mechanism. The final product may none the less give the impression of identification.

This distinction between an oral manifestation and an attempt on the ego's part to solve a conflict (which, as we have seen, gives the impression of identification) comes out more clearly in the two other mechanisms. The one may be expressed by the formula, 'Do not hurt me, for I am already hurting myself; you must not punish me, for I am already punishing myself'. This is one of the methods by which the individual seeks to allay the anxiety aroused by a threat from someone else. It is a mechanism which plays a great part in the formation of the super-ego.

A similar mechanism is that of identification with an oppressor. It is a peculiarly oppressive situation to be the helpless victim of someone stronger than oneself. The situation is relieved if one identifies oneself with the oppressor, for then one leaves the ranks of those who are mastered and joins the masters and so can share in their triumph. This mechanism too has its place in the formation of the super-ego.

In both these cases there is a process which may be described as identification, but they seem to me to have almost no connection with oral incorporation. They are simply instances of the

familiar attempt to solve a conflict by turning from a passive to an active rôle. Perhaps it may be said that not everything which looks like identification is necessarily oral incorporation. Although it is certain that there is a special proneness to identification where oral tendencies are concerned, it is in my view no less certain that everything described as identification cannot be equated with oral incorporation. This is only an example to illustrate the enormous multiplicity of these problems. It is doubtful whether the attempt to fit all these phenomena into the Procrustean bed of a single simple scheme is a profitable one.

Let us now consider the so-called psychotic modes of behaviour belonging to early childhood. Glover speaks of the 'psychic, frequently psychotic, reactions and mental systems characteristic of infancy and early childhood'. We read too of 'the small child passing through its schizophrenic and obsessional phases from the age of about one year onwards.'[45]

45'Medical Psychology or Academic (normal) Psychology', *British Journal of Medical Psychology*, Vol. XIV, 1934, pp. 36 and 40.

Other authors suggest that the psychotic modes of reaction may be observed in the infant's first year, from about the age of three months onwards, and speak of paranoid anxieties and melancholic depression. Now, of course, they do not mean that there is a phase in the normal development of the small child which amounts to a psychosis, but they do mean that 'the mental function of all children up to the age of three years or thereabouts is psychotic *in pattern*, that is, that the child's primitive instincts, his archaic anxieties and his bizarre reactions to reality are the very warp and woof of any subsequent insanity.' [46] Attractive as this notion may be æsthetically, we feel doubtful about it on various grounds. Let us go back to the direct observation of children. It is difficult to discover as a regular phase in normal infants anything which we could call paranoid anxiety or melancholic depression. In very favourable surroundings (I have already shewn what constitutes a favourable environment) infants often manifest no sign at all of anxiety, at least after the first weeks of life. The earliest form of anxiety seems to be that relating to the loss of the breast; even this is absent if the breast is regularly forthcoming. Only later, when they have learnt to recognize familiar figures, do they display anxiety at the approach of strangers and, in many children, this is the only anxiety-situation which occurs in the second half of their first year. And how is paranoid anxiety supposed to be manifested behaviouristically? Again, direct observation of most infants reveals no trace of anything suggestive of melancholic depression.

The whole notion of relating a normal stage in ego-development so closely to psychosis is a repugnant one.[47] We fear that those who hold this view misconceive the nature of psychosis and do not realize the great gulf which parts it from normal life at every stage. The very great difference between the as yet imperfect development of the function of reality-testing and its disintegration is not to be lightly underestimated. The difference is as great, or so it seems to be, as between an early stage of mental development and feeble-mindedness. In normal development there is no phase comparable with feeble-mindedness.

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46 Edward Glover, 'A Symposium on the Psychology of Peace and War', *British Journal of Medical Psychology*, Vol. XIV, 1934, p. 276; cf. also *Almanach der Psychoanalyse*, 1935, S. 218 f.
47 Repugnant, but not, I think, because it would involve a fourth wound to human narcissism; no pronouncement about so early a stage affects us strongly.

Altogether I think that we have here an overstraining of the concept of regression. It is as though every pathological phenomenon must have its prototype in a normal stage of individual development. Whether this be so may be a debatable point where the psychoses are concerned; that it is not a general phenomenon of psychopathology may be proved by an illustration from

cerebral pathology. In optical agnosia patients lose the capacity to perceive forms and they make use of a roundabout method: they let their eyes or hands travel over the objects before them with an almost imperceptible movement and then rapidly draw their conclusions. But this capacity, acquired in their abnormal condition, has no place in normal development.

In psychosis the ego-organizations break down and begin to function pathologically. Many psychotic phenomena may represent regression to earlier stages of the ego, others perhaps a reversion to more primitive modes of functioning of the system, modes which never had an independent place in its development. This too is a kind of regression, but it is not regression to an earlier stage. Others again may be new formations of reactions by the damaged organism (as in the instance of agnosia). Here everything that already exists is, of course, utilized. These are psychotic attempts at dealing with a situation; they have no prototype either in ontogenesis or in phylogenesis, nor can they be altogether explained as a reversion to primitive modes of functioning.

M. Katan has stated that mechanisms come into play in the psychoses which do not exist in normal development, [48] and that projection and introjection in mental disease are by no means identical with these processes in normal persons and neurotics. For the psychotic is always making an attempt at recovery; in schizophrenic projection the outside world which has been lost is being reconstructed on the model of the ego, while in melancholic introjection the ego which has been destroyed is reconstructed on the model of its objects. Whether we share Katan's views that the mechanisms are actually different in psychotic disease is a separate question, but we do feel sure that psychosis and normal development are not so closely related as some writers appear to suppose.

The analytic study of the psychoses is in its infancy. We have

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48 Cf. papers read by Katan at the Thirteenth International Psycho-Analytical Congress, Lucerne, August 28, 1934, and the Fourteenth International Psycho-Analytical Congress, Marienbad, August 7, 1936.
49 On the other hand, various English authors hold that by so doing we shall open the door to the true explanation of such phenomena.

not yet solved the riddle of exactly what constitutes psychosis. With the exception of the processes described by Katan, something similar to everything which has been observed in psychosis occurs in normal life and in neurosis. The characteristic feature of psychosis, the irremediable disturbance of the function of reality-testing, is still an enigma. It seems likely that we shall shut the door on the true explanation of psychotic phenomena if we try to account for them by assigning them to phases of normal development.49

Let me give a little illustration which takes us away from this consideration of fundamental principles and which contains in itself all the differences of opinion in the two schools of thought, as indeed would probably occur with every detail that we examined more closely. In the paper to which the present contribution more particularly refers, Joan Riviere says that 'the discharge of excreta would in phantasy be *felt* as a transference of the painful excretory substance on to or into the object'. 'The persecutors in a paranoia are feared like *revenants* who may appear from nowhere; and we know that they derive from fæces'. The notion of anal persecution was discovered by Stärcke and van Ophuijsen. The above passages suggest an explanation of it. Now during the analysis of a child Jenny Wälder gained some insight into anal persecution.[50] A child in the latency-period suffered from a dread of persecution by an imaginary figure, and the name which he gave the latter sounded almost exactly like a vulgar term for excrement. His own excrement aroused in this child acute anxiety and so did the drain in the water-closet, which he regarded as an uncanny place. One day he told the analyst something of the causes of his anxiety. He said that animals eat their enemies up, and then the enemies are very angry and come out of the animals' bodies again during evacuation; so one

can't help fearing that then they would avenge themselves. Perhaps we have a clue here to the remarkable phantasy of the anal persecutor; one has devoured one's enemies and the fæces are nothing but these same enemies re-emerging after the 'passage through the self' (E. Weiss). The phantasy is quite like a fairy-tale and recalls familiar themes. We remember how Little Red Riding-Hood's grandmother, when devoured by the wolf, continued to live in his belly, although a little restricted in space. This

50According to an unpublished communication made to the Vienna Psycho-Analytical Society, June 17, 1936.

phantasy is very like those reported by Melanie Klein, but there are differences. It is a fully worked-out phantasy, apparently belonging to a later stage of development, not simply the infantile displacement outwards of excreta which are felt to be hostile because painful. The hated objects of the aggression were Œdipal objects; the fact that the aggression took the form of the impulse to devour them and to expel them anally is, of course, a consequence of pregenital development. In other cases perhaps the hatred would not be directed against the Œdipal object; nevertheless there is still a phantasy, of the nature of a fairy-tale and belonging to a later stage, a phantasy woven out of oral and anal themes which lie ready to hand, and not the simple process described by Joan Riviere. Another difference is that the phantasy related by Jenny Wälder's little patient does not represent a phase of normal development but is part of a pathological development. Thus, according to the one view, the infant, normally, as a regular stage of development at a very early period, construes the daily process of defecation as anal persecution, while, according to the other, this is an unusual phantasy, occurring at a much later age, and not a part of normal development.

It may be said that here we have theory against theory and that the 'deeper' theory is the more likely to be right.[51] But the one theory has a sound basis; a child endowed with insight has himself supplied the answer to the riddle. The other theory depends on constructions in a past which is lost in obscurity.

VI

An example

I think that some of the points which I have made here may be illustrated by an example communicated to me by an analyst from the observation of her own children.

A little girl of three years old whose upbringing had presented no difficulty in her first year and little serious difficulty in her second and third years, suddenly began to shew signs of trouble. She was heard one day saying to herself, 'Mummy has smashed me up'. At about the same time it happened that when her mother was drying her after her bath the little girl displayed great anxiety every time the mother approached her genitals with the towel.

51 In a later section I shall discuss the question of the importance of the deep unconscious.

Now let us pause for a moment. We might suppose that this was an instance of the processes described by Melanie Klein and that the child was suffering from a dread of retribution for aggressive acts directed against her mother's body or that she was projecting her own aggression on to her mother. But this supposition is not borne out. On the contrary, we have good reason for seeking the causes of these sudden troubles in the little girl's mind elsewhere—in the familiar difficulties of the castration complex and penis envy.

Some months before this episode, this child and a sister a year older than herself had seen a little boy naked when they were playing on the beach. Probably this was the first time that they had noticed the difference between the sexes. The elder sister, at that time three years and three months old, reacted immediately and very definitely; the younger at first showed no reaction. We are not here concerned with the reactions of the older child; I will merely say that for a long time she was occupied in working over this experience and several times discussed it with her mother in the presence of her younger sister. Thus we are inclined to suppose that the latter's reactions, as manifested in the incident I have described, were part of the castration complex and that her complaint that her mother had injured her was the familiar accusation, of which Freud has told us, that the mother was to blame for the little girl's lack of a penis. We shall soon see the further material by which this interpretation is borne out.

There is another argument against construing the child's behaviour as a manifestation of oral-sadistic aggression and anxiety. Though her mother observed her carefully, the baby gave no sign during her first year of the presence in the oral phase of any considerable degree of aggression or anxiety of that kind. During her first three months she cried very little nor did she ever really scream with rage. During her second month the summer holidays occurred and this made it possible for her mother to dispense with the by no means strict rules as to the times at which the child was fed and to suckle her whenever she demanded it. The effect of this was that, at the age of three months, the baby ceased to cry for food. It appears that her dread of being hungry and of her mother's breast being withheld had been so completely allayed that, from that time on, it was a matter of indifference to her when she was fed. She did not protest if this did not always happen at the usual time or if there was an interval of even ten hours between her feeds during the night. For months at a stretch, the child, who was physically healthy, was never heard to cry,

much less to scream. At the same time she was by no means dull but gave the impression of an active, intelligent little mortal. It was much later, at the end of her first year, that she shewed signs of aggressiveness and then in another direction. From this early infantile history it seems unlikely that violent oral-sadistic aggressive impulses and anxieties had developed at so young an age.

But the convincing proof of the nature of the difficulties which arose when the child was three lies, I think, in other incidents of this period and in her later development. It happened that, at about the same time that she made the remark I have recorded and displayed anxiety lest her mother should touch her genitals, the children's father went into the nursery and tried to shake hands with them. The younger of the two refused to give him her hand, saying, 'I won't give you my hand, I will only give you my finger'. When her father asked in amazement why she did so, she replied, using her own childish terms, that it was because he had a penis and 'a little bag'. (Her knowledge of the scrotum could only have been derived from the incident on the beach several months previously; it had never been mentioned in the conversations between her elder sister and the grown-ups.) It is true that she only said this once. Only a few hours later, when her father, hoping to elicit the same reply, again asked her to give him her hand, she refused, as she had done before, but gave as her reason, 'because you've got an apron'. The displacement had been made with extraordinary rapidity, within a few hours. (The fact that she had turned her father into a woman is another story.)

From that time on, certain difficulties arose which might perhaps be called symptoms. At meals the child did not want to have her meat cut up and wished to take all her food only in large pieces, not divided up in any way, so that in fact it was impossible for her to eat them. For instance, she would not allow anyone to break off a piece of cake for her, and so forth. A dog which she knew was once brought to see her when it had just been shaved and the effect was to give her a shock. She became more and more preoccupied with the idea of 'big and little' until

she could think of nothing else. The rivalry in relation to her elder sister, which had long ago been allayed, broke out again. The younger child constantly thought about how much older her sister was and how soon she could catch her up. She phantasied that she was big and her sister little and invented a game in which she was the mother and her elder sister the baby. She took a

great delight in this game. Anyone who entered the nursery was immediately scrutinized as to his or her height, and at night she would beg grown-ups to sit beside her cot, using the phrase that 'big' X (man or woman, as the case might be) was to sit beside her. Spectacles worn by adults were for her an object of the liveliest interest, and at one time, whenever her father, who wore glasses, approached her, she immediately began to talk about them and to investigate them, refusing to talk about anything else. She also evolved a theory that she had once been big and had only just become little.

Now I think that all this material goes to prove that everything I have related represented attempts on the child's part to work over her castration complex by methods familiar to us in our female patients and not a conflict springing from oral-sadistic aggression and anxiety. The desire to have food which had not been cut up is perhaps reminiscent of the phantasies described by Melanie Klein, but the fact remains that this slight symptom appeared *at that particular moment* and that the child herself explained it in her remark to her father as clearly as we could possibly expect.

The little girl also developed a transitory symptom in the shape of a tic. On one occasion she took hold of her nose and asked if it was a big one. This gesture very soon became a tic: every moment she put her fingers to her nose. At this point her mother intervened with an interpretation and gave a suitable explanation that nothing had been taken away from the child, that all boys and men were from their birth like the little friend whom she had observed, that all girls and women, including her mother, were like herself and that the one form was just as nice as the other and that some day she would have children. At first this interpretation had no effect, but its effect was instantaneous when it was repeated by the other child, the sister a year older than herself. The tic vanished the same day.

Finally the child developed a habit of blaming her mother for everything disagreeable which happened. If she dropped anything, it was her mother's fault, although the latter was often nowhere near: she should have looked after her better. The same explanation applies here—the child was reproaching her mother, who was really 'to blame for everything', seeing that she had not borne the little girl as a boy. Matters went on thus for some months, when the episode occurred for the sake of which I have chosen this example.

One night the mother was awakened by the child's crying and saying that 'it had blown on her tummy'. As the child was partly

uncovered, the mother at first thought that she felt cold. But the little girl went on to say that she had wanted to bite her genitals and that then it blew. So it was a question of a dream and of one which, in comparison with most of the dreams of children of this age, had been much distorted. The mother soothed the child for the moment and suggested that she should go to sleep and that the next day they would talk about it.

The next morning the mother asked the child to tell her the dream again. She learnt another detail: there was a man at the window whose face was smashed and he had a piece of bread in his hand. The man mustn't come into the room.

The mother asked about the astonishing dream-element that the child had wanted to bite her own genitals. The little girl said (naturally using her childish words) 'The genitals were big, the genitals were little'. She then stood up, blew out her abdomen and said, 'It blew like that'.

Now let us pause again. Once more we are tempted to think of the phantasies described by Melanie Klein. The 'biting' and the blowing-up of the child's own body naturally suggest aggression against the mother's body and anxiety for the integrity of her own. But investigation of these elements leads to another conclusion.

The mother's intimate knowledge of every detail in the child's life enabled her to understand the situation immediately from the little girl's words and gestures. In the last few months she had manifested acute anxiety. In her nursery, as in that of many other children, there were toy balloons which could be blown up. Sometimes, if one blew too hard, a balloon burst. The child had displayed great anxiety when trying to blow one up herself and when her nursery-governess did so. Often the little girl would cry out that they ought not to do it, the balloon would burst. When she herself tried to blow it up she was awkward about it and held the mouthpiece, which was made of soft rubber, between her teeth instead of between her lips, so that she generally did not succeed. She had been told not to bite it and then it would go better. It must be noted that a balloon in a collapsed condition, the rubber bladder with a tube-shaped mouthpiece, really does look very much like a penis with the scrotum.

The mother's knowledge of this detail enabled her to understand a fragment of the dream. The dream-thought obviously was that the child wanted to blow up her own genitals and make them big like those of the little boy and that she was seized with anxiety lest they

should burst. This explained the other dream-fragment: that it had 'blown on her tummy'. Thus the biting could hardly be described as aggression: it simply indicated what she did to her balloon.

The mother interpreted this fragment to the child, telling her that she had been afraid of her genitals bursting if they were blown up. The child replied, 'But they have burst already', thus betraying the phantasy that her genitals had once been blown up, had burst and so had arrived at their present miserable condition. It was plain that in her phantasy her mother was to blame.

The detail of the man with the smashed face and a piece of bread in his hand, who was at the window and must not come into the room was explained as follows. On their daily walks the children used to meet a cripple, who begged for bread. This experience supplies another proof of the possibility of being broken up: 'he must not come into the room'.

Upon the mother's interpretation the child's face lighted up, proving that her mother was right and that really a certain amount of material had been released. Remembering the psycho-analytical success of the elder sister, which I have already recorded, and the generally recognized fact that children are specially impressed by what other children tell them, the mother repeated her interpretation and explanation in another form. On the child's asking whether she also had dreams and begging her to tell one she recounted an imaginary dream of her own. She said she had dreamt of a little girl who cried bitterly because she was a girl and who thought that her mother had once blown her up and that then she had burst and now was smashed. But a great crowd of children told her that she was not smashed but just as nice-looking as boys were. The mother described the conversation between the little girl and the other children, in which the little girl was finally convinced, and how she was now quite contented. The child followed this story with a delighted smile, indicating a sense of relief.

This does not by any means exhaust the meanings of the dream. On the previous day (not for the first time) the little girl had heard it said that children were once inside their mother's body. She had, of course, long known about pregnancy; some time before, she had had a married nurse who became pregnant and remained in service for a time. The children had known that she was going to have a baby and, later on, she had brought it to see them. Thus the dream was concerned with the dangers of feminine existence: not only had her

own originally male genital burst, but if she ever had a baby, she would be in danger of the same fate.

No doubt we could still learn much from the dream. For our present purpose it has not been necessary to consider the elements which relate to the Œdipus complex.

In this example all the elements of the phantasies described by Melanie Klein appear to be present: aggression against the mother, oral-sadistic activity ('biting'), dread of injury to the subject's own body, a swing-over to self-injury, the idea of injury inflicted by the mother. And yet they could apparently all be simply and satisfactorily accounted for by an explanation to which the child herself directly assented and which is not what we should expect from Melanie Klein's writings.

We might, of course, pursue the analysis further and possibly come to the conclusion that the biting did indicate oral aggression. But, even if further psycho-analytical investigation revealed oral-sadistic anxieties, the impression persists that the child's conflict and the formation of her slight neurotic symptoms had their source in penisenvy and the attempt to deal with it, and derived their force from that affect. Further investigation would hardly lead us to Melanie Klein's theory but simply to the recognition that pregenital (e.g. oral) impulses influence the child later when he experiences the well-known castration and Œdipus conflicts. Such pregenital antecedents of these complexes have constantly been sought and described. For instance, no one has ever disputed the fact that a passive anal position of the libido, encouraged when a child is given enemas for constipation, has an effect later on the complexes in question. There can indeed be no doubt about the matter if we are considering merely influences of this kind which pregenital development may exercise on conflicts during the third and fourth years.

But, in my opinion, although the child's conflicts at this age may bear a specific pregenital impress, this is not invariably the case. The experiences connected with the castration complex, penis-envy and the Œdipus complex seem in all circumstances (for reasons which we do not yet know) to have concealed within them elements of pathogenic conflict. On the other hand, the oral and anal phases can, I think, be passed through without such conflicts, and probably educational influences will suffice to keep them free from pathogenic elements, at least in children who are not too heavily handicapped constitutionally.

We are quite prepared for the objection that this material cannot

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52 I think it may be useful to give a short summary of the material upon which the interpretation of this fragment of an analysis is based.
It is a fact that the child and her elder sister had seen a little boy naked some months before the difficulties described arose. So those difficulties were probably due to the deferred effect of a sudden experience. Here we note the following points:
There is a great deal of evidence to shew that experiences do have a deferred effect (cf. Freud's remarks in 'The History of an Infantile Neurosis', *Collected Papers*, Vol. III, pp. 516 ff.). Hence such an effect is possible.
At the time of the observation the child was comparatively young, and so it was not surprising that the experience had no immediate effect and, since we know that all little girls react in one of the familiar ways to the fact of the difference between the sexes, it was only to be expected that these problems would

ultimately arise. The only doubtful point would be whether this would occur as the deferred effect of her experience on the beach or as a result of similar, recent discoveries. But in this case we must remember that the elder sister had reacted to the earlier observation and had discussed her reactions in the presence of the younger child during a period of some months. It was therefore only to be expected that the latter would eventually display some such reaction.

The deferred nature of the reaction was in accordance with the child's character. She was always rather quiet, though full of interest in all that went on, and she often surprised those around her by speaking of incidents which had taken place some time before. Probably she had been silently turning them over in her mind in the interval.

So the conjecture is entirely plausible that the earlier experience, which had been kept alive in her mind by the conversations with the older child, produced an effect later, when she herself was older.

Let me once more summarize the ensuing phenomena:—

Her idea that her mother had 'smashed' her.

Her anxiety when her mother, in drying her, approached her genitals.

The refusal to give her father her hand and the reason which she gave for her refusal, namely, that he had male genitals.

Her lively interest in spectacles.

Her habit of repeatedly touching her own nose and asking if it were a big one, a habit which finally became condensed into a tic. The immediate disappearance of this symptom when the older child gave the interpretation based on the castration complex.

Her lively interest in 'big and little.'

The idea that she had once been big and had become little.

Her tendency to blame her mother for everything disagreeable that happened, on the ground that she had not looked after her.

Her refusal to allow meat to be cut up for her at meals or a piece of cake to be broken off or to eat a piece of an apple, etc., and her demand to have all these things given to her whole, although they were too large for her to eat.

Her acute anxiety lest the balloon should burst when blown up and the shock which it gave her when this actually happened.

The anxiety which she displayed when she saw in a shaved condition the dog which she had been accustomed to see with its full coat.

All these incidents can be taken together as manifestations of the feminine castration complex. In general we reckon it an advantage if a large number of phenomena can be explained by a single principle. It would certainly be possible to explain otherwise part of the child's behaviour (e.g. her dislike of food which had been cut up) and it seems possible that in certain isolated points there were other determinants at work. But no other explanation would fit all the phenomena.

There is, further, the fact that these phenomena are variants of modes of behaviour which, as we know by experience (from the observation of children), occur in all little girls as a reaction to the perception of the difference between the sexes, or (to be more exact and to avoid any petitio principii) we know that they occur after this perception.

Again, we must note that in respect of one of the points which I have enumerated we are not depending on interpretations but on what may be called a fact, i.e. according to the theory of gradation which I suggested in Section II, with an interpretation of a lower grade. I refer to point (3); for the child herself explicitly and without being influenced by any expectations on her parents' part gave as her reason for refusing to shake hands with her father the fact that he possessed male genitals.

So much for the phenomena which occurred before the dream. The interpretation of the dream itself is borne out by the following considerations. The mother at first did not know what to make of it and so had no preconceived ideas about it. She found the clue only when the child said that her genitals had been big and little and told her about the blowing-up of her abdomen. Specially remarkable is the little girl's answer to her mother's first attempt at interpretation, when it was explained that she had feared that her genitals would burst when they were blown up. She said, 'They have burst already'. This meant that the child accepted part of the interpretation, while correcting another part. To agree and at the same time to correct is a particularly valuable confirmation, because the fact that the child made a correction makes it less likely that she was influenced by suggestion and so makes her acceptance of what she did accept much more likely to be true. In fact, any possible suspicion that a suggestive influence was exercised, if not proved to be entirely baseless, has at any rate much less to justify it.

We must bear in mind that the interpretation was not arrived at by interpreting symbols, i.e. without the co-operation of the child, but was based on her own explicit statements and on her mother's intimate knowledge of the details of her everyday life.

How did the child react to the final interpretation? Naturally we cannot expect a child to say what an adult usually says immediately or a little later, 'Yes, I realize that in myself and it has always been so'. Instead, she smiled a smile of happy relief. Of course it may be objected that it is our interpretation when we say that the smile expressed agreement and inner release, but at all events it is an interpretation of a lower grade, in the sense of our theory of gradation. It would have been possible to convince others of what was conveyed by this smile, if it had been represented on a film.

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legitimately be utilized, because the child had not been analysed. Well, the word 'analysis' is not a magic formula. We are in the habit of saying that certain material is not evidence because the individual in question has not been analysed, by which we mean that we do not know enough about him and that the analyst's long and intimate study of the patient and their joint work under the conditions of the fundamental analytic rule would have enabled him to find out much more and by means of free association to accumulate far more material than would otherwise be possible. In the case before us the situation is different. Surely the analytical observation of the child from its earliest days by one who was at once mother and analyst, together with her intimate knowledge of all the events in the child's life and the discussion, in complete accordance with analytical principles, of what was not as yet understood, provides material equivalent to analysis by a strange analyst. Perhaps, indeed, the mother would know more than an analyst could easily discover. She was able to explain the dream because she knew every detail in the life of the child, whereas a strange analyst would have been in a much more difficult position. We cannot say for certain whether the child, who was at this time three and a half, would have told the latter about the balloon and her own dread of blowing it up and her awkwardness with the soft mouthpiece. But we may suppose that, if the analyst had been treating a still younger child, she would never have succeeded in getting this information.[52]

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It might be objected further that the mother was not a suitable person to observe her own child, even though she herself was an analyst. We all know many instances of the unreliability of what parents tell us about their children. This is an objection which cannot be simply dismissed, but we wonder why the mother, who was able calmly and without any internal conflict to note the child's aggression against

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53 I have already deprecated the polemical application of psycho-analysis and said that in my view it is unprofitable. Scientific discussion must be based on a comparison with reality. We have therefore no intention of trying to displace the discussion, for to do so does not elucidate any problems and it degrades analysis into a mere weapon of force, besides which it is never convincing even in its analytical aspect. So I have no polemical intention when I say that Melanie Klein's displacement of accent from the conflicts of the third and fourth year to problems of oral wishes, frustrations, aggression and anxiety at an earlier age is a displacement from the line of greater to a line of lesser resistance.

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her when it was prompted by resentment at having been born a girl or at having been made a girl by 'bursting' and who recorded how the little girl turned from her under the influence of the Œdipus complex, should shrink from understanding the aggression when it sprang from oral conflicts. To judge by our experience of adult analyses it is not the episodes connected with the very early days

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which rouse the strongest resistances; the happenings of the first year of life, quasi-biological processes, do not affect us so much as the bitter conflicts arising out of the Œdipus and castration complexes.[53]

VII

The Importance of the 'deep' unconscious

From time to time the writers of the works which we are discussing attack some statement by the opposite side on the ground that it applies only to consciousness or to the mental strata nearest to consciousness while in the unconscious, the depths of the psyche, it is otherwise. No one can take exception to a reminder of this sort; we are all endeavouring to learn more about these deeper strata and until they have been investigated as thoroughly as possible no analysis can be said to have been completed. But the remarks which I have in mind seem to imply something more than the mere reminder that certain statements are true of the higher strata only. The implication

54 We see how easily we may be led astray into taking the pictorial terms of psycho-analytical topography too literally.

is that what goes on there is of little or no concern to analysts and indeed does not really occur at all. There seems to be some idea that only the unconscious 'really' exists at all. Anyone who studies the more superficial strata of psychic life is, we may suppose, very likely himself a superficial sort of person.[54]

I could give many instances of this. Let us consider the point in the light of a technical example.

In her *Technik der Kinderanalyse* [55] Anna Freud shews that it is necessary, when analysing children, to impart to them some insight into their illness or at least something equivalent to such insight. The position of a child who comes to be analysed is different from that of an adult, who knows that he is ill and generally comes on his own initiative to receive relief. When children are brought to be analysed it is always because their parents decide that it is the right thing for them. Often a child's symptoms are such that his parents suffer more on account of them than he does himself. He is not, as it were, a system complete in itself. In an adult the disease and insight into the disease, or the disease and the desire to get well, are all comprised in the individual himself, but in a child the various aspects of the case are represented by several people. The child is ill and it is the parents who possess the insight into his illness and have the desire for his recovery.

Now the analysts of Melanie Klein's way of thinking have raised a number of objections to the attempt to give children this insight. They say that it is contrary to analytical principles, that it is a form of pedagogy, substituted quite unjustifiably for analysis, and that we cannot possibly be sure that by exerting this kind of educational influence (however it may answer its purpose) we are not making regular analysis impossible. Nor does the adult's will to recover achieve much, for it exists 'only' in his consciousness. If we analyse it, we shall discover it in various neurotic wishes, such as the wish to gratify infantile impulses or to keep them under and strengthen the ego's defences or possibly to get rid of them by some magical means, as Nunberg has shewn.[56] To give a child insight into his illness is to evoke, instead of to analyse, anxiety.

55 *Internationaler Psychoanalytischer Verlag*, 1927.
56H. Nunberg, 'The will to Recovery', this JOURNAL, Vol. VII, 1926.

This criticism almost suggests that Anna Freud's views are a complete novelty where psycho-analytic technique is concerned, a kind of incursion of pedagogy into analysis. But this is not

so. In reality her ideas on child-analysis are the application to children of psycho-analytical notions, long familiar and generally accepted, which have not before been called in question.

Nobody doubts the conclusions of analysis with regard to the will to recover, which are embodied in Nunberg's paper. It is true that all these neurotic wishes can and must be brought to light in the analysis of the wish to get well. But this does not mean that there is no such thing as a wish to get well and Nunberg never drew any such conclusion. In adult patients there is a conflict. One part of the personality, namely, the conscious personality, desires to get well while another part clings to the neurosis. The fact that neurotic tendencies come into play even in the will to recover does not really alter the situation in the conflict. And we utilize this conflict in the analysis, for we enter into an alliance with the healthy part of the personality to fight against the neurosis. Elsewhere I have said that we need a 'fixed point of Archimedes' in order to lift the neurosis off its axes.[57]

We know that it is peculiarly difficult to cure an adult patient whose analysis reveals a total absence of insight into his own illness and of will to recover and in whom no conflict is taking place at all because the neurosis has the full consent of the ego. If a pervert is content with his perversion and does not want to get rid of it, analytic treatment will be unavailing unless it can somehow succeed in setting him at odds with his abnormality. It has therefore often been said that in order to be analysed the patient must suffer. Where insight into his illness and the will to recover are lacking in an adult neurotic, it has always been the practice of analysis to convey such insight to him artificially and to make him discontented with his symptoms. The great difficulty in analysing character-neurosis, in which the symptoms form an integral part of the ego-structure, is this lack of insight.

In analysing adults we naturally try to kindle this insight as far as possible by purely analytic methods: we shew the patients their true condition. Sometimes this is enough. If so, it is because there is

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57'The Problem of Freedom in Psycho-Analysis and the Problem of Reality-Testing', this JOURNAL, Vol. XVII, 1936, p. 93.

after all in the patient's mind a certain inner discord. But it is not enough in every case. At times the analyst exercises an influence which we need not hesitate to call educational. For instance, he points out to the patient what may be the consequences of his symptoms in real life or what an unfavourable view is taken of them by other people, notably by the analyst himself.

This is a commonplace of adult analysis and has been the subject of a great deal of discussion, sometimes in connection with the treatment of cases in which the disease is consented to by the ego or forms part of its structure (e.g. in perversion and character-neurosis) and sometimes in connection with the analysis of persons who are very largely normal.

Anna Freud has applied this familiar analytic principle to the analysis of children and has pointed out that what we encounter only occasionally in adults is a regular feature of child-analysis and that therefore with child-patients we must regularly use the method which is only occasionally necessary in the case of adults.

The line of criticism to which I have made reference in this section seems to imply that any process which takes place in the conscious personality only is as good as non-existent. Now in adult patients the will to recover exists for the most part only in consciousness, in the higher strata of the ego. It is therefore assumed that it may almost be said not to exist at all, since it is only the unconscious side of the human mind which is credited with the power to exert a 'real' influence, the degree of 'reality' varying directly with the depth of unconsciousness involved.

But this is a view which one is tempted to describe as the creation of a mythology of the unconscious.

We wonder what meaning interpretations of the unconscious could possibly have, were there not some conflict in the mind of man, a disharmony between the will of the ego in its higher strata and that which is imposed on it by the *id*, the super-ego and its own lower strata. Surely the aim of interpretation is always to enable the higher strata of the ego to find a different resolution of its instinctual conflicts by making the unconscious conscious. But for an inner disharmony in the human psyche interpretation could not possibly have any effect.[58]

58 Cf. my remarks on the effect of psycho-analysis in 'Die Psycho-analyse im Lebensgefühl des modernen Menschen', *Almanach der Psycho-analyse*, 1929. We can see how it is that, if the therapeutic effect of interpretation is not properly appreciated, the theory of psycho-analytic therapy comes to be based on the breaking of the vicious circle of the patient's phantasies through the intervention of the real personality of the analyst.

Jones has contributed to psycho-analytical theory one of its most important concepts, the term for which has become so much a part of ordinary speech that those who use it hardly realize that it is a psychoanalytical concept at all. I refer to rationalization. It is true that, when we expose something as a rationalization, we reveal unconscious motives of a different kind from those which are manifest. Yet it is not only these other motives which 'really' exist. The mere fact that the rationalization takes place shews that there is a second trend in the psychic life. This trend, like the will to recover, may be feeble; in the past it has been so feeble that it could not hold its own against instinct. Nevertheless, it has been strong enough to prevent the latter from advancing direct to its goal.

