

La transferencia en su disparidad subjetiva, su pretendida situación y sus excursiones técnicas

(1960-1961)

Artículos psicoanalíticos citados por Lacan en su seminario

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Dado que el sitio de e-diciones de la École lacanienne de psychanalyse es gratuito, no pretende lucrar de ninguna manera con estas transcripciones; su finalidad es únicamente contribuir al estudio crítico y documentado del psicoanálisis, en particular de la enseñanza de Jacques Lacan.

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1952) THE ORIGINS OF TRANSFERENCE. INT. J. PSYCHO-ANAL., 33:433 (IJP)

THE ORIGINS OF TRANSFERENCE¹

MELANIE KLEIN

In his *Fragment of an Analysis of a Case of Hysteria* Freud defines the transference situation in the following way:—

What are transferences? They are new editions or facsimiles of the tendencies and phantasies which are aroused and made conscious during the progress of the analysis; but they have this peculiarity, which is characteristic for their species, that they replace some earlier person by the person of the physician. To put it another way: a whole series of psychological experiences are revived, not as belonging to the past, but as applying to the physician at the present moment.

In some form or other transference operates throughout life and influences all human relations, but here I am only concerned with the manifestations of transference in psycho-analysis. It is characteristic of psycho-analytic procedure that, as it begins to open up roads into the patient's unconscious, his past (in its conscious and unconscious aspects) is gradually being revived. Thereby his urge to transfer his early experiences, object-relations and emotions, is reinforced and they come to focus on the psycho-analyst; this implies that the patient deals with the conflicts and anxieties which have been reactivated, by making use of the same mechanisms and defences as in earlier situations.

It follows that the deeper we are able to penetrate into the unconscious and the further back we can take the analysis, the greater will be our understanding of the transference. Therefore a brief summary of my conclusions about the earliest stages of development is relevant to my topic.

The first form of anxiety is of a persecutory nature. The working of the death instinct within—which according to Freud is directed against the organism—gives rise to the fear of annihilation, and this is the primordial cause of persecutory anxiety. Furthermore, from the beginning of post-natal life (I am not concerned here with pre-natal processes) destructive impulses against the object stir up fear of retaliation. These persecutory feelings from inner sources are intensified by painful external experiences, for, from the earliest days onwards, frustration and discomfort arouse in the infant the feeling that he is being attacked by hostile forces. Therefore the sensations experienced by the infant at birth and the difficulties of adapting himself to entirely new conditions give rise to persecutory anxiety. The comfort and care given after birth, particularly the first feeding experiences, are felt to come from good forces. In speaking of 'forces' I am

using a rather adult word for what the young infant dimly conceives of as objects, either good or bad. The infant directs his feelings of gratification and love towards the 'good' breast, and his destructive impulses and feelings of persecution towards what he feels to be frustrating, i.e. the 'bad' breast. At this stage splitting processes are at their height, and love and hatred as well as the good and bad aspects of the breast are largely kept apart from one another. The infant's relative security is based on turning the good object into an ideal one as a protection against the dangerous and persecuting object. These processes—that is to say splitting, denial, omnipotence and idealization—are prevalent during the first three or four months of life (which I termed the 'paranoid-schizoid position' (1946). In these ways at a very early stage persecutory anxiety and its corollary, idealization, fundamentally influence object relations.

The primal processes of projection and introjection, being inextricably linked with the infant's emotions and anxieties, initiate object-relations; by projecting, i.e. deflecting libido and aggression on to the mother's breast, the basis for object-relations is established; by introjecting the object, first of all the breast, relations to internal objects come into being. My use of the term 'object-relations' is based on my contention that the infant has from the beginning of

1Read at the 17th International Psycho-Analytical Congress, Amsterdam, August, 1951.

3It is an essential feature of this earliest of all object-relations that it is the prototype of a relation between two people into which no other object enters. This is of vital importance for later object-relations, though in that exclusive form it possibly does not last longer than a very few months, for the phantasies relating to the father and his penis—phantasies which initiate the early stages of the Oedipus complex—introduce the relation to more than one object. In the analysis of adults and children the patient sometimes comes to experience feelings of blissful happiness through the revival of this early exclusive relation with the mother and her breast. Such experiences often follow the analysis of jealousy and rivalry situations in which a third object, ultimately the father, is involved.

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post-natal life a relation to the mother (although focusing primarily on her breast) which is imbued with the fundamental elements of an object-relation, i.e. love, hatred, phantasies, anxieties, and defences.³

In my view—as I have explained in detail on other occasions—the introjection of the breast is the beginning of superego formation which extends over years. We have grounds for assuming that from the first feeding experience onwards the infant introjects the breast in its various aspects. The core of the superego is thus the mother's breast, both good and bad. Owing to the simultaneous operation of introjection and projection, relations to external and internal objects interact. The father too, who soon

plays a role in the child's life, early on becomes part of the infant's internal world. It is characteristic of the infant's emotional life that there are rapid fluctuations between love and hate; between external and internal situations; between perception of reality and the phantasies relating to it; and, accordingly, an interplay between persecutory anxiety and idealization—both referring to internal and external objects; the idealized object being a corollary of the persecutory, extremely bad one.