In the creation of a mythology of the unconscious we have the antithesis to the pre-analytical thesis. According to pre-analytical and non-analytical psychology the only psychic system is that of consciousness. Those who hold the antithetical view maintain that the only thing that really exists, or at any rate is worth the analyst's investigation, is the deep unconscious. There is probably a greater measure of truth in the antithesis than in the thesis, but it is not true either.

We can see how it is that many analysts have concentrated exclusively on penetrating to the 'depths', investigating the unconscious life of phantasy and revealing the contents of very early stages of mental development. This endeavour to explore the unconscious is justifiable and necessary, so long as the unconscious is not held to be the sole object of research, for this is to neglect other psychic strata, the whole complicated network of ego-elaborations (with the exception of the very earliest, or what are supposed to be the very earliest, defence-mechanisms).59 But this brings us to the subject of the next section.

59 In his contribution to the Symposium held at the Fourteenth International Psycho-Analytical Congress, Marienbad (this JOURNAL, Vol. XVIII, 1937), Edward Glover says that there are three main therapeutic approaches in analysis: (1) the analysis of mental mechanisms, (2) the analysis of affects, (3) the analysis of instinct. The mechanisms named by him are faulty repression, displacement, reaction-formation, projection and introjection. There are doubtless, he says, others to be considered but we know little about them.

VIII

The relation of the 'deep' unconscious to the psychic strata nearer to consciousness.

My readers will be aware that, whilst the writers whose papers are the subject of our present discussion have been endeavouring to enlarge our knowledge of unconscious phantasy-life, other analysts have devoted more and more attention to the study of the ego, though their interest in the deep unconscious has not flagged. In his two most recent theoretical works Freud laid the foundation for this extension of psycho-analytical interest. In *The Ego and the Id* he formulated one of the most revolutionary notions in psycho-analytical theory, namely, that the pair of opposites, ego and *id*, is not identical with the pair, conscious and unconscious, and that a part of the ego itself is unconscious. In *Inhibitions, Symptoms and Anxiety* he repudiated a demonological theory of mental life, according to which our life is the passive instrument of obscure forces within us, a theory which seems to have arisen as a kind of antithesis to Adler's theory of the omnipotence of the ego. Freud recommended that in every analytical investigation the part played by both the ego-element and the *id*-element in the given phenomenon should invariably be examined. In the same work he gave to the notion of defence the value of a general concept, under the heading of which he included, as specific forms of defence, repression and other mechanisms (two such newly discovered forms, isolation and undoing, were described in this book for the first time), and so the various forms of defence became a subject for further enquiry. These suggestions have borne fruit in more fields than one. It may be that the idea of the analysis of resistance and of character has been somewhat one-sidedly pursued; it has been discussed repeatedly of late years. But, apart from this, a large number of writings testify to the growing interest in ego-psychology. The most recent conclusions on the subject are to be found in the work by Anna Freud, to which I have referred more than once.

We have long been familiar with the fact that neurosis is a process comparable to the processes of organic disease. A conflict may, for

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60 In this and what immediately follows I am making use of Anna Freud's account of the matter. A similar account is contained in Bibring's contribution to the Symposium held at the Fourteenth International Psycho-Analytical Congress, Marienbad, 1936 (this JOURNAL, Vol. XVIII, 1937).

instance, give rise to anxiety. To defend itself against this the ego has recourse to defence-mechanisms, and these in their turn produce undesirable results. Joan Riviere describes as already extraordinarily complicated the processes which she assumes to take place during the first year of life. Ultimately it always comes to this: the individual attempts to solve the conflicts in ways that prove useless and lead to fresh conflicts. The ego engages in a process of elaboration, the products of which in their turn evoke defensive measures on its part. When we consider the multiplicity of changes which take place in the instinctual life and in the external world, we realize that here is indeed a complicated process and that our knowledge of its various phases is still far from exact. What we encounter as neurosis in an adult or an older child is the provisional end-product of such a process, in the course of which the pathogenic conflict has been many times overlaid by later ego-elaborations. In analysis this process has to be reversed.[60] The idea that analysis must proceed from stratum to stratum, penetrating gradually from the most recent to those furthest back, is an established principle of analysis. But sometimes it has been wrongly taken to mean that the material which emerges in analysis always belongs to one particular stratum—obviously a misconception. What is really meant is that the neurosis (or the character which we are analysing) undergoes metamorphosis, as a result of analysis, into successively older forms, the whole process of its development being recapitulated in the reverse direction. Now, since the neurosis itself represents a very late phase in the process, all the ego-elaborations must be analytically studied and resolved, and this means that the neurosis gradually resumes its earlier guises, until finally we reach the old pathogenic

conflict. It follows that analysis has to deal with the whole course of the neurotic process, immensely long though it be, and with all the ego's modes of elaboration in their higher and very highest forms. This is really simply a consequence of the fact that neurosis is not a linear phenomenon but a developmental process.

But this touches on the relation of the deeper strata of the unconscious to the ego and the strata nearer to the ego. The study of these higher strata is an indispensable part of analysis. The analysts whose

work we have been considering sometimes try to make immediate contact with a lower stratum. Perhaps this is more evident in the analysis of children than in that of adults. We know that Melanie Klein holds that one can make direct contact with a child's unconscious, that so-called 'deep interpretations' can be given at once and that it is actually through these that the child comes into touch with the analyst. But other analysts would from their point of view regard an attempt of this sort as a leap.

It is certainly possible to contend that a child lives more closely to the unconscious contents of the *id* than an adult, though even here there is much that is highly problematical. At all events we may reasonably expect that in children the neurotic process will be in an earlier stage than in adults. That is one reason why we feel more hopeful in analysing children. But even in a child a process of modification has already taken place; the rapidity with which such modifications take place is often very great. And therefore many analysts are inclined to think that, even in analysing children, it is not wise to take leaps and that, in their case too, all the complicated ego-modifications must be brought to light and studied as extensively as possible.

Now in Melanie Klein's writings some modes of ego-modification are discussed in great detail, notably those of introjection and projection. But there are others which need to be studied as well, 'higher' and more complicated methods adopted by the psyche in response to its instincts, anxieties and affects.

Further, attention has often been drawn to the fact that that which is arrived at by a leap, even though true, has not the value of reality to the subject. We know from the analysis of adults that there are shadows of the past, which have become shadowy as the result of later elaboration by the ego. If they are exhibited to the patient, he may perhaps understand them intellectually but he does not experience them affectively. Only when the process of elaboration has been resolved do they regain their vividness.

So far, we have considered the objections to the overleaping of the higher strata of the ego from the point of view of therapeutic technique. But I think that, without a most exact study of the higher ego-processes, the correctness of the conclusions drawn in this way about the deeper unconscious is questionable. We have an enormous variety of phenomena in the final products—the whole multiplicity of life. On the other hand, we have a relatively small number of

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61Bibring speaks of 'singling out' a patient's present patterns of behaviour and arriving, by way of a large number of intermediate patterns, at the original infantile pattern. The present pattern embodies the instinctual impulses and anxieties now operative, as well as the ego's present methods of elaboration (some of which are stereotyped responses to impulses and anxieties which have ceased to exist). Only by means of the most careful phenomenology and by taking into consideration all the ego-mechanisms now operative can the present pattern of behaviour be properly isolated out. If this is done imperfectly—possibly through neglect of the exact study of the higher ego-elaborations—or if all the earlier patterns are not equally clearly isolated, there is a danger that we shall never arrive at a correct knowledge of the infantile pattern and the result may well be an inexact interpretation of infantile material. The

consequences of such inexact interpretation have been indicated by Edward Glover, 'The Therapeutic Effect of Inexact Interpretation', this JOURNAL, Vol. XII, 1931.)

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unconscious themes. Thus, a great multiplicity of elements is brought into conjunction with a comparatively small quantity. The gap between the two is filled precisely by the ego's manifold attempts at solving its conflicts. In order correctly to discover the unconscious motives we must conduct a phenomenological examination of the finished products with quite peculiar exactness and minuteness. This involves the exact study of those aspects of a given phenomenon which we conceive of as representing the methods by which, at this particular moment, the ego is seeking to solve its difficulties. Comparatively small differences in the phenomenology of a manifestation may lead one to look in quite a different direction for the originating conflict. We can think of instances of how slight differences in the description of a present-day situation may lead to other unconscious themes if we make a direct attempt to reach and effect contact with the unconscious without examining the whole process in detail.[61]

The conclusion seems to be that it is essential in analysis to go beyond such processes as introjection and projection or displacement and repression and to study all the methods of modification which the ego has in its arsenal and the number of which multiplies rapidly as the individual grows older. The thorough examination of the deeper strata of the unconscious remains, as it has always been, one of the desiderata of analysis, whether in the treatment of individual patients or in analytical theory in general. But without the study of the ego, including those strata in it which are conscious or near to consciousness,

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our therapeutic technique is suspect and the unconscious phantasies whose existence we infer in this way labour under one more uncertainty.

SUMMARY

In what has been said we have purposely avoided entering into controversy about any particular points in the theories under consideration and have contented ourselves with suggesting a number of problems which radiate from these theories and the study of which we hope may lead to a deeper discussion of the subject. I should like, however, to mention certain general impressions—which are, of course, subject to revision.

Melanie Klein and her concagues have described a number of phantasies (in particular, oral phantasies) which we meet with in the analyses of adults and of older children. In doing so they have followed out a line of thought which has always been included in the sphere of analysis and which was embodied especially in Abraham's writings. We welcome the addition to our knowledge which this line of investigation promises. And we would express our gratitude to Melanie Klein for her promptitude in grasping and working out one of the difficult notions outlined by Freud in The Ego and the Id, which has now become the common property of analysis—the fact, namely, that the aggression of the super-ego is not merely acquired from the object but represents also the subject's own aggressiveness turned in upon himself.

But what follows gives us pause. We hesitate to believe that the only effect of reality is to confirm or to refute irrational anxieties; that the phantasies of mankind follow a predestined course and are merely rendered more or less intense by the action of reality, being always to some extent operative; that violent manifestations of aggressiveness during the first year of life are universal; that in infancy there are mechanisms at work resembling those of psychosis, so that psychotic disease in later life can be explained as the effect of modes of reaction which are part of normal development; that the phantasies in question date from a very early period (we should be inclined to place them later, in the third or fourth year of life, though we should admit

that they are determined by fixations in the first two years); in fact, we doubt whether we have sufficient clues to enable us to infer the experiences of earliest infancy with that degree

of certainty which we commonly look for or whether we can claim any degree of scientific accuracy for detailed conclusions about them. Finally, we cannot but feel that an excursion has been made into the shadowy past, while much that could be more satisfactorily proved and that is indispensable for analysis has been left unregarded.

Anyone who is interested in the elucidation of these problems is bound to test all the points here enumerated upon the largest possible body of material. The constant reiteration of assertion and counter-assertion, based on alleged individual experience, is not likely to be very fruitful.

Psycho-analysis has a dialectical structure. The poles of its dialectic are phantasy and reality, biology and social environment, constitution and experience, unconscious and conscious, transference and real relationships, the id and the ego. The works which I have discussed in this paper incline very markedly to the one extreme, while the majority of analysts, following in the footsteps of Freud, hold a middle course.

Diana Estrín indica que hay un error en citar a Bergler en este punto, sin embargo Miller prolonga lo que dice claramente la versión fuente JL, citando a Bergler. Por lo cual reproducimos los siguientes dos artículos. El primero está en el número citado por Lacan, el segundo es contemporáneo y su título evoca lo que Lacan dice. Ya sea un lapsus o un error de la mecanógrafa consideramos preferible proveer al lector con los materiales en cuestión y dejar que decida por su propia cuenta.

1937) FURTHER OBSERVATIONS ON THE CLINICAL PICTURE OF 'PSYCHOGENIC ORAL ASPERMIA'. INT. J. PSYCHO-ANAL., 18:196 (IJP)

FURTHER OBSERVATIONS ON THE CLINICAL PICTURE OF 'PSYCHOGENIC ORAL ASPERMIA'

EDMUND BERGLER

In a paper entitled 'Some Special Varieties of Ejaculatory Disturbance not hitherto described', [1] I drew attention to a certain clinical picture which displays the following complex of symptoms: the patients are capable of erection but never achieve ejaculation, in spite of long-continued friction in coitus. On the other hand they have pollutions and masturbate at times with ejaculation, which is also sometimes induced by manual friction by a woman. Total absence of ejaculation is confined exclusively to coitus. In my paper I described a specific clinical picture, distinct on the one hand from the familiar anal form of absence of ejaculation and, on the other, from the urethral variety[2] of this psychogenic aspermia of which I have already given an account. The essential characteristic of the variety which I have isolated is that it is orally conditioned. I called this disturbance 'psychogenic oral aspermia'.

I showed that the cause of 'psychogenic oral aspermia' lay in the patient's incapacity to surmount the 'breast-complex', i.e. in the stage of pre-œdipal fixation to the phallic mother. In our joint work 'Der Mammakomplex des Mannes'[3] Eidelberg and I explained that, normally, children master the trauma of weaning by reproducing

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1This JOURNAL, 1935, Vol. XVI.

2The urethral form is connected with traces of enuresis. For the genesis of enuresis I would refer the reader to my account of several cases: 'Zur Psychoanalyse eines Falles von Prüfungsangst', *Zentralblatt für Psychotherapie*, 1932; Sections II and III on 'Ejaculatory Disturbances', to which reference is made above; and, finally, Case II (writer's cramp) in, 'Der Mammakomplex des Mannes', the joint work of Eidelberg and myself. This last paper contains references to the oral stratum in enuresis. Special mention must also be made of H. Christoffel's recent interesting works on the problem of enuresis: 'Zur Biologie der Enuresis', *Zeitschrift für Kinderpsychiatrie*, 1934, and 'Harntriebäusserungen, insbesondere Enuresis, Urophilie und Uropolemie', *Internationale Zeitschrift für Psychoanalyse*, 1935.

3 *Internationale Zeitschrift für Psychoanalyse*, 1933.

4 In 'Ubertragung und Liebe', *Imago*, 1934, Jekels and I went a step further, maintaining that coitus is at bottom a narcissistic activity. We are convinced that the object-relation which is generally stressed is not the final decisive factor in the situation: by means of identification with the object the individual reproduces his own experience as a sucking infant. We showed that the desire to be loved is derived from the desire not to be separated from the mother's breast with its unfailing flow of milk. But it must be noted that this longing is not really directed towards the object—the breast of the mother—but rather represents a narcissistic attempt at a restoration, for that which is longed for is the breast, still perceived as a part of the self. This 'cardinal error of the suckling' as to the ownership of the breast which bestows milk leads, in our view, to narcissistic attempts at recovery in the process of object-cathexis and love. For the union of tenderness and sensuality in love see S. 25 ff. of the above work.

actively what they have experienced passively, in accordance with the unconscious repetition-compulsion postulated by Freud. From being the passive recipient of his mother's milk the child becomes the active bestower of urine (later, semen). The purpose of this reversal is that he may free himself psychically from the trauma of weaning and preserve the infantile fiction of omnipotence which was jeopardized. The narcissistic mortification suffered in this very early period continues to act as a stimulus in his unconscious throughout life: even in the coitus of normal men we can detect traces of this attitude. Through identification with the phallic mother the man, in the sexual act, puts the woman into the place of the child, [4] i.e. of himself in an early stage of development. Ejaculation is equated with the jet of milk and acquires the unconscious significance of a 'magic gesture'. Thus in coitus we have once more the active repetition of a passive experience, namely, that of the infant at his mother's breast. If the individual fails thus 'normally' to surmount the 'breast-complex', the penis retains the significance of the breast and a symptom (e.g. pseudo-debility, writer's cramp) is substituted for the unresolved (breast-)complex; or the patient's adherence to the phallic breast may manifest itself in a perversion (the practice of homosexuality, passive urolagnia, passive coprophemia). Such persons regard the vagina as not simply an organ for the reception of penis and semen but as a castrated and, at the same time, a castrating organ: it reminds the subject of his own mouth, from which the breast was withdrawn in weaning, and also of his aggressive acts directed against the breast

before and during weaning. All these patients show a vehement hatred of the mother, conceived of phallically, and, further, oral character-traits, reactions and compensations. Their Œdipus complex never reaches the 'normal' intensity, being quantitatively diminished through the domination of the phallic mother-fixation. Their interest in the breast is repressed and we observe in them an accentuation of secondary narcissism and of the tendency to identification.

Following this line of thought about the 'breast-complex', [5] I gave it as my opinion that one of the possible results of a failure to surmount the pre-œdipal, oral mother-fixation is total absence of ejaculation. The penis refuses to perform its normal function: from motives of revenge on the woman, identified by the patients with the phallic mother, ejaculation (= milk = urine) is entirely absent. For in ejaculation they should do psychically precisely that which they assert that the 'castrating', phallic mother refused to do for them as lavishly as they wished, namely, to cause a fluid to flow from the breast (= penis) into the mouth (vagina).

At the present date (October, 1935) two years have elapsed since I wrote my first communication on psychogenic oral aspermia. In the meantime I have had the opportunity of analysing four more cases of this type and of observing developments in the two first patients whose cases I described in my earlier paper. I have had repeated confirmation of the inference which I drew from the 'breast-complex': at bottom, these patients want to 'get something', whereas in ejaculation they should 'give something up', and the resulting disturbance is due to revenge on the phallic mother and their incapacity to reproduce actively what they have experienced passively. Further analysis, however, brought to light a number of other points, which it is my intention to communicate in this paper.

To begin with: the two patients whose cases I briefly described in my first paper became, and have remained, normal. In that paper I used one case to illustrate my thesis (Case (b) of Group II)[6] and I also

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5Fenichel misunderstood what Eidelberg and I meant by the 'breastcomplex' and objected that we were denying the existence of biological bases for the libido. *(Internationale Zeitschrift für Psychoanalyse*, 1934, S. 486.) It would seem superfluous to point out that we never put forward any such ridiculous proposition. We were speaking merely of the psychic superstructure on the biological foundation.

6 This JOURNAL, 1935, Vol. XVI, p. 88.
7'Zur Problematik der Pseudodebilität', *Internationale Zeitschrift für Psychoanalyse*, 1932. Cf. also Case III in Eidelberg's and my joint work: 'Der Mammakomplex des Mannes', *Internationale Zeitschrift für Psychoanalyse*, 1933.

made reference to a patient suffering from pseudo-debility, whose case-history I had already published.7

I wish now to add some remarks on the case which I took as an illustration, that of the patient suffering from erythrophobia. In the final sentence8 of my account of this case I was careful to say: 'External circumstances prevented the conclusion of this analysis'. My reason was that the patient had to break off his analysis because of circumstances relating to his business, and I doubted whether the work done so far would be sufficient: indeed, I hardly thought it possible for so deep-seated a disturbance to be cured at all. This scepticism turned out to be unfounded. After breaking off the analysis the patient visited me, at first once a week and then once a month, and, after a time, he told me that he was achieving ejaculation. At first, however, it was, as he ironically added, a 'deaf-mute sort of ejaculation without orgasm'. What he meant by this was the remarkable fact that ejaculation took place in coitus but that he neither felt it nor experienced orgasm. He could convince himself that it had occurred only by the subsequent evidence of his eyes when he saw the semen, or by what his partner said. He told me that the 'first semen-feeling' was perceptible but not the second, which is associated with involuntary muscular contractions. According to his partner the ejaculation took place in jerks. He used the following simile to describe his condition: 'Imagine that, before urinating in the water-closet, you feel the fulness of your bladder and then, when, actually passing urine, you feel nothing and finally see the urine that you have passed in the lavatory-pan. It is only from its presence there that you conclude that you have passed it without feeling it. All that you actually experience is a sensation of fulness in the bladder before urinating and afterwards a neutral sensation of relief from tension'.

I began by assuming that this phase of 'unperceived ejaculation', which struck me as most remarkable, indicated an hysterical refusal to recognize the fact of oral 'surrender' or a denial of it. I took it, that, as a result of the work done in analysis, the unconscious part of the patient's ego could no longer maintain the former state of total

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8'Zur Problematik der Pseudodebilität', Internationale Zeitschrift für Psychoanalyse, 1932. Cf. also Case III in Eidelberg's and my joint work: 'Der Mammakomplex des Mannes', *Internationale Zeitschrift für Psychoanalyse*, 1933. p. 93.

aspermia but that he still could not 'yield up' the ejaculation. This 'unperceived ejaculation' was, I thought, interpolated as an intermediate stage between his first condition and final cure, but I could not explain this phase by the interpretations I had so far given; it became intelligible to me only as the result of experience with another patient. To anticipate my conclusion: it was a case of unconscious inhibition of the patient's own aggressive impulses, ejaculation being equated with killing, bursting the woman and being burst himself. The effect of this interpretation after some months was that the patient gradually came to feel ejaculation and to experience normal orgasm. At the present time he is practically cured, except for the fact that he indulges in active, more or less disguised, sadistic beating-practices of which his partner is the object.

Case A. —I made the discovery of the prominent part played in this ejaculatory disturbance by the phantasy of bursting and being burst, when I was analysing the following case.—An analyst of high standing, who had read my paper on ejaculatory disturbances, sent me a patient, a man of thirty-four, whom he had been treating for the past three years and whose analysis he was

now obliged to break off for external reasons. When he began his analysis with my colleague, the patient had been married four years and, with the exception of a few unsuccessful attempts at coitus, he had not had any sort of sexual contact with his wife. The failure was due to his incapacity for erection and to his wife's indifference and repugnance to sexual activities. After four years he decided to be analysed, because both husband and wife, although they had no desire for intercourse, were very anxious to have a child. My colleague told me that analysis revealed first of all the patient's Œdipus fixation and consequent castration anxiety. After only six months of treatment he became capable of erection and 'from a sense of duty' he utilized his potency for the defloration of his wife and a few attempts at coitus, but ejaculation was invariably totally absent. Moreover, the impulse to perform coitus, in itself but feeble, died out completely, so that, from the seventh month of analysis to the end of the third year, he was incapable of sexual intercourse. My colleague said that, in spite of two-and-a-half years spent in working through the analytic material, the analysis 'stuck', for reasons which were not apparent. After reading my paper, however, he surmised that the ejaculatory disturbance had an oral genesis and in the final sessions before the analysis was broken off he indicated this to the patient.

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The continuation of the analysis with me provided abundant confirmation of his conjecture: oral hatred of the pre-œdipal mother occupied the foreground. This explained why, after only six months of analysis with my colleague, they had been able to record a partial success: the phallic element in the disturbance of potency had been overcome by correct interpretation and the working-through of the Œdipus complex. Of course it was impossible for interpretation of the phallic and anal elements in that complex to loosen the underlying oral fixations of the pre-œdipal period. The demonstration of the 'breast-complex' made a very strong intellectual impression on the patient, but he very soon rid himself of it and skilfully countered my interpretation of orality with my colleague's interpretation, which laid stress on the Œdipus complex. In this the patient was manufacturing a non-existent contradiction, for the material belonging to the one complex was but superimposed on the other in his mind. This fierce resistance to the interpretation of orality struck even himself as suspicious. In his arguments he constantly recurred to the Œdipus complex and made merry over it, saying ironically that, in spite of an analytic interpretation extending over three years, he really had nothing against it. A dream which he had during this phase illustrates his attitude:—

> *He was in a tram with his wife. Suddenly he heard a newspaper-boy crying a special edition. He got out, bought a paper and threw it away in a fury when he found it contained nothing of any interest whatever. Wishing to go on with his journey, he got into a motor, and the driver, instead of taking him to my house, persisted in going in the opposite direction. ... The patient added that the place where he got out was the very point at which his uncle had met with a fatal accident.*

The boy selling the special edition was a mocking reference to the second analyst: the patient knew about my paper, which had caused his first analyst to send him to me. The statements which I there made were treated ironically and nullified by means of an allusion to the Œdipus complex: he got out at the place where his father's brother died. His ironical suggestion to me was: 'You had better pay attention to my wishes for my father's death, which have made me ill, and not bother about your stupid "new discoveries", which have as little in them as a fraudulent special edition, the only object of which is to lure people to spend their money'. Nevertheless it was clear that his conscience was reproaching him with wanting to shirk the analysis

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9 I do not here propose to discuss the notion that dreams 'run on double rails', but I would refer readers to the paper read by Jekels at the Lucerne Congress, and entitled: 'Triebdualismus im Traum' (*Imago*, 1934). We find there the theoretical argument for the statement that the 'residue from the previous day' does not merely serve to mask unconscious wishes from the censorship but also represents, directly or

symbolically, the unconscious accusation which the individual's conscience is at that time making. In the dream recorded above, all the day-residues correspond to such unconscious reproaches. For example, an actual experience with the seller of a special edition represents in the dream the accusation of oral aggression which his conscience was making and which I had interpreted.

owing to resistance, an accusation which he refuted by pointing out that he wanted to have coitus with his wife (riding together in the electric tram), acquitting himself ironically with the reflection: 'it is not my fault if the driver (= physician) always takes me in the wrong direction'. So it is the analyst and not the patient who is to blame for insisting on unimportant interpretations and making the second analysis (as the patient expected) a failure. He thus succeeded in refuting the accusation of his conscience: 'You want to give up the analysis because of the oral interpretations', and in fulfilling the wish of his *id*, namely, to escape from analysis, i.e. to retain his infantile oral wishes for vengeance. In fact, the dream represented a wish-fulfilment.[9]

I have discovered (and have found my discovery constantly confirmed in my analyses) that the 'residue of the previous day' represents not only the masking of unconscious wishes from the censorship, but also the unconscious accusation which the dreamer's conscience is at that time making. Those who, like myself, have realized this double function will be puzzled at two apparently banal elements in the dream I have quoted: the 'motor' and the 'particular place' at which the patient got out. We are led to conclude that these elements conceal a latent reproach of conscience, for it could not fail to strike us as remarkable that the patient confessed so openly his wish to kill his father, even when we take into account the tendency to divert attention from other material. Qui s'accuse—s'excuse: this is a truth which is evident in all 'genuine' books of Confessions[10] and it is

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10In his *Confessions* Heinrich Heine makes fun of all confessions in book-form, and says about Rousseau: 'For instance, I am convinced that Jean Jacques did not steal the ribbon which caused a chambermaid to be unjustly accused and dismissed, costing her her reputation and her situation. … Probably there was another offence of which he was guilty, but it was not theft. … Nor did he send children of his own to the Foundling Hospital but only the children of Mademoiselle Thérèse Levasseur. Thirty years ago, one of the greatest German psychologists pointed out to me a passage in the *Confessions*, from which it seems certain that Rousseau could not have been the father of those children. The conceited old growler preferred to let himself be thought a barbarous father rather than bear the suspicion that he was altogether incapable of fatherhood.
(*Heine's Werke*, Ausgabe Bong, Bd. XV, S. 22.)
11 Asked why he never told the real truth about his coming late, he appeared taken aback and said it was strange that it had never occurred to him to excuse himself thus. He added that he had not kept anything back on purpose.

applicable here. Actually, the element 'motor' contained the gravest possible accusation of conscience against the patient's ego, for, in analysis with me, after quite a short time, it became clear (much to his surprise) that the transference in his first analysis was by no means simply a father-transference, as appeared at first sight. He projected on to his first analyst, during three years of treatment, above all, his unconscious phantasy of the bad, phallic mother. In a manner typical of 'oral pessimists' he put the mother in the wrong in the most sweeping fashion, deriving from every injustice which he experienced, i.e. phantasied, the right to commit fresh aggressions and thus establishing a vicious circle. Although my colleague at first objected, the patient had insisted on coming to his analysis at a quarter to eight in the morning, saying that it was his only free time. He annoyed the physician by making him get up unnecessarily early for this morning appointment, and he himself was always late, a fact which the analyst regularly interpreted as resistance. Now it turned out that the patient took a taxi every time, 'because it

was already so late', although the distance between his house and that of the analyst was so short that in other circumstances he would never have gone to the expense of driving. In a total of nearly seven hundred and fifty sessions he never mentioned this fact, and calmly let the analyst put it to him that it was resistance which manifested itself in his arriving late. The meaning of this behaviour was twofold: (1) he revenged himself on the analyst, whom he deprived of sleep, and gratified an aggressive impulse by 'keeping him waiting' (a reversal of the childhood-situation with the mother), and (2) he subtly put the physician in the wrong, thus: 'I sacrifice money (the taxi) for you as a proof of love, and, on the top of that, you reproach me instead of praising and loving me'. Therefore (this was the corollary of his unconscious reflection) 'I have a right to be aggressive'. The 'trick' lay in causing the analyst, who

did not know that the patient was spending money on taxis, always to interpret a proof of love as resistance—a *quid pro quo* contrived by the patient himself by his suppression of material![11]

The element 'motor' was further determined as follows: The first dream which he reported in his analysis with my colleague and which could not at that point be interpreted contained a declaration of his intention to lead the analyst by the nose. This was symbolized by driving in all possible directions in a taxi. Besides this, motors in general played a prominent part in the patient's thoughts and feelings: he was enthusiastic about driving and said that it was one of the few things which he had 'mastered perfectly'. If any of his relatives lent him their car, they were amazed at his assurance. Driving was one of the few 'aggressive' actions which he consciously permitted himself, precisely because it was not recognizable as aggression.

As the analysis went on, it provided abundant confirmation of the conjecture that, in the transference, the patient was reproducing his relation to the bad, sadistic mother of the pre-œdipal period. For instance, he suddenly remembered that his first analyst used to strike him as being like a spider, sitting behind him and 'lying in wait' for everything he might say, although consciously he respected and rather liked this physician.[12] When I asked him if he ever told my colleague about this idea, he said: 'No, ' explaining that it was only in the second analysis that he became really conscious of it since I spoke to him much more[13] than his former analyst and so this impression did not occur so frequently.

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12 The dream I have quoted contains a reversal of this situation: the patient sat behind and directed the driver. There are, besides, unconscious, homosexual elements here. Lastly, both the driver and his fare represented parts of the dreamer's personality.

13 I have more than once pointed out that in analysis one penetrates into the minds of those neurotics who suffer from oral regression mostly by way of 'giving' words, which the patients unconsciously regard as equivalent to milk. It is only in the later phases of treatment that the correct analytical technique can be applied in such cases. Cf. my works: 'Zur Problematik der Pseudodebilität', *Internationale Zeitschrift für Psychoanalyse*, 1932, and 'Über die Widerstandssituation: der Patient schweigt' (to be published in the *Zeitschrift*).

The idea of the 'devouring spider' (female spiders devour the males after coitus) was typical of the patient's whole unconscious relation to women. When we reconstructed the period of his early childhood we found that he had always thought of his mother as an aggressive, nagging woman, constantly demanding love and interest, while his father was a quiet, rather weak man, under the thumb of his wife.14 In later years he engaged in bitter conflicts with his mother because of her inordinate demands on her children's love and respect. For example, she expected her grown-up children, who were no longer living at home, to pay her a long daily visit, and when they explained that there were real difficulties, such as the claims of their work, she indignantly declared that they were simply making excuses. As a young child the patient was ostensibly devoted to her, but in reality he attributed to her every possible bad motive. For

instance, when a cousin who lived with them as an adopted child had a fall on a climb in the mountains and, sometime later, the patient's mother in quite another connection blamed him and his sister for not caring to climb, he thought to himself: 'Of course, she wants me to have a fall too, simply so that she can brag about how sporting her children are'. At the same time he evidently had pangs of conscience about his own unconscious aggressive impulses against his mother, though these hardly manifested themselves till he reached puberty, as the following recollection showed. At the time of the food-shortage during the War, the family was having meat at a certain meal. The mother helped the meat and the patient had the impression that his portion was 'unfairly'15 small and he looked covetously at her plate. She, however, misunderstood his glance and said: 'Don't trouble about me, I have got enough'. This scene is typical and so is the fact that the material for the conflict was oral.

It is not easy in a brief account to convey the impression made by

14It is remarkable how frequently this particular family-constellation is met with in cases of oral regression. It would, however, be quite wrong to conclude that such regression is necessarily so conditioned, for we know that a child's perception of his parents' characteristics is often coloured by the projection-mechanisms of his own wishes and aggressive impulses.

15This expression 'unfairly' was typical of the patient. The formula for his relations with other people was 'They treat me unfairly' and the corollary was 'And so I have a right to be aggressive'. Of course he himself unconsciously manufactured these 'injustices' or else he took unavoidable disappointments too tragically.

the patient's outward demeanour. I think I can best compare him with a block of ice. There emanated from him a strange indifference and coldness; he was silent, rather morose, very correct and entirely inaccessible, and his 'calm' drove those around him frantic. 'When other people would explode, you are as calm as ever', his wife used to say to him. She misunderstood this tranquillity, not perceiving the aggression behind it, and she summed up her opinion of him as follows: 'It's no use talking to you'.

Superficially, the patient's 'calm' was primarily an identification with his quiet father, whose point of view was invariably objective, but it was really a distortion and caricature of this objectivity. It was interesting to note that, even after his oral regression, the patient maintained this attitude, probably because it served so well to embody his oral revengeful impulses and simultaneously his ostensible indifference. The outward tokens of his phallic identification had quite a different significance *after* and *before* his regression. This twofold aspect explained why the patient presented so impenetrable a front and why, throughout his first analysis, the physician regarded him as a passive-feminine, unconsciously homosexual type, [16] and thought that he was producing defence-mechanisms belonging to this phase of development.

The patient displayed the following characteristics which are typical of *all* cases of oral regression:

1. Adherence to the *'autarchist fiction'*:[17] the disappointment inflicted by the phallic mother is reacted to with an obstinate struggle for alimentary and general independence.

2. An incapacity for the normal attempts at restoring the damaged

16With this oral type of patient the great danger for the analyst is just this confusion with mechanisms of the phallic phase. This is a fatal mistake and results in the failure of the analysis.

17In 'Übertragung und Liebe', *Imago*, 1934, Jekels and I coined the term 'autarchist fiction' to describe that phase of early infantile omnipotence in which even the mother's breast is perceived by the child as belonging to itself, part of its own body. In our view it is this condition of not being separated from the mother's breast which human beings unconsciously strive after all their lives as the ideal state, and to it we trace the phenomena of tender and sensual love and the relation to objects in general. A detailed account is given in the above paper. I have described the separate phases of the fiction of omnipotence in a paper entitled 'Zur Psychologie des Hasardspielers', published in *Imago*.

illusion of omnipotence by means of object-relations and love: the sole relation to women consists in an unconscious, aggressive determination to put them in the wrong (that is to say, in revenge on the mother) and in an *unconscious, masochistic enjoyment of being unloved*. Secondarily, this relation is extended to everyone with whom the individual comes into contact, irrespective of sex.

3. The unconscious aim is not to fulfil the wishes but to *perpetuate the disappointments* of childhood.

4. The result is 'oral' pessimism:[18] every situation is unconsciously so arranged as apparently to justify the pessimist's expectations. Through the aggression of others he derives relief from his sense of guilt, and a justification for fresh aggression on his own part—a vicious circle.

18 A detailed account of the psychology of the oral pessimist will be found in my paper on Grabbe (Imago, 1934) and in my book of essays on Talleyrand—Napoleon—Stendhal—Grabbe. The characteristic points are as follows. Oral pessimism represents a narcissistic protective measure on the part of the ego, for the pessimist guards himself against his particular bogey—the possibility of being duped—by anticipating in thought the misfortunes of the future. It looks as though he had made up his mind to everything going wrong in life, but that which really enables him to bear this tragedy is the narcissistic pleasure derived from having prophesied it correctly. This convulsive 'determination not to be duped' suggests that the pessimist's infantile delusion of omnipotence must have suffered some specially severe blows in his earliest childhood, for persons of this type are not content with the customary attempts of mankind to recover the lost state of narcissistic completeness. It is precisely this fixation to disappointment which constitutes the morbid feature and renders the patient incapable of the object-cathexis and the love by which normal persons attempt to recover their narcissistic bliss. All this leads us to conjecture that the oral pessimist's prophecies of misfortune are of the nature of polemics amied at the phallic mother. The formula is something like this: 'I have always known quite well that you do not love me'. By this device the individual himself experiences the pleasure of self-torment and the phallic mother is accused and ridiculed. For, with oral pessimists, it is always she who assumes the guise of 'fate' and it is only later that fate is personified as a male. This perpetual 'putting in the wrong' serves a twofold purpose: the individual derives a certain pleasure from his malicious indulgence in unconscious aggression and, by setting up the painful idea of disappointment, he anticipates part of the punishment which he dreads from the super-ego. From these constant disappointments the oral pessimist derives the justification for his hatred of the exalted mother-imago, pursuing in later life the realization not of the wishes, but of the disappointments of childhood. This comes out very clearly in the case of Grabbe. He had an appointment in the Civil Service, but caused himself to be 'axed' for no real reason and waived all claim to a pension, thinking that he would live on his wife's money. She was of a miserly and close-fisted disposition, but, although he knew quite well what he had to expect, he deliberately made himself dependent on her, obviously in order to reduce to an absurdity the notion of her 'giving' anything and so once more to justify his aggressive impulses. His wife refused to help him in any way whatever and desired a separation or at least to annul his interest in her property. One result of his action was that, when he was seriously ill, she was compelled by law to take him into her house.

5. The *deepest wish* of persons suffering from oral regression is *to receive something orally*. The result is that in coitus these men fail to master the breast-complex in the normal fashion by actively reproducing a passive experience, i.e. by 'giving' instead of 'taking'. This

passivity has two sources: (a) in the man's aggression against the woman, manifested in the refusal of erection or ejaculation, and (b) in his unconscious inhibition of activity because of his immoderate aggression. If these patients engage in any sexual activities at all, the woman has to take the initiative.

In studying the mental processes of our patient let us begin with the technique by which he put in the wrong the woman whom he identified with the phallic mother. The patient had married a virgin with a repugnance to everything sexual. In theory she assented to coitus simply because it was a duty to be 'normal'. The most harmless acts designed to evoke initial pleasure were repudiated by her as 'beastly'. Above all, in intercourse she wanted to play the passive part of a woman who is forced by the man. The patient, on the other hand, expected his wife to take the initiative in coitus and to help him, i.e. to stimulate him manually and introduce his penis into her vagina. Thus it came about that for a whole year he abstained from all sexual activities and said not a word on the subject to his wife (oral stubbornness).[19] He interpreted the fact that she 'gave' him

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19To show in what detail the patient's aggressive feelings against his wife (of which he was not consciously aware) manifested themselves I must mention a habit of his which was in direct contradiction to his ordinary behaviour as a cultivated man. When lying in bed he would 'pick his nose' to rid himself of the dried mucous secretion, for he always 'forgot' to take his handkerchief out of his coat-pocket. To save himself the trouble of getting up, he put the moist substance on the right sleeve of his pyjamas and immediately thrust it under his wife's head, as she nestled against him. This mockery of the idea of 'giving' manifested itself in later phases of the analysis, when the thought of going to see a girl always produced a slight sensation of diarrhœa. Besides anal and oral elements (the restoring of the woman who has been unconsciously swallowed or devoured) this behaviour indicated anxiety and, further, scornful aggressiveness by means of fæces, and insult to the woman by substituting for an ejaculation the degrading form of 'giving' by defæcation.

nothing and refused to seduce him as indicating not merely sexual inexperience but an evil disposition, which led her to refuse from sadistic motives that which he wanted and justified him in letting loose upon her the aggressive impulses whose real object was his mother.

Superficially, it looked at first sight as though all this simply amounted to phallic castration-anxiety due to the Œdipal mother-fixation. Yet one could not but be struck by his determination to force his wife into the rôle of the wicked woman who refuses what she should give and especially by the fact that he did nothing to mend matters. Moreover, the patient's passivity was of a different kind from that met with in unconscious homosexuals of the passivefeminine type, as was apparent in his onanistic practices at puberty. He would fasten various objects, e.g. a toothbrush, a nailbrush, a bath-thermometer, etc., to the sulcus coronarius with a piece of string and masturbate by swinging these objects. But he never let himself go to the point of ejaculation. The mechanism was even clearer in another of his habits: he would masturbate by causing a jet of water to play on his penis. (The oral substructure of this phantasy became obvious when he said that he had sprayed water into the urethra by means of a syringe.) The unconscious fiction was: 'I am not doing anything; I am passive, someone else is responsible'. This fiction enabled him to drive a car and go ski-ing. The idea was that he did not control the mechanism: the 'responsibility' lay with the mechanism itself.

In the transference he projected on to the analyst the same phantasy of the bad mother who sadistically drains the infant dry. We have an instance of this in his concealment of the fact that he regularly took a taxi to the analyst's house. He continued on the same lines in

the second analysis, but with this difference, that his oral behaviour was interpreted to him. He construed silence on the part of the analyst as a 'refusal to give'. A specially clear instance of this was contained in the following situation. One day, immediately before he should have come for analysis, he rang me up to say that he would not be able to come. During the whole of that day he wove around this incident the following phantasy: I would give the time reserved for him to someone else and he would make a 'row' because it was not fair. His logical faculty told him that I could do as I liked with my free time but, affectively, his standpoint was that I must wait for him at all costs. Here he was forcing me to play the part of his wife, whom he punished by keeping her endlessly waiting. On another occasion his phantasy in a similar situation was that I would reproach him for not coming at all or for being late. This last phantasy he produced only when he actually had been hindered and it really would have been unjust to reproach him. (Cf. his mother's real behaviour when her children excused themselves from coming to see her.)

It was very characteristic that in his dreams the patient managed to emphasize the malice of the woman who refused to give (the phallic mother sadistically perceived), but always representing her in the situation of having more than enough.[20] The accusation of withholding

20 The patient reacted to his revengeful impulses by a reinforcement of the autarchist fiction, as is seen in the following dream: 'A scab had formed under his left ribs, and when he scratched it off a third nipple made its appearance'. The interpretation of this dream showed that it contained a reference to the story in Genesis, in which Eve is created from one of Adam's ribs. This expressed his view that the woman was a nonentity, for it proved that he was not indebted to his mother even for his birth; in fact, on this theory, the position was reversed. Moreover he went one better than his mother in the matter of breasts (= nipples), for he had three of them! In my paper on Grabbe I mentioned the so-called 'manna-dreams', which are always based on the wish to be independent of the mother (and later, of the father) for food. In the case of pseudo-debility which I have published, the patient used frequently to dream under a symbolic disguise that he was sucking milk from his own penis and so was independent of his mother. The following recollection is of the same order. When the patient was a boy, he once saw a gypsy-woman suckling her infant. This excited him sexually and subsequently he used often to insert a straw into his penis and put the other end in his mouth. He then urinated and drank his own urine. In my work on Cynicism, *Psychoanalytische Bewegung*, 1933, I conjectured that the rigorous frugality in the matter of food, so consistently preached by Diogenes and the Cynics, may be interpreted as an attempt in later life to attain to the alimentary independence of the mother (or later, of the father) craved for in infancy.

what she should have given was the more well-founded and telling since there was no question of her not having enough: it was simply that she was wicked and malicious. The situation of superabundance, which in dreams generally took the form of the overflowing of vessels, had two variants. In the first the patient refused to accept the fluid (reaction by means of the autarchist fiction), while, in the second, some external impediment prevented him from receiving it. The latter situation served as an argument to allay his unconscious sense of guilt: 'If the woman is so malicious, I have a right to be aggressive'.

This brings us to the second problem of our patient's ejaculatory disturbance, the factor next in importance to the breast-complex. I refer to the idea of *ejaculation as a punishment.* Unconsciously he had a positively shattering idea of an ejaculation. He thought of it as something *like the explosion of a hand-grenade* which blows a man to bits. His unconscious sense of guilt led him to expect that this would be the result of ejaculation in his own case. Expressed in the terms of the patient's unconscious, ejaculation meant blowing the woman to pieces, and bursting oneself as a punishment for one's aggression. Thus his refusal of ejaculation was not only due to the inhibition imposed by his sense of guilt upon his aggressive impulses against the woman, but was also a kind of self-protection.[21] It was characteristic that in the second analysis, when the twofold aim of his aggression was made clear and he had

begun to attempt coitus, a particular type of dream tended to occur, in which the effects of his aggressive impulses were diminished. He now dreamt that hand-grenades ('egg-bombs') were thrown without exploding, or that he was the only civilian in the war-area and so was not called up, or that he was in a battle and the bullets either missed him or ricochetted harmlessly, etc. These consolatory oral dreams of ejaculation were based on the formula: 'aggression is allowable since it does not necessarily kill'. He thus satisfied the aggressive wish of the *id* and at the same time refuted the super-ego's accusation of murder.

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21 This latter also took the form of identification with the woman.

When the patient first attempted coitus, he could not do so with his wife, for she herself was abnormal and unfortunately the whole of his unconscious hatred was concentrated upon her. After the second analysis had been going on for some months, he decided to make the attempt with a succession of prostitutes. The history of the various stages which he passed through was very remarkable. He was invariably capable of erection but, at first, coitus was continued for from ten to thirty minutes without his achieving ejaculation. He would then generally interrupt vaginal friction and cause himself to be manually stimulated until ejaculation occurred. For some months he was able to achieve ejaculation through manual stimulation[22] by the prostitute, but not in vaginal coitus. In the next phase the patient continued coitus until he felt the *first* sensation of semen. This did not, however, as is normal, intensify into the second sensation which is no longer under conscious control, but spent itself without the occurrence of ejaculation into the vagina. There were other occasions when the patient, who often had no inclination for coitus when actually in bed with the prostitute, caused her to stimulate him manually till the first sensation of semen occurred, when he 'utilized' for coitus the excitation achieved extravaginally. At first, however, the excitation died away, while erection persisted. The first time that he achieved a vaginal ejaculation it was in the following difficult way: vaginal friction was continued for ten minutes, coitus was then interrupted

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22 To the question of why the woman's hand played so exaggerated a part I would make the following conjectural reply. Originally the hand and the mouth were the sole executive organs of the patient's aggression. (In the reversal due to the sense of guilt the hand became an organ of punishment.) At the same time the hand was a symbol for the mouth. It is true that the yielding of the semen into the woman's hand was a caricature of giving, for the fluid ran from it as from a sieve. Possibly the patient took so readily to the symbolic meaning of the hand because it contained no teeth, which would have reminded him of his own aggression. Moreover, the preference for the female hand amounted to an indirect recapitulation of infantile aggression, in identification with the phallic mother: he had wanted to strike her with his hand and now the woman was committing an 'aggression' upon him, which was in agreement with the idea of ejaculation as a punishment. At times the patient ironically lamented that it was not possible to construct a hand inside the vagina. With reference to the improbable symbolism of the hand for the mouth, see Case II (writer's cramp) in 'Der Mammakomplex des Mannes'.

and sexual excitation was intensified by manual stimulation for one or two minutes, when the first sensation of semen occurred. Coitus was resumed for one minute with intensifying excitation, culminating in the second sensation of semen, ejaculation and orgasm.

The difficulty which I have described was peculiarly hard to overcome: in coitus the excitation invariably died out, in spite of the occurrence of the first sensation of semen and of the persistence of erection. There was no intensification of sensation and ejaculation could be achieved only by means of manual stimulation. Another point was that movements on the woman's part disturbed the patient; he required his partner to be completely motionless. His rationalization of this requisition was as follows: the prostitute was simply going through a farce of sexual feeling. Though there was a certain amount of truth in this, his real reason was

quite different. He wanted to 'give' the woman no enjoyment in coitus, and any sign of pleasure on her part roused him to 'silent' fury.[23] At the same time her

23 The following details show how deeply rooted in revenge on the woman was the patient's attitude. In sexual intercourse he had erections suggestive of priapism, which disappeared only gradually after ejaculation. Evidently the reason for this, apart from the fact that he actually remained unsatisfied, was that his unconscious murderous impulses had insufficient outlet in such aggression as he could perpetrate on the women in coitus. The same was true of the long-drawn-out process of intercourse, lasting as much as half an hour: in phantasy he was attacking the woman, indeed, 'bursting her'. The following are some of the thoughts which occurred to the patient during coitus. 'If I get no pleasure out of it, at least I will see that she is burst to bits.' Again, he asked once during fellatio, 'What happens if it suddenly *goes off*?' referring to the possibility of ejaculation occurring unexpectedly. The double meaning of the words used: 'to burst with anger' and 'a gun goes off' is evident. His craving to obtain something orally continually broke through. Touching the breast of a prostitute, he said 'Very nice, but there is nothing inside!' Another time he offered a girl five shillings less than he had paid her the first time they had been together. This made her indignant. 'Yes', said the patient ironically, 'I shall give you five schillings less every time, and in the end *you* will give *me* something on top of that!' I would remind my readers of an interesting device by which the patient suffering from pseudo-debility, whose case I described in my first paper, contrived to get something. He agreed to give a prostitute ten schillings, paid her with a twenty schilling note and received ten schillings change. This act had, besides, the significance of a magical gesture.

immobility signified the death which he desired for his partner and corresponded to necrophiliac tendencies in himself.

The stimulus of sexual relations with prostitutes gradually died away and the patient turned again to his wife. But it recurred with fresh force when he began to play off the two women, or two types, against one another—wife and prostitute.[24] On the one hand he degraded his wife to a harlot, and on the other hand he vented his hatred of women in 'playing off one against the other'. In coitus with his wife another disturbance now arose. The patient began to suffer from the same symptom as I noted in Case I earlier in this paper, namely, from an 'unperceived ejaculation', which in these cases evidently represents a typical passing phase in the analysis. It was only when his wife definitely asserted that he had actually 'spat' (which was the term for ejaculation used by this sexually abnormal woman) that he could be convinced, by viewing the contents of the vagina, that ejaculation had really occurred. After this, moreover, the priapistic erections disappeared. The patient's analysis is not yet concluded, but my experience in the first case makes the prognosis probable that, after some time, he will surmount the symptom of unperceived ejaculation.[25]

I need scarcely say that the separate phases in the clearing-up of the patient's ejaculatory disturbance did not follow a straightforward course. Relapses, periods of depression, in short, the ups and downs of every analysis were not lacking.[26] At the time of writing (October,

24 In this there was at bottom a reference to the two breasts.

25 It has been for me a matter of great interest to try to account for the way in which the patient whose case I described in my first paper and to whom I have referred on pp. 199 ff of this paper passed out of the phase of unperceived ejaculation, apparently spontaneously, and became normal 'without analysis' of the final phases. I mentioned that he was obliged to break off his analysis for financial reasons and I seldom saw him afterwards. Though he understood it intellectually, this circumstance roused in him an overwhelming effect of hate, and it was the aggressive impulses against me, together with his reaction by a reinforcement of the autarchist fiction, which enabled him to surmount the symptom. I very much doubt whether he would have succeeded but for his four years of analysis and the thorough working-out of his aggression. A more detailed account will be found in 'Über die Vorstadien der männlichen Schlagephantasie' (to be published in the *Internationale Zeitschrift für Psychoanalyse*).

26 The following note may give some idea of the complication of the separate phases which I have outlined only briefly here, necessarily omitting a large number of details. In a phase of short duration the patient found, as I have already mentioned, that when he was actually with a prostitute he was disinclined

for coitus. He would then lie on his back and cause her to stimulate him manually. The feminine identification is clear and also the reaction to his aggression, by which its discharge was inhibited. But there is yet another point: out of revenge the patient was identifying himself unconsciously with the phallic mother from whom a fluid is drawn off. Here we have gratification of revengeful impulses, of the tendency to passivity and, at the same time, the satisfaction of making a hostile magical gesture—all this with relief from the sense of guilt—'I am doing nothing aggressive!'

27A more detailed account is given in my paper: 'Genesungswunsch und Schuldgefühl' (to appear in *Internationale Zeitschrift für Psychoanalyse*).

1935), after a year of analysis, there is good evidence of a tendency for the disturbance to clear up. The patient's reaction to his incipient normality has been by no means one of unmixed enthusiasm [27]; at times it has taken the form of marked aggression.

Case B. —A patient aged twenty-five was suffering from inhibitions in his work, incapacity for erection and masochistic abnormalities of character. After a year of analysis he was able to achieve erection, but during the whole of the next year he suffered from 'psychogenic oral aspermia'. The central feature of his analysis was his masochistic phantasies, which were specially remarkable because they revealed a sadistic preliminary phase, of which he was fully conscious, having reference to the mother's breast. I have described this oral preliminary phase of beating-phantasies in a paper of considerable length.[28] I came to the conclusion that the sadistic preliminary phase which Freud demonstrated in the beating-phantasies of girls, but the existence of which he only conjectured in the case of boys, [29] does actually occur in the latter. Their aggression has for its primary

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28'Über die Vorstadien der männlichen Schlagephantasie.' This work was finished in December, 1933, and will appear in the *Internationale Zeitschrift für Psychoanalyse.*

29In Freud's 'A Child is Being Beaten' (*Collected Papers*, Vol. II, pp. 195 ff.) we read as follows: 'In the case of the girl there is a first step towards the phantasy (the first, i.e. the sadistic, phase) … [this] is absent in the case of boys; but this difference is precisely one that might be removed by more fortunate observations. … I am aware that the differences I have here described between the sexes in regard to the nature of their beating-phantasies have not been sufficiently elucidated.'

object the breasts of the pre-œdipal mother and only secondarily, under pressure of the unconscious sense of guilt, is it turned back upon the boy's own person, his buttocks being equated with the mother's breasts. Subsequently, in the Œdipal phase, the active part of beating is ascribed to the father instead of the mother. Masculine beating-phantasies may thus be schematized as follows:

Phase I. Sadistic aggressive impulses against the mother's breasts in the pre-œdipal period.

Phase II. The unconscious sense of guilt causes the aggressive impulse to be turned back upon the subject's own buttocks, identified with the mother's breasts. The beating is 'transferred' from the mother to the father.

Phase III. In flight from unconscious homosexuality, the beating is once more transferred, this time from the father to the mother.

Phases II and III correspond in essentials with Freud's scheme. The additions which I would suggest are: the occurrence of Phase I and the turning-back of the aggressive impulse upon the boy's own buttocks, in identification with the mother's breasts.

In the case of our patient the explanation of the remarkable fact that he was conscious of his aggressive impulses against the phallic mother's breast was to be found in his masochistic

perversion. Evidently he had regressed to the anal phase and belonged to the narcissistic type.[30] He had repressed his impulse towards passive surrender and wish for coitus anally by his father, in identification with his mother and, further, the fact that all his own reverses were felt to be pleasurable only when he himself had engineered them and so gratified his unconscious delusion of grandeur.[31]

In the introduction to the study of Stendhal in my book of Essays32 I pointed out that, in certain circumstances, some individuals can

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30 Eidelberg has made a suggestion of great practical importance, with which I fully concur. He says that, in studying the problem of the choice of neurosis, we must consider both the level to which the patient has regressed and the libidinal type to which he belongs. 'Theoretische Vorschläge', *Internationale Zeitschrift für Psychoanalyse*, 1934.

31 Cf. Eidelberg's 'Beiträge zum Studium des Masochismus', *Internationale Zeitschrift für Psychoanalyse*, 1934.

32 Talleyrand—Napoleon—Stendhal—Grabbe. Psycho-Analytical biographical essays. *(Internationaler Psychoanalytischer Verlag*, 1935.) The introduction in question was published also in the Almanach, 1936, under the title 'Das Rätsel der Bewusstheit des Ödipuskomplexes'.

33 Since the psyche operates in accordance with the pleasure-principle, we should not be surprised that in dangerous psychic situations important tendencies, which are normally repressed, are thus sacrificed, as may be observed in analysis. The most commonplace example is the typical situation, familiar to every analyst, in which the patient says at the beginning of the session that he has had two dreams in the previous night and that he can remember the first but has forgotten the second. If, after hearing the first dream, the analyst asks him to give his associations to it, it often happens that the first is, 'Oh, now I remember the second dream!' Clearly it would be more painful for the patient's ego to expose the repressed associations than the second dream. On such occasions one of my patients used to speak of the 'pettifogging gains' extorted by his unconscious.

retain the Œdipus complex in consciousness. This is known in four particular conditions: schizophrenic psychosis; psychological genius (?); moral insanity; and those cases in which the individual observes the complex in others and, owing to excessive psychic masochism, fails to react with normal repression in relation to himself but refers that which he has perceived to himself for purposes of self-punishment. I would add a fifth condition, not hitherto described. If the inverted Œdipus complex vastly predominates, a situation arises in which the unconscious part of the ego is in danger and there will be a tendency to sacrifice that which is less unpleasant in order to preserve what is more important, though consciously more painful.[33]

Applying this idea to the pre-œdipal period, we arrive at the following conclusion: it is possible to suppose that a masochistic patient, fixated to the inverted Œdipus complex and with beating-phantasies in which the father played the active part, might repress this whole situation. Then, precisely because otherwise he would have to recognize and surrender these wishes relating to his father, he might be fully conscious of the chronologically earlier but dynamically still no less powerful aggressive impulse against the phallic mother's breasts. This 'rivalry between two offences', of which one is acknowledged, is thus used in aid of the unconscious mechanism of self-deception about one's own wishes.

The patient whose case we are now considering belonged to this type.[34] When I asked him about his beating-phantasies the patient at

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34 I admit that I formulated this notion theoretically and did not deduce it from actual experience. I was the more pleased when I found that, in this instance, reality coincided with anticipation. For an account of how I arrived at this conclusion I would refer the reader to my paper on beating-phantasies (*vide supra*).

first declared that he had none. He added, however, that perhaps he ought to mention certain episodes from his school-days, in which he, as head-prefect, had several times protested against boys being beaten by their schoolfellows. It then happened that he had the tragic experience of more than once detecting in himself active beating phantasies. At the very beginning of his analysis it was clear that he identified himself also, and indeed mainly, with the boys who were beaten, though he did not know this consciously. After some time and with great reluctance, he gave me an account of the chronological development of his masturbation-phantasies. When he was three or four years old, these sadistic phantasies related exclusively to his mother's breasts. He had thought out a whole system of subtle tortures. Generally he pictured that his mother was fastened by the breasts to a kind of roller which hung from the ceiling. He stood on the other side and pulled the strings so that the breasts were stretched, his mother was pulled up in great agony and her breasts were finally torn off (cork-drawing phantasy). Or else her breasts were fastened to her feet by means of cords stretched backwards over her shoulders, while her head was pulled forward and also fastened to her feet. That is to say, the breasts were drawn backwards and the head forwards. When the cords were pulled simultaneously, she was 'torn in two'. Or else she was being hunted naked down the street, with her arms tied behind her so that her breasts were stretched tight. The patient ran behind her, holding her by a string. Or she was hung up by the breasts and hair, both being finally torn out. In these phantasies, which combined sadism with scoptophilia, the patient tended more and more to disappear from the rôle of the active person inflicting the torture. Then, other women came into the phantasies and finally men, who became the more important, the penis very soon being substituted for the breast. That it was his father's penis was evident from the fact that his father was the only person that he knew who had been circumcised. He was a baptized Jew, but his children had not undergone ritual circumcision. Thus in the patient's phantasies men began to take the place of the women who were tortured. These phantasies of 'tying, tearing off and hanging up' (as the patient called them) then gave place to phantasies of 'squashing'. Naked women and sometimes men were flung anyhow into a box and pressed together. Here we have the first beginnings of the swing-over to the masochistic side; in his previous phantasies the patient had always played an active part or at least had enjoyed the spectacle of the

sadistic act. Now he himself got into the box, where he suffered everything which he inflicted on the others. At puberty the beating-phantasies about schoolboys, to which I have already referred, occupied the foreground. There were also typically masochistic ideas, such as that of lying on the ground while a woman sat on him with her back to his face, so that he inhaled the disagreeable smell of her body. Occasionally he drank his own urine. Lastly, he elaborated a story of robbers who made a raid on some peasants and compelled them to drink liquid manure, in order to make them tell where their money was hidden. We see that the patient was making the most desperate efforts to escape from his sadism. Obviously his masochistic wishes could not enter consciousness. His cruelty to women, above all in connection with their breasts, repeatedly broke through. At the beginning of the analysis the patient's masochistic phantasies were as follows: A woman was tortured by means of a special apparatus. She was shut up in a kind of frame with iron spikes inside and, when the door was banged, these automatically penetrated her breasts. Or else weights were attached to her arms, causing her breasts to protrude, whereupon they were pierced or stabbed, etc. Sometimes the patient was merely a spectator, while at other times he himself tortured the woman. Now there can be no doubt that this was not the original form of his phantasies. The whole positive Œdipus complex and the denial of the existence of the female genital, in which he had no conscious sexual interest, his castration-anxiety and his identification with the mother, the choice of his father as love-object, etc.—all this was repressed. It is clear that his sadistic interest in the breast remained in consciousness in order that he might maintain the repression of these other wishes, which sought more and more urgently for an outlet. He was going back to phantasies originally pre-œdipal, phantasies of desire and revenge which had reference to the breast. This was the only organ which excited the patient sexually, with the proviso that it should be the object of his

sadism. The fact that these sadistic wishes, directed against his mother's breast, remained in consciousness does not, however, merely mean that a displacement-mechanism was at work, which enabled him to deny his passivefeminine, unconsciously homosexual wishes: it served him also as an indirect proof of his aggression and masculinity. Thus, intrapsychically the less important impulses were sacrificed in order to shield that which was more important: his unconscious homosexuality. It was no wonder that his chief resistance was concentrated

on this stratum or that there was in it too a strong admixture of orality.

The first conflicts which the patient remembered from his nursery-days had to do with eating. He would constantly refuse to eat and frequently vomited; the whole business became a nightmare to him. His father—a man of weak character, who compensated for this by dabbling in 'science'—devised various punishments, amongst which was the following remarkable method of overcoming the child's disinclination for food. He obtained an electrical apparatus with which the muscles of the boy's throat were 'strengthened'. Consciously the patient felt this electrical treatment to be very disagreeable, but it had the effect of rousing very considerably his pleasure in pain. In fact the whole system on which his parents brought him up contributed to his masochistic perversion, though of course it did not directly cause this, for the perversion was a specific way of solving his instinctual conflict and his inner predisposition must be taken into account. A sister very near him in age, brought up in the same mistaken way, fell a victim to quite a different neurosis. The extent to which the patient's whole personality took on the colour of masochism may be inferred from a recollection from his third year. As a punishment for his disinclination to eat, he was shut into a dark closet where he voluntarily made his punishment more severe by remaining on his knees.[35] When I pointed out the strangeness of his behaviour, he replied naïvely that what his parents wanted was that he should suffer. Actually, by thus adding to the severity of his punishment, he transformed the conflict from something imposed upon him from without into something which he created for himself. For we note that he had provoked the whole conflict, thus gratifying his delusion of omnipotence. (Eidelberg's 'masochistic mechanism'.) By this behaviour he vented his aggression and scorn upon his parents, degrading them into mere tools of his own omnipotence, while at the same time he experienced masochistic pleasure, protecting himself, as by a magic spell, from outward misfortunes by substituting for them troubles devised by himself. While thus safeguarding his narcissism, he contrived in a most masterly manner the disasters which were his deepest source of pleasure.

35This adding to a punishment to gratify his own feeling of mastery is evidence also of a deep unconscious need for punishment on account of other oral transgressions. Cf. the patient's phantasies of tearing off his mother's breasts.

Another form of punishment for his ostensible 'lack of appetite' was the following system which his father invented and which was put into operation at every meal. I will let the patient speak for himself:

> *I had to keep every mouthful in my mouth for a minute. Someone stood by with a watch and counted every ten seconds aloud. If, after a minute, I had not swallowed the mouthful they went on counting, adding the words: "of the next", e.g. "twenty of the next". This meant that twenty seconds of the minute allotted to the next mouthful had already elapsed. Sometimes, but more rarely, the words would be: "ten of the last but two", which meant that I had taken less than the prescribed time and that we were now at the tenth second of the minute allotted to the last mouthful but two. This procedure was by no means simple and I was delighted to find that my nursery-governess made mistakes, my father's ingenious method being unfamiliar to her. So, at the end of the*

meal (which must have taken nearly an hour, since you cannot well dispatch a dinner in less than sixty mouthfuls), she would be so confused with counting seconds and mouthfuls that she would say: "three of the next but nine", instead of "nine of the last but three". My relations gave me at this time a nickname which must have sounded strange to the uninitiated. They called me: "Three-of-the-last-but-nine". After some years I broke my world-record with "... the next but fourteen". It should really have been "the last but fourteen", but on the very first day my governess had joined me in transposing the words: "the last" and "the next", "because otherwise it was even more complicated". So it came about that there were always mistakes when she reported the week's progress to my father, and I had to be called in to translate her terminology into his. When we reached the next but fourteen, the plan was adjudged to have been a huge success and was discontinued.

The irony manifested in these words was typical of the patient; all his utterances were a combination of mocking aggression and ironical humour at his own expense.[36]

After this magnificent method of training had been successfully brought to a close, the patient began to experience an almost insuperable

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36 I do not think that this humorous mode of speech indicated simply a desire to comfort him on the part of the patient's kindly super-ego. It is my opinion that the humour itself contained an element of veiled aggression and represented a melancholy accusation by the ego of its own ideal. My reasons for this view will be found in an article entitled: 'The Psychogenesis of Humor' (*The Psychoanalytical Review*, Washington).

difficulty in learning the multiplication-table and in writing. His parrot-cry now was: 'I can't remember anything'. In other words: he was employing the mechanism of pseudo-debility, whose oral basis I have demonstrated in previous papers. In this oral basis of pseudodebility we have, further, the explanation of why the symptom first manifests itself at the beginning of schooldays: the child is required to imbibe knowledge. This activates the old oral disappointment and leads to a stubborn refusal to take in intellectually that which his parents demand that he should absorb. He is actuated by revenge for his earlier oral disappointments, milk being equated with knowledge. (In *Faust* the phrase occurs 'To suck at the breasts of wisdom'; Abraham was the first to point out this equation in analysis.)

This cry of 'I can't remember anything' became the patient's most powerful weapon in his conflict with his father and had the effect of providing him with the masochistic pleasure derived from being punished and scolded by his father, which the patient unconsciously construed as an anal coitus. In the face of this show of stupidity the father was helpless and it was a great blow to his narcissism to find that he had an 'idiot' for a son. In reality, this 'idiot' was very lively and intelligent mentally, although for the most part he employed his intellectual powers in the service of his unconscious tendency to injure himself.

The following situation had arisen before the patient's analysis. A year previously he had entered upon a somewhat intimate psychic friendship with two highly neurotic sisters, whom he, as is very typical of an oral patient, most skilfully played off one against the other from unconscious motives of revenge. He finally decided on one of them—'It was terribly difficult to decide which was the less perverted and neurotic', said the patient—and with this girl he was entirely impotent. Here was another instance of his expecting from a virgin sexual experience and assistance which were quite beyond her. By this means he unconsciously transformed a sexually inexperienced girl into a monster who refused out of malice what she should have given him.[37] When

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37 This idea of the woman's malicious refusal was carried into every detail. For instance, it was the patient's habit to buy the morning paper every day from a female newsvendor, but he *invariably* 'forgot' that on Monday morning there was no paper because of the Sunday holiday, and so every Monday he left her without 'getting anything'. Or again, on one occasion when the patient was ill, he spoke with the highest praise of the 'unfailing kindness' of the nurse, but he managed to upset the tray on which she brought his food, thus causing the 'kindly' woman to scold him—a simple trick by means of which he transformed her into a 'malignant' person.
38 Since the 'cork-drawing phantasy' became the dominating one in the patient's life, it determined his choice of a profession, in which at first he endeavoured unsuccessfully to sublimate these desires. He became—an engineer.
39 Neither this patient nor the others whose cases we are considering (with the exception of the case of pseudo-debility) suffered from actual disturbances in eating. At most, their appetites were somewhat uncertain—sometimes they were disinclined for food, while at other times they manifested a kind of craving or an excessive desire for sweet things, especially just before going to sleep. But there was nothing particularly striking about these symptoms, and in themselves they would scarcely have provided adequate analytical evidence of the oral genesis of the neurosis.

he began his analysis, it soon appeared that he had no interest whatever in genital sexuality; his ruling desire was for anal intercourse by his father. When this was revealed by analysis, the first effect on the patient was a severe shock, followed by vigorous resistance. Soon, however, he endeavoured to escape this affective experience by pointing out the contradiction between the repressed anal and the conscious oral material and deriding the psychic stratification as 'analytical geology'. It gave him pause, however, when he realized that his penis reacted only to masochistic-sadistic phantasies and that his sole response to stimulation from women occurred in his alimentary canal. He produced a complicated conversion-symptom: if he took to a woman he would first of all lament that one could 'do nothing but have coitus with her', and he produced borborygmus or else a sensation which he localized in the stomach and described as follows: 'It is like when you go downstairs without looking where you are going, and think there is one more step but find that there is not. This surplus of unused muscular energy throws you backwards. That is the kind of feeling I have in my stomach'. The combination of anal and oral tendencies in the conversion-symptom suggested the interpretation that, at the sight of a woman, the patient unconsciously desired to devour her breasts and at the same time had an access of anxiety occasioned by the murderous wishes rising up in him. His regretful utterance 'You can do nothing but have coitus with a woman' was connected with his unconscious desire, whenever he was confronted with a woman, to realize his phantasies of tearing off her breasts[38] and to indulge his sexual tendency to devour.[39] This explains the

following ironical reply to a question of mine as to whether he liked a woman about whom he had been telling me. He said 'I should first have to photograph her and use the photograph when masturbating. If my stomach assented and at the same time I could treat her sadistically, so that my penis had a look-in, I could answer your question. But of course that can't be done!' Here the tendency to kill (the 'dead' photograph taking the place of the reality) and the inhibition of his aggressive impulse are manifest, so too the reversal and the turning of the impulse against his own person. For as a rule the idea of treating a woman sadistically ended in his striking his erect penis violently against the edge of a table, until there was a slight effusion of blood in the tissues. The oral part played by the stomach (devouring as well as killing) became even clearer when he informed me that he often swallowed pieces of photographs before orgasm occurred!