The ego's growing capacity for integration and synthesis leads more and more, even during these first few months, to states in which love and hatred, and correspondingly the good and bad aspects of objects, are being synthesized; and this gives rise to the second form of anxiety—depressive anxiety—for the infant's aggressive impulses and desires towards the bad breast (mother) are now felt to be a danger to the good breast (mother) as well. In the second quarter of the first year these emotions are reinforced, because at this stage the infant increasingly perceives and introjects the mother as a person. Depressive anxiety is intensified, for the infant feels he has destroyed or is destroying a whole object by his greed and uncontrollable aggression. Moreover, owing to the growing synthesis of his emotions, he now feels that these destructive impulses are directed against a loved person. Similar processes operate in relation to the father and other members of the family. These anxieties and corresponding defences constitute the 'depressive position', which comes to a head about the middle of the first year and whose essence is the anxiety and guilt relating to the destruction and loss of the loved internal and external objects.

It is at this stage, and bound up with the depressive position, that the Oedipus complex sets in. Anxiety and guilt add a powerful impetus towards the beginning of the Oedipus complex. For anxiety and guilt increase the need to externalize (project) bad figures and to internalize (introject) good ones; to attach desires, love, feelings of guilt, and reparative tendencies to some objects, and hate and anxiety to others; to find representatives for internal figures in the external world. It is, however, not only the search for new objects which dominates the infant's needs, but also the drive towards new aims: away from the breast towards the penis, i.e. from oral desires towards genital ones. Many factors contribute to these developments: the forward drive of the libido, the growing integration of the ego, physical and mental skills and progressive adaptation to the external world. These trends are bound up with the process of symbol formation, which enables the infant to transfer not only interest, but also emotions and phantasies, anxiety and guilt, from one object to another.

The processes I have described are linked with another fundamental phenomenon governing mental life. I believe that the pressure exerted by the earliest anxiety situations is one of the factors which bring about the repetition compulsion. I shall return to this hypothesis at a later point.

Some of my conclusions about the earliest stages of infancy are a continuation of Freud's discoveries; on certain points, however, divergencies have arisen, one of which

is very relevant to my present topic. I am referring to my contention that object-relations are operative from the beginning of post-natal life.

For many years I have held the view that auto-erotism and narcissism are in the young infant contemporaneous with the first relation to objects—external and internalized. I shall

4'Psycho-Analysis', 1922. Contained in *Collected Papers*, 5, p. 119.

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briefly restate my hypothesis: auto-erotism and narcissism include the love for and relation with the internalized good object which in phantasy forms part of the loved body and self. It is to this internalized object that in auto-erotic gratification and narcissistic states a withdrawal takes place. Concurrently, from birth onwards, a relation to objects, primarily the mother (her breast) is present. This hypothesis contradicts Freud's concept of auto-erotic and narcissistic stages which preclude an object-relation. However, the difference between Freud's view and my own is less wide than appears at first sight, since Freud's statements on this issue are not unequivocal. In various contexts he explicitly and implicitly expressed opinions which suggested a relation to an object, the mother's breast, preceding auto-erotism and narcissism. One reference must suffice; in the first of two *Encyclopaedia* articles, 4 Freud said;

In the first instance the oral component instinct finds satisfaction by attaching itself to the sating of the desire for nourishment; and its object is the mother's breast. It then detaches itself, becomes independent and at the same time auto-erotic, that is, it finds an object in the child's own body.

Freud's use of the term object is here somewhat different from my use of this term, for he is referring to the object of an instinctual aim, while I mean, in addition to this, an object-relation involving the infant's emotions, phantasies, anxieties, and defences. Nevertheless, in the sentence referred to, Freud clearly speaks of a libidinal attachment to an object, the mother's breast, which precedes auto-erotism and narcissism.

In this context I wish to remind you also of Freud's findings about early identifications. In *The Ego and the Id*, 5 speaking of abandoned object cathexes, he said; '... the effects of the first identification in earliest childhood will be profound and lasting. This leads us back to the origin of the ego-ideal; ...' Freud then defines the first and most important identifications which lie hidden behind the ego-ideal as the identification with the father, or with the parents, and places them, as he expresses it, in the 'pre-history of every person'. These formulations come close to what I described as the first introjected objects, for by definition identifications are the result of introjection. From the statement I have just discussed and the passage quoted from the *Encyclopaedia* article it can be deduced that Freud, although he did not pursue this line of thought further, did assume that in earliest infancy both an object and introjective processes play a part.

That is to say, as regards auto-erotism and narcissism we meet with an inconsistency in Freud's views. Such inconsistencies which exist on a number of points of theory clearly show, I think, that on these particular issues Freud had not yet arrived at a final decision. In respect of the theory of anxiety he stated this explicitly in *Inhibitions, Symptoms and Anxiety*.⁶ His realization that much about the early stages of development was still unknown or obscure to him is also exemplified by his speaking of the first years of the girl's life as '... lost in a past so dim and shadowy ...'⁷

I do not know Anna Freud's view about this aspect of Freud's work. But, as regards the question of auto-erotism and narcissism, she seems only to have taken into account Freud's conclusion that an auto-erotic and a narcissistic stage precede object-relations, and not to have allowed for the other possibilities implied in some of Freud's statements such as the ones I referred to above. This is one of the reasons why the divergence between Anna Freud's conception and my conception of early infancy is far greater than that between Freud's views, taken as a whole, and my views. I am stating this because I believe it is essential to clarify the extent and nature of the differences between the two schools of psycho-analytic thought represented by Anna Freud and myself. Such clarification is required in the interests of psycho-analytic training and also because it could help to open up fruitful discussions between psycho-analysts and thereby contribute to a greater general understanding of the fundamental problems of early infancy.

The hypothesis that a stage extending over several months precedes object-relations implies that—except for the libido attached to the infant's own body—impulses, phantasies, anxieties, and defences either are not present in him, or are not related to an object, that is to say they would operate in vacuo. The analysis

5P. 39. On the same page Freud suggests—still referring to these first identifications—that they are a direct and immediate identification which takes place earlier than any object cathexis. This suggestion seems to imply that introjection even precedes object-relations.

61926. Chapter 8, p. 96.

71931. 'Female Sexuality'; contained in *Collected Papers*, 5, p. 254.

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of very young children has taught me that there is no instinctual urge, no anxiety situation, no mental process which does not involve objects, external or internal; in other words, object-relations are at the centre of emotional life. Furthermore, love and hatred, phantasies, anxieties, and defences are also operative from the beginning and are ab initio indivisibly linked with object-relations. This insight showed me many phenomena in a new light.

I shall now draw the conclusion on which the present paper rests: I hold that transference originates in the same processes which in the earliest stages determine object-relations. Therefore we have to go back again and again in analysis to the fluctuations between objects, loved and hated, external and internal, which dominate early infancy. We can fully appreciate the interconnection between positive and negative transferences only if we explore the early interplay between love and hate, and the vicious circle of aggression, anxieties, feelings of guilt and increased aggression, as well as the various aspects of objects towards whom these conflicting emotions and anxieties are directed. On the other hand, through exploring these early processes I became convinced that the analysis of the negative transference, which had received relatively little attention⁸ in psycho-analytic technique, is a precondition for analysing the deeper layers of the mind. The analysis of the negative as well as of the positive transference and of their interconnection is, as I have held for many years, an indispensable principle for the treatment of all types of patients, children and adults alike. I have substantiated this view in most of my writings from 1927 onwards.

This approach, which in the past made possible the psycho-analysis of very young children, has in recent years proved extremely fruitful for the analysis of schizophrenic patients. Until about 1920 it was assumed that schizophrenic patients were incapable of forming a transference and therefore could not be psycho-analysed. Since then the psycho-analysis of schizophrenics has been attempted by various techniques. The most radical change of view in this respect, however, has occurred more recently and is closely connected with the greater knowledge of the mechanisms, anxieties, and defences operative in earliest infancy. Since some of these defences, evolved in primal object-relations against both love and hatred, have been discovered, the fact that schizophrenic patients are capable of developing both a positive and a negative transference has been fully understood; this finding is confirmed if we consistently apply in the treatment of schizophrenic patients⁹ the principle that it is as necessary to analyse the negative as the positive transference—that in fact the one cannot be analysed without the other.

Retrospectively it can be seen that these considerable advances in technique are supported in psycho-analytic theory by Freud's discovery of the Life and Death instincts, which has fundamentally added to the understanding of the origin of ambivalence. Because the Life and Death instincts, and therefore love and hatred, are at bottom in the closest interaction, negative and positive transference are basically interlinked.

The understanding of earliest object-relations and the processes they imply has essentially influenced technique from various angles. It has long been known that the psycho-analyst in the transference situation may stand for mother, father, or other people, that he is also at times playing in the patient's mind the part of the superego, at other times that of the id or the ego. Our present knowledge enables us to penetrate to

the specific details of the various roles allotted by the patient to the analyst. There are in fact very few people in the young infant's life, but he feels them to be a multitude of objects because they appear to him in different aspects. Accordingly, the analyst may at a given moment represent a part of the self, of the superego or any one of a wide range of internalized figures. Similarly it does not carry us far enough if we realize that the analyst stands for the actual father or mother, unless we understand which aspect of the parents has been revived. The picture of the parents in the patient's mind has in varying degrees undergone distortion through the infantile processes of projection and idealization, and has often retained much of its phantastic nature. Altogether, in the young infant's mind every external experience is interwoven with his phantasies and on the other

8This was largely due to the undervaluation of the importance of aggression.

9This technique is illustrated by H. Segal's paper, 'Some Aspects of the Analysis of a Schizophrenic' (Int. J. Psycho-Anal., 31, 1950), and H. Rosenfeld's papers, 'Notes on the Psycho-Analysis of the Super-ego Conflict of an Acute Schizophrenic Patient' (Int. J. Psycho-Anal., 33, 1952) and 'Transference Phenomena and Transference Analysis in an Acute Catatonic Schizophrenic Patient' (see this volume, 457–464).

10See Psycho-Analysis of Children, particularly Chapters 8 and 11.

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hand every phantasy contains elements of actual experience, and it is only by analysing the transference situation to its depth that we are able to discover the past both in its realistic and phantastic aspects. It is also the origin of these fluctuations in earliest infancy which accounts for their strength in the transference, and for the swift changes—sometimes even within one session—between father and mother, between omnipotently kind objects and dangerous persecutors, between internal and external figures. Sometimes the analyst appears simultaneously to represent both parents—in that case often in a hostile alliance against the patient, whereby the negative transference acquires great intensity. What has then been revived or has become manifest in the transference is the mixture in the patient's phantasy of the parents as one figure, the 'combined parent figure' as I described it elsewhere.¹⁰ This is one of the phantasy formations characteristic of the earliest stages of the Oedipus complex and which, if maintained in strength, is detrimental both to object-relations and sexual development. The phantasy of the combined parents draws its force from another element of early emotional life—i.e. from the powerful envy associated with frustrated oral desires. Through the analysis of such early situations we learn that in the baby's mind when he is frustrated (or dissatisfied from inner causes) his frustration is coupled with the feeling that another object (soon represented by the father) receives from the mother the coveted gratification and love denied to himself at that moment. Here is one

root of the phantasy that the parents are combined in an everlasting mutual gratification of an oral, anal, and genital nature. And this is in my view the prototype of situations of both envy and jealousy.