From what I have said it is clear that in all these masochistic practices the patient was trying to realize his grandiose ideas. Ultimately, all his reverses were unconsciously engineered by himself, and thus he degraded the persons who punished him into the executive organs of his own punishment-wishes. The argument by which he justified his masochistic practices was very interesting. He said that a sadist could convince himself of the pain which he inflicted on

his victim only by the outward signs which were wrung from the latter, e.g. screaming, groaning, facial distortion, writhing, etc.; all this was a very uncertain criterion, for the person whom he tormented might actually be simulating and in empathy there is always the chance that one's premises are wrong. How much more reasonable then was the method of the masochist, who experienced pain, not through the ambiguous and deceptive symptoms of a victim, but in his own person and beyond any possibility of doubt!

The pleasure experienced by normal men in coitus was perfectly incomprehensible to the patient. He detested any element of activity in love of either a tender or a sensual kind and, as the analysis went on and he began to attempt coitus, he declared that the accompanying movements of the hips were 'idiotic' and the friction was tedious. At first orgasm was absent, because for a long time he suffered from

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40 In the case of this patient the reactive 'autarchist fiction' produced at puberty the phantasy that a fluid taken by mouth is excreted in the form of urine only a quarter-of-an-hour later. Having mixed his own urine with cold milk and drunk the mixture (which he often did), the patient could signify almost complete 'alimentary self-sufficiency' by again drinking his urine after a quarter-of-an-hour.

psychogenic aspermia. This symptom had precisely the same ætiology as in Case A, which I have already described: 'refusal to give anything', out of revenge on the pre-œdipal mother, a powerful inhibition of aggression and preference for passivity in every situation. In the present case, however, the idea of 'bursting' and 'being burst' in ejaculation were related directly to the mother's breast, as we see from the 'cork-drawing phantasies'. This apparent displacement from the fluid to the organ containing it (the breast) was obviously secondary, as is manifest in the following masturbation phantasies in which women were represented as a means of quenching thirst.[40]

a. At an oriental feast the host, instead of giving his guests anything to drink, caused little trolleys to be rolled in on which were naked women whose breasts the guests sucked. This 'tapping' of the women caused them great pain.

b. On a public holiday the following 'squirting' competition was arranged. Men rode on naked women and, grasping their breasts, squirted fluid as though from a rubber squirt. This phantasy occurred in two forms: in the first, the 'tapping' of the women caused them pain, while in the second they were trained for the event and had become accustomed to the process. This second phantasy was a secondary formation, designed to relieve the sense of guilt.

After a year of analysis, during which we worked through the libidinal and aggressive components in the patient's rejection of phallicism and discussed his orality, he reached the point of attempting coitus. After several attempts he achieved erection, but his demeanour was very wooden and uncompliant 'as though he had swallowed the stick with which he had been beaten'.[41] He constantly declared that everything connected with genital activity was ridiculous and tedious. Moreover, as I have said, he suffered from psychogenic aspermia. He could perform ejaculation only by masturbating in front of the woman. Thus, at the outset, even the prostitute's hand failed to stimulate him. He invariably so directed the ejaculation that it was 'aimed at his own

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41'Als hätte er den Stock geschluckt, mit dem er geprügelt wurde' (Heine).

belly' (*ipsissima verba*). This was intended as a gesture of mockery, indicating to the girl with whom he happened to be that she was 'getting nothing' out of him. It had a certain real significance, for many prostitutes have a peculiar ambition to help a man to ejaculate, obviously

because they suppose that, if he experiences orgasm, he will come back to them. It may even be that they have a certain professional pride.

It was characteristic that the patient became conscious gradually of the inhibition due to his dread of his own excessive aggression, and in consequence of the following observation. While erection collapsed in coitus, 'out of boredom', as he said, it would persist for half-an-hour at a time if he lay motionless on the woman with his penis in her vagina. Besides this, almost all the girls with whom he had intercourse told him that they had a kind of fear of him, though this would seem to be in entire contradiction to his marked passivity. Gradually he ventured to indulge his aggressive impulses against the woman and he acquired a 'relish' for coitus, as he expressed it, only by assaulting her breasts, buttocks and thighs. At the end of a year of analysis he achieved ejaculation for the first time, after 'unperceived ejaculation' had several times occurred. On this occasion, coitus took place by daylight in the room of a prostitute, who left the window open, so that the patient imagined that, in spite of the curtains, he could be seen by the neighbours if he went about the room naked. During coitus he pressed hard on one of the woman's breasts, and his movements were so energetic that the bed creaked loudly.[42] This pleased

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42 One rationalization of his passivity in coitus was as follows. He said that, at his boarding-school, the creaking of his bed betrayed the fact that he was indulging in the forbidden practice of masturbation and so he was compelled to make small, 'noiseless' movements of the hips and that he continued to do so in coitus 'from habit'. To prove that coitus was 'inferior' to masturbation the patient resorted to highly sophistical arguments. For instance, he worked out the following abstruse 'scientific' theory: '(1) The stimuli and sensations which lead to ejaculation are produced both in masturbation and coitus by continuous movement of certain parts of the penis accompanied by pressure or friction. The parts which move in contact with one another are the prepuce and the inner parts, the vascular tissue of the penis. In erection the latter remain rigid together with the man's whole body. In order to maintain the necessary movement it is kinematically completely irrelevant whether the prepuce moves and the penis otherwise remains at rest or, conversely, the prepuce is held tight, i.e. remains at rest, while the inside of the penis moves. The one is the "kinematic antithesis" of the other. In masturbation (though not in all its possible forms) the man himself is motionless and with him the inside of the penis, whilst the prepuce moves. In coitus the woman normally lies still (though even if she does move it makes no difference to the final result). Hence her vagina is motionless and the prepuce of the penis scarcely moves. In this case the distended inner parts of the penis must be in motion, and this is possible only if the man moves his whole trunk. (2) Movement in coitus is the kinematic antithesis of movement in masturbation. In coitus the man's whole body is in continuous motion and only the prepuce of the penis remains at rest; in masturbation the converse is the case. If we assume that the prepuce of the penis weighs seven grams and the man's whole body seventy kilograms, then the kinetic energy required for the movement which takes place in coitus is ten thousand times as great as in masturbation. (3) It follows that for masturbation only the ten-thousandth part of the energy required for coitus is employed. From this point of view, anyone who prefers coitus to masturbation is like a man in the basement of a house, who, instead of going upstairs, wants to have the whole house raised by the height of a story, by which remarkable method he could, of course, ultimately reach the street-level.'
I am not going to discuss now the errors in this theory—e.g. the patient's omission to note that in masturbation, the prepuce is moved by the arm. I merely wished to illustrate his general attitide of hostility to coitus.
43 I do not propose here to deal with the part played in oral aspermia by the scopophilic instinct. I would refer my readers to a paper now in preparation by Eidelberg and myself, entitled 'Klinische Beitrage zum Studium des Schautriebes'.

him, as he thought that the neighbours would envy him if they heard it. The patient's aggressive instinct was subserved by three factors: provocative exhibition, [43] aggression against the breast and the idea that others were listening to and envying him. In this last he was identifying himself with the person whom he imagined to be indulging his visual and auditory scopophilia. After coitus he felt an 'enormous thirst' and drank two litres of water.

The patient's success in coitus gratified his narcissism and he made the following witty observation, which illustrates neatly his aggressive attitude towards analysis (he could not forgive it for having cured him): 'I am interested only in what will happen next with my character-neurosis—whether my advance in analysis will be in arithmetical or geometrical progression. I achieved coitus for the first time after the two-hundred-and-sixth analytic session and ejaculation after

the four-hundred-and-twelfth. If it goes on in arithmetical progression, we may expect the next success after the six-hundred-and-eighteenth session, but, if it is a case of geometrical progression, after the eight-hundred-and-twenty-fourth. That would be a bad look-out!' The problem of the further progression was solved by the patient's father, who, to gratify his own sense of omnipotence, declared that his son was cured and refused to pay any more fees. He thought he was justified in this, since his son's difficulties in studying seemed to have cleared up at the same time as the disturbance in his potency. At the present time one could not possibly say that the patient's grave character-neurosis had really been cured.

Case C. —This patient, who suffered from incapacity for erection and from a character-neurosis, had had two years analysis with a woman-analyst, with some measure of success. After his analysis, the symptom of incapacity for erection disappeared, but his potency continued to be capricious and ejaculatio præcox occurred, to which, however, he attached little importance. On account of his 'unresolved transference'—as he maintained—he felt his condition to be still unsatisfactory and, after a break of a year, he resumed analysis with me. His chief reason for continuing was that his 'favourite hobby', writing verses, 'would not work'. The analysis of this patient, who also suffered from oral regression, revealed a similar picture to that in Case A: the interpretation and working-through of the Œdipus complex in the first analysis had mobilized the phallic and anal elements, rendering them to some extent innocuous; hence the improvement in his capacity for erection. But the oral element in his symptoms had not been surmounted but merely touched upon in his first analysis, and it persisted or rather was displaced on to his incapacity to 'give' in sexual relationships and on to the inhibition of his poetic 'productivity'. The patient was an exceptionally gifted lyric poet, but his truly diabolical hatred of the phallic mother prevented his producing anything. The 'surge of longing', as he called it, encountered this orally conditioned hatred of the mother, which checked his whole literary 'output' (*Hergeben*), permitting him at most to clothe his blasphemies and coprolalia in literary terms. In my essay on 'Obscene Words'[44] I described the case of this patient and refer my readers to that work.

44Published in *The Psychoanalytical Quarterly*, 1935. I also published in *the Internationale Zeitschrift für Psychoanalyse*, 1934, a preliminary communication on this subject.

In parenthesis I would merely observe that the patient produced for a time the symptom of psychogenic aspermia, which gave him a strong suspicion that the excitation was displaced from the penis into the interior of the body and that the bladder was over-stimulated. During this period he achieved ejaculation only when manually stimulated by his partner.

I do not intend to go in detail here into this patient's very complicated analysis, for I have in preparation a work on the relations between orality and poetic creation, and in this I shall discuss his case at length. I will merely note the fact that, after the second analysis, he became normal sexually and that the inhibition of his poetic production was overcome.

Case D. —This patient suffered from oral regression, with neurotic character-traits almost indistinguishable from moral insanity. For instance, he would take money from women and

with remarkable skill adopted psychically the rôle of a baby at the breast.45 He always had two mistresses at the same time and played them off one against the other. Any activity which was connected with earning his own living was inhibited by his neurosis and, if he attempted to engage in it, led to failure in his work and to depression, which sprang from his 'Peter Pan' philosophy46 of life, according to which he should always be supported by other people. At the same time the patient manifested a stubborn determination to receive nothing, and this took the form of a 'reactive autarchist fiction'. For instance, he was determined to take nothing from his parents, yet he blamed them and perpetually bemoaned himself because they gave him nothing.

His system of having 'two editions of his mistress' (Stendhal) was an indication of his revengeful impulses against the phallic mother, but the patient was conscious neither of this nor of the pressing unconscious need for punishment, which, in conjunction with his oral tendency, ruled his life. On the other hand he was perfectly aware of

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45The fact that it was money which the patient took from women and that he allowed himself to be put in the position of a pseudo-gigolo must be linked up with the oral preliminary phase of the interest in money; it had at bottom the significance of a proof of love (milk). At the same time he was satisfying in this behaviour his unconscious need for punishment, for people in general, unversed in psychology, interpreted his acceptance of money from women not as an oral gesture but as something much more sinister.

46['*panbabystische Weltanschauung*.']

47In some cases this anachronistic infantile equation of sperma and milk works out in a very amusing manner: what was intended as a torture becomes a benefaction. A prolonged coitus without ejaculation in which the victim of oral aspermia engages is an unconscious expression of revengeful impulses against the woman, but actually it is often his only chance of stimulating her to orgasm. Such men are frequently regarded as ideal lovers just because of the absence of ejaculation, for it has a reassuring effect on their partners, most of whom suffer from a dread of impregnation. When I pointed this out to a patient of this type, he flew into a rage. He suffered from pseudo-debility (cf. my paper on this subject in the *Internationale Zeitschrift für Psychoanalyse*, 1932) and had evolved the following theory: if he used contraceptives he was potent, for then 'the woman got nothing'. It took a great deal of analytic work to disabuse him of this idea of contraceptives as an oral instrument of punishment: in the end I convinced him when I said many women were glad if a man did not ejaculate and told him that his aspermia would make him the most sought-after lover in his circle.

the 'impersonal' nature of his relations with women and would actually say to the mistress with whom he happened to be that he would as soon cohabit with any other woman. He usually said this to the woman just after coitus. His capacity for erection was normal, but he was for a time incapable of orgasm, or suffered from a form of psychogenic aspermia, conditioned by oral (and also partly by anal) factors. For example, in coitus with a woman who (as is the case with the majority) was slow in attainin to orgasm, he would ejaculate the first time very quickly, so that she did not experience orgasm at all. When the erection recurred, however, he could not achieve ejaculation, in spite of prolonged friction. Analysis showed that he was determined to 'give' nothing to his mistress: on the first occasion he performed coitus 'to please himself', but his unconscious impulse of revenge made him unwilling to vouchsafe any pleasure to her.[47] He had recourse to characteristically infantile means of tricking the woman into appearing as a person who invariably refused to give him what she should and treated him 'unfairly' on every occasion. For instance, he made an appointment with mistress No. 1 to come to his rooms at five o'clock on a Wednesday afternoon. He then 'forgot' the day and expected her on Tuesday at the same time. Naturally she did not appear, and the patient flew into a fury. But when she came, on the day they had agreed upon, he had 'by mistake' told mistress No. 2 to come that day, with the result that the two women almost ran into one another.

Another characteristic fact was that, in one single instance, his relations with a woman had been comparatively pleasurable. She was of a very active type and considerably older than the patient, and his attitude towards her was that of a baby who needs mothering but is at the same time highly sadistic (once more: the playing-off of one woman against another!). There were other relations in which he unconsciously enjoyed the opposite rôle: with a young girl he would act the part of the cherishing mother.

After about a year, the analysis had to be discontinued for external reasons. The patient was cured of his aspermia, and from being 'workshy' had become capable of earning his own living. I do not know to what extent his other idiosyncrasies remain unchanged.

The question arises why the aggressive impulse in ejaculation took the form of the phantasy of bursting the woman and, conversely, of being burst. In all six analyses the answer could only be conjectural, and it was not definitely established by memories. We know that memories from the period at the mother's breast are not forthcoming in analysis. An inference, however, could be drawn from a fact reported to me by the first patient of this type whom I analysed. I have told how, in coitus, instead of ejaculating he produced an unusually copious flow of saliva, and this I construed as a regressive substitute for ejaculation. I suggested in my first paper that the flow of saliva represented revenge on the mother (the refusal to give sperma, conceived of orally) and, at the same time, an indication of imaginary 'autarchy': the saliva was both produced and swallowed by the patient himself and therefore signified that his mother's breast was not indispensable and that he was independent of her. I said, too, that in my opinion the patient's flow of saliva during coitus signified an aggression in the sense of spitting. The revenge-impulse against the mother had a special emphasis; it is true that the patient 'produced' something, but it was of no use to the recipient. (This was a reversal of the situation in which the mother gives the baby no milk.) Thus the whole act of giving was a piece of irony (cf. Case A, in which the sperma was 'given' into the woman's hand). A secondary factor in the idea of being burst is perhaps the disproportion in size between the infant's tiny mouth and the large nipple or breast.

In considering how the phantasy of bursting and being burst arises, under pressure of the super-ego, through the turning of the aggressive impulse against the self we recall, in addition to the factors

already discussed, certain conjectures advanced by English analysts with reference to infantile psychic development. To these analysts belongs the credit of having pointed out and emphasized the prominent part played in that development by the aggressive impulses of early infancy. Recently, Miss Searl has expressed the opinion that the infant's earliest mode of expressing these impulses is screaming, i.e. a form of expulsion.

I would also refer my readers to L. Eidelberg's remarks on the two varieties of instinct-fusion in which Eros and Thanatos may be examined clinically: the one variety coming under the heading of sexuality and the other of aggression ('Das Problem der Quantität in der Neurosenlehre', *Internationale Zeitschrift für Psychoanalyse*, 1935). In these two forms of fusion the primal instincts which Freud posits—Eros and Thanatos—are so blended that in the aggressive fusion Thanatos, and in the sexual, Eros, preponderates. The activities in which gratification is sought in the one in stance and in the other may be schematized as follows:

Aggressive fusion.	**Sexual fusion.**	**Level of development**
Vomiting, spitting, screaming	Sucking the breast	Oral.
Retention of fæces	Surrender of fæces	Anal.

Retention of urine; retraction of penis	Surrender of urine and penis.	Phallic.

Of course the activities thus classified are more complicated than these groupings might suggest. And further it is precisely in neurotics that behaviour which, according to our scheme, should be dictated by the aggressive fusion of instincts is in fact a gratification of the sexual fusion and *vice versâ*. So, in order to decide in a concrete case by which form of fusion a particular activity is dictated, we must examine the pleasure derived from it. In a paper entitled 'Das Verbotene lockt' (*Imago*, 1935), Eidelberg showed that pleasure due to the gratifying of the aggressive instinct depends on overcoming real or imaginary resistance on the part of the object. It follows that, if, when we analyse a certain activity, we find that it involves the overcoming of such resistance, we may conclude that it gratifies the aggressive fusion of instincts.

I agree with Eidelberg that vomiting and spitting are the earliest modes of expression of the aggressive instinct-fusion. This may be

why, in cases of ejaculatory disturbance, the sense of guilt which causes the patient to refuse to expel fluid is so crushing.

I would note, further, that Eidelberg's scheme does not as yet contain any indication of the workings of active and passive scopophilia. This subject will be dealt with in the work which Eidelberg and I have in preparation. I may anticipate its publication by stating that we have reached the conclusions indicated in the following scheme:

Aggressive fusion of instincts.	**Sexual fusion of instincts.**	**Level of psychic development.**
Being observed (causing oneself to be observed)	Observing the breast	Oral.
Observing fæces	Displaying fæces	Anal.
Observing penis and urine	Displaying penis and urine.	Phallic.

My observations relate to six cases of psychogenic oral aspermia. In five of the six the symptom yielded to analytic treatment; the sixth (Case A in this paper) will probably also be cured as his analysis proceeds. The material which I have here put before you does, I think, justify me in this hope. These surprisingly satisfactory results could have been obtained only by a thorough analysis of the 'breast-complex' and of the aggressive fiction of 'ejaculation as a punishment' implying bursting the woman, with its corollary of being burst. Moreover, such analyses must inevitably take a long time.[48] The difficulty of the analytic situation in this peculiar type of neurosis may perhaps best be illustrated by the following episode. At the Lucerne Congress a foreign analyst of the front rank told me that he had read with great interest my article on oral ejaculatory disturbances. Hitherto he had not come across a case of this sort, but a patient had just come for treatment who suffered from the single symptom of inhibited

ejaculation. We discussed the differential diagnosis (the phallic, anal or urethral components) and my colleague then observed good-naturedly: 'To

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48Another reason why the analysis takes so long is that it is so hard to overcome the oral defiance against the phallic mother, which is repeated in the transference.

be quite candid, I have not so far seen anything to indicate orality in the patient—unless it were the single fact that he has an enormous appetite …' 'How long have you been treating him?' I asked. *'Three weeks'*, was the reply. 'Let us discuss the case again in *three years'*, I said, as I took my leave. And on this understanding we parted.

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PRELIMINARY PHASES OF THE MASCULINE BEATING FANTASY

EDMUND BERGLER

Freud in his work, A Child is Being Beaten, subdivided the beating fantasy of girls into three phases; that of boys, into two:

	Girls.	Boys.
First phase:	My father beats a child whom I hate.	(Preliminary sadistic phase is lacking.)
Second phase:	I am beaten by my father. (Repressed.)	I am beaten by my father. (Repressed.)
Third phase:	A teacher (father substitute) is beating boys.	I am beaten by my mother.

Freud says[1]:

> *The little girl's beating-phantasy goes through three phases, of which the first and third are consciously remembered, the middle one remaining unconscious. The two conscious phases appear to be sadistic, whereas the middle and unconscious one is undoubtedly of a masochistic nature; its content consists in being beaten by the father, and it carries with it the libidinal cathexis and the sense of guilt.*[2] *In the first and third phantasies the child who is being beaten is always some one else; in the middle phase it is only the child itself; in the third phase it is almost invariably only boys who are being beaten. The person beating is from the first the father, but is later on a substitute taken from the class of fathers. The*

Translated by POLLY LEEDS WEIL.

1Freud: 'A Child is Being Beaten', 1919. *Coll. Papers*, Vol. II, pp. 191–197.

2As Freud likewise points out in this paper, the sense of guilt causes the reversal of the statement, 'Father loves only me, for he beats the other child', into, 'No, he does not love you, because he beats you'. The genital significance of 'Father loves you' is altered through regression to the anal-sadistic level to 'Father strikes you'. 'This being beaten is a concatenation of guilt feeling and eroticism. It is not only the punishment for the forbidden genital relationship, but also the regressive substitute for it. From the latter source it draws the libidinal excitement which from now on expresses itself in masturbatory acts.'

unconscious phantasy of the middle phase had primarily a genital significance and developed by means of repression and regression out of an incestuous wish to be loved by the father…

I have not been able to get so far in my knowledge of beating phantasies among boys, perhaps because my material was unfavorable. I naturally expected to find a complete analogy between the state of things in the case of boys and in that of girls, the mother taking the father's place in the phantasy. This expectation seemed to be fulfilled; for the content of the boy's phantasy which was taken to be the corresponding one was actually his being beaten by his mother (or later on a substitute for her). But this phantasy, in which the boy's own self was retained as the object, differed from the second phase in girls in that it was able to become conscious. If on this account, however, an attempt was made to draw a parallel between it and the third phase of the girl's phantasy, a new difference was found, for the boy's own person was not replaced by many, unknown, and undetermined children, least of all by many girls. Therefore the expectation of a complete parallelism was mistaken…

As regards these masochistic men, however, [that is, those who were observed by Freud] a discovery is made at this point which warns us not to pursue the analogy between their case and that of women any further at present, but to judge the matter independently. For the fact emerges that in their masochistic phantasies, as well as in the contrivances they adopt for their realization, they invariably transfer themselves into the part of a woman; that is to say, their masochistic attitude coincides with a feminine one. This can easily be demonstrated from details of the phantasies; but many patients are even aware of it themselves, and give expression to it as a subjective conviction. It makes no difference if in a fanciful embellishment of the masochistic scene they keep up the fiction that a mischievous boy, or page, or apprentice is going to be punished. On the other hand the persons who administer chastisement[3] are always women, both in the phantasies and in the contrivances. This is confusing enough; … Analysis of the earliest years of childhood [the male sex] once more allows us to make a surprising discovery in this field. The phantasy which has as its content being beaten by the mother, and which is conscious or can become so, is not a primary one. It possesses a preceding stage

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3These italics and those which follow in this quotation are Dr. Bergler's.

which is invariably unconscious and has as its content: "I am being beaten by my father". This preliminary stage, then, really corresponds to the second phase of the phantasy in the girl. The familiar and conscious phantasy: "I am being beaten by my mother", takes the place of the third phase in the girl, in which, as has been mentioned already, unknown boys are the objects that are being beaten. I was not able to demonstrate among boys a preliminary stage of a sadistic nature that could be set beside the first phase of the phantasy in girls, but I will not now express any final disbelief in its existence, for I can readily see the possibility of meeting with more complicated types.

In the male phantasy—as I shall call it briefly, and, I hope, without risk of being misunderstood—the being beaten also stands for being loved (in a genital sense), though this has been debased to a lower level owing to regression. So the original form of the unconscious male phantasy was not the provisional one that we have hitherto given: "I am being beaten by my father", but rather: "I am loved by my father". The phantasy has been transformed by the processes with which we are familiar into the conscious phantasy: "I am being beaten by my mother". The boy's beating-phantasy is

therefore passive from the very beginning, and is derived from a feminine attitude towards his father. It corresponds with the Oedipus-complex just as the feminine one (that of the girl) does; only the parallel relation which we expected to find between the two must be given up in favour of a common character of another kind. In both cases the beating-phantasy has its origin in an incestuous attachment to the father.

It will help make matters clearer if at this point I enumerate the other similarities and differences between the beating-phantasies in the two sexes. In the case of the girl the unconscious masochistic phantasy starts from the normal Oedipus attitude; in that of the boy it starts from the inverted attitude, in which the father is taken as the object of love. In the case of the girl there is a first step towards the phantasy (the first phase), in which the beating bears no special significance and is performed upon a person who is viewed with jealous hatred. Both of these features are absent in the case of the boy, but this is precisely a difference which might be removed by more fortunate observation. In her transition to the conscious phantasy which takes the place of the unconscious one the girl retains the figure of her father, and in that

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way keeps unchanged the sex of the person beating; but she changes the figure and sex of the person being beaten, so that eventually a man is beating male children. The boy, on the contrary, changes the figure and sex of the person beating, by putting his mother in the place of his father; but he retains his own figure, with the result that the person beating and the person beaten are of opposite sexes. In the case of the girl the situation, which was originally masochistic (passive), is transformed into a sadistic one by means of repression, and its sexual quality is effaced. In the case of the boy the situation remains masochistic, and shows a greater resemblance to the original phantasy with its genital significance, since there is a difference of sex between the person beating and the person being beaten. The boy evades his homosexuality by repressing and remodelling his unconscious phantasy; and the remarkable thing about his later conscious phantasy is that it has for its content a feminine attitude without a homosexual object-choice. By the same process, on the other hand, the girl escapes from the demands of the erotic side of her life altogether. She turns herself in phantasy into a man, without herself becoming active in a masculine way, and is no longer anything but a spectator of the event which takes the place of a sexual act…

I am aware that the differences that I have here described between the two sexes in regard to the nature of the beating-phantasy have not been cleared up sufficiently…

Thus Freud leaves open the question whether a preliminary sadistic phase of the masculine beating fantasy exists, indicates the possibility that a 'lucky observation' might fill this gap, and in conclusion declares that the entire problem of the beating fantasy is insufficiently clarified.

The second question, closely related to the preliminary sadistic phase, boils down to the doubt that the masculine beating fantasy has its origin in the inverted œdipus complex—that is, that the mother, in the pre-œdipal phase has no part in it.

It seems to me entirely appropriate, and in line with the question propounded by Freud himself, to attempt a search for the whereabouts of such a 'preliminary sadistic phase'. We will proceed on the theory that the masculine beating

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fantasy has a preliminary sadistic phase related to the breasts of the phallic pre-œdipal mother. Because of a sense of guilt, this aggression against the mother is turned secondarily back upon

the boy himself, equating his buttocks with the breasts of the mother. When the boy becomes alienated from the mother, the father is given power of execution. In the third stage, as Freud describes it, the father is again replaced by the mother, as a defense against unconscious homosexuality. Accordingly the masculine beating fantasy would have the following stages:

1. Sadistic aggression against the breasts of the mother in the pre-œdipal period.

2. Turning, because of guilt, of the aggression against the boy's own buttocks, which are identified with the breasts of the mother; 'transcription' of executive power from mother to father.

3. Renewed 'transcription' from father to mother, as a defense against unconscious homosexuality.

The second and third phases agree in principle with the beating fantasies in boys that Freud has described. The sadistic preliminary phase, and the identification of breasts with buttocks as transition to an aggression directed against himself, are new.

In the following excerpts, I present the casuistic material in the order in which its relation to the sadistic preliminary phase occurred to me. The process took many years, and therefore, as may readily be understood, the road is by no means a straight one.

The first evidence was obtained from a twenty-eight year old university graduate, markedly schizoid, who entered an analysis some years ago because of impotence, and masturbation with masochistic beating fantasies. He promptly informed me that he was a 'sadist', since he used to whip himself. When I objected that the patient was making use of a terminology different from that customarily used in psychology, and that we would designate self-flagellation by means of a strap as

masochistic, he argued that during the castigation he thought of himself, from the navel down, as a woman. Nevertheless, the patient was completely in contact with reality, carried on his work successfully, and wanted only to get rid of his impotence. Until shortly before the beginning of the analysis, he had never had sexual intercourse. The first attempt at intercourse with a prostitute was unsuccessful. The patient laid the blame to masturbation and immediately gave it up. Masturbation was generally accompanied by the fantasy that a feminine page in masculine attire had 'done something', and was being whipped for it on the buttocks by the patient. The patient struck upon himself the blows intended for the page; that is, he identified himself with the page. Other fantasies were of sadistic tortures of women: their legs were spread apart so far as to cause pain; their breasts were stabbed and pulled; thick objects were forced into the anus, etc. The patient also carried out upon himself the torments he invented for women. He pushed the neck of a bottle into his anus with particular pleasure, masturbating by means of movements of his thighs, meanwhile pressing his penis which was usually not erect, backwards towards the anus. In the toilet he lashed himself on the buttocks with a strap.

After the failure with a prostitute the patient strictly avoided masturbation. With the cessation of masturbation, a symptom suddenly made its appearance. This consisted of 'pains when urinating' which lasted four hours after voiding and then stopped. 'Unfortunately' he had to urinate again after four hours, so that he had constant drawing, piercing 'nerve' pains. Urological examination was negative. The patient disputed the psychogenesis of these pains and severely criticized the backwardness of urological medicine. After several weeks of analysis, during which the patient had become free of a part of his feelings of guilt, which had taken the form of fears of damage to himself resulting from masturbation, he came to the

conclusion that it was relatively harmless. He resumed the practise and the symptom disappeared. The patient declared that this result had nothing to do with analysis, but

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was due to an inspiration of his own. This inspiration consisted of the following technique in urination: he would sit on the toilet, push his penis in the direction of the anus, and thus achieve a 'release of nervous tension' which far outweighed the disadvantage of soiling himself with urine (he urinated towards his anus).

Despite the patient's denial that the disappearance of the symptom (which did not recur) had anything to do with the analysis, he remained under treatment for some time. This led to the uncovering and working through of his passive feminine homosexual strivings, which were essentially on the anal level and connected with the buttocks. A partial liberation resulted and a relative potency was attained. The unresolved portion of his masochism was projected upon his marriage, through which the patient became entangled in almost insoluble conflicts whose analytic solution he has continued to avoid for years.

Since then years have elapsed. In retrospect, I must admit that at the beginning of this analysis I was at a stage through which every analyst must go, that is best characterized by Strümpell: 'A doctor sees in general only what he has been taught to see'. Thus I was satisfied in this case with the analytic interpretation of the patient's passive, anal tendencies as an identification with the castrated mother, and whose object I took to be the patient's father. This assumption was made easy for me by the too schematic application of that sentence in the article, A Child is Being Beaten, which states that the masculine beating fantasy 'is passive from the beginning, really emerging from the feminine attitude toward the father'. However, several contradictions in this thesis struck me: for example, the fact that during the childhood of this patient, the weakly father had practically no significance in a home regulated by a masculine aggressive mother with paranoid traits (the father was in his early fifties when the patient was born); further, that the patient in the 'self-cure' of his micturition symptom, wished to pass a fluid into his own anus; that it was specifically a bottle, that is, a *container for fluid*,

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4This contributed, along with castration fears and wishes, to the patient's condensing two bodies into one, as in the fantasy of being a woman from the navel down.

5Bergler, Edmund: Zur Problematik der Pseudodebilität, *Int. Ztschr. f. Psa*., XVIII, 1932. With L. Eidelberg: Der Mammakomplex des Mannes, Int. Ztschr. f. Psa., XIX, 1933. Obscene Words. This QUARTERLY, V. 1936. Some Special Varieties of Ejaculatory Disturbances Not Hitherto Described. Int. J. Psa., XVI, 1935. Further Observations on the Clinical Picture of 'Psychogenic Oral Aspermia', *Int. J. Psa.*, XVI, 1937. See also the author's book *Die Psychische Impotenz des Mannes*. Berne: Verlag Hans Huber, 1937.

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that he made use of when masturbating; that up to the death of his mother (in his twenty-second year) the patient slept in the same bed with her, head to foot[4]—that is, was tied unequivocally to the infantile situation. I had not recognized at that time that he was unconsciously both the *phallic mother and suckling infant*, as I did not then suspect the overwhelming importance of oral material. Bit by bit, as in the course of years I had to take cognizance of the outstanding significance in *every case of the oral pre-œdipal components*, I came to doubt the completeness of my interpretations for this patient. I reported these observations in several essays,[5] supplementing the more recent analytic works of many colleagues.

The experience that one learns only from one's own shortcomings is here confirmed. My next case with beating fantasies was a twenty-seven year old erythrophobiac, who came to be analyzed because of impotence. The patient had never had intercourse and had not masturbated since puberty. His narcissism suffered deeply because of his inability to establish relationships

with people. His mood was mostly depressed. He had developed a complicated system of day dreams around his beating fantasies. I shall present them in the patient's own words:

> *My first recollection of beating fantasies is connected with a story told by a revenue officer, a friend of my aunt, relating how, when he was a child, he once stayed away from home for the entire day on his birthday. For this he was fearfully beaten by his father with a dog whip. I then had a vision of the boy bent over a chair, saw his backside, and fancied the tortures he suffered. The following fantasy is typical of later periods: A boy (sometimes myself) gets up late, and is dreadfully spanked for it by his father. The*

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6 Here also there is a reversal of sexes. The patient has only a younger sister. The elder sister in the fantasy is the patient himself, the younger brother representing the sister.