There is another aspect of the analysis of transference which needs mentioning. We are accustomed to speak of the transference situation. But do we always keep in mind the fundamental importance of this concept? It is my experience that in unravelling the details of the transference it is essential to think in terms of total situations transferred from the past into the present, as well as of emotions, defences, and object-relations.

For many years—and this is up to a point still true today—transference was understood in terms of direct references to the analyst in the patient's material. My conception of transference as rooted in the earliest stages of development and in deep layers of the unconscious is much wider and entails a technique by which from the whole material presented the unconscious elements of the transference are deduced. For instance, reports of patients about their everyday life, relations, and activities not only give an insight into the functioning of the ego, but also reveal—if we explore their unconscious content—the defences against the anxieties stirred up in the transference situation. For the patient is bound to deal with conflicts and anxieties re-experienced towards the analyst by the same methods he used in the past. That is to say, he turns away from the analyst as he attempted to turn away from his primal objects; he tries to split the relation to him, keeping him either as a good or as a bad figure; he deflects some of the feelings and attitudes experienced towards the analyst on to other people in his current life, and this is part of 'acting out'.¹¹

In keeping with my subject matter, I have predominantly discussed here the earliest experiences, situations, and emotions from which transference springs. On these foundations, however, are built the later object-relations and the emotional and intellectual developments which necessitate the analyst's attention no less than the earliest ones; that is to say, our field of investigation covers all that lies between the current situation and the earliest experiences. In fact it is not possible to find access to earliest emotions and object-relations except by examining their vicissitudes in the light of later developments. It is only by linking again and again (and that means hard and patient work) later experiences with earlier ones and vice versa, it is only by consistently exploring their interplay, that present and past can come together in the patient's mind. This is one aspect of the process of integration which, as the analysis progresses, encompasses the whole of the patient's mental life. When anxiety and guilt diminish and love and hate can be better synthesized, splitting processes—a fundamental defence against anxiety—as well as repressions

¹¹The patient may at times try to escape from the present into the past rather than realize that his emotions, anxieties, and phantasies are at the time operative in full

strength and focused on the analyst. At other times, as we know, the defences are mainly directed against re-experiencing the past in relation to the original objects.

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lessen while the ego gains in strength and coherence; the cleavage between idealized and persecutory objects diminishes; the phantastic aspects of objects lose in strength; all of which implies that unconscious phantasy life—less sharply divided off from the unconscious part of the mind—can be better utilized in ego activities, with a consequent general enrichment of the personality. I am touching here on the differences—as contrasted with the similarities—between transference and the first object-relations. These differences are a measure of the curative effect of the analytic procedure.

I suggested above that one of the factors which bring about the repetition compulsion is the pressure exerted by the earliest anxiety situations. When persecutory and depressive anxiety and guilt diminish, there is less urge to repeat fundamental experiences over and over again, and therefore early patterns and modes of feelings are maintained with less tenacity. These fundamental changes come about through the consistent analysis of the transference; they are bound up with a deep-reaching revision of the earliest object-relations and are reflected in the patient's current life as well as in the altered attitudes towards the analyst.

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TRANSFERENCE AND REALITY1

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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 misunderstandings, 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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2In 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.

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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

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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 transitivity 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

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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

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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

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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 Oedipus 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

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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,

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.

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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.

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THE NATURE OF AUTO-SUGGESTION¹

ERNEST JONES

From time to time in the course of the past fifty years or more a fresh wave of interest has been aroused in the subject of auto-suggestion. These waves fall into four or five fairly well-marked periods, but it is not proposed to give any historical description of them here. On reviewing the literature produced by these different periods one does not, I am afraid, get the impression that the last half-century has seen any serious addition to our knowledge of the subject, which remains much as it was in the days of Baragnon, 2 seventy years ago, who discussed it under the name of automagnétisation.

That being so, it would be tempting to seek elsewhere than in scientific curiosity for the source of the interest that periodically continues to be taken in the subject, and one might in this connection throw out the following suggestions. Assuming that there really is a phenomenon of auto-suggestion, and that its therapeutic value can compare with that of the usual suggestion treatment, then it is clear that the use of it presents two features that are bound to make a wide appeal. In the first place, the idea caters to the universal desire for 'free will' and flatters the narcissistic sense of omnipotence by according with its favourite conception of the ego as a self-sufficing and self-acting agent, independent of the outer world and able to gratify all its wishes by the incantation of magic verbal formulæ.³ In the second place, it specifically delivers the patient from the most dreaded form of outer dependence, namely the sexual transference which psycho-analysis has shown to underlie

¹Read before the Medical Section of the British Psychological Society, March 22, 1923.

²Baragnon: *Etude du magnétisme animal*, 1853, pp. 198 et seq.

³On the narcissistic importance of words see Ferenczi: *Contributions to Psycho-Analysis*, 1916, pp. 194 et seq.

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what must for the sake of convenience be termed hetero-suggestion.FN004 The motives just indicated probably apply to the physician as well as to the patient, for in treating numbers of patients en masse by 'auto-suggestion' he can gratify the hypnotist's sense of power without needing to become aware of the accompanying personal (and sexual) dependence of the patients. The medical dread of this transference relationship

is well known, and I surmise that we may also attribute to it the fact that so many hypnotists have during the past forty years insisted on their preference for 'suggestion in the waking state' to hypnotism proper; one need only instance the names of Bernheim, Bramwell, Forel, van Renterghem and Vogt.