> *chastised boy does not feel in the least humiliated; on the contrary, he regards himself as a hero and somehow bound up with his father. The mother is somehow considered a disturbing element, perhaps because she strikes the boy on the head instead of on the buttocks. Actual self-castigation occurred at about the age of ten. I used to imagine a saddle horse which would only run if it was beaten. This always happened in the same place: on the way from our house to the avenue where my parents had their business. I do not remember any essential change from the fantasies I have described for a long time after that. Perhaps later (at puberty) in connection with the conscious fear of homosexuality, the picture changes. It is now a girl who is chastised, originally by a phantom, later by a kindly father, who whips seldom but thoroughly. I had the greatest difficulty in finding a motive for the punishment, because here I dealt with the contradiction between my real objections to corporal punishment and my unconscious wishes. Most frequently for the purpose, an elder sister did something or other to bring suspicion upon her younger brother, and was punished for it.[6] Later, erotic motivations were added: a girl is supposed to come home early by way of punishment, doesn't do so, and is whipped. Still later, girls and boys were discovered masturbating together.*
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> *Reality coincided with my fantasies insofar as I often saw women spanking their male children. This excited me sexually.*
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> *The motives for whipping a child often presented a problem for me. I frequently selected as a cause for punishment the fantasy that boys and girls peeped under each other's clothing, or masturbated mutually and were caught at it. The mother of the girl would catch them both, lead the boy to his parents for punishment, and take the girl home, where she was sometimes boxed on the ears or cuffed as a preliminary, the real execution of punishment to be carried out in the evening by the father. The latter notion is especially important. When the girl has done something very bad, she must wait for her father to whip her. This went so far that I repeatedly pretended that the girl brought the carpet beater to her mother, begging her to beat her, but not to tell her father of whom she was terribly afraid. It sometimes developed that when the*

> *father saw her great fear, he abstained from whipping or contented himself with pretended blows.*

According to his account, the patient went through two phases in his beating fantasies. *First phase*: the father whips the patient. *Second phase:* a phantom, later the father or the mother, whips a girl (the patient). The change of sex is based by the patient upon conscious fear of homosexuality. For reasons which will be discussed later, a complete elimination of the father,

as postulated by Freud, did not take place. We have, therefore, in this special case a modification of Freud's third phase, 'my mother whips me' into, 'a girl is whipped by my mother or my father'.

For a long time this patient's unconscious homosexuality and feminine identifications dominated the transference. As a result of working through affective experiences in the analysis, the patient attained erective potency. When however he came to have sexual relations with girls, he 'beat them to a pulp', as he put it. The aggression, which (because of castration fears arising from the œdipus complex) had been repressed or directed solely against his own person, became in the course of analysis, directed against his sexual partner. He struck her on the face, arms, and buttocks. A further peculiarity lay in the fact that although the patient had erective potency, he did not ejaculate. A supposed organic aspermia was disproved by the fact that frequently after coitus without ejaculation, he would have nocturnal pollutions while he was asleep beside his mistress.

Light was thrown on this disorder, which I have described elsewhere[7], by the fact that during coitus, as a quasi-substitute for the missing ejaculation, an abnormally plentiful secretion of saliva took place. The analysis disclosed that this was an oral replacement for ejaculation, and that the failure of ejaculation was to be evaluated as *revenge upon the woman (mother)*. The hypersalivation was also a 'magic gesture',

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7Bergler, Edmund: Some Special Varieties of Ejaculatory Disturbances Not Hitherto Described. *Int. J. Psa*., XVI, 1935, Part I, p. 88.
8Bergler, Edmund and Eidelberg, Ludwig: Der Mammakomplex des Mannes. *Int. Ztschr. f. Psa*. XIX, 1933.

which betrayed the patient's deepest wish: to be an infant at his mother's breast. The striking of the woman during coitus was presently replaced by biting and sucking at her shoulder. But at the same time the hypersalivation signified the patient's 'autarchism', proving the superfluity of the mother's breast, since he himself produced the saliva and swallowed it. It became apparent that the patient had foundered on the 'breast complex'. In a paper written in collaboration with L. Eidelberg,[8] the authors have demonstrated with casuistic material that the male child finds a substitute for the lost breast in his own penis, and then attempts to overcome psychically the trauma of weaning by means of the unconscious repetition compulsion, which as in play, reproduces in activity that which has been passively experienced. Instead of being the passive recipient of milk, the child through psychic appropriation of the penis becomes the active dispenser of urine (milk). With those who founder on the 'breast complex', this transition from passivity to activity, which is necessary in overcoming the trauma of weaning, has failed. These patients exhibit *hate for the mother*, oral character traits or reactions against them, secondary narcissism, exaggerated tendency to identification. The normal œdipus complex is weakly developed because remnants of the breast complex hinder its full flowering. Significantly the breast is fully eliminated from consciousness.

As I have described in an article[9], a possible outcome of foundering on the breast complex is a psychic aspermia. The unwritten law for this psychological type is to receive orally in complete passivity. Active giving is disturbed. The penis retains the significance of the breast (maternal phallus), the vagina that of the mouth of the patient. In copulation, however, the normal man must himself have become the phallic mother and overcome the trauma of weaning, achieving the reversal from passivity to activity. The opposite is found in

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9Bergler, Edmund: Further Observations on the Clinical Picture of 'Psychogenic Oral Aspermia'*, Int. Ztschr. f. Psa*. XIX, 1933.

the orally fixated or regressed individual. In ejaculation he is expected to produce exactly what has been refused him by the phallic 'castrating' mother—a fluid from the breast (penis) into the mouth (vagina). There is a refusal to ejaculate from unconscious motives of revenge.

A number of very convincing data later confirmed this analytic reconstruction. The patient suddenly recalled his mother's story, that when she had weaned him at four months, he had created the greatest difficulties. He had rebelled against the transition from breast to bottle with a veritable hunger strike. Thus the most profound causes of the ejaculatory disorder could be traced back to the suckling stage. It is interesting that a reality situation caused the oral disappointment: the baby had been weaned so early only because the distance between home and shop was too far for the mother to travel several times daily. Still, this experience does not eliminate the assumption of a constitutional factor: excessive orality.

In this patient, the aggression against his mother, or her breasts, was completely repressed. The disturbance of ejaculation, to be sure, was a rather obscure indication. Likewise a group of peculiar day dreams that the patient called 'organization fantasies' sprang from every psychic layer, but had oral significance as well:

> *I occupy myself intensively with the arrangements and organization of a big liner, with the various departments and their directors; for example, the captain, who merely supervises and who shares in the profits. Besides him there is a second captain, and the first officer, who has several officers under him, has charge of navigation, and the cleaning and polishing of the engine rooms, etc. The first engineer, assisted by two mechanical and an electrical engineer, superintends the machinery. Care of the passengers is the responsibility of the chief steward; then there is a special chief steward for each class. General maintenance is the responsibility of a quartermaster, assisted by chefs, etc. Handling of cash and bookkeeping are the duties of the purser. There are further categories, such as house detectives, as well as occupations not belonging*

> *to the crew: proprietors and employes of the various shops, bell boys, detectives and so on. I especially like to busy myself with the electrical arrangements. The bigger steamers actually have power plants like cities. There is an incredible variety of installations. There are dynamos, electric stoking machines, derricks and cranes, pumps, elevators, illumination, searchlights, telephone, telegraph, radio. The plant has to be supervised by an electrical engineer, as an electrician would hardly be sufficiently versatile. I am especially preoccupied with the electrical staff. There are at least three workmen (one for each shift); for the switchboard, two; three radio operators and repairmen. I have given all these much thought. For telephone repair one to three people; the same for high voltage current. Perhaps one electrician might suffice at night, whereas by day an electrician for high and low voltage current in each of two shifts. My fantasies are concerned with many details: for instance, that passengers can speak to officials only via the proper censorship of a telephone operator, whereas ordinary telephone connections are automatic. Also, the depot for replacement of parts in the home port would be a regular warehouse for electrical apparatus.*
>
> *I am further concerned with the plumbing of the ship: drinking water, hot and cold fresh water for cleaning and other purposes, fresh and salt water for cooling the machines. I try to work out the most practical distribution.*

Other fantasies deal with the details of food supply for all those on board the ship. Quite as frequent are fantasies relating to time—perhaps the schedule of a steward; how quickly or at what intervals the passengers get their meals.

The last mentioned maritime organization fantasies had essentially the significance of *food organization*, or an exact schedule for feeding, which obviously again went back to the nursing intervals. It becomes clear that here is an aggressive attitude showing the patient as an excellent organizer of provisions and his mother as a very poor one. It has in addition the significance of a 'magic gesture'.

The hatred of his mother, which dated from the pre-œdipal period,[10] alienated him from her and brought about an affective

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10 A transference dream of the patient ran as follows: The analyst calls the patient into a room and shows him the picture of a woman in full evening dress in the lobby of a theater. She is nursing her baby. An outraged gentleman stands near by. Beneath is a legend, 'A mother who really loves her child'.

hypercathexis of his father. The phallic level had barely been attained, when the patient regressed to a feminine identification after a psychological relinquishment of his penis as a result of castration fears. Thus he repeated in a new form the old situation of oral receptivity, the maternal penis (breast) replaced by the paternal phallus, the mouth by his own anus, the displacement manifested in an unconscious passive, feminine, homosexual attitude.

Instructive as this case was, there was again only conjecture and no proof of the origin of the beating fantasies. It could be assumed that the original aggression against the mother's breast was projected, because of guilt feelings, upon his own buttocks. It was of particular interest to note that as the analysis partially relieved the patient's castration fears, strong aggression developed against his sexual partner, that is, against woman; obviously a return of the repressed. Still we have no clarification as to the level from which this aggression originated. Theoretically it might quite as well be ascribed to the positive œdipal phase, in which the patient was identified with his sadistically conceived father (sadistic concept of coitus), as to the pre-œdipal attachment to his mother. Gertainly both factors contributed; yet the complete lack of interest, through repression, in the breasts of his sexual partner, and still more, the ejaculatory disorder, suggest the pre-œdipal source of aggression. A further difficulty arose from the fact that the aggression against the breast appertained to so early a period of the suckling stage that a direct memory could not be recovered through the analysis.

The following consideration carries the investigation a bit further. In an article, Transference and Love, the author, in collaboration with Dr. Ludwig Jekels, (Imago, XX, 1934), pointed out that the child, in his 'autarchic fiction', *has the tendency to restore his lost narcissistic unity by means of his own body*. This takes place above all by means of the penis,

which the child, as Freud has stated, 'substitutes for the recently lost nipple of his mother'. But Jekels and I considered that we have to search, not for the mother as object, as Stärcke, Ferenczi, Rank, and Deutsch assumed, but for *the breast conceived as part of the child's own body*. Hence this drive toward object attachment is essentially narcissistic. I therefore constructed the hypothesis that the buttocks may be used in a similar attempt at narcissistic restitution. For the child they are actual proof that it possesses the breast, hence a denial of its loss and a restoration of the lost unity. At the same time the nugatory tendencies arising at a later period, attach themselves to the highly valued breast-buttocks.

The problem remains to find proof of this transition from the mother's breasts conceived as part of the child's body, to his buttocks, and of the identification: breast=own buttocks. It is an analytic commonplace that this equation often occurs in dreams. This would by no means suffice as proof, however. It must be shown that this equation is a psychic necessity. In this connection the following passage from Abraham's Development of the Libido[11] is interesting:

> *Another similarity between these two patients was that in each case the mother also was represented by only one part of her body, namely, her breasts. They had obviously been identified in the child's mind with the supposed penis of the female. She was alternatively represented by her buttocks, which in their turn stood for her breasts. The relation of this image to oral erotism (pleasure in biting) was more than evident, and could be supported by many examples, one of which I shall give. X once dreamed as follows: "I was eating away at a piece of meat, tearing it with my teeth. At last I swallowed it. Suddenly I noticed that the piece of meat was the back part of a fur coat belonging to Frau N."*
>
> *It is not difficult to understand the "back part" as a displacement from before backwards. In the same way we can understand the frequent symbolic use made of fur as an allusion to the female genital. Frau N.'s surname was in fact the name of an animal, and*

11Abraham, Karl: A Short Study of the Libido, viewed in the Light of Mental Disorders (1924), in: *Selected Papers on Psycho-Analysis*. London: The Hogarth Press, 1927, pp. 485–486.

> *of an animal which frequently symbolized her mother in this patient's dreams.*
>
> *"Displacement backwards" was a process that constantly occurred in the mental images of both patients. Both had a feeling of disgust at their mother, and in their phantasies and certain symptoms both likened her to the essence of all that is most disgusting, namely, excrement. Thus the mother was represented in imagination by a piece of the body that had left it, i.e., a penis, and fæces ...*

The process of investing the anal zone with libido is accordingly to be divided into the investment of the anus, as Freud has irrefutably described it, and the libidinal investment of the buttocks[12] in the narcissistic attempt to restore the lost breasts of the mother, which according to Freud are originally taken by the infant to be a part of itself.

Anal eroticism, or libidinal investment of the anus, is one of the most carefully studied fields of psychoanalysis, to which very little remains to be added. One of the most important achievements of the creator of psychoanalysis is the unraveling of the obsessional neurosis, which is the classic stage for the acting out of these drives in a pathologically distorted form, and at the same time the purely clinical proof of the existence and dominance of these tendencies.

Gluteal eroticism, on the other hand, is an almost untouched analytic field. As previously stated, I conceive the cathexis of the buttocks as a narcissistic attempt of the infant to replace the breast, but believe that in the course of further development much of the degradation accompanying the psychic development of anality is superadded.

By way of indirect illustration I submit a passage from the satirical composition of an orally regressed patient, an unproductive author, whom I described in my paper on obscene words.[13] This biting satire, entitled 'Strange Weakness',

12 Sadger, J., in his paper, Über Gesässerotik, *Int. Ztschr. f. Psa*. I, pp. 351–358, has suggested the name 'Anal- or Gluteal Eroticism' for the erogeneity of the buttocks. Sadger's paper is purely descriptive.
13 Bergler, Edmund: *Obscene Words*. This QUARTERLY, V, 1936, pp. 226–248.

describes an official who, being widowed after a marriage of fifteen years, says he is through with women:

> *Like every proper state official, he suffered from chronic constipation—comprehensibly, for people to whom the state gives little, themselves soon forget the art of giving. Obstipation lasting two weeks at a stretch was not unusual with him, and apparently caused him no particular discomfort. At worst he became irritable and moody. This did not bother him, however; rather those with whom he came in contact in the order of official business. Once, nevertheless, when he had remained constipated for almost three weeks, presumably following a renewed salary reduction, he became really uncomfortable, and he decided to do something about it. But no medicine would work. None! When his eyes began to bulge like those of a man with Graves' disease, he decided, with much inner reluctance, to take an enema. He was advised to engage a midwife. This suggestion he repudiated with indignation, as he justly feared the midwife might attempt to convince him, anent this deed, that she was indispensable to him, and that it would be best if he were to marry her at once. Nothing remained, therefore, but for him to take the enema by himself. From a neighbor he bought a fountain syringe which she was able to sell very cheaply because she had little use for it. At home, on the gas-stove, he brewed warm water with soap, considering meanwhile how to attack and carry out his project. He was greatly annoyed that all this had to happen on just that day, his birthday, which God knew, he might have spent far more pleasantly. He decided to take the enema lying on his bed. On the wall over the bed hung the portrait of his deceased wife. This he removed and in its place hung the syringe filled with soap and water. This was not difficult. The difficulties arose in conducting the soapsuds to its proper goal. For this he required a mirror, which he was able to place satisfactorily only after longdrawn experiments. As he was about to introduce the tube, he found that he could not see well enough without his eyeglasses. He could not depend upon sensation alone. He got up again from the bed and looked on his desk for the glasses. He had to hunt for quite a while before he found them. At last he could begin. With the help of the mirror and his own sensations he shoved the tube into the proper place. He then realized that without vaseline, it would never go in. He*

> *had taken good care not to think of the vaseline! He didn't even have such a thing in the house. Again he rose from his couch. He was beginning to be pretty angry. What should he use instead of vaseline? He hunted about the apartment and finally found a pan of polishing wax which would serve the purpose. Irritated, he lay down again on the bed, set the whole paraphernalia to rights again, shoved the tube into the proper place (that was better!), and carefully turned the cock. When he felt the stream of water in his body he shrieked. It had taken so long to overcome the obstacles to his undertaking that the water had turned ice cold in the meantime. By now he was close to tears. He began again from the beginning. He warmed his soap and water in the kitchen, swearing under his breath. When the water had reached the proper temperature he resumed the already familiar preparations with increased haste. The lukewarm stream was already flowing when fate played another trick. The nail which was just strong enough to hold the portrait of his deceased wife, gave way before the unaccustomed weight of the fountain syringe. With a horrible crash, the container plunged from the wall right on his head. The entire soapsuds doused his face and on*

his temple was a bump the size of a nut. With a single leap, he sprang off the bed into the middle of the room and paced up and down, rubbing the swelling. He was now in a devilish rage. Relapsing into primitive syllables, he blasphemed all the saints he could call to mind. It was some while before he noticed that he was dragging the tube and container of the syringe back and forth behind him. Furiously he tore the damned appendage from his body. Then he sat down at his smoking table and lit his pipe. Puffing angrily, he regarded the scene of his misfortunes. The mess seemed pretty hopeless. The bed dripped soapy water. He called himself a fool for not having the midwife and flirted with the idea of calling her now. But after his anger had subsided somewhat, he resolved to make a final attempt. And this attempt—be it stated briefly—succeeded to his fullest satisfaction!

The close of the satire describes a meeting of the official with a husband-hunting lady, who has pursued him for years. He runs into her in a corridor on his way to the toilet. In sheer desperation, because of his haste to reach the toilet, he permits her to kiss him in betrothal. This satire was written

by the patient at a stage of the analysis when the oral ties to his mother were being resolved through interpretation of the transference. They were bound up with strong nugatory tendencies. The degradation of woman was the conscious motive of the satire. Nevertheless oral wishes are unconsciously smuggled into the anally transcribed material. It was not chance that the syringe replaced the portrait of the wife (mother) or that the importance of the fluid to be used is in any case so greatly emphasized, expressing as it does the 'autarchic fiction' of 'doing everything oneself'.

Applying the equation breast=buttocks to the masculine beating fantasy, the contradiction pointed out by Freud disappears: 'The boy evades his homosexuality by repressing and remodelling his unconscious phantasy [i.e., of the third phase]; and *the remarkable thing about his later conscious phantasy is that it has for its content a feminine attitude without a homosexual object-choice.'* This is because it is concerned with the phallic mother. The 'transcription' from the father of the second phase to the mother of the third phase succeeds so readily, because the mother of the third phase is the same individual (but not psychologically the same) as the person I assume for the first phase. At the same time this gives us a hint why the elimination of the father in the third phase remained incomplete: the father was a palliative for the all too sadistically conceived phallic mother.

My speculations and demonstrations had progressed to this point, when I asked myself how this 'transcription' from the maternal breasts to the buttocks of the boy was to be *clinically* proved. I began indeed to doubt whether it was at all possible to prove this connection which I felt to be correct. The orally fixated or regressed patients were obviously not suitable material for my purpose, for the very reason that the aggression against the maternal breasts was so deeply repressed, and that memories from the suckling period are scarcely to be counted on. To be sure, the symptoms of these patients speak very clearly[14], but to those who question the importance of the

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14 Thus I had long since observed that the particular inhibition of some patients to indulge in deeply desired coitus a tergo is determined not only anally but also by the identification of buttocks with breasts. 15 Cf. Bergler, Edmund: Talleyrand-Napoleon-Standhal-Grabbe. Vienna: *Int. Psa. Verlag*, 1935. Chapt. III.

oral level of libido development are scarcely convincing. I constructed the following theory: it might be possible that a masochistic patient, fixated at the negative œdipus complex, with

beating fantasies having the father as subject, would naturally repress this entire set-up, and might well retain *conscious* aggression against the mother's breasts, for the very purpose of concealing the wishes relating to the father. This notion came to me in connection with my study of Stendhal.15 I explained the curious fact that Henri Beyle, in his memoirs, The Life of Henri Brulard, could freely admit the positive œdipus complex, because it protected him from the threatening negative œdipus complex which lay behind it. In other words, Stendhal's unconscious ego sacrificed the repression of the positive œdipus complex for the sake of maintaining the homosexual attitude in the unconscious.

I found a complete confirmation of this assumption soon afterwards, when a young student entered analysis because of impotence and masochistic character traits. When he was asked about his beating fantasies, he at first declared that he had none. However, he thought that perhaps certain incidents of his school days might be significant. As chairman of the student organization, he had repeatedly found it necessary to protest against the beating of boys by their schoolmates. At the same time he had had the tragic experience of catching himself repeatedly in similar active beating fantasies. It became clear at the very beginning of the analysis that the patient above all identified himself with the boys who were beaten, without, however, being conscious of it. After some time the patient reluctantly recounted the chronological development of his masturbation fantasies. When he was three to four years old sadistic fantasies concerned themselves exclusively with his mother's breasts. He had thought out a whole system of refined torture. Generally his mother was

fastened by the breasts with cords to a sort of pulley which hung from the ceiling. The patient stood on the opposite side and pulled at the cords, stretching the breasts until the mother was dragged upwards in great pain, and the breasts were finally torn off. Or his mother's breasts were fastened to her feet by means of cords tied backward over the shoulders; her head was also fastened to her feet with cords, but tied forward. That is, the breasts were pulled backward, the head downward. Pulling at both cords at once caused 'tearing in two'. Or else his mother was chased naked in the street, her arms fastened backwards, so the breasts were expanded. The patient was behind her, holding her by a cord. Or the mother was suspended by her hair and breasts, until both were torn off. In this combination of sadistic and scoptophilic fantasies, the patient played the active rôle of tormentor in an ever diminishing degree. Other women made their appearance; then men, who become increasingly important, the penis soon taking the place of the breast. He recognized the penis as his father's, because his father was the only circumcized man he knew, being a baptized Jew, whose children had not been ritually circumcized. It was men instead of women who were now tortured by the patient. These 'cord, tearing and hanging' fantasies as he called them, were in turn replaced by 'crushing fantasies'. Naked women, and sometimes also men, were thoroughly scrambled in a box and then squeezed together. Here for the first time we have the conversion into masochism. The patient, hitherto the active agent, or at least the spectator taking pleasure in these sadistic fantasies, himself climbs into the box where he suffers all that he has perpetrated against the others.

At puberty the previously mentioned beating fantasies of schoolboys were in the forefront, but also typically masochistic notions, such as that a woman would sit on the patient as he lay supine, so that he had to breathe her evil odor. Several times the fantasy of drinking urine occurred. He elaborated the story of the robbers who, falling upon peasants, forced them to drink manure drainage to make them tell where their money was hidden.

We see the patient making the most desperate efforts to place his own sadism in the forefront. He obviously cannot admit the masochistic wishes into consciousness. Again and again cruelty toward woman breaks through, and particularly toward *the breast*. At the beginning of the

analysis the patient's masturbation fantasies were as follows: a woman is being tormented by means of a special apparatus. She is placed in a specially constructed contraption which has iron spikes on the inside. When the door is shut, the spikes automatically penetrate her breasts. Or, the woman's arms are weighted, so that her breasts protrude, and then the breasts are pierced, stabbed, etc. At times the patient is merely a spectator; at times he torments the woman himself.

There is no doubt that these fantasies do not in the least correspond to the original version. The entire positive œdipus complex, rejection of the female genitals for which the patient had no conscious sexual interest, castration fears and identification with the mother, the choice of father as love object, etc., are repressed. Precisely in order to keep under repression this set of wishes which constantly threaten to break through, he retains in consciousness the sadistic interest in the breast. In so doing he ties up to the original pre-œdipal wish and revenge fantasies which relate to the breast. The only organ which excites the patient sexually is the breast, on condition that he can indulge in sadistic practices against it. The fact that these sadistic wishes concerning the mother's breast remain conscious is not merely a displacement mechanism16 guaranteeing the denial of the passive feminine unconscious homosexual wishes; it is also indirectly a proof to the patient of his own aggressiveness, his masculinity. Thus intrapsychically

16Another part of this displacement mechanism, the purpose of which was to relieve guilt feelings, relates to the 'main question' of these fantasies, which the patient was able to admit to consciousness. In this patient we find a displacement to technical problems; in the previous patient, with ejaculatory difficulties, a similar displacement to the punishment motive. It is of interest that the patient later in his profession, sublimated the technical problem' of the construction of a pulley for suspending the breast. He became a constructor of machines. For further possibilities of sublimating these fantasies, see Anna Freud's Schlagephantasie und Tagtraum, Imago, 1922.

less important things are sacrificed to protect him against the more important unconscious homosexuality. No wonder that the main resistance of the patient was at just this level, and that strong oral factors were also involved.

SUMMARY

The question left open by Freud—whether there is a preliminary sadistic phase of the masculine beating fantasy—is answered in the affirmative. The aggression of the boy is first of all directed against the breasts of the pre-œdipal mother, and is only secondarily, under pressure of guilt feelings, turned against himself. In so doing the buttocks of the boy are equated with the breasts of the mother, which among other things represents a narcissistic attempt at restitution, and the executive is only subsequently, in the œdipal phase, 'transcribed' from mother to father. I have tried by means of casuistic material to prove this theory. The material exhibits complete agreement with the second and third phases according to Freud.

1988) Confusion of Tongues Between Adults and the Child—The Language of Tenderness and of Passion. CONTEMP. PSYCHOANAL., 24:196 (CPS)

Confusion of Tongues Between Adults and the Child[1]—The Language of Tenderness and of Passion[2]

SÁNDOR FERENCZI, M.D.

IT WAS A MISTAKE TO TRY to confine the all too wide theme of the exogenous origin of character formations and neuroses within a Congress paper. I shall, therefore, content myself with a short extract from what I would have had to say on that subject. Perhaps it will be best if I start by telling you how I have come to the problem expressed in the title of this paper. In the address given to the Viennese Psycho-Analytic Society on the occasion of Professor Freud's seventy-fifth birthday, I reported on a regression in technique (and partly also in the theory) of the neuroses to which I was forced by certain bad or incomplete results with my patients. By that I mean the recent, more emphatic stress on the traumatic factors in the pathogenesis of the neuroses which had been unjustly neglected in recent years. Insufficiently deep exploration of the exogenous factor leads to the danger of resorting prematurely to explanations—often too facile explanations—in terms of "disposition" and "constitution."

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[1]German original in *Int. Z. f. Psa*. (1933), 19, 5. English translation in *Int. J. of PsA*. (1949), 30, 225.
[2]The original title of the paper as announced was "The Passions of Adults and their Influence on the Sexual and Character Development of Children". Published in *Int. Z.f. Psa*. (1933), 19, 5–15 and subsequently in *Bausteine zur Psychoanalyse*, Vol. III. Berne, 1939.
Paper read at the Twelfth International Psycho-Analytical Congress, Wiesbaden, September, 1932. It is the second presentation by *Contemporary Psychoanalysis* of previously published classics. It appears here with the permission of Dr. Judith Dupont and the *International Journal of Psycho-Analysis*.

The—I should like to say imposing—phenomena, the almost hallucinatory repetitions of traumatic experiences which began to accumulate in my daily practice, seemed to justify the hope that by this abreaction large quantities of repressed affects might obtain acceptance by the conscious mind and that the formation of new symptoms, especially when the superstructure of the affects had been sufficiently loosened by the analytic work, might be ended. This hope, unfortunately, was only very imperfectly fulfilled and some of my patients caused me a great deal of worry and embarrassment. The repetition, encouraged by the analysis, turned out to be too good. It is true that there was a marked improvement in some of the symptoms; on the other hand, however, these patients began to suffer from nocturnal attacks of anxiety, even from severe nightmares, and the analytic session degenerated time and again into an attack of anxiety hysteria. Although we were able to analyse conscientiously the threatening symptoms of such an attack, which seemed to convince and reassure the patient, the expected permanent success failed to materialize and the next morning brought the same complaints about the dreadful night, while in the analytic session, repetition of the trauma occurred. In this embarrassing position I tried to console myself in the usual way—that the patient had a much too forceful resistance or that he suffered from such severe repressions that abreaction and emergence into consciousness could only occur piecemeal. However, as the state of the patient, even after a considerable time, did not change in essentials, I had to give free rein to self-criticism. I started to listen to my

patients when, in their attacks, they called me insensitive, cold, even hard and cruel, when they reproached me with being selfish, heartless, conceited, when they shouted at me: "Help! Quick! Don't let me perish helplessly!" Then I began to test my conscience in order to discover whether, despite all my conscious good intentions, there might after all be some truth in these accusations. I wish to add that such periods of anger and hatred occurred only exceptionally; very often the sessions ended with a striking, almost helpless compliance and willingness to accept my interpretations. This, however, was so transitory that I came to realize that even these apparently willing patients felt hatred and rage, and I began to encourage them not to spare me in any way. This encouragement, too, failed to achieve much, for most of my patients energetically refused to accept such an interpretative

demand although it was well supported by analytic material.

Gradually, then, I came to the conclusion that the patients have an exceedingly refined sensitivity for the wishes, tendencies, whims, sympathies and antipathies of their analyst, even if the analyst is completely unaware of this sensitivity. Instead of contradicting the analyst or accusing him of errors and blindness, the patients *identify themselves with him*; only in rare moments of an hysteroid excitement, i.e. in an almost unconscious state, can they pluck up enough courage to make a protest; normally they do not allow themselves to criticize us, such a criticism does not even become conscious in them unless we give them special permission or even encouragement to be so bold. That means that we must discern not only the painful events of their past from their associations, but also—and much more often than hitherto supposed—their repressed or suppressed criticism of us.

Here, however, we meet with considerable resistances, this time resistances in ourselves as well as in our patients. Above all, we ourselves must have been really well analysed, right down to "rock bottom." We must have learnt to recognize all our unpleasant external and internal character traits in order that we may be really prepared to face all those forms of hidden hatred and contempt that can be so cunningly disguised in our patients' associations.

This leads to the side issue—the analysis of the analyst—which is becoming more and more important. Do not let us forget that the deep-reaching analysis of a neurosis needs many years, while the average training analysis lasts only a few months, or at most, one to one and a half years.[3] This may lead to an impossible situation, namely, that our patients gradually become better analysed than we ourselves are, which means that although they may show signs of such superiority, they are unable to express it in words; indeed, they deteriorate into an extreme submissiveness obviously because of this inability or because of a fear of occasioning displeasure in us by their criticism.

A great part of the repressed criticism felt by our patients is directed towards what might be called *professional hypocrisy*. We greet the patient with politeness when he enters our room, ask him to start with his associations and promise him faithfully that we will

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3 Written 1932.

listen attentively to him, give our undivided interest to his well-being and to the work needed for it. In reality, however, it may happen that we can only with difficulty tolerate certain external or internal features of the patient, or perhaps we feel unpleasantly disturbed in some professional or personal affair by the analytic session. Here, too, I cannot see any other way out than to make the source of the disturbance in us fully conscious and to discuss it with the patient, admitting it perhaps not only as a possibility but as a fact.

It is remarkable that such renunciation of the "professional hypocrisy"—a hypocrisy hitherto regarded as unavoidable—instead of hurting the patient, led to a marked easing off in his condition. The traumatic-hysterical attack, even if it recurred, became considerably milder, tragic events of the past could be *reproduced in thoughts* without creating again a loss of mental balance; in fact the level of the patient's personality seemed to have been considerably raised.

Now what brought about this state of affairs? Something had been left unsaid in the relation between physician and patient, something insincere, and its frank discussion freed, so to speak, the tongue-tied patient; the admission of the analyst's error produced confidence in his patient. It would almost seem to be of advantage occasionally to commit blunders in order to admit afterwards the fault to the patient. This advice is, however, quite superfluous; we commit blunders often enough, and one highly intelligent patient became justifiably indignant, saying: "It would have been much better if you could have avoided blunders altogether. Your vanity, doctor, would like to make profit even out of your errors."

The discovery and the solution of this purely technical problem revealed some previously hidden or scarcely noticed material. The analytical situation—i.e. the restrained coolness, the professional hypocrisy and—hidden behind it but never revealed—a dislike of the patient which, nevertheless, he felt in all his being—such a situation was not essentially different from that which in his childhood had led to the illness. When, in addition to the strain caused by this analytical situation, we imposed on the patient the further burden of reproducing the original trauma, we created a situation that was indeed unbearable. Small wonder that our effort produced no better results than the original trauma. The setting free

of his critical feelings, the willingness on our part to admit our mistakes and the honest endeavour to avoid them in future, all these go to create in the patient a confidence in the analyst. *It is this confidence that establishes the contrast between the present and the unbearable traumatogenic past*, the contrast which is absolutely necessary for the patient in order to enable him to re-experience the past no longer as hallucinatory reproduction but as an objective memory. Suppressed criticisms felt by my patients, e.g. the discovery with uncanny clairvoyance, of the aggressive features of my "active therapy, " of the professional hypocrisy in the forcing of relaxation, taught me to recognize and to control the exaggerations in both directions. I am no less grateful to those of my patients who taught me that we are more than willing to adhere rigidly to certain theoretical constructions and to leave unnoticed facts on one side that would injure our complacency and authority. In any case, I learnt the cause of my inability to influence the hysterical explosions and this discovery eventually made success possible. It happened to me as it did to that wise woman whose friend could not be wakened from her narcoleptic sleep by any amount of shaking and shouting, to whom there came, suddenly, the idea of shouting "Rock-a-bye baby." After that the patient started to do everything she was asked to do. We talk a good deal in analysis of regressions into the infantile, but we do not really believe to what great extent we are right; we talk a lot about the splitting of the personality, but do not seem sufficiently to appreciate the depth of these splits. If we keep up our cool, educational attitude even vis-à-vis an opisthotonic patient, we tear to shreds the last thread that connects him to us. The patient gone off into his trance is *a child indeed* who no longer reacts to intellectual explanations, only perhaps to maternal friendliness; without it he feels lonely and abandoned in his greatest need, i.e. in the same unbearable situation which at one time led to a splitting of his mind and eventually to his illness; thus it is no wonder that the patient cannot but repeat now the symptom-formation exactly as he did at the time when his illness started.

I may remind you that patients do not react to theatrical phrases, but only to real sincere sympathy. Whether they recognize the truth by the intonation or colour of our voice or by the

words we use or in some other way, I cannot tell. In any case, they show a remarkable, almost clairvoyant knowledge about the

thoughts and emotions that go on in their analyst's mind. To deceive a patient in this respect seems to be hardly possible and if one tries to do so, it leads only to bad consequences.

Now allow me to report on some new ideas which this more intimate relation to my patients helped me to reach.

I obtained above all new corroborative evidence for my supposition that the trauma, especially the sexual trauma, as the pathogenic factor cannot be valued highly enough. Even children of very respectable, sincerely puritanical families, fall victim to real violence or rape much more often than one had dared to suppose. Either it is the parents who try to find a substitute gratification in this pathological way for their frustration, or it is people thought to be trustworthy such as relatives (uncles, aunts, grandparents), governesses or servants, who misuse the ignorance and the innocence of the child. The immediate explanation—that these are only sexual fantasies of the child, a kind of hysterical lying—is unfortunately made invalid by the number of such confessions, e.g. of assaults upon children, committed by patients actually in analysis. That is why I was not surprised when recently a philanthropically-minded teacher told me, despairingly, that in a short time he had discovered that in five upper class families the governesses were living a regular sexual life with boys of nine to eleven years old.

A typical way in which incestuous seductions may occur is this: an adult and a child love each other, the child nursing the playful fantasy of taking the role of mother to the adult. This play may assume erotic forms but remains, nevertheless, on the level of tenderness. It is not so, however, with pathological adults, especially if they have been disturbed in their balance and self-control by some misfortune or by the use of intoxicating drugs. They mistake the play of children for the desires of a sexually mature person or even allow themselves—irrespective of any consequences—to be carried away. The real rape of girls who have hardly grown out of the age of infants, similar sexual acts of mature women with boys, and also enforced homosexual acts, are more frequent occurrences than has hitherto been assumed.

It is difficult to imagine the behaviour and the emotions of children after such violence. One would expect the first impulse to be that of reaction, hatred, disgust and energetic refusal. "No, no, I do not want it, it is much too violent for me, it hurts, leave me

alone, " this or something similar would be the immediate reaction if it had not been paralysed by enormous anxiety. These children feel physically and morally helpless, their personalities are not sufficiently consolidated in order to be able to protest, even if only in thought, for the overpowering force and authority of the adult makes them dumb and can rob them of their senses. *The same anxiety, however, if it reaches a certain maximum, compels them to subordinate themselves like automata to the will of the aggressor, to divine each one of his desires and to gratify these; completely oblivious of themselves they identify themselves with the aggressor*. Through the identification, or let us say, introjection of the aggressor, he disappears as part of the external reality, and becomes intra- instead of extra-psychic; the intra-psychic is then subjected, in a dream-like state as is the traumatic trance, to the primary process, i.e. according to the pleasure principle it can be modified or changed by the use of positive or negative hallucinations. In any case the attack as a rigid external reality ceases to exist and in the traumatic trance the child succeeds in maintaining the previous situation of tenderness.

The most important change, produced in the mind of the child by the anxiety-fear-ridden identification with the adult partner, is *the introjection of the guilt feelings of the adult* which makes hitherto harmless play appear as a punishable offence.

When the child recovers from such an attack, he feels enormously confused, in fact, split—innocent and culpable at the same time—and his confidence in the testimony of his own senses is broken. Moreover, the harsh behaviour of the adult partner tormented and made angry by his remorse renders the child still more conscious of his own guilt and still more ashamed. Almost always the perpetrator behaves as though nothing had happened, and consoles himself with the thought: "Oh, it is only a child, he does not know anything, he will forget it all." Not infrequently after such events, the seducer becomes over-moralistic or religious and endeavours to save the soul of the child by severity.

Usually the relation to a second adult—in the case quoted above, the mother—is not intimate enough for the child to find help there; timid attempts towards this end are refused by her as nonsensical. The misused child changes into a mechanical, obedient automaton or becomes defiant, but is unable to account for the reasons of his defiance. His sexual life remains undeveloped or assumes perverted forms. There is no need for me to enter into

the details of neuroses and psychoses which may follow such events. For our theory this assumption, however, is highly important—namely, that *the weak and undeveloped personality reacts to sudden unpleasure not by defence, but by anxiety-ridden identification and by introjection of the menacing person or aggressor*. Only with the help of this hypothesis can I understand why my patients refused so obstinately to follow my advice to react to unjust or unkind treatment with pain or with hatred and defence. One part of their personalities, possibly the nucleus, got stuck in its development at a level where it was unable to use the *alloplastic* way of reaction but could only react in a *autoplastic* way by a kind of mimicry. Thus we arrive at the assumption of a mind which consists only of the *id* and super-ego, and which therefore lacks the ability to maintain itself with stability in face of unpleasure—in the same way as the immature find it unbearable to be left alone, without maternal care and without a considerable amount of tenderness. Here we have to revert to some of the ideas developed by Freud a long time ago according to which the capacity for object-love must be preceded by a stage of identification.

I should like to call this the stage of passive object-love or of tenderness. Vestiges of object-love are already apparent here but only in a playful way in fantasies. Thus almost without exception we find the hidden play of taking the place of the parent of the same sex in order to be married to the other parent, but it must be stressed that this is merely fantasy; in reality the children would not want to, in fact they cannot do without tenderness, especially that which comes from the mother. If *more love* or *love of a different kind* from that which they need, is forced upon the children in the stage of tenderness, it may lead to pathological consequences in the same way as the *frustration or withdrawal of love* quoted elsewhere in this connexion. It would lead us too far from our immediate subject to go into details of the neuroses and the character mal-developments which may follow the precocious super-imposition of love, passionate and guilt-laden on an immature guiltless child. The consequence must needs be that of confusion of tongues, which is emphasized in the title of this address.

Parents and adults, in the same way as we analysts, ought to learn to be constantly aware that behind the submissiveness or even the adoration, just as behind the transference of love, of our children, patients and pupils, there lies hidden an ardent desire to

get rid of this oppressive love. If we can help the child, the patient or the pupil to give up the reaction of identification, and to ward off the over-burdening transference, then we may be said to have reached the goal of raising the personality to a higher level.

I should like to point briefly to a further extension of our knowledge made possible by these observations. We have long held that not only superimposed love but also unbearable punishments lead to fixations. The solution of this apparent paradox may perhaps now be possible. The playful trespasses of the child are raised to serious reality only by the passionate, often infuriated, punitive sanctions and lead to depressive states in the child who, until then, felt blissfully guiltless.

Detailed examination of the phenomena during an analytic trance teaches us that there is neither shock nor fright without some trace of splitting of personality. It will not surprise any analyst that part of the person regresses into the state of happiness that existed prior to the trauma—a trauma which it endeavours to annul. It is more remarkable that in the identification the working of a second mechanism can be observed, a mechanism of the existence of which I, for one, have had but little knowledge. I mean the sudden, surprising rise of new faculties after a trauma, like a miracle that occurs upon the wave of a magic wand, or like that of the fakirs who are said to raise from a tiny seed, before our very eyes, a plant, leaves and flowers. Great need, and more especially mortal anxiety, seem to possess the power to waken up suddenly and to put into operation latent dispositions which, un-cathected, waited in deepest quietude for their development.

When subjected to a sexual attack, under the pressure of such traumatic urgency, the child can develop instantaneously all the emotions of mature adult and all the potential qualities dormant in him that normally belong to marriage, maternity and fatherhood. One is justified—in contradistinction to the familiar regression—to speak of a *traumatic progression*, of a *precocious maturity*. It is natural to compare this with the precocious maturity of the fruit that was injured by a bird or insect. Not only emotionally, but also *intellectually*, can the trauma bring to maturity a part of the person. I wish to remind you of the typical "dream of the wise baby" described by me several years ago in which a newly-born child or an infant begins to talk, in fact teaches wisdom to the entire family. The fear of the uninhibited, almost mad adult changes the child,

so to speak, into a psychiatrist and, in order to become one and to defend himself against dangers coming from people without self-control, he must know how to identify himself completely with them. Indeed it is unbelievable how much we can still learn from our wise children, the neurotics.

If the shocks increase in number during the development of the child, the number and the various kinds of splits in the personality increase too, and soon it becomes extremely difficult to maintain contact without confusion with all the fragments, each of which behaves as a separate personality yet does not know of even the existence of the others. Eventually it may arrive at a state which—continuing the picture of *fragmentation* —one would be justified in calling *atomization*. One must possess a good deal of optimism not to lose courage when facing such a state, though I hope even here to be able to find threads that can link up the various parts.

In addition to passionate love and passionate punishment there is a third method of helplessly binding a child to an adult. This is the *terrorism of suffering*. Children have the compulsion to put to rights all disorder in the family, to burden, so to speak, their own tender shoulders with the load of all the others; of course this is not only out of pure altruism, but is in order to be able to enjoy again the lost rest and the care and attention accompanying it. A mother complaining

of her constant miseries can create a nurse for life out of her child, i.e. a real mother substitute, neglecting the true interests of the child.

I am certain—if all this proves true—that we shall have to revise certain chapters of the theory of sexuality and genitality. The perversions, for instance, are perhaps only infantile as far as they remain on the level of tenderness; if they become passionate and laden with guilt, they are perhaps already the result of exogenous stimulation, of secondary, neurotic exaggeration. Also my theory of genitality neglected this difference between the phases of tenderness and of passion. How much of the sadomasochism in the sexuality of our time is due to civilization (i.e. originates only from introjected feelings of guilt) and how much develops autochthonously and spontaneously as a proper phase of organization, must be left for further research.

I shall be pleased if you would take the trouble to examine in thought and in your practice what I said to-day and especially if you would follow my advice to pay attention more than hitherto to

the much veiled, yet very critical way of thinking and speaking to your children, patients and pupils and to loosen, as it were, their tongues. I am sure you will gain a good deal of instructive material.

Appendix

This train of thought points only descriptively to the tenderness of the infantile eroticism and to the passionate in the sexuality of the adult. It leaves open the problem of the real nature of this difference. Psycho-analysis willingly agrees with the Cartesian idea that passions are brought about by suffering, but perhaps will have to find an answer to the question of what it is that introduces the element of suffering, and with it sadomasochism, into the playful gratifications at the level of tenderness. The argument described above suggests that among others it is *the guilt feelings* that make the love-object of both loving *and* hating, i.e. of *ambivalent* emotions, while the infantile tenderness lacks as yet this schism. It is hatred that traumatically surprises and frightens the child while being loved by an adult, that changes him from a spontaneously and innocently playing being into a guilty love-automaton imitating the adult anxiously, self-effacingly. Their own guilt feelings and the hatred felt towards the seductive child partner fashion the love relation of the adults into a frightening struggle (primal scene) for the child. For the adult, this ends in the moment of orgasm, while infantile sexuality—in the absence of the "struggle of the sexes"—remains at the level of forepleasure and knows only gratifications in the sense of "saturation" and not the feelings of annihilation of orgasm. The "Theory of Genitality"4 that tries to found the "struggle of the sexes" on phylogenesis will have to make clear this difference between the infantile-erotic gratifications and the hate-impregnated love of adult mating.

[4] *Thalassa*, 1938, New York. *The Psycho-Analytic Quarterly Inc.* (German original published in 1924.)

1935) THE LOGIC OF EMOTIONS AND ITS DYNAMIC BACKGROUND. INT. J. PSYCHO-ANAL., 16:399 (IJP)

THE LOGIC OF EMOTIONS AND ITS DYNAMIC BACKGROUND[1]

FRANZ ALEXANDER

1. EMOTIONAL SYLLOGISMS

Our understanding of psychological connections is based on the tacit recognition of certain causal relationships which we know from our everyday experience and the validity of which we accept as self-evident. We understand anger and aggressive behaviour as a reaction to an attack; fear and guilt as results of aggressiveness; envy as an outgrowth of the feeling of weakness and inadequacy. Such self-evident emotional connections as 'I hate him, because he attacks me', I shall call emotional syllogisms. Just as logical thinking is based on intellectual syllogisms, the 'logic of emotions' consists of a series of emotional syllogisms. The feeling of the self-evident validity of these emotional connections is derived from our daily introspective experience as we witness these emotional sequences in ourselves, probably from the first moment after birth until death. Just as the logic of intellectual thinking is based on repeated and accumulated experiences of relations in the external world, the logic of emotions is based on accumulated experiences of our own international emotional reactions. The logic of intellectual thinking is the crystallized product of external, the logic of emotions is crystallized in the same way out of internal, experiences. As such, the logic of emotions is more ancient than logical thinking, which probably explains its ability to overpower intellectual processes.

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[1]Based on an address presented at the Mid-Winter Meeting of the American Psycho-Analytic Association, December 22, 1934.

It is quite justifiable to call these emotional causal sequences 'the logic of emotions' because they seem to us almost as binding as those intellectual relations which are the basis of logical thinking. We say, for example, 'It was quite logical that A gave such an emotional answer to B because we heard that B had insulted him'.

The psycho-analytic method has extended the possibility of such causal explanations also to psychic phenomena which seemed previously irrational and inexplicable. It shewed that often in the chain of mental processes some of the links are not conscious and that in such cases unconscious links can be reconstructed which are connected by the same kind of psychological causality as conscious mental processes. The reconstruction of unconscious emotional links made a wide range of seemingly irrational psychic processes, such as neurotic symptoms, accessible for psychological explanation. Every psycho-analytic reconstruction of the patient's psychic development consists of such emotional syllogisms. Psycho-analytic interpretations are to a great extent applications to unconscious processes of emotional syllogisms which we know from our conscious mental life. If we investigate closely any of our psycho-analytic concepts, we recognize that they are based on these tacitly accepted connections in emotional life. Thus,

for example, the Œdipus complex consists of a number of such syllogisms. *Because* the little boy feels that the father interferes with his possessive attitude towards the mother, he develops aggressive feelings against the father. Another feature of the same complex reveals a different emotional connection. *Because* the little boy feels that he is small and the father is big, he envies the father's strength. That possessive love does not tolerate competitors and that envy is a reaction to weakness, is, in this case, the logic of emotions which is exemplified by the Œdipus complex.

Though many such emotional connections are well known and tacitly accepted as universally valid characteristics of man's nature, psycho-analysis has also described emotional relations which are not so self-evident and which we do not know from our every-day life without some reflection. Thus, from every-day experience one is acquainted with guilt feelings, but the understanding of a guilt reaction is not so self-evident because it is not entirely a conscious reaction. However, after some reflection, everyone can understand from his own experience that a sense of guilt arises when hostility is directed towards a person for whom at the same time love and gratitude is felt. On the other hand, even the most careful introspective reflection

could not establish the fact which psycho-analytic technique has revealed—that the hostile intention might be even entirely unconscious and yet provoke a sense of guilt that a person consciously feels without knowing its origin. This explanation of guilt feelings from unconscious hostilities is based on an emotional connection which we know from the psychology of conscious processes, the validity of which, however, is then extended to include unconscious processes.

In studying unconscious processes, especially dreams, it soon became obvious that the emotional logic of unconscious processes, though similar to the logic of conscious processes, is not entirely identical with the latter. In his *Interpretation of Dreams*, Freud has shewn that unconscious thinking does not follow the rules of conscious thinking, that the strict rules of logic are not valid for unconscious thinking. Simple logical postulates, such as that if a thing is in one place it cannot be in another place at the same time, are not recognized in the dream. Freud also shewed that in dreams causality is expressed by temporal sequence, that the difference between assertion and negation is much less distinct, and that a statement can be expressed by its opposite. Moreover the critical faculty of differentiating between objects is not so highly developed in the unconscious. In dreams one object can be substituted for another, even if there is very little essential similarity between them. All these differences refer, however, to intellectual faculties and shew that the dream processes are characterized by less precision of the intellectual functions. It seems that the fundamental emotional connections which I call 'the logic of emotions' are about the same in consciousness and in the unconscious. Fear and guilt as a reaction to hate and attack, envy as a reaction to the feeling of weakness, jealousy as a reaction to possessive love, govern both conscious and unconscious processes. If anything, these emotional syllogisms appear in the unconscious even more frankly because they are less disturbed by the correction of rational critical insight. One can express this difference by saying that conscious mental processes are characterized by fuller development of certain critical intellectual functions, by a more precise differentiating faculty, whereas the logic of emotions seems to appear more frankly and forcefully in the unconscious. Furthermore there are a series of emotional reactions or syllogisms in the unconscious which to the conscious mind of the adult appear somewhat strange and peculiar. The principle of Talion, eye for an eye, tooth for a tooth, has a much more strict validity for the unconscious than for the

conscious mind of a civilized adult. The civilized adult will still recognize this emotional syllogism as human but it appears to him somewhat primitive or archaic and he will not apply it with the same naive certainty as a logical law. For the unconscious, however, the principle of Talion is just as binding as is for the conscious mind the logical syllogism that if A is equal to both B and C, then B is equal to C.

The strangeness of some of the emotional syllogisms governing unconscious processes is one of the reasons why psycho-analysis seems to the lay mind so abstruse. One often hears the layman saying that people do not feel and react as psycho-analysts state; that the psychology of psycho-analysis is not human. The study of children or primitive people, whose behaviour is still frankly governed by these primitive emotional syllogisms, shews, however, that they are not only human but even more fundamental than the later acquired modifications of the emotional life.

To a large extent the development of psycho-analysis consisted in the discovery and formulation of different archaic emotional syllogisms which rule the unconscious processes. I refer in the first place to one of the most brilliant discoveries of Freud: the emotional syllogism that underlies the paranoid delusion of persecution in men.[2]

'I do not love him, I hate him', is the first part of the syllogism determined by the rejection of female tendencies felt toward a man, a rejection which is based on the wounded narcissism of the masculine ego.

The second link of the syllogism is, 'I hate him because he persecutes me.'

The emotional logic of this mechanism is obvious: hostility can be accepted by the ego if it seems a justified reaction to being attacked.

The psychology of conscience, of which we speak in structural terms as the relation of ego and super-ego, can only be understood on the basis of such primitive emotional reactions. So, for example, the foundation of the compulsion neurosis is the principle that suffering is felt by the ego not only as an atonement for guilt but even as a source of justification for indulgence in forbidden gratification. This emotional syllogism which underlies the complicated system of obsessional and compulsive symptoms, is often referred to as the

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[2]Freud, S.: 'A Case of Paranoia, ' in *Collected Papers*, Vol. III, London, Hogarth, 1925, pp. 448–49.

bribery of the super-ego by suffering. It can be verbalized as follows: 'Since I suffer and submit myself to extreme restrictions, I have the right to indulge in forbidden gratifications.'

Rado has described a somewhat similar emotional syllogism as of fundamental significance for the understanding of depression. Here suffering and self-inflicted punishment are used not only

for atonement and as a justification for transgressions (as in the compulsion neurosis) but also as an appeal for love, 'because I am suffering so much, therefore I deserve to be loved by you'.[3]

Another type of emotional logic forms the basis of a more complicated mechanism which Freud described as homosexuality resulting from over-compensated rivalry. This reaction can be divided into a series of partial emotional reactions. The whole emotional process is about the following: envy, hostile rivalry against the competitor causes guilt which requires humiliation before the competitor. If this need for humiliation is connected with the feeling of weakness toward the powerful competitor, it results in a female submission which is the basis of a passive homosexual attitude. This emotional syllogism, which is nearer to the female than to the male psychology, can be expressed as follows: 'You are too strong; I cannot overpower you, but at least I wish to be loved by you'.

II. THE VECTOR-ANALYSIS OF PSYCHIC PROCESSES

If we deprive these emotional sequences of their ideational content and only pay attention to the dynamic quality (direction) of the tendencies which participate in these emotional syllogisms, we come to simple dynamic relations similar to those in physics and chemistry. It is probable that such simple relations constitute also the fundamental dynamics of biological processes.

In many of these emotional syllogisms a common and striking feature is a certain polarity. It appears that the expression of a tendency is apt to provoke and strengthen its polar opposite: for example, suffering increases the tendency toward gratification and vice versâ, indulgence in a pleasurable gratification increases guilt

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[3]Rado, Sandor: 'The Problem of Melancholia', *International Journal of Psycho-Analysis*, ' Vol. IX, pp. 420–37, 1928. The emotional syllogism: suffering as an appeal for love, is even more clearly worked out in Rado's address, 'Unconscious Mechanism in Neurotic Depressions', delivered at the Annual Meeting of the American Psychiatric Association in Boston, 1933.

which then gives rise to an inhibitory reaction against the gratification. Furthermore extreme masculine aggressive competition is apt to strengthen the polar opposite passive female tendency; and passive female tendencies again by wounding the masculine narcissism stimulate the masculine attitude. Dependence stimulates the opposite tendency toward independence; effort and struggling increase again the polar opposite with to be helped and to lean upon a strong helper.

This polarity of the mental life which can be compared with the law of action and reaction in physics is, as we will see, by no means the only dynamic principle expressed in these emotional syllogisms.

In the investigation of psychogenic organic disturbances it has proved of great value to study psychic processes according to their general dynamic direction (vector quality), while temporarily ignoring the manifold variety of their ideational content. During the analysis of organ neuroses we soon learned that very different psychological impulses with quite different specific content may lead to the disturbance of the same organic function. At first sight it seems

that these psychogenic factors are not at all specific, that the same disturbance can be caused by a great variety of different psychological contents, seemingly unrelated to each other. Further analysis of these apparently unrelated psychic factors shewed, however, that they had one important feature in common, namely, the direction of the general dynamic tendency expressed by them. So, for example, organs with the functions of incorporation are apt to be disturbed by very different repressed tendencies. These tendencies, however, have one dynamic feature in common, namely, that they all express receiving or taking something. It has been observed that this general dynamic quality of a psychological content determines which kind of organ-function will be disturbed by it: the stomach functions can be disturbed for example by any one of the following heterogeneous group of repressed wishes: the wish to receive help, love, money, a gift, a child, or the wish to castrate, to steal, to take away something. The same group of wishes may also disturb other organic functions which involve incorporation, such as, for example, the inspiratory phase of the respiratory act or swallowing. The common feature in all these different tendencies is their centripetal direction; they express receiving or taking something.

During our studies we have learned that it is necessary to differentiate between two forms of incorporation, between passive receiving and aggressive taking. Taking by force, the aggressive form of incorporation,

develops as a rule as a reaction to thwarted receptive tendencies. The emotional syllogism underlying this process is: 'If I do not receive something, I have to take it by force'. Though for the purposes of psychological understanding it is of great importance to differentiate between the two qualities of passive receiving and aggressive taking, nevertheless with regard to their dynamic effect both of these tendencies belong to the larger category of intaking tendencies and are therefore suitable to influence the incorporative organic functions of both the gastro-intestinal tract and the respiratory system.

Another dynamic quality of similar importance is the eliminating tendency. This dynamic category also includes an enormous variety of psychological contents: to give love, to make an effort, to help to produce something, to give a gift, to give birth to a child, on the one hand, but on the other hand also the wish to attack someone (especially by throwing something at him). Any of these impulses, if repressed and excluded from voluntary expression, are apt to influence eliminating organic functions such as urination, defecation, ejaculation, perspiration, the expiratory phase of respiration. Here again, for purposes of psychological understanding it is of primary importance to differentiate between an aggressive form of elimination (anal attack) and a more constructive form consisting in producing and giving something of value (giving birth, for example). Thus we found that a psychogenic diarrhœa may be an unconscious substitute for an attack (described by Abraham), but it also may have the meaning of giving birth to a child or may be a substitute for a gift. Both the aggressive and the gift meaning of the excremental functions are well known in child psychology; they retain also the same infantile significance in the unconscious of adults.

A third dynamic quality, the significance of which has forced itself upon us during the analysis of gastro-intestinal neuroses, is that of retention. Here again a great variety of different psychological contents share the one common dynamic quality—that of retaining or possessing. Collecting different objects, ordering and classifying them (as a sign of the mastery of them), also the fear of losing something, the rejection of the obligation to give something, the impulse to hide and protect things from being taken away or from deterioration, and the mother's attitude towards the fœtus—all these may find expression in retentive physiological innervations. The best known of these is constipation, but it seems also that the retention of urine, retarded ejaculation and certain features of the respiratory act can

express the same tendencies. Within the category of retentive urges, it is more difficult to differentiate between a destructive and a more constructive quality, as we have been able to do in the case of the receptive and eliminatory tendencies. For a long time I did not find a satisfactory criterion for differentiating between constructive and destructive forms of retention. Suggestions of Thomas M. French helped, however, to formulate a satisfactory discrimination which corresponds well with the observed psychological material. Retention can be thought of as a constructive process, if it means assimilation as represented in the process of organic growth. Retentive tendencies expressed in the mother's attitude toward the fœtus and certain tendencies which we usually call anal erotic, such as a careful classification and organization of material or other protective tendencies, can be considered as more constructive manifestations of this dynamic quality, whereas the tendency to withhold from others, to hide something spitefully, as a revenge or with the tendency to hurt others, is a destructive manifestation of the retentive tendency.

Thus we differentiate three larger categories of psychological tendencies, *intaking*, *eliminating* and *retaining*. In each of these categories we differentiate again between a positive constructive and a negative destructive manifestation of the same tendency: in the first group, passive receiving and aggressive taking; in the second group, giving of a value and elimination for the purpose of an attack; and in the third, retaining in order to build up and withholding something from others. It is evident that the three main classes express fundamental urges, whereas the six subclasses are more complex tendencies which express not only the direction of the tendency but also a certain attitude (love or hate) toward external objects.

VECTOR-ANALYSIS OF PSYCHIC TENDENCIES

Tendencies classified according to their Fundamental Dynamic Quality. (Direction).	Tendencies in relation to Objects.
Incorporation	To receive.
	To take.
Elimination	To give a value.
	To eliminate in order.
	To attack.
Retention	To retain in order to build up.4
	To withhold from others.

This tendency does not express an object relation but a relation to the self as an object.

After having differentiated between these general dynamic tendencies, it was no longer difficult to recognize certain emotional syllogisms which express in psychological terms the dynamic relations between these three fundamental tendencies. Only the recognition of these emotional connections has made possible the understanding of the psychological determinations of disturbed organ functions.

I shall discuss those emotional syllogisms which we have studied most thoroughly. I have already mentioned one of them. 'I do not receive and therefore I have to take by force'. This emotional reaction has been most important for the understanding of the origin of guilt feelings on account of oral incorporating tendencies. This guilt reaction to oral aggression, as I have shewn previously, plays an important rôle in gastric neuroses and in the formation of peptic ulcers.[5]

An emotional syllogism which is not so well known expresses another dynamic relation between aggressive taking and passive receiving. This is the inhibition of the desire to receive after the receptive urge has taken the aggressive form of wishing to take. The underlying emotional syllogisms can be formulated as follows: 'I cannot accept anything from a person whom I really want to rob'. This type of guilt reaction plays an important rôle in the child-parent relations. The castrative tendencies of the little boy toward the father make him unable to receive favours from the father, and become an obstacle to a positive identification with him. This same emotional syllogism is of primary importance also in gastric neuroses and in peptic ulcer formation; it explains the inhibition of oral receptive tendencies as a reaction to an extreme aggressive demanding attitude. These two emotional sequences concern dynamic relationships between two different subgroups within a single dynamic group, the receptive tendencies.

Let us now turn our attention to the relationship between two different categories of dynamic tendencies, the intaking and the eliminating. Indulgence in receptive tendencies often leads to the compensatory tendency to give. Abraham spoke of generosity as a reaction to oral receptive tendencies. The underlying emotional logic of this reaction can be described by three more or less independent

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[5]Alexander, Franz: 'The Influence of Psychologic Factors upon Gastro-Intestinal Disturbances'; Bacon, Catherine: 'Typical Personality Trends and Conflicts in Cases of Gastric Disturbances'; Levey, Harry B.: 'Oral Trends and Oral Conflicts in a Case of Duodenal Ulcer'. *Psycho-analytic Quarterly*, Vol. III, pp. 501–88, October, 1934.

emotional syllogisms: (1) 'I prefer to give rather than to receive because the giver is in a superior position', (2) 'If I am the giver, I am not so dependent upon the good will of others as I should be if I must receive from them', and finally (3) 'Because I received so much, I must give something in return'. The first syllogism has a narcissistic basis; the second is based on fear; the third is a guilt- or super-ego reaction. All these partial emotional reactions lead to strengthening the giving attitude as a reaction to indulgence in the receptive rôle.

A similar increased urge to give can also arise as a reaction to strong aggressive, taking tendencies. We found that this 'compensatory giving' is the emotional basis of many neurotic diarrhœas (mucous colitis).[6]

The following emotional syllogism expresses a relation of opposite character between receptive tendencies and the urge to give: 'I give so much and therefore I have the right to receive'. This is a mechanism which is also of fundamental importance for the understanding of certain psychological features and predominating character trends in cases of psychogenic diarrhœa.

The diarrhœa is evaluated by the unconscious as a form of giving and is utilized to justify a strong and demanding attitude in life. Patients suffering from gastric neurosis or peptic ulcer are more apt to compensate for their strong unconscious receptive-dependent attitude by assuming responsibilities and by concentrated efforts in work; the compensatory mechanism of the colitis cases on the other hand is merely symbolic: the diarrhœa is often a substitute for real compensatory giving in life.

Also the relation between receiving and retaining is governed by several emotional syllogisms. 'I do not receive and therefore I must hold on to my possessions' is the best known example. This has been described by several authors who have written about the anal character. This emotional reaction has proved in our studies to be an important causative factor in psychogenic chronic constipation.[7]

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[6]Alexander, Franz: 'The Influence of Psychologic Factors upon Gastro-Intestinal Disturbances'; Wilson, George W.: 'Typical Personality Trends and Conflicts in Cases of Spastic Colitis'; Levine, Maurice: 'Pregenital Trends in a Case of Chronic Diarrhœa and Vomiting'. *Psychoanalytic Quarterly*, Vol. III, pp. 501–88, October, 1934.

[7]Alexander, Franz: 'The Influence of Psychologic Factors upon Gastro-Intestinal Disturbances'; Alexander, Franz: The Medical Value of Psycho-Analysis, New York, W. W. Norton & Co., 1932, p. 197. Wilson, George W.: 'Report of a Case of Acute Laryngitis occurring as a Conversion Symptom during Analysis', *The Psychoanalytic Review*, Vol. XXI, No. 4, pp. 408–14, October, 1934.

Our study of cases of chronic constipation have revealed also a more complicated emotional syllogism which also leads to increased retention. This emotional syllogism connects four different dynamic impulses: receptive, giving, aggressive eliminating and retaining tendencies. 'I receive so much that I must give something in return' is the first part of the syllogism. This strong urge to give, however, is rejected by the narcissistic nucleus of the ego. 'No, I do not want to give, and if I must give, then it shall be nothing better than excrement'. This expresses the resentment and the aggressive tendency against the one to whom one feels obligated. This aggressive attitude finally leads to fear of retaliation and to increased retention. Apart from this complicated dynamic connection, the strong urge to give directly increases the retentive urge by stimulating the fear that one will suffer loss by giving too much.

In studying these dynamic relationships, the principle of polarity is most striking. Indulgence in receiving stimulates retention, but on the other hand extreme retentive tendencies increase the sense of obligation to give. The principle of polarity is, however, not the only dynamic relationship. We saw, for example, that the positive form of elimination, giving, stimulates the aggressive form of elimination because the obligation to give causes resentment against the one to whom one gives (or has to give) so much. The well-known unconscious hostilities against those whom we love are based on this emotional relation. In this case it is not the polar opposite tendency that is stimulated but rather a parallel tendency. Similarly we see that the inhibition of receiving increases the urge for taking: both these impulses have the same direction and belong to the category of intaking tendencies.

The emotional connections within the retentive group are more obscure than those in the first two groups. The relationships between constructive and aggressive forms of retaining cannot yet be formulated in simple psychological terms. We see, however, that both biologic and social organisms increase their inner cohesive forces if attacked by external enemies, and often grow and flourish better when attacked than in peace. If there is a strong need for protection against loss the opposite tendency not only to holding on to possessions but also to inner

consolidation and growth is stimulated. On the other hand, in a peaceful atmosphere the tendency to inner consolidation—probably a function of the retentive urge—often relaxes. Dynamically this means that the destructive form of retention stimulates its constructive

form, but it is difficult to translate this dynamic relation into psychological terms. The psychology of the retentive urges still needs further clarification.

The significance of this kind of vector-analysis of psychological impulses which attempts to recognize behind the variety of psychological content its fundamental direction, consists in the fact that those emotional syllogisms which connect these vector quantities are of a general validity and are equally applicable to a great number of different psychological connections. They can be compared to algebraic equations in which different values can be substituted for each other provided they possess the same vector quality. I refer to the publication of the Chicago Psychoanalytic Institute on 'The Influence of Psychologic Factors upon Gastro-Intestinal Disturbances', regarding clinical examples illustrating the validity of vector-analysis, i.e. that different psychological impulses possess the same vector quality (for example, giving a gift, birth to a child, giving love, taking care of) have a similar influence on the corresponding organic functions.

The usefulness of the vector-analysis of psychological impulses is, however, not restricted to the understanding of gastro-intestinal disturbances. Experimental studies in which I am engaged, together with Leon Saul, suggest that psychic influences on the lung functions follow the same dynamic principles. It seems that receptive and aggressive taking tendencies can be expressed by the inspiratory act, and eliminating tendencies by the expiratory act. We hope that the psychological background of certain types of asthma can be understood by means of this type of psycho-dynamic studies.

Psychological influences on still other excretory processes can be understood upon a similar dynamic basis. In one of my patients, for example, a marked perspiration of the palms expressed hostile tendencies; it was similar to psychogenic diarrhœa: a substitute for an attack. These mechanisms throw light on such general psychophysiological reflex phenomena as increased peristalsis and increased perspiration (cold sweat) in reaction to fear. We know that fear always provokes aggressions; the coward who 'has no guts' substitutes diarrhœa and 'bold perspiration', a sort of symbolic attack in place of an effective attack on his enemy. These mechanisms, loosening of the bowels and 'cold perspiration' in face of danger, though very common, must nevertheless be considered neurotic reactions because they do not fulfil a useful purpose. We may contrast this reaction for example with the increased adrenalin production in reaction to

fear, which has physiological consequences of so much value in mobilizing the energies of the individual for defence or flight.