Leaving aside these questions of popular fashion and motive, we may turn to consideration of some of the still unsolved problems relating to auto-suggestion. In proposing discussion of these problems I am further moved by the consideration that so far they have received no attention from the standpoint of psycho-analysis.

The first problem of all is of course whether there is such a thing at all as auto-suggestion, i. e. whether there is any endopsychic process shewing the characteristics that distinguish what we ordinarily call suggestion. When I raised this question in opening the discussion on auto-suggestion at a recent meeting of this Society my remark was evidently taken in jest, but I noted that both the reader of the paper (Dr. William Brown) and all the other speakers confined what they had to say to the subject of hetero-suggestion, so that my question cannot be regarded as unjustified; incidentally, McDougall has expressed a similar scepticism.⁵

It is impossible to proceed, therefore, without first coming to some understanding about what are the essential characteristics of suggestion in general. Here, unfortunately, there is a lack of agreement in some important particulars, ⁶ and it is easy to see that the view adopted by a given author in these respects determines his attitude towards the problem of auto-suggestion. The difference of opinion mainly exists over which should be regarded as the most important and characteristic

⁵McDougall: in his statement that this theory of transference is 'based merely on the fact that some subjects show signs of erotic excitement when in hypnosis, and on the Freudian prejudice, etc.' ('A Note on Suggestion.' *Journal of Neurology and Psychopathology*, Vol. I. p. 4.) p. 9.

⁶See Bernard Hart: *The Methods of Psychotherapy*, Proc. Roy. Soc. Med. (Psych. Sect.), Vol. XIII.

⁷Philips (a nom de guerre): *Cours théorique et pratique de Braidisme*, 1860, p. 29.

⁸The Action of Suggestion in Psychotherapy, *Journal of Abnormal Psychology*, 1910, Vol. V, p. 210. Reprinted in my *Papers on Psycho-Analysis*, Third Ed., 1923, Chapter XIX.

⁹Philips: (a nom de guerre): *Cours théorique et pratique de Braidisme*, 1860, p. 44.

¹⁰Philips: (a nom de guerre): *Cours théorique et pratique de Braidisme*, 1860, : The only exception to this is with Moll's *Summe Hypnose* in which not a word is spoken, and this affords one of the many interesting transitions between hetero- and auto-suggestion.

of the processes comprising suggestion. It is generally agreed that these can be grouped under three headings. In the first place there is the emotional rapport existing between the subject and the operator, the state determined by Durand (de Gros)⁷ hypotaxia and by myself⁸ affective suggestion. This is indubitably the stage that precedes any other process, and on its existence the later processes depend. Secondly, there is the acceptance of the idea suggested, the process termed by Durand⁹ ideoplasty and by myself¹⁰ verbal suggestion. Thirdly, there is the ultimate effect realised by this idea after it has been incorporated into the personality.

I will now quote four of the most notable definitions that have been given of suggestion, and it will be seen that they fall into two groups, according as the main importance is attached to the second or third of these processes respectively. Bernheim¹¹ gave the broad definition of suggestion as 'l'acte par lequel une idée est introduite dans le cerveau et acceptée par lui'. McDougall, ¹² with evidently the same point of view, has rendered this more precise in the statement that 'Suggestion is a process of communication resulting in the acceptance with conviction of the communicated proposition independently of the subject's appreciation of any logically adequate grounds for its acceptance'. In contrast with this attitude stands Janet's¹³ conception of suggestion as the 'développements complets et automatiques d'une idée qui se font en dehors de la volonté et de la perception personnelle du sujet'. Similarly Th. Lipps¹⁴ regards suggestion as 'die Hervorrufung einer psychischen Wirkung, die normaler Weise nicht aus der Weckung einer Vorstellung sich ergibt, durch Weckung

¹¹Bernheim: *Hypnotisme, Suggestion, Psychothérapie*. 1903. édition, p. 24.

¹²McDougall: in his statement that this theory of transference is 'based merely on the fact that some subjects show signs of erotic excitement when in hypnosis, and on the Freudian prejudice, etc.' ('A Note on Suggestion.' *Journal of Neurology and Psychopathology*, Vol. I, p. 4.) p. 10.

¹³Janet: *Etat mental des Hystériques; Les Accidents mentaux*, 1894, p. 30.

¹⁴Th. Lipps: *Suggestion und Hypnose*, *Sitzungsbericht der bayerischen Akademie der Wissenschaft*, 1897 (1898), S. 394. It is a matter for regret that this essay, doubtless because of its relative inaccessibility, is not more widely known, for it contains the most searching discussion of the subject yet provided by any psychologist.

¹⁵Idem: Th. Lipps: *Suggestion und Hypnose*, *Sitzungsbericht der bayerischen Akademie der Wissenschaft*, 1897 (1898), S. 394. It is a matter for regret that this essay, doubtless because of its relative inaccessibility, is not more widely known, for it contains the most searching discussion of the subject yet provided by any psychologist. S. 392.

dieser Vorstellung' ('the evocation, by arousing an idea, of a psychological effect which normally would not result from the arousing of such an idea'), and he further¹⁵ insists that 'nicht die Weckung der Vorstellungen, sondern diese weitergehende psychische Wirkung ist das Charakteristische der Suggestion. Diese psychische Wirkung ist das eigentlich Suggestierte' (it is not the arousing of the ideas, but this further psychological effect, that is the characteristic of suggestion. This psychological effect is what is really 'suggested'). There can be little doubt that the emphasis laid here by Janet and Lipps on the further effects or action (Wirkung) of the suggested idea represents a definite advance on the intellectualistic conceptions of Bernheim and McDougall. Even if the latter would maintain that they too have in mind a psychological effect of the idea introduced, it is plain that their definition refers chiefly to one effect only, namely, disturbed judgement, and does not take into sufficient account the other abnormal effects, such as hallucinatory sensations, influence on bodily processes, etc.

Lipps made two further steps in the nearer definition of the psychological action or effect (Wirkung) in question. In the first place, he points out¹⁶ that what is remarkable in connection with suggestion is not the actual nature of the effects, which can all be produced by other means, but the way in which they are produced. It is the conditions under which the effects follow an idea that are peculiar to suggestion, for these effects would not follow the idea under other conditions. The characteristic of these conditions he sees in a special combination of intact psychological energy with diminished psychological excitability.¹⁷ By the latter phrase he means an inhibition of the counter-ideas which normally would oppose the action of the suggested ones. This inhibition is of course related to the contrasting freedom with which ideas are accepted from the operator, and is thus the secondary result of the state of rapport mentioned above. He therefore includes these two additional conclusions in his final definition of suggestion, which is:¹⁸ 'Die Hervorrufung einer über das bloße Dasein einer Vorstellung hinausgehenden psychischen Wirkung in einem Individuum, durch Weckung einer Vorstellung seitens einer Person oder eines von dem Individuum verschiedenen Objektes, sofern diese psychische Wirkung durch eine in außerordentlichem Maße stattfindende Hemmung oder Lähmung der über die nächste reproduzierende Wirkung der

¹⁶Th. Lipps: Zur Psychologie der Suggestion, Zeitschr. f. Hypnotismus, 1897, Band VII, S. 95.

¹⁷Idem: Suggestion und Hypnose, Th. Lipps: Suggestion und Hypnose, Sitzungsbericht der bayerischen Akademie der Wissenschaft, 1897 (1898), S. 394. It is a matter for regret that this essay, doubtless because of its relative inaccessibility, is not more widely known, for it contains the most searching discussion of the subject yet provided by any psychologist. S. 520.

18Idem: Zur Psychologie der Suggestion, Th. Lipps: Suggestion und Hypnose, Sitzungsbericht der bayerischen Akademie der Wissenschaft, 1897 (1898), S. 394. It is a matter for regret that this essay, doubtless because of its relative inaccessibility, is not more widely known, for it contains the most searching discussion of the subject yet provided by any psychologist. S. 117.

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Suggestion hinausgehenden Vorstellungsbewegung bedingt ist.' ('The evocation in an individual, through an idea being aroused by another person or an object distinct from the individual, of a psychical effect that goes beyond the mere existence of this idea, provided always that this psychical effect is conditioned by an extraordinary inhibition or paralysis of the ideational movement which passes beyond the proximate reproductive effect of the suggestion.') He explicitly includes auto-suggestion in this definition in a way which will presently be noted.

The actual phenomenology of the effects of suggestion are too well known to need recounting here. Concerning their nature Lipps has shewn in detail that all of them, even the eliciting of hallucinatory sensations, represent the normal logical consequences of the suggested ideas, differing only from the usual consequences of the same idea in that, through the inhibition of the criticizing ideas customarily operative, they are allowed to proceed to their logical termination without hindrance. We may therefore conclude that the characteristic of suggestion lies in the free development of the effects of communicated ideas, the forces usually hindering this development being neutralised by the presence of the rapport, or concentration on the idea of the operator. It is generally agreed that this rapport consists of an emotional bond; as is well known, psycho-analysts consider the bond to be sexual in nature and due to the re-animation of an infantile attachment to a parent.

Our formulation of the three processes thus runs in order: rapport ; inhibition of all mental processes except those suggested; free development of the latter. We are now able to reduce the difference of opinion noted above to differences in the view held of the way in which the rapport operates; all are agreed that it is in this that the operative force resides. From this point of view the two schools of thought may be contrasted somewhat as follows: According to one, the main thing is the remarkable influence exerted by the operator, or hypnotist; granted this and the rest follows, the ideas developing to their logical conclusion by the sheer force imparted to them. According to the other school, the main thing is the subject's peculiar attitude towards the operator; it is this which neutralises any critical ideas inimical to his. Psycho-analysts may certainly be classed as belonging to the latter school. Some thirteen years ago, for instance, I wrote:¹⁹ We can no longer regard the subject as a helpless automaton in the hands of a strong-willed operator; it is nearer the truth to regard the operator as allowing himself to play a part, and

19Idem: Zur Psychologie der Suggestion, Th. Lipps: Suggestion und Hypnose, Sitzungsbericht der bayerischen Akademie der Wissenschaft, 1897 (1898), S. 394. It is a matter for regret that this essay, doubtless because of its relative inaccessibility, is not more widely known, for it contains the most searching discussion of the subject yet provided by any psychologist. p. 220.

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by no means an indispensable one, in a drama constructed and acted in the depths of the subject's mind.'