In the light of this dynamic insight, those organ neuroses which consist in a disturbance in the biological functions of intaking, retaining and eliminating, can be considered as the outcome of a disturbance of the normal balance between these psychological tendencies. Within a certain range of individual differences, there seems to be a certain proportion between these fundamental tendencies which may be considered as normal. It is *probable* that these proportions are different in men and women, but it is certain that the normal ratio between giving and receptive tendencies in a little child is different from the corresponding ratio in a fully developed adult. In the little child, still in the process of mental and physical development, receptive urges are stronger in relation to giving tendencies than in adults. We consider it as

evidence of neurosis if an adult retains the receptive dependent attitude of a child, because this does not correspond to his psychological and biological status. The psychological manifestation of this is seen in the sense of inferiority with which the adult ego reacts to such an infantile distribution of receptive and giving tendencies.

It is my conviction that this dynamic equilibrium between the three vector quantities, intaking, eliminating and retaining, is biologically conditioned, and represents the fundamental dynamics of the biological process: 'life'. Emotional syllogisms like those above cited are the reflection in consciousness of this fundamental biological dynamics which can be understood and described both in psychological and in biological terms.

The genetic study of the life history of patients with organ neuroses impressively demonstrates the sensitiveness of the dynamic equilibrium between these three fundamental tendencies. No one of them can be disturbed without upsetting the harmony of all of them. So for example if the receptive demands in childhood are met with continuous deprivations, this may lead to a deeply imprinted fear and to a pessimistic, defeatist outlook, which increases the retentive urges. 'I have never received sufficiently, so I must hold on to my possessions. I cannot give anything away because I never shall receive a substitute for it'. This strong withholding attitude may then increase a sense of obligation to give, and this sense of obligation as a rule causes deep resentments and consequent withdrawal from the environment. In other cases again we observe that early intimidations cause aggressions, which in turn through guilt reactions make it

impossible for the individual to accept support. This inhibition to receive increases the longing for help in the unconscious and at the same time may lead to an extreme compulsion to give in order to placate the guilt feelings.

The most important regulator of the balance between intaking, eliminating and retentive tendencies is genital sexuality, which constitutes a potent means of drainage for those fundamental psychodynamic urges which cannot find relief in social relations (sublimations). This draining function of the genital sexuality which Ferenczi postulated in his 'Theory of Genitality' can be best demonstrated in the extreme case of perversions. Accumulated, unsatisfied aggressions against external objects may lead for example to a sadistic distortion of the sexual urge; unrelieved guilt feelings similarly to a masochistic perversion and inhibited and accumulated curiosity to voyeur tendencies. This draining function of genitality explains why so often 'Lustmörder' and pedophiliacs are extremely inhibited, crushed and weakly individuals who never can give expression to their aggressions in life. All these accumulated aggressions find a vent in their sexual activity. Similarly sexual exhibitionists are usually extremely modest and shy individuals who cannot give expression to their wish to impress others through the ordinary channels: through speech and gestures. They relieve all their pent-up narcissistic urges to shew off by exhibiting the penis, i.e. in form of their sexual gratification.

I am convinced that this draining function of genital sexuality is responsible for the central significance of genital disturbances in the etiology of neuroses and psychogenic organ disturbances. The genital system and the voluntary muscular system together take care of those impulses which are directed toward external objects. Genitality relieves those impulses which cannot be handled through the voluntary system. Vaginal gratifications certainly are the most effective relief for accumulated, unsatisfied receptive tendencies in life, and ejaculation is correspondingly the most powerful expression of the tendency to give. Both the genital and the voluntary systems are concerned in the external policies of the organism in contrast to the vegetative organs which manage the organism's internal affairs. If both the genital and voluntary outlets are obstructed, other artificial outlets must be developed: the vegetative functions become overcharged by being used for the expression of impulses which should

normally be directed toward external objects and which do not constitute real vegetative aims. The neuroses of the gastro-intestinal tract and probably those

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of the respiratory system are just such artificial outlets for accumulated receptive, taking, giving, attacking and retentive tendencies which, because of inhibitions, are unable to find normal outlet through either the voluntary or the genital systems. The intaking or eliminating or retentive nature of these inhibited tendencies, their vector quality, then determines the type of vegetative organ-function which will be disturbed.

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TRANSFERENCE AND REALITY[1]

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A patient of mine was from the beginning of treatment very critical of me; whatever I did or said was wrong. She found fault with everything. She corrected me constantly, trying to teach me what to do, how to behave, what to think and what to say—not only what to say, but also how to say it. Because I could not give in to her attempts to re-educate me, she felt hurt and angry. Although she soon recognized that she expected literally to find her father in me, she did not change her attitude. The more conscious the attachment to her father became to her, the more she demanded that I change to the likeness of his image within her.

What did this attitude express? Certainly, it did not reflect the phenomenon that we call transference. It revealed merely her *readiness* for transference. This readiness obviously produced two attitudes in her: first, an expectation of finding her *real* father in the analyst; secondly, the wish to change the *real* person of the analyst into her father as she imagined him. As this desire could not be realized, she suffered constantly from disappointments, frustrations and anger. This situation led to conflicts with her analyst on a *quasi-real basis*. Thus it is evident that she did not 'transfer' her emotions from her father to her analyst, but rather that she *attempted* to transform her analyst into her father. The particular fixation to her father created the wish to find his reincarnation in the person of the analyst, and, since her desire to transform the latter into a person *identical* with her father could not be fulfilled, the attempts to establish a working transference were futile. Thus transference often breaks down not because of primary aggression, which is the driving force of the so-called negative transference, but because of disappointments and frustrated efforts at establishing an identity of present images with past ones.

What is transference? In spite of disagreement on the part of some of my colleagues, I still agree with Dr. de Saussure that transference is a projection. The term 'projection' means that the patient's inner and unconscious relations with his first libidinal objects are externalized. In the transference situation the analyst tries to unmask the projections or externalizations whenever they appear during the treatment. What part identification plays in transference will be seen later.

As a matter of fact, the word 'transference' is self-explanatory. It says that the patient displaces emotions belonging to an unconscious representation of a repressed object to a mental representation of an object of the external world. This object represented within the ego is the analyst, on whom emotions and ideas belonging to the repressed unconscious objects are projected. The repressed objects belong to the past, mostly to the patient's early childhood, and are thus unreal. Trying to substitute a real object (for example the analyst) for the unreal one, the patient is bound to run into mis-understandings, to become confused and to suffer frustrations. The split of the personality and the resulting incongruity of the drives is obvious: the essential repressed wish is unconscious and belongs to the past, its preconscious

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[2] In the discussion of this paper Dr. Hartmann and Dr. Loewenstein disagreed with me as to the role of the projection mechanism in the transference situation. They maintained that in transference only the

mechanism of displacement is at work. The term 'displacement', we know, means that the psychic stress or affect can be shifted from one element to another *within* the psychic systems. In transference the individual confuses the mental image of his father or mother with the real picture of the analyst and behaves as if the analyst were his father or mother. Of course, we recognize in this mechanism a displacement of affects; but, as the external object (the analyst) is treated like a *mental* image (father or mother), there is no doubt that the mental image is projected on to the analyst. Besides, Freud maintains that processes within the ego can be perceived (with a few exceptions) only with the help of projections.

derivatives having undergone certain rationalizations are projected on external objects and, when perceived, become conscious. If, for instance, a grown boy is excessively attached to his mother, he is not satisfied with the kind of gratification her substitute offers him in reality, but expects unconsciously those gratifications that he has experienced in the past.[2]

If in transference, projection of internal and unconscious images on to real objects is taking place, then the first patient's attitude can hardly be called transference. She did not project the image of her father on to the analyst; she tried to change her analyst according to the image of her father.

The next example is different. A patient was unable to understand me when she was lying on the couch with her eyes *open*. When she closed her eyes she could understand me; it then seemed to her as if she were hearing a ghost talking, and my voice sounded like the voice of her dead father. This illusion had almost the intensity of a hallucination.

The difference in respect to transference between this patient and the first one is striking: the first patient only *tried* to transform her analyst into her father, she tried to change a real person into an image of the past, she attempted to make the analyst conform with her memories of her father, to establish an identical picture of both; the second patient *succeeded* in getting an identical picture of her father through the medium of a real person, the analyst, to such an extent that the analyst's voice became her father's voice; she almost had a hallucination of her father. In the first case the effort to effect a transference failed, in the second it was successful. The second patient's feelings for the analyst in the psycho-analytic situation revived the repressed image of her father which she projected on the analyst, so that the two became almost identical. In fact, at times father and analyst became confused in her mind. The first patient tried unsuccessfully to transform the person of the present into the person of the past, whereas the second patient experienced the person of the past in the person of the present. Present objects and past images became identical in her mind.

The tendency to establish 'identical pictures' is perhaps better illustrated by a fragment of the second patient's dream:

> *water was pouring out through a hole in her refrigerator. She held her hand under the hole in order to stop the flow but the hole sucked her hand in so that it hurt.*

The day-residue consisted of the fact that the refrigerator was out of order and that the patient feared an overflow of water in her kitchen. The evening preceding this dream she had a visitor with whom she talked about sex education. The visitor told her that she forbade her little daughter to put her hand into her nose or mouth because a disease might enter her body. The patient was shocked and thought that this little girl later in life would think that a disease would enter her body when she had sexual intercourse. She herself suffered from severe phobias of touching, among them a fear of infection through the vagina during her pregnancy. Long before her marriage she was afraid of the pain during intercourse and at childbirth. She asserted that the pain in the dream was very real. In the same session she told me that on her way to my office she had thought she would even agree to my cutting off her arm if only I could help her to

get well. At this point two childhood recollections came to her mind; first, that when she used to stuff her finger into her nose she felt pain, and secondly, *that a woman once told her of another little girl who put her hand in a toilet bowl and had her arm caught in the pipe of the bowl* because of the strong suction when the toilet upstairs was flushed. The patient stressed that the pain in her arm felt in the dream persisted when she was awake.

What happened here? The real and conscious fear of her kitchen being flooded by the leaking refrigerator, and the preconscious ideas and fears of her masturbatory activities stimulated by the conversation with her visitor revived a picture of her childhood which she

dreaded because it reminded her of masturbation and the fears connected with it. In other words, a real expectation produced a regression and revived a picture from childhood which, in the dream, acquired qualities of reality. Freud calls this phenomenon the 'identity of perceptions' (*Wahrnehmungsidentität*). This means that an actual perception of an idea revives old, unconscious, repressed ideas or emotions to such an extent that they are perceived as actual images although their meaning is not recognized by the conscious psychic apparatus; thus present and old ideas and emotions become identical for a while. This tendency to revive old ideas and perceptions and to make the present coincide with the past, forms the basis of the phenomenon which is called 'acting out'.

Another example may perhaps be even more instructive. About eight months after the conclusion of his analysis, a patient asked me to see him immediately because of sudden panic and insomnia. I do not wish to go into the details of this complicated symptom. I wish only to say that the cause of this sudden panic and insomnia was his newborn son. When his wife came home with the infant from the hospital, she put it, as arranged in advance, in the room adjoining the parents' bedroom. For the night she wanted to close the door between the two rooms, but he wanted it open in order to hear every sound in the child's room. Since she, nevertheless, closed the door, he became frantic, overwhelmed by panic, and unable to sleep, trying to listen to all the sounds that seemed to him to emanate from the baby's room. This condition, which had lasted for several days by the time he came to see me, gave me the opportunity to remind him that he had had quite a number of fears in different periods of his life. I drew his attention to one particular fear of his childhood: frequently, when his parents were not home at night, he was seized by the idea that his rabbits out in the yard were being killed, and he insisted that his nurse go and find out whether they were still alive. When I mentioned this, he remembered another fear of his early childhood whose importance he could only now fully comprehend. This fear concerned the door of his room which faced his mother's room across the hall-way. When his door stood open he could see whether his mother was at home; then he felt secure and could go to sleep. But when the door was closed, he felt alone, deserted by his mother, and therefore could not sleep and became panicky. Throughout his childhood he feared that his mother would leave him. About the age of five, he tried repeatedly to run away from home, pretending to leave his mother, thus reversing his fear of being deserted by her.

The panic caused by the closing of his child's door thus betrayed his infantile fear of being left alone by his mother. The urgent desire to keep the door open reflected the ritual of his childhood to keep his own door open. The difference between the actual and the infantile situation lies only in the fact that the subject is changed: instead of himself as a child being anxious about his mother's love, he was now as a mature man anxious about his son's safety and well-being. The situation was thus reversed; the insomnia and anxiety were, however, unchanged. It is obvious that the patient projected one part of his ego on to his son and that he identified another part with his mother. His son incarnated himself, and he incarnated his mother. Both these representations were, of course, unconscious. It is probable that his infantile wish to see what was going on in his mother's room was overdetermined; the actual panic might also reflect the one felt while overhearing the noises of the primal scene. This,

however, would not change the meaning of our patient's reaction to his son; on the contrary, it would only broaden our interpretation.

For the purpose of our discussion the bare fact that our patient attempted to re-establish in the present a situation as it existed in childhood is more significant than is the meaning of the panic. What he wanted was simple enough: he wished to have the door open. The fulfilment of this wish would have repeated in actuality the infantile situation of the open door, and would have spared him anxiety.

This example shows—as do many cases—that the tendency to 'transfer' infantile experiences into reality and to act them out can be observed not only in the transference situation but also independently of it. *An urge to establish identity of perceptions through repetition of past experiences is thus, in conformity with Freud's ideas, undeniable.*

Now we can see that the establishment of identical perceptions is an act of projection as well as of identification. Identification, as we know, has several meanings. One of them expresses a community of feelings and thoughts in a group formation. The analysis is a group formation of two persons. The common goal

of analyst and patient is helping, i.e. curing the patient. This alone would suffice to establish an identification. Identification, however, is also a regressive substitute for love, if the love object in the external world becomes a part of the ego. In analysis the common goal of analyst and patient leads first to identification of the patient with the analyst and further to the revival of the deeper identifications with the parents. Hardly has this identification taken place when the patient tries to lodge with the analyst the reactivated residues of the infantile relationship with the parents. This can be accomplished only by means of projection. It seems thus as if projection helped to find the lost object in the outside world, as if the analyst were a screen on which the patient projected his unconscious pictures. In fact, when we reach certain depths in analysis, it is difficult to discern between identification and projection. It seems as if the boundaries of the ego were removed, as Federn would say, in which state the subject feels as if he were a part of the external world and the external world a part of himself. This corresponds to states of transitivism which Freud, in *Totem and Taboo*, ascribed to the animistic phase of human development. Later he referred to similar states as 'oceanic feelings'. States of this kind can, not too infrequently, be observed in those psycho-analytical sessions during which the patient is very deeply immersed in his unconscious *id*.

Although transference makes use of both mechanisms, identification and projection, one fact remains unchanged: the *tendency* to establish identity of old and new perceptions.

The tendency to bring about 'identity of perceptions' seems to satisfy the repetition compulsion which, as is well known, is the driving force of many a psychic phenomenon. Compelling the individual to preserve the past, it is a conservative principle. And yet, as soon as it is coupled with the phenomenon of transference, it becomes a progressive element, in the sense, of course, of psychic topography. This statement may require some amplification. An actual event reactivates an old repressed one which, on its part, tries to replace the new experience; this can best be observed in dreams. The attempt to re-live repressed experiences in actual ones is only in part successful, as the censorship of the dream or the resistance of the ego tries to disguise them. According to our theoretical conception of the psychic apparatus, this fact can be expressed also in the following way: certain perceptions and sensations produced by stimuli of daily life undergo historical and topical regressions to corresponding old, repressed, unconscious experiences. As soon as the cathexis of the actual experience (i.e. the charge of psychic energy) reaches the psychic representations of the repressed and fixated experiences in the unconscious *id*, it strengthens and re-activates them. These reactivated unconscious

representations now manifest a tendency to 'progression', i.e. a tendency to reach the perceptual and motor end of the psychic apparatus. Here they give the perceptions of actual events and the sensations produced by them an unconscious tinge; the ego behaves as if it were the *id*. Through this process the analyst, in the transference situation, becomes the representative of the objects of the unconscious strivings.

The readiness for transference exists, as indicated before, independently of the psycho-analytic situation. The mere fact that a patient decides to seek help from an analyst (or other therapist) furthers this phenomenon. Furthermore, the analyst's request for free associations stimulates reproduction of old memories, i.e. of mental repetition of repressed experiences. In addition, the repetition of old images stirs up emotions which once accompanied them. These old and yet new, actual, emotions try to attach themselves to the only real object available, the psycho-analyst, and to find an outlet in wishes, fantasies and actions directed towards him. It seems as if a new experience could not be assimilated—in the sense of the synthetic function of the ego—unless it found its way to the old patterns. Therefore it is not surprising that transference occurs also in other than psycho-analytic therapies. The psycho-analyst and the non-psycho-analyst differ in their treatment and understanding of this phenomenon, in that the former treats the transference symptoms as illusions while the latter takes them at their face value, i.e. as realities.

The transference proceeds according to the need to assimilate actual experiences in such a way that their perception either conforms to or becomes identical with repressed unconscious ideas. What has been once experienced—particularly in childhood—seems to form an indelible imprint in the unconscious from which patterns develop. These patterns may be dormant for a long time and become active only under certain circumstances. The latency

of these patterns, or their state of unconsciousness, is responsible for the fact that the meaning of the present experiences following these patterns remains unconscious. However, it must be added that complete gratification of the need for 'identity of perceptions' is not achieved as a rule, except in dreams, delusions and hallucinations. In the transference situation the unconscious pattern overshadows the conscious perception of an actual event and produces an illusion, while in dreams or psychoses the same pattern or image forms hallucinations. Hence illusions can be reality-tested, hallucinations can not, or can only in part.

It might appear as if the concept of transference and the concept of repetition compulsion had been confused here, but this is certainly not the case. In so far as a repetition of previous states takes place in the transference situation, transference is a manifestation of the repetition compulsion. In so far, however, as in transference the wishes and drives are directed towards the objects of the external world, though through the repetition of old experiences, transference is independent of the repetition compulsion. Repetition compulsion points to the past, transference to actuality (reality) and thus, in a sense, to the future. Repetition compulsion tries to fixate, to 'freeze', the old psychic reality, hence it becomes a regressive force; transference attempts to re-animate these 'frozen' psychic formations, to discharge their energy and to satisfy them in a new and present reality, and thus becomes a progressive force.

I would say that transference is like Janus, two-faced, with one face turned to the past, the other to the present. Through transference the patient lives the present in the past and the past in the present. In his speech he betrays a lack of feeling for the sequence of events, which is conceived as time. This lack, however, is not characteristic only of the transference to the analyst. Almost all neurotics are confused in relation to the element of time, whether they are in treatment or not. Many patients in analysis can identify recent events only after elucidation of childhood experiences; others condense experiences from different periods of their life into one event and can keep them apart only after thorough analysis, etc. The fact that the patient loses

the sense of time in the transference situation is not surprising, as it corresponds to the phenomenon that repressed unconscious events, events of the past, are experienced in the present as if no time had elapsed. Indeed, we know from Freud that the unconscious is timeless.

That past and present flow together may seem an obstacle to recognizing the past in the present. But closer examination shows that through re-animation of the representations of repressed objects in the transference situation, the ego gains direct access to its childhood experiences; not the entire ego, of course, but only that part which has not been altered by the repression and has remained intact. This intact ego now has an opportunity to confront its feelings for and expectations from the analyst with the situation in the past, in childhood, and to compare them with one another as if the whole life were spread in front of the inner eye on a single plane. As soon as the patient becomes conscious of his transference, he gains the ability to assess his actual feelings in relation to the infantile situation. This helps him to distinguish between the images returning from the past and the perceptions of external, actual objects, and thus to *test reality* better than before. Some patients accept reality then as it is, others do not. The first patient discussed here did not accept reality; she could not give up the peculiar attachment to her father. She would rather have changed the world than change herself by accepting the analyst as an object of the outside world. The second patient was able to see that the analyst represented a new edition of her father, an edition which she herself created. The third patient became aware that his son represented himself as a child. It is evident that divesting the actual experiences in the transference of the influence of repressed images enhances reality testing. If, as often happens, in the course of free associations the patient produces images which have the intensity of real perceptions, or are hallucinations, the analyst may almost always be sure that he is dealing with actual memories. When the patient accepts such 'hallucinations' as memories, he loses the incentive to project the memories (unconscious images) into the external world and then to perceive them as realities.

As indicated before, patients try to 'act out' their repressed unconscious in the transference, by repeating certain patterns of their life. They bend reality, so to speak, in the transference situation. Sometimes the repetitions are helpful for the analysis, sometimes they

make the analysis difficult. Then they form certain types of resistances. Freud said once that in the resistances the patient reveals his character. A very simple example may illustrate this fact. A patient showed from the very beginning an astonishing willingness for and understanding of the analysis. His associations flowed easily, he produced important recollections, and so on. He continued in this way for a fairly long period, yet the analysis did not make any progress, until we found that his mother used to ask him to tell her everything he thought and did during the day. Our patient confided all his thoughts to her until late in adolescence. It gave him great pleasure when she was talking with him at night while sitting on his bed, and he could see, through her thin nightgown, the contours of her body, particularly of her breasts. He pretended to tell her everything, but the secret of his sexual fantasies about her he kept to himself. Displaying similar behaviour in his analysis, he pretended to tell the truth; in fact, tried to fool his analyst as he had his mother. In his behaviour with other people he was sincere yet reserved and distrustful so that he never had really close friends. He was a lonesome man.

As soon as he became conscious of the fact that he was 'transferring' his relationship to his mother into his relationship with his analyst, he understood that by doing so he defeated his own purpose, the success of his treatment. From then on he was sincere with his analyst, except at times when other resistances with different backgrounds arose. In other words, through the act of consciousness, i.e. through the perception of unconscious strivings of the *id*, the ego acquired the faculty to control the repetition of these strivings and to adjust itself to reality—which in this case was represented by the patient's will to recovery.

Not always, as in this example, is a character-trait formed by a compromise between contrasting strivings. There are other formations of character-traits. In this context, however, it is relevant to point out that contrasting strivings frequently remain separate, and alternately find expression. This alternation of feelings permeates also the patient's attitude to his analyst. At times, he is full of love for him, submissive, admires him, at other times he is aggressive, stubborn, defiant, etc. These alternating attitudes, this struggle between masochism and sadism, submission and rebellion, dependence and independence seem to repeat previous states representing a developmental pattern. One needs only to observe the development of children, from infancy to maturity, in order to gain the impression of the constant struggle between the retarding tendencies of the repetition compulsion, crystallized in fixations, dependency on the one hand, and the hunger, avidity for new experiences and impressions for independence, on the other hand, a struggle which finally leads to adaptation to and mastering of reality and instinctual drives. In puberty the struggle between the strivings of the *id* and the needs of the ego becomes very intense and finally leads to the formation of a normal personality. However, if a disturbance has occurred in the course of this prolonged and complicated development, and the patient is in analysis, the same struggle continues in relation to the analyst in the transference situation, where the course of the development is accelerated and usually brought to an end. In other words, when the patient recognizes the attempts to re-live the past in the present, he usually gives them up or modifies them. In this process the transference, which creates an artificial reality, is unmasked, and this amounts, in a sense, to a re-education. Indeed, from its very beginnings analysis was considered a kind of re-education.

Through transference the patient is re-educated not only in respect to the instincts and surroundings but also in respect to the superego. In order to understand this, we must again turn to the starting point of the analysis. Then the question arises as to why the mere decision to turn for help to an analyst (therapist or priest) creates, in advance, transference. The answer is very simple: in the unconscious *id* one asks only father or mother for help. The form of the transference is, therefore, predetermined by the patient's relations to his father and mother. The relationship between patient and analyst becomes very similar to that in hypnosis. In obedience to the hypnotist's suggestions the hypnotized person can even have hallucinations, positive as well as negative ones. The influence of the hypnotist is so overwhelming that he may force the hypnotized person to give up temporarily the reality-testing faculty. In the heat of transference the analyst has powers similar to those of the hypnotist, but uses them for opposite purposes: namely, to teach the patient reality testing. Originally, the hypnotist no more than the analyst possesses such power; it is

only the patient who has invested him with it. And how did the patient obtain this power? From his father—through identification with him—would be the answer. This identification led to the differentiation of the superego within the ego. Freud says that the superego is the heir to the Œdipus complex. According to him, the hypnotist is identified with the ego-ideal of the hypnotized person. As later on the term 'ego-ideal' was replaced by the term 'superego', we may say as well that the hypnotist is identified with the superego of the hypnotized. Similarly does the patient in analysis make his analyst identical with his father through the medium of his superego. But since the analyst is perceived as an object of the external world, now equipped with the father's attributes, the patient must have also projected on to him parts of his own superego. This could explain how the analyst obtains the enormous power over the patient. Through analysis of the transference the analyst, however, tries to divest himself of the power granted him by the patient.

There is much more to be said about the parallelism between the state of hypnosis and the psycho-analytical situation. I shall, however, limit myself to the discussion of a few points only.

The following is based on Freud's ideas about hypnosis. He maintains that hypnosis is a group formation of two persons. This group, like any other group, is held together by libidinal ties. In love, these ties are composed of directly sexual instincts and of sexual instincts inhibited in their aims, i.e. desexualized. In hypnosis these ties are only of an aim-inhibited nature. Hypnosis, therefore, corresponds to love with the exclusion of directly sexual instincts. The same humility, the same compliance, the same absence of criticism, the same overestimation in regard to the hypnotist can be observed as in the state of being in love in regard to the loved person. If directly sexual instincts get the upper hand, the group formation is destroyed. The same is true of the psycho-analytic situation as it is likewise a group formation of two. In hypnosis the identification with the hypnotist is a regressive substitute for libidinal ties in the form of desexualized, aim-inhibited sexual attachments to the subject's parents. These ties form, according to Ferenczi, the basis for the transference-readiness or suggestibility. The hypnotist, Freud says, stimulates this readiness by claiming to be in possession of mysterious powers by which he can put the subject to sleep. In fact, as Freud stresses, there is something uncanny about hypnosis and hypnotist. We know from him that the uncanny represents something old and familiar which has been repressed but is on the verge of returning from the unconscious. Upon the hypnotist's order to sleep, the subject withdraws his interest from the outside world and falls asleep. His sleep is, however, a partial one, a dream-like sleep, because the subject, though detached from the external world, nevertheless concentrates his libidinal cathexes on the hypnotist. In this way the hypnotist establishes the *rapport* with the hypnotized person. In the psycho-analytic situation the patient is removed from contact with the external world but remains in contact with his analyst—conditions similar to those in hypnosis.

By putting the subject to sleep, Freud says, 'the hypnotist awakens in the subject a portion of his archaic inheritance which also made him compliant towards his parents and which had experienced an individual re-animation in his relation to his father; what is thus awakened is the idea of a paramount and dangerous personality, towards whom only a passive-masochistic attitude is possible, to whom one's will has to be surrendered—while to be alone with him, "to look him in the face", appears a hazardous enterprise. It is only in some such way as this', Freud adds, 'that we can picture the relation of the individual member of the primal horde to the primal father …'.

Hypnosis is thus a precipitate of archaic libidinal ties of mankind in the unconscious *id* of the present-day individual. Suggestion is a part of hypnosis and helps to establish the rapport (transference) between hypnotist and hypnotized. This archaic relationship seems to be repeated in the psycho-analytic situation. The analyst promises the patient help as if he were in possession of magic powers—and the latter overestimates and believes him. He is taboo to the patient as the primal father is to the primitive individual. The analyst is free and has his own will, while the patient has to submit to the psycho-analytic rules laid down by the analyst. The analyst sits upright, while the patient lies passively on a couch. The analyst is silent most of the time, while the patient tells him everything, gives him his unconscious material, as if performing a sacrificial act. The analyst is omnipotent, he is fearless and can look at the patient, while the patient is afraid of him and is not permitted to see him, like the

primitive man who dare not look in the face of the primal father.

As the hypnotist represents the inner and historical reality of the hypnotized, so does the analyst represent the psychological reality of the patient. This relationship between hypnotist and hypnotized leads the latter to replace the external reality by the historical and psychic reality. The ego of the hypnotized person thus makes a regression to a primitive stage of development where indeed the psychic reality replaces the external reality and where the primary process replaces the secondary process.

A similar change occurs in the transference-situation: while the patient is on the couch, his ego becomes temporarily weakened as does the hypnotized person's ego. As soon as the patient complies with the analyst's demand to give up selective, logical thinking and to abandon himself to free associations, the secondary process is supplanted by the primary one; an important function of the ego, reality-testing, is temporarily suspended.

This, however, is valid only for the analytic session itself in which the patient is detached from external reality as is the hypnotized patient in hypnosis. In order to avoid any misunderstanding, it ought to be stressed that in the course of the analysis the patient's ego is strengthened, as the analyst endeavours to make the patient face the external reality and to free him of the dependence upon himself, in so far as he, the analyst, represents the patient's inner reality.

One can imagine what mastery over his narcissism the analyst must have gained not to be intoxicated by the powers granted him by the patient.

The fact that the patient's attitude towards reality is to a certain degree disturbed in neurosis—and in transference—is caused, among other factors, by an excessively strict and critical superego. Through the projection of his superego on the analyst, the patient frees himself in a sense from his superego which is now represented by the analyst. The analyst's superego is supposed to be neutral, usually milder than the patient's own restrictive superego. As the patient identifies at the same time with the analyst, he exchanges, as it were, his own superego—the father's moral standards—for the analyst's. The result of this exchange is that the patient learns not only to cope with the internal reality as represented by instincts and conscience, but also to accept the external world according to its full 'reality-value'; one is almost tempted to say 'at its face value'. The fact that 'reality changes' are accomplished also under the influence of the superego, can be understood when we take the following considerations into account. In his *Group Psychology and the Analysis of the Ego* Freud ascribed the reality-testing faculty to the ego-ideal. In *The Ego and the Id* he retracted this statement and ascribed the reality-testing faculty to the ego. In hypnosis this faculty is disturbed by the intervention of the hypnotist who is a representative of the patient's superego (or ego-ideal). It is true that the hypnotized person seems in some way to perceive objects of the external world even in case of negative hallucinations, but this does not alter the fact that the hypnotist can at will suppress the reality-testing faculty of the subject's ego. I once made the statement, and this last fact supports it, that conscious perceptions of the ego must be sanctioned by the superego in order to acquire qualities of full, uncontested reality. This assumption could be helpful in understanding why, in addition to the undoing of repressions, changes in the patient's superego also enhance the reality-testing faculty of the ego.[3]

In conclusion: it seems to me that the *tendency* to establish identity of perceptions is illustrated in an impressive way by the phenomena of hypnosis and transference. Even the projection of the superego on the analyst proves this thesis. Through this projection the 'father-image' is externalized and then perceived as a quasi-reality; in a sense, the father exists now in the external world (though disguised in the shape of the analyst) where he originally existed.

As long as the father is not recognized in the analyst, the identity of perceptions is latent. Through the analysis of the transference it becomes manifest. Then it diminishes in the same proportion as the repressed becomes conscious. However, it happens that people with successful, solid repressions are well adapted to reality. Their perceptions of actual events are not coloured by repressed experiences,

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[3]I would like to suggest the following: if hypnosis can really be considered an archaic heritage of mankind and suggestion (or transference) a part of it, then we are justified in assuming that the tendency to establish identical perceptions—i.e. to revive old experiences—can also be inherited. In this case we should have to agree with Freud's hypothesis that not only disposition but also contents can be inherited.

although they may appear emotionally inhibited. On the other hand, this tendency seems to gain control of the perceptive end of the psychic apparatus in dreams, hallucinations and delusions.

Further discussion of this topic would lead to new problems which exceed the scope of this paper.

REFERENCES

FERENCZI, S. 1909 'Introjection und Übertragung' Jahrbuch für Psychoanalytische und Psychopathologische Forschungen 1 422–457

FREUD, S. (1)The Interpretation of Dreams Authorized Translation by A. A. Brill. London: George Allen & Unwin Ltd. New York: Macmillan Company.

FREUD, S. (2)'Fragment of an Analysis of a Case of Hysteria' Collected Papers III Hogarth Press.

FREUD, S. (3)'The Dynamics of the Transference' Collected Papers II

FREUD, S. (4)'Further Recommendations in the Technique of Psycho-Analysis. Recollection, Repetition and Working Through' Collected Papers II

FREUD, S. (5)'Beyond the Pleasure Principle' Int. Psycho-Anal. Library, NO. 4

FREUD, S. (6)The Problem of Anxiety Translated by Henry A. Bunker. The Psychoanalytic Quarterly Press and W. W. Norton & Co. (Inhibitions, Symptoms and Anxiety). Int. Psycho-Anal. Library, No. 28

FREUD, S. (7)The Future of an Illusion Int. Psycho-Anal. Library, No. 15

FREUD, S. (8)The Ego and the Id. Int. Psycho-Anal. Library, No. 12

FREUD, S. (9)Civilization and its Discontents Int. Psycho-Anal. Library, No. 17

FREUD, S. (10) The'Uncanny' Collected Papers IV

FREUD, S. Group Psychology and the Analysis of the Ego. Int. Psycho-Anal. Library, No. 6

FREUD, S. (12)'A Disturbance of Memory on the Acropolis' Collected Papers V

FREUD, S. An Outline of Psychoanalysis Authorized translation by James Strachey. Int. Psycho-Anal. Library, No. 35

NUNBERG, H. (1)'The Synthetic Function of the Ego' Practice and Theory of Psychoanalysis Nervous and Mental Disease Monographs, alsoInt. J. Psycho-Anal. 13 1931

NUNBERG, H. (2)'Problems of Therapy' Practice and Theory of Psychoanalysis Nervous and Mental Disease Monographs, alsoInt. Z. Psychoanalyse 16 1928

NUNBERG, H. (3)'Theory of the Therapeutic Results of Psycho-analysis' Practice and Theory of Psychoanalysis Nervous and Mental Disease Monographs, alsoInt. J. Psycho-Anal. 18 1937

NUNBERG, H. (4)Allgemeine Neurosenlehre auf psychoanalytischer Grundlage Verlag Hans Huber, Bern-Berlin.