From what has been said, it is not astonishing that the two views just described lead to contrasting attitudes towards the subject of auto-suggestion. Those who expound the former of the two views tend to decry the importance of auto-suggestion or else to deny its existence altogether, to depreciate its practical value, and to attribute most of its phenomena, whether therapeutic or pathogenic, to some more or less disguised form of hetero-suggestion. In this group of authors may be mentioned Baragnon, 20 Camus and Pagniez, 21 McDougall, 22 and Grasset; 23 the last-named of these goes as far as to hint that auto-suggestion is in most cases the result of previous hypnotism. Janet 24 would appear to take up an intermediate position; he ascribes at least a great many pathological processes to auto-suggestion, apart from the intervention of an idea from without. Forel 25 also holds that 'Jede Suggestion wird durch Autosuggestion des Hypnotisierten ergänzt und modifiziert.' ('Every suggestion is added to and modified by auto-suggestion on the part of the hypnotised person.') At the other extreme there is Baudouin, 26 the leading exponent of auto-suggestion, who holds the diametrically opposite view that 'hetero-suggestion, even during induced sleep (i. e. hypnosis), is still an auto-suggestion'. Similarly Levy-Suhl 27 maintains: 'Jede Suggestionwirkung beruht letztthin in einer Autosuggestion.' ('Every effect of suggestion rests ultimately on an auto-suggestion.')

We thus return to the problem of what phenomena, if any, are to be classed as belonging to auto-suggestion. The matter is certainly not to be settled by simply asking whether the operative ideas have originated from within or from without. In the first place, this is often very hard to determine, and in a certain sense it might even be maintained that all ideas take their ultimate source from the outer world. Secondly, the question does not touch the essential part of the problem, for clinical psychology no longer regards ideas as active agents in themselves; any activity they may exhibit is due only to their being representatives of

20Baragnon: Etude de magnétisme animal, 1853, pp. 198 et seq.

21Camus and Pagniez: Isolement et Psychothérapie, 1904, p. 57.

22McDougall: in his statement that this theory of transference is 'based merely on the fact that some subjects show signs of erotic excitement when in hypnosis, and on the

Freudian prejudice, etc.' ('A Note on Suggestion.' *Journal of Neurology and Psychopathology*, Vol. I, p. 4.)

23Grasset: *L'hypnotisme et la Suggestion*, 1904, p. 131.

24Janet: *Etat mental des Hystériques; Les Accidents mentaux*, 1894, p. 71.

25Forel: *Der Hypnotismus*, II. Auflage, S. 122.

26Baudouin, *Suggestion and Auto-Suggestion*, Engl. Trans., 1920, p. 204.

27Levy-Suhl: *Die hypnotische Heilweise und ihre Technik*, 1922, S. 33.

28Idem: *Baudouin, Suggestion and Auto-Suggestion*, Engl. Trans., 1920, p. 204.

29Lipps: *Suggestion und Hypnose*, *Sitzungsbericht der bayerischen Akademie der Wissenschaft*, 1897 (1898), S. 117.

30Idem: *Suggestion und Hypnose*, *Sitzungsbericht der bayerischen Akademie der Wissenschaft*, 1897 (1898), S. 96.

31Baudouin: *suggestion and Auto-Suggestion*, Engl. Trans., 1920, pp. 131, 132, etc.

32Idem: *Suggestion and Auto-Suggestion*, Engl. Trans., 1920, pp. 27, 141 etc.

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some impulse or other. We must therefore concentrate our attention on the nature of the dynamic factors at work, and in this way seek to determine whether two classes of them can be detected, corresponding with hetero-suggestion and auto-suggestion respectively. Several writers, e. g. Baudouin, 28 insist that the ideas produce their effect only through acting outside the field of consciousness, but being unfamiliar with what goes on in this unconscious layer of the mind they were unable to throw any light on the nature of the forces operative in the transformation of the 'idea' into its effect, i. e. the 'realisation' of the idea. Lipps²⁹ holds that in auto-suggestion, just as in hetero-suggestion, there is a general inhibition of mental excitability, particularly of ideas antagonistic to the ones being 'suggested'. In hetero-suggestion this is brought about through a high degree of psychical investment of the idea of the operator; in psycho-analytical terminology, a hyper-cathexis of the idea of the operator is correlated with a hypo-cathexis of all ideas in conflict with his. Now is there a group of phenomena, to be called auto-suggestion, in which there is a corresponding hypercathexis of a given idea to account for the general hypo-cathexis that Lipps maintains to be present, and, if so, what is known of the nature of this idea? The only suggestion he makes in this connection is³⁰ that the part of the ego communicating the idea is to be regarded as a foreign object to the part that receives it, but he throws no further light on this remarkable splitting of the personality. Baudouin³¹ repeatedly insists also on the essential importance of relaxation in the practice of auto-suggestion, and it is evident that this relation is identical with the inhibition of mental excitability described by Lipps. Baudouin's³² conception of the concentration of attention necessary in addition to the general

relaxation—the two features which in his opinion comprise the essentials of the practice of auto-suggestion—corresponds further with what we have called hyper-cathexis of a particular idea, but he never mentions any idea to which this applies except the idea which is being 'suggested'.

It might be supposed that psycho-analysis, adhering as it does to the second of the two schools described above, the school that lays stress on the part played in the depths of the subject's mind, would at once lend countenance to auto-suggestion as a phenomenon which obviously

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supports the view in question. On the other hand it would appear to contradict the psycho-analytical view concerning the significance of the idea of the operator, at all events unless it can be shewn that in auto-suggestion there is a hyper-cathexis of another idea which is equivalent to that of the operator.

It is time to turn from this general discussion of the problem and consider the actual data bearing on it. It must be said, however, that it is by no means easy to ascertain these. To begin with, McDougall's³³ criticism that in so many of the examples cited of auto-suggestion one cannot exclude the operation of hetero-suggestion is evidently justified; it obviously applies to a great part of Coué's performances. Indeed, this factor has also to be taken into account when a person practises 'auto-suggestion' after reading a book of instructions, for the idea of the authority behind this book must often play a considerable part. McDougall further objects to the wide application of the term 'auto-suggestion' to such phenomena as the ready acceptance of propositions which are congruent with any strong conative tendencies; that the wish is father to the thought is comprehensible without invoking any such special process as 'auto-suggestion'. Lipps³⁴ makes a similar protest, one which would seem to apply to a large number of the examples quoted by the various writers on the subject, Baudouin, ³⁵ Bonnet, ³⁶ Parkyn, ³⁷ etc.