STERBA, R. 1936 'Zur Theorie der Übertragung' Imago 22

1926) THE WILL TO RECOVERY. INT. J. PSYCHO-ANAL., 7:64 (IJP)

THE WILL TO RECOVERY[1]

H. NUNBERG

The question why the neurotic patient has the desire to get well and comes for treatment is not so paradoxical as it appears at a superficial glance. We know that neurosis is an indication of unsuccessful repression, which gives rise to symptoms, and in his symptoms every patient tries to attain pleasure in some disguised form, if it be only symbolically. So it is not obvious why the neurotic, in spite of all the resistances of the ego, should forthwith renounce this pleasure.

It would be possible to answer the question by saying that it is the suffering accompanying illness (that is, 'pain') which of itself rouses the endeavour to get well. But when we reflect that suffering in and by itself may be a source of pleasure we shall attach less importance to the pain of illness as the sole motive in the desire to get well. And if, further, we consider that the ego is passive and simply carries out the will of the *id* and the super-ego, we are bound to look carefully for unconscious motives of the will to health.

We can never calculate the probable duration and success of analytic treatment from the conscious wish to get well. Every psycho-analyst knows that the neurotics who are so impatient that they can hardly wait for the beginning of the treatment are not the easiest to treat. But it is amazing how obstinately these very patients cling to analysis, in spite of the enormous resistances which they oppose to the treatment from the very beginning. We might perhaps account for this phenomenon by the transference. But these patients generally begin the treatment with a negative transference, which surely would be likely to alienate them from the physician rather than attach them to him. Moreover, some patients have not even had time at the beginning to form a transference at all; for quite a long while they adopt a waiting attitude, that of tranquil observation—and yet they go on with the treatment.

How then are we to explain the contradiction that, in spite of the constantly operative repression, the patient readily understands the

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[1]Paper read before the Vienna Psycho-Analytical Society, March 26, 1924.

initial principles of psycho-analytic treatment and often in the very first hour confides the most intimate matters in his life to the physician, who is a total stranger?

At this point I should like to draw attention to a phenomenon of a general character. We take it as a matter of course that neurotics bring resistances to psycho-analytic treatment. But we forget that the majority of these patients like going to physicians, visit one after another, pour out to each the lamentable history of their sufferings and, further, can immediately give a reason for their illness, generally some frightful event which has befallen them. I remember an obsessional neurotic who, though he knew nothing about psycho-analysis, came for the first time with a written history of his illness, which showed so much insight that during all the rest of the treatment it needed only to be enlarged and completed. We know, too, that many patients produce the most valuable material in the very first sittings and that, if we do not let ourselves be confused by the resistances which arise during the analysis but keep hold of the first communications, we arrive most quickly at our goal. Sometimes, too, it happens that a patient who at first cannot make up his mind to analysis keeps on coming back, sometimes for years, and is obviously trying to communicate the history of his illness bit by bit unobserved. Such patients give the impression of being under a compulsion which drives them to a physician again and again, and when we consider also the multitude of people who do not believe

themselves to be ill but constantly force themselves upon the analyst, quite obviously with the intention of confiding to him intimate matters in their lives, our impression that there is a compulsion to self-revelation is only confirmed, apart from the fact of its being borne out by innumerable parapraxes. Indeed, we need no further proof of this than the existence of the practice of confession in the Catholic Church.[2]

Since the tendency to *self-revelation* leads in extreme instances to the exposure of various strata of the unconscious it coincides in a certain sense with another tendency, which makes its appearance in symptoms—I mean that of abrogating repression[3] —themdash; the two tendencies

[2] One of the motives of the tendency to self-revelation is easy to recognize: not only confession but the behaviour of many patients in analysis shows that self-revelation relieves the sense of guilt up to a certain point.

[3] The tendency towards abrogation of the repression is theoretically explained by the fact that all unconscious impulses have a progressive tendency, which manifests itself in the endeavour to get control of the system Cs and of motility.

[4] I do not wish here to enter into a discussion of the concept 'health.' We shall see that in some circumstances 'health' also is to be construed as a 'reaction' or 'symptom.'

meet one another half-way and reinforce each other. If, in addition, they combine with the subject's desire to get rid of his illness they impel him to have recourse to treatment, as we shall presently see. So it is not at all surprising if we discover in the analysis that the conscious desire to get well is made up of unconscious motives. For if we do not rely on the patient's conscious statements we shall soon see that there is always a 'misunderstanding': the physician and patient are speaking at cross-purposes, for by mental 'health'[4]the two mean totally different things.

The first time I was most clearly conscious of this speaking at cross-purposes was when I had a schizophrenic patient under observation. The academic view is that in the psychoses (paranoia, schizophrenia, melancholia, etc.) the subject has no insight into his illness. To my very great surprise, however, I have noticed that these patients (especially schizophrenics) at times display a marked striving towards recovery and therefore no doubt have a sense of being ill. I had not to wait long for the analytical explanation of the will to health in these patients. It soon became clear that their wish to get well was overdetermined and arose out of several motives which, however, in the deepest stratum of the unconscious were merged in one single motive.

On the surface was generally a desire to overcome the sensations of weakness and distress which originated in previous feelings of hypochondriac anxiety. At a deeper level this desire went back to infantile tendencies belonging to the period in childhood when the child feels an impulsion to busy occupation and has delusions of its own grandeur—the period of omnipotence and magic. The desire culminated in the *single* endeavour to return into the womb and be re-born *from oneself*.[5]

Although I do not agree with Rank's view that intra-uterine and rebirth-phantasies play the same part in *all* neuroses, nevertheless I

[5] *Cf.* Nunberg: 'Über den Katatonischen Anfall.' 'Über den Verlauf des Libidokonfliktes in einem Falle von Schizophrenie.' *Internationale Zeitschrift für Psychoanalyse*, Bd. VI and VII, 1920–21.

think that the desire for recovery does always originate in the instinctual life of early infancy. At the same time there is invariably a misunderstanding in those who undergo analysis, not

excluding those who are analysed in order to learn the technique; the analysand expects from psycho-analysis something other than it can give.

Perhaps the best illustration of the fact that physician and patient mean two different things by 'cure' is a case communicated by Ferenczi to the Vienna Psycho-Analytical Society. Here the patient's object was to have his nose cured by psycho-analysis, while he was really suffering from an affection of the penis.

I had experience of a similar case some years ago. A patient imagined that there was something wrong with her teeth, although they were perfectly sound. At the bottom of this symptom was a marked unconscious cannibalistic tendency and a powerful castration-complex. She was quite right in seeking to be cured by mental therapy, but she was not clear about the motives which impelled her to undergo it. Her conscious wish was: 'I want to have sound teeth', but the content of the unconscious wish was: 'I want to have a penis'. It was the physician's task to bring the unconscious into her consciousness.

The motives which impel neurotics towards recovery are as manifold as the motives of their illness itself. Of course, first and foremost, the perfectly conscious disagreeableness of the illness may send the patient to the physician; the clearest instance of this is in neurotic anxiety. But when we recollect that neurotic anxiety is a manifestation of a disturbance of libido and that at the beginning of the treatment the patient generally loses his anxiety for a time owing to the binding of the libido in the transference[6] to the physician, the typical representative of the parent-imagos, the helper of humanity who is endowed with every mysterious quality, the instinctual element becomes unmistakable.

All kinds of psychical impotence show in a perhaps still more striking way that the wish to get well is actuated by unconscious motives. For instance, we have the case of a man of thirty-four, who fell in love with a married woman, the mother of six children and the wife of a friend of his. With her he was impotent and at the same time became so with other women. He came to analysis with the desire to become potent with this particular woman; he did not mind about any other. He wanted to separate her from her husband, whose death

[6]Later he gets rid of the symptom through analysis.

he desired, and he had dealings with fortune-tellers who, to please him, naturally prophesied the fulfilment of his wishes. The patient, a cultivated and in other respects an intelligent man, could not perceive the folly of the situation and expected from the treatment the realization of his infantile wishes. Thus his unconscious endeavour was to remain infantile, but it was the duty of the physician to free him from his infantile fixations.

As a rule impotent men expect from the treatment not average, normal potency, but (and in this I confirm what Rank has observed)[7] nearly always hyperpotency. Not infrequently it happens during analysis that when part of the castration-complex has been overcome these patients suddenly develop hyperpotency. This pleases them, and they are proud of their genital capacity and that they can satisfy their women. At the same time they enjoy a narcissistic satisfaction through identification with the genital, which has now become efficient. Though they themselves remain sexually (genitally) unsatisfied, they regard themselves as well and wish to break off the treatment. After a short time the old condition reasserts itself, and then the second part of the treatment begins.

Perhaps a few short examples will show what ideas patients have about the health which they believe to be worth striving after and what is the ego-ideal which hovers before them when they think of it.

One patient had the feeling that he was turned back to front and upside down, as if he were made up of two people. He thought that one of these people looked forwards and the other backwards. He was afraid to walk in the street, for he thought that his toes peeped out of his heels, and so he was afraid of tripping over his own feet. When he spoke he always had to take hold of the top of his head to convince himself where his head and his face were and so forth. He pictured that, if he were cured, the man in him who looked forwards would disappear. This symptom was overdetermined; its deepest significance was an identification with the mother, who was embodied in him in the person looking backwards. He therefore expected of the treatment that it would enable him to be completely absorbed in the mother and change him into an avowed homosexual, his former attitude representing inversion under a disguise.

A girl of seventeen and a half, an obsessional neurotic who suffered

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7'Zum Verständnis der Libidoentwicklung im Heilungsvorgang.' *Internationale Zeitschrift für Psychoanalyse*, Bd. IX, 1923.

from brooding mania, was exceedingly refractory and imagined that she was oppressed by her parents and all other grown-up people. She imagined that when the cure was completed she would know everything, be able to solve all problems, to produce anything from any material whatsoever and no longer be oppressed by grown-ups but always carry out her own will without being influenced by anyone. At the beginning of the treatment she could of course not be convinced that her hopes could not be fulfilled. She wanted to remain as she was, only without suffering.

The following case is an instance of how deeply the conscious desire to get well may be intermingled with unconscious impulses tending in exactly the opposite direction. An impotent patient was violently eager to begin analysis, for he was afraid that his wife would leave him if he did not soon get well, and without her, he said, he could not live. Naturally he brought to the treatment enormous resistances. Even at the first consultation he asked me if it would not be better for him at once to leave his wife for a time, but I insisted that, for the present, everything must remain as it was. Nevertheless, at the next sittings he constantly recurred to this question, and phantasies came to light in which he wished not to leave his wife temporarily but to separate from her for good. After we had found out that his present total impotence represented undischarged feelings of revenge in reaction to a certain experience, dreams and phantasies emerged in which he left his wife and went back home to his mother. Thus his conscious wish to become potent ran counter to an unconscious desire to return to his mother, who apparently stood to him for 'health'.

The two following dreams will perhaps show how deeply rooted such desires to get well are in early infantile tendencies and how they seek in them their fulfilment.

A girl, whose illness caused her much suffering, dreamt that she was at her home in the house where she had first lived as a child and that she was with some companions of her own age, whom she had known at about the time of puberty. She told me that it was they who first enlightened her on sexual matters, and especially one of these girls, who had more freedom than the others because her parents were dead. This led to an infantile recollection of her third or fourth year when she was seduced by a nurse. This dream was the translation of a thought which the patient, who was feeling particularly ill at the time, had uttered aloud before going to sleep: 'How happy I should be if I could be a child again'.

Still more instructive is the dream of another patient. This was a woman who came for treatment on account of frigidity. At the second sitting she produced a transference-dream as follows. She was with me and I had many women-patients who made love to me. I chose her, however, and kissed her on the lips, but I was younger and better-looking in the dream than in reality. Then she was on a big ship which had to pass from a large expanse of water into a little stream, and it depended on the steersman up above whether the ship would get through the narrow passage without stranding on the rocky shore which projected into the water. As she was getting out she saw a beautiful palace and an old woman with a basket.

In the very first hour she told me that her frigidity caused her no distress but that she came for treatment for another reason. After she and her husband were divorced she had 'used up' several men in a comparatively short time and she was afraid that, if it went on, in a few years she would end on the streets. In order to save herself from this fate she came for analysis. Thus her reasons were moral ones, and she hoped that, when the cure was finished, she would be a different person.

On the day before the dream she was with some people who knew something about psycho-analysis. Some one remarked that in psycho-analytic treatment two things had to be done: first, the transference had to be established and, secondly, it had to be resolved, and that this was the more difficult task. She replied jokingly that she would manage, for she would marry the physician at the end of the treatment.

The fact that in the dream I chose her from amongst many other women was founded on a peculiar circumstance. In real life she always had the unfortunate experience that any man whom she loved turned away from her and attached himself to one of her friends. This was what had happened with the husband whom she had divorced. She was the youngest but one in a family of several children and had always had the impression that her mother loved her the least and that she was the Cinderella of the family. When in later years she found out that her mother had not suckled her, but that she was a 'bottle-baby.' she could scarcely contain herself.

The kiss on the lips corresponded to a recollection. As a young girl, the first time she was kissed by a man she hastened to her mother and asked her if a girl could have a child because a man had kissed her. At the next day's analysis she produced a second, much more important, memory. Her favourite game as a child was to play at 'mother and

daughter' with her youngest sister. The patient acted the daughter and the sister the mother. The game consisted in the patient's lying on a sofa, shutting her eyes and pretending to be asleep. After a time the younger sister ('the mother') came and waked the 'daughter' (the patient) with a kiss on her lips. (Compare the situation on the sofa in analysis!)

Thus the patient's infantile phantasies were used to represent her wish to be preferred by me to other women (children), to be made pregnant and wake to a new life. The same wish is even more clearly expressed in the second part of the dream (*water*). This part again begins with an Œdipus-dream, passing by association into a memory of a childish game with a brother. But it ends with a symbolical birth-dream (old woman—basket—water—palace). By association the old woman represents at once a midwife and the mother. The child in the basket is identified with the dreamer. Unfortunately, motives of discretion prevent my communicating the rest of the material.

This dream may be regarded as programmatic of the treatment. The conscious wish to become a new person through psycho-analysis and to marry the physician is in the unconscious represented as a return into the mother's body and rebirth. The heterosexual object-choice is merely superficial. The dream begins with incest but ends in a deeper stratum of the mind with

union with the mother. But the whole meaning of the intra-uterine and birth-phantasies can be grasped only when we know the unconscious meaning of the childish games. The conscious wish to get well stirs up an unconscious phantasy and leads to an infantile situation of gratification. Consciously the patient wished to lose her frigidity with men but, unconsciously, to retain it.

This case also throws a certain light on the relation between the will to health and the transference. We shall see this more clearly in the next case.

A woman came for treatment on account of hysterical hypochondriacal symptoms. At the third sitting I first of all called forth resistances by a clumsily worded question as to why she came for treatment. She looked at me in amazement and answered in an offended manner that naturally she came for me to cure her. After a fortnight, however, I found out something different. A friend of hers, whom I was treating, was at that time suffering very much owing to a violent transference and had confided to the patient the story of her unreciprocated love for me. The latter, however, was indignant at my having rebuffed her friend, whom she taunted with not having been

able to win me, adding that that would never happen to her—if she wanted she could in any circumstances cause her love to be reciprocated. Although she had already determined to go for treatment, she was always hesitating, and only her indignation against me and the desire to show her friend how these things could be managed better hastened her decision to begin the treatment. At this point we soon discovered that she distrusted all other women and suspected that they felt nothing but envy and jealousy. She was very strongly fixated to her father; till his death, which took place when she was eleven years old, she slept in his bed and had completely ousted her mother. She blamed the latter for his death and was reconciled to her only after her own marriage. In analysis, from the very first day, she formed a transference of as passionate and uncomfortable a kind as had her friend, whom she had so vehemently upbraided on that account.

Thus the wish to get well, which is fed from the unconscious, makes use of the transference in order in this way to attain in the present the infantile instinctual aims. Hence the transference is mobilized by the wish to get well and replaces it to a greater or less degree during the treatment. This is, of course, according to the circumstances important for the duration and success of the treatment. In this patient it failed, because the desire to get well gave place *altogether* to the transference.

We can understand, therefore, that the treatment encounters insuperable difficulties in cases where either the will to recovery is altogether lacking from the outset, or where the conscious wish to get well and the unconscious tendencies cannot be brought into line, and finally in every case in which the will to health is wholly replaced (in very passive natures) by the transference. I can illustrate this by two cases. In the first a homosexual broke off the analysis when it became plain that what he expected from the treatment was to get back a lover whom he had lost. Another patient, who was abused, tormented and humiliated by his wife and yet could not leave her, wished that the analysis, which he underwent *submissively*, should bring him to the point of resolving to get a separation. When, however, it was revealed that he was excessively passive and had strong phantasies of being beaten and bound, he ceased to come for treatment. Unconsciously he did not in the least desire to be free from his wife. He was driven to the analysis by a mistress with whom he was impotent. Consciously he wished to become normal, but unconsciously he desired to remain a masochist.

That when the will to recover is present, it may in itself lead to

recovery even without transference is proved not only by many cases of spontaneous cure in schizophrenia, melancholia, etc., but above all by those neurotics who get well without any medical help at all. Since these patients, like others who are never treated psychically, are not easily accessible to observation, it is difficult to form any ideas about their motives for recovering.

The actual motives for recovery are most clearly seen in spontaneous cure of schizophrenia, especially in cases of hypochondria with anxiety. This results from the damming-up of the libido in the cathexis of certain organs, which, as is only to be expected, causes a disturbance in the self-regard. The accompanying 'pain' prompts a real endeavour to overcome this disturbance, an endeavour which not only fuses with the unconscious tendencies towards 'recovery, ' which I have already discussed, but actually soon gives place to them altogether. But, regarded from the angle of regression, this is equivalent to a narcissistic tendency to re-establish the untroubled infantile ideal-ego, and many patients behave as if they desired to realize this tendency, while others say straight out that they want to regain their ego-ideal which seems to them to have been lost.

We can observe a similar state of affairs in conditions of depersonalization. One patient had suffered for some years from various obsessive thoughts, phobias and conversion-symptoms. She would not, however, have come for treatment if she had not suffered greatly from another symptom as well. Part of this symptom was as follows: in social gatherings she was tormented by the obsessive idea that she must ask her companions to take off all their clothes. Nevertheless, she always controlled herself, but it made her feel as if she had suddenly changed, her voice sounded to herself as if it came from a distance, and it, as well as her thoughts and her body, seemed strange to her. She said this was a dreadful feeling, and she implored me above everything to free her from this symptom.

As long as she could remember, she had been greatly troubled by ill-repressed scoptophilia and exhibitionism. Although quite early in life it had been sternly forbidden her, she always managed to follow out her instinct in some form or other. This explains why it was strongest just when she was in company. At an earlier period she escaped these obsessive ideas by hysterical fainting-attacks; now she was trying indeed to control herself consciously, but the result was the feeling of strangeness, and it was this which brought her to the physician.

Thus it was just the disturbance in her self-regard which prompted the endeavour to free herself from it—in other words, which actuated the desire to recover. We find a similar relation in schizophrenic hypochondria, but with this difference—that in the latter the disturbance of the self-regard is caused by a damming-up of libido in the cathexis of bodily organs, while in depersonalization it is due to a momentary withdrawal of heightened libido involving a break in the transmission of perceptions between the ego-ideal and the feelings and sensations of the ego.[8] The common element in the two cases is that the disturbance of the self-regard causes the wish to get well.

We encounter other similar disturbances of the self-regard in the other neuroses, perhaps most strikingly in impotence. There are men who have never been potent and did not know it, because they have never put it to the test. Only when coitus is forced upon them do they become aware of their impotence. The realization causes a tremendous shattering of the self-regard, generally owing to the stirring-up of the hitherto latent castration-complex. They rush frantically to a physician to implore his help, but, as I have already said, what they hope to gain from him is not normal potency but hyperpotency and the restoration of some infantile situation.

The same thing is true of hysteria and obsessional neurosis. Thus we saw that the frigid patient was actuated by moral scruples in endeavouring to alter her condition, the girl suffering from obsessional neurosis by her sense of omnipotence disappointed in reality, and the other patients directly by 'pain, ' caused by the frustration of object-libido and of infantile desires and impulses. The common factor in all these cases was that the endeavour to get rid of the disturbance to the self-regard roused the desire to restore an infantile situation (that of the untroubled ideal-ego).

Writing about the feeling of self-regard, Freud[9] sums up the matter thus: 'Part of the self-regard is primary—the residue of childish narcissism; another part arises out of such omnipotence as experience corroborates (the fulfilment of the ego-ideal), whilst a third part proceeds from gratification of object-libido'.

Thus it is the blow to the ego-ideal which rouses the desire to get

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[8]Cf. Nunberg: 'Über Depersonalisationszustände im Lichte der Libidotheorie.' *Internationale Zeitschrift für Psychoanalyse*, Bd. X, 1924.
[9]Freud, 'On Narcissism: an Introduction, ' *Collected Papers*, Vol. IV, p. 58.

well, but the wish seeks its fulfilment in an infantile ideal condition. In other words, the ego-ideal instigates the wish to get well (and the will to recover), but the necessary energy is drawn from the reservoir of the unconscious instinctual life.

This partly explains why the treatment makes no progress so long as the patient feels well. Only when the analysis goes deeper and the transference desires are frustrated, so that the self-regard is once more shattered (an experience comparable to the first actual disturbing experience), does progress begin again.

The desire to get well does not arise if in the symptoms the actual 'pain' is either wholly balanced by the attainment of a corresponding degree of primary pleasure ('paranosic gain'), as, for instance, in cases of masochism, or where it is over-compensated—for example, in the megalomania of paranoia. In all these cases the treatment, if it does not actually fail, is made very much more difficult. Thus a patient cannot be treated at all against his own will.

If, then, the will to health subserves regressive tendencies, we should expect that the patient would become more and more ill. But, as a matter of fact, patients who are driven to the physician by this very will to health are often cured. How are we to explain this contradiction? Here I must once more cite the instance of schizophrenia. Sometimes the intervals of improvement in schizophrenia are so considerable that the patient is for practical purposes held to be cured. I think that the process of cure follows a typical course.

In a case an account of which I published, [10] where some sort of transference was established, the process was as follows. The patient regressed to the intra-uterine situation, was symbolically reborn, recapitulated in epitome the different stages of libido- and ego-development, and, at a certain point in this 're-evolution, ' came to a standstill. Thereupon a remarkable thing happened. Up till then he had been dominated by a delusion that I was using 'suggestion' and 'hypnotism' upon him, and that I was persecuting him and intended to do him every possible harm. When he had accomplished the process of re-evolution which I have briefly sketched and had become reconciled to the father, he identified me with the latter and *demanded* that I should hypnotize him, in order to hasten his recovery. His former persecutor became a father who would help him and a physician who

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[10]'Über den Libidokonflikt eines Falles von Schizophrenie.' *Internationale Zeitschrift für Psychoanalyse*, Bd. VII.

would cure him. The excessive homosexual libido which had formerly been restrained and had borne a negative sign, so that he had to project it, now bore a positive sign and became the vehicle of the will to get well.

The only question is: What was the mechanism of this transformation? As I tried to show in the paper referred to, the ego-ideal of the patient had undergone an alteration. Having come to a standstill at a certain point in his re-evolution, he renounced part of his infantile narcissistic ego-ideal and with it his belief in his omnipotence and magical powers, which he now transferred to the father. This was why he wanted me to hypnotize him. Progress was manifest in his endeavour to recognize forces existing outside the ego and to adapt himself to the object-world. Only when the ego-ideal had undergone a change such as Rank[11] noted in neurotics was it possible for the direction of the libido to be reversed. The adaptation to the outside world and the correction of infantile tendencies and wishes are to be regarded as a consequence of this reversal.[12]

There is probably still much to be cleared up as regards this transformation of a grave and typical morbid symptom into another 'symptom' which assists recovery and terminates in cure. At the same time it seems to me a particularly important fact that the same libidinal energy can at one time lead to illness and at another, when changes have taken place in the ego, become the driving force of the desire to get well. *It looks as if the illness contained in itself a germ of recovery*, just as in some organic illnesses toxins generate antitoxins.

In neurotics these relations are not always so transparent as in this case of schizophrenia, but they are often fairly clear and in principle they are the same. To enter here more closely into this very complicated problem would take us too far, so I shall merely sum up shortly what I have already said. The 'pain' accompanying the current disturbance in the ego produces a desire to get rid of this disturbance and generates the will to recover. This in its turn mobilizes a tendency to re-establish a pleasurable infantile situation, which coincides with the primary intention of the illness. Hence the subject's aim in being well corresponds to the motives of the illness. The fusion of the two

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[11]'Zum Verständnis der Libidoentwicklung im Heilungsvorgang.' *Internationale Zeitschrift für Psychoanalyse*, Bd. IX, 1923.

[12]The process of cure here depicted must not be confounded with the 'effort towards recovery' (*Heilungsversuch*) mentioned by Freud, *Collected Papers*, Vol. IV, p. 43.

tendencies provides the necessary motive for undergoing treatment. Not till then does the psycho-analytical cure begin: it is a process which seems to fulfil the conscious tendency to get well and does actually, in the transference, fulfil the unconscious tendency to restore an infantile libido-position. It seems therefore to satisfy both conditions, and this is why during a certain period of the analysis the transference takes the place of the wish to get well. But it is an essential part of the treatment that this wish in its turn should be freed from the unconscious elements mixed with it.

It would seem obvious to try to fuse the desire to get well and the transference, but this cannot be done. Although during the treatment the two do blend, and sometimes the desire to get well actually gives place altogether to the transference, at the beginning and end of the analysis there is a sharp demarcation between them. The desire to get well which, like every other symptom, should be considered in its psycho-analytical significance, [13] impels the patient to undergo

treatment; the transference is merely the means used in order, in favourable cases, to help the conscious wish for recovery to gain the victory. It is in this sense, I think, that we should understand Freud's answer to the question: 'What are the instinctual propelling forces with which we work in the cure?' He says that above all we have 'the patient's desire for recovery which impelled him to submit himself to the work in co-operation with us'.[14]

Thus the wish to get well is essentially the antithesis of cure in the sense of an adaptation to reality, for the aim of the desire is to restore an infantile libido-position in order to set up again the narcissistic untroubled ideal-ego. Yet this desire is indispensable for the success of the treatment, being, as it is, rooted in the unconscious, in those very impulses which formerly, when unsuccessfully repressed, led to the illness. Now, however, under the guidance of psycho-analysis they lead from illness to recovery. Just as the illness broke out as a result of a disturbance in the libidinal processes, so now that same libido leads by way of a properly handled transference to recovery, after the ego has undergone certain changes. Thus, as has so often been pointed out, the psycho-analyst does not import anything new into the patient's mental life; all that he does by his intervention is

[13]Ferenczi and Rank, in their paper *Entwickungsziele der Psychoanalyse*, also require that this desire should be analysed.
[14]*Introductory Lectures on Psycho-analysis*, p. 365.

to transform certain forces which have already made their appearance simultaneously with the outbreak of the illness.

This implies, however, that psycho-analysis is the only appropriate method of treatment in psychogenic diseases: it meets the patient halfway in his attempt to get well and the forces which it employs in order to heal him are purely natural ones. The patients themselves are the first to realize this, for, as I said at the beginning of this paper, is there any neurotic who does not like speaking of his suffering and dwelling on his past, or who does not probe into what he supposes to be the causes of his illness, and so forth? I have found that patients, who had not the vaguest idea of psycho-analysis, in the very first sittings traced their illness back to some experience in very early childhood, and that later this turned out to be correct. At the present time I am treating a man whose illness began with a repulsive recollection about his mother and from that developed in such a way that he was obsessed by memories of his earliest childhood, which were accompanied with anxiety and horror. He called the beginning of his illness 'auto-analysis.' Yet at one period of the treatment the recollections refused more and more obstinately to come. Even though in other cases too the resistances tend to increase during analysis, this is in the very nature of the method of treatment; I do not propose in this paper to go more in detail into the difficulties of the method. 78 –

1950) THREE PSYCHOLOGICAL CRITERIA FOR THE TERMINATION OF TREATMENT. INT. J. PSYCHO-ANAL., 31:194 (IJP)

THREE PSYCHOLOGICAL CRITERIA FOR THE TERMINATION OF TREATMENT[1]

W. HOFFER

To formulate criteria for the termination of treatment is far from an easy task. Simplification has to be avoided, in spite of the demands of beginners. What has been said about termination in the past may be disappointing, but cannot be disregarded. One cannot learn from the mistakes of others if one overlooks them. It needs a collective effort, for which this generation of psycho-analysts probably is not yet prepared, and the awareness that we are not out for dicta but in search of the principles which determine our actions.

About ten years ago the members of this Society were asked: 'What are your criteria for termination? symptomatic, psycho-sexual, social? are your criteria mostly intuitive?' One-third, that is eight out of twenty-four psycho-analysts failed to answer the question at all, and a majority admitted that their criteria were essentially intuitive (Glover and Brierley, 1940, p. 111).

What do I think are the criteria for the termination of treatment? My answer would be this:

In comparison with other psychotherapeutic methods, psycho-analysis is not characterized by a certain number of sessions per week, or by the duration over a number of years, or by the arrangements in the consulting room, but by the fact that it initiates, lends aid to and utilizes certain mental processes, which were for the first time studied and described by Freud.

These mental processes take effect during the whole of the analytic procedure and play their part when termination is in the analyst's mind.

Firstly: Psycho-analysis aims at bringing consciousness and the unconscious nearer together. This is achieved by means of free associations and interpretations. Here we have one of the oldest and most valid criteria for termination of treatment: the degree of awareness of unconscious mental processes.

Secondly: Were it not that the structure of the mind is more complicated than the division between consciousness and the unconscious implies the patient would first acquire the art of interpretation, then apply it to the derivatives of his unconscious conflicts and strivings, and finally control tensions by translating them into the language of consciousness. In fact, this procedure is still the sole aim of certain methods of psychotherapy derived from early psycho-analytic teaching (abreaction through speech).

In psycho-analysis more than this happens: resistances have to be spotted and interpreted. Less repression, and less resistance against the repressed, results in an increase of preconscious and perceptual mental activity. The counter-cathexis which, before removal of repression and resistance, has guarded the unconscious resistances is now partly invested in the transference situation, partly used in the mental activities outside the transference situation from which the patient had so far been debarred. Counter-transference plays its rôle in the manner in which these energies are channelled during the analytic process.

Thirdly: Apart from making the unconscious conscious and removing resistances, the change from acting out into *remembering in the transference situation* is the third important aspect of

the analytic process, in which both patient and therapist are involved. The aim is to limit the scope of the transference neurosis by widening the knowledge of the patient's past and reducing the necessity to repeat in the present.

Within the transference neurosis the length of treatment and its termination have to be viewed from two angles: the scope of the transference neurosis in width and depth and the analyst's skill in dealing with it.

Why not turn to other aspects when searching for criteria for termination?

We are as yet far from being in a position to describe all the mental processes which take place in the analytic situation, and we cannot say how they become involved in the analytic process. As you know, for instance, telepathic

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[1] Contribution to a Symposium on 'Criteria for the termination of psycho-analytic treatment' held by the British Psycho-Analytical Society on March 2, 1949.

transference processes have been suggested or described by Freud, Burlingham, Eisenbund, Gillespie and others. What we have tacitly agreed upon is to call a procedure analytic which takes into account the difference between conscious and unconscious, the existence of resistances and the transference phenomena. On these, I think, we have to focus our interest when discussing termination of treatment.

The symptoms are the signposts for the understanding of the patient's mental machinery; his psychosexual and social relations, his failures and achievements, the pleasure he enjoys and the anxiety and guilt he suffers are merely results or accompaniments of the functioning of his mental apparatus. In the analytic situation we are actively dealing with processes in this apparatus and with functions of inner perception leading to awareness.

The criteria for the analytic process itself and for its termination should therefore be *psychological*. The process itself, we know, is conditioned by various factors which we cannot change as we will.

Sometimes it has been made a reproach against analysis that the patient knew everything but no change took place in his behaviour or mental activities. I think this is one of the many points where individual factors enter the picture of psycho-analytic practice, e.g. the analyst's range of knowledge of mental mechanisms.

What is the fate of the transference neurosis in relation to termination of treatment?

Once it was thought that the transference neurosis becomes dissolved during treatment (by interpretation and working through) and this leads to termination. The flame, it was thought, dies owing to lack of fuel. We now assume that this can hardly ever happen. The transference neurosis is not a reactive, but an active manifestation; it is not created by reality but by the spontaneous pressure of the Id.

The infantile object relationships become intensified in the transference neurosis and remain there at first unrecognized. If the subsequent emergence of a transference neurosis is not interfered with by too brisk transference interpretations, symptomatic-neurotic suffering changes into feelings of inferiority and of mental pain due to frustrated infantile love (transference neurosis proper). Interpretations lead to the transformation of these transference feelings and actions into memories. Mental energy, invested in the repressed and disguised infantile object relations, is thus at first drained into the transference situation and then into memories of those relations, a process which has been much clarified by James Strachey. The

painful actuality in the transference situation becomes transformed into memories of the past, and with it the patient's actual infantile relation towards his analyst will gradually become past as well and will relieve him from much actual suffering.

This, however, can happen only if the patient identifies himself with the analyst in his analytic activity. It shows itself in the patient's ability to interpret for himself the derivatives of his unconscious, to spot and to remove resistances, and finally to understand and within limits to control the acting out within the social setting.

This is an Ego activity which has been acquired during the course of analytic treatment, which has been learned by the patient without being taught. It may go on after termination of the actual analysis, or after this has been restricted in frequency, time and aim.

This learning process is closely related to what has been called the substitution of the patient's infantile super-ego by the analyst's super-ego. I think it not advantageous to call it a substitution. It is a change in the patient's ego due to identification ; it affects of course the ego-ideal and therefore the super-ego, but the mechanism involved is *identification* within the ego with the *functions* of the analyst. Emerging out of the transference neurosis it is another *psychological criterion* for termination of treatment.

The scope of this identification is restricted by the small number of functions an analyst has to fulfil in an analysis. To say it as simply as possible: it is the identification with the analyst's skill in interpretation, in analysing resistances and transforming acting out into memories of infantile conflict and trauma through the medium of transference acutely experienced and interpreted.

Individual analysis is the study of individual histories. History can never be exhausted, but its study does not always need two people. Treatment can be terminated when the analytic process can hopefully be entrusted to the apprentice himself. Provision for help if necessary has of course to be made.

There are patients who do not fit into this picture, and for them psychological criteria either do not exist or have to be looked for elsewhere.