If we now attempt to exclude these two groups, a task not easy to carry out, what phenomena have we left that may serve our purpose? They would seem to reduce themselves to two. In the first place there are the descriptions of experiments carried out on themselves by various medical investigators. We have many such accounts, from Cardan, ³⁸ in the sixteenth century, who is said to have cured himself of gout by this means, to Liébault's³⁹ self-cure of migraine. The best accounts are perhaps those given by Baudouin, ⁴⁰ Birot, ⁴¹ Bléché, ⁴² Lagrave⁴³ and

³³McDougall: McDougall in his statement that this theory of transference is 'based merely on the fact that some subjects show signs of erotic excitement when in hypnosis, and on the Freudian prejudice, ect.' ('A Note on Suggestion.' *Journal of Neurology and Psychopathology*, Vol. I, p. 4.) p. 9.

34Lipps: Suggestion und Hypnose, Suggestion und Hypnose, Sitzungsbericht der bayerischen Akademie der Wissenschaft, 1897 (1898), S. 392.

35Baudouin: Suggestion and Auto-Suggestion, Engl. Trans., 1920, p. 204.

36Bonnet: Précis d'auto-suggestion volontaire, 1911.

37Parkyn: Auto-Suggestion, 1916.

38Cardan: De Subtilitate, 1550, lib. XXI.

39Liébault: Du sommeil provoqué, 1866.

40Baudouin: Suggestion and Auto-Suggestion, Engl. Trans., 1920, p. 204.

41Biro: Annales du Magnétisme, 1915, t. 11, p. 253.

42Bléch: L'auto-suggestion comme moyen thérapeutique physique et moral, Rev. de l'hypnotisme, Fév. 1897.

43Lagrange: Quelques expériences d'auto-hypnotisme et d'auto-suggestion, 1890.

44P. E. Lévy: L'éducation rationnelle de la volonté, 1898.

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Lévy.⁴⁴ On reading through these and other accounts one may learn something about the effects that are to be produced by means of 'auto-suggestion', but very little indeed on the point at present under consideration. Practically no idea is mentioned on which the mind is concentrated except the particular ones to be 'suggested'. This evidently does not provide us with the motive force for which we are seeking, so one would infer that the hyper-cathexis in question must take place entirely in the unconscious. The inference should not be astonishing, for it will be remembered that the same is to a great extent true of hetero-suggestion and hypnotism.

The second set of phenomena are those known under the name of auto-hypnosis. They should be more promising, for more reasons than one. I agree with Freud's⁴⁵ view—in contradistinction to Bernheim's—that the state of suggestibility is simply a forme fruste of hypnosis. In any case there would seem to be better prospect of elucidating the psychology of either suggestion or auto-suggestion by studying the state in which the manifestations are magnified. It was for a similar reason that in my previous study of suggestion⁴⁶ I largely confined myself to the problem of hypnotism.

Phenomena that come into consideration from the point of view of 'auto-hypnosis' are met with in four circumstances. (1) Mediumistic trances. (2) Hysterical dream states. (3) Religious and mystical ecstasies. (4) A miscellaneous group in which states of exaltation are indulged in more or less as a habit, either in connection with narcotics or not.

The first of these has to be excluded on the ground that in the accounts given of them attention is devoted almost entirely to the messages purported to be delivered in this

way, the mental state itself of the subject being a matter of only subordinate interest. The second state has been studied analytically by Freud⁴⁷ and Abraham, ⁴⁸ and the latter author specifically draws a comparison between them and hypnosis. The conclusions arrived at by these studies which interest us most here are that the dream states in question represent substitutive gratifications of day-dreams

45Freud: *Group Psychology and the Analysis of the Ego*, Engl. Transl., 1922, p. 100.

46Freud: *Group Psychology and the Analysis of the Ego*, Engl. Transl., 1922, p. 100.

47Freud: *Allgemeines über den hysterischen Anfall*. Reprinted in his *Sammlung kleiner Schriften*, Zweite Folge, 1909.

48Abraham: *Über hysterische Traumzustände*, *Jahrbuch der Psychoanalyse*, 1910, Bd. II, S. 1.

49Idem: Abraham: *Über hysterische Traumzustände*, *Jahrbuch der Psychoanalyse*, 1910, Bd. II, S. I.

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which formerly ended in masturbation. The earlier phases of the state are pleasurable, but the culmination, which replaces the sexual act once indulged in, is usually accompanied by considerable degrees of anxiety. The intense concentration of attention (which Abraham terms *Besetzung*, i. e. cathexis) or self-absorption, which—just as in 'auto-suggestion'—is the counterpart of the withdrawal from the outer world, is exclusively concerned with the more or less conscious sexual phantasy. It is known that phantasies preceding or accompanying masturbation are predominantly incestuous in origin, hence the feeling of guilt attaching to them, so that we are led to the same conclusion here as is reached from the study of the ordinary hypnotic rapport, namely, that the essential feature of such states is the revival of the infantile repressed idea of the parent. Indeed, Abraham⁴⁹ points out that these hysterical states may either occur spontaneously or be induced through the presence of some person by whom the subject feels himself to be 'hypnotised'. Two features therefore stand out here, the importance of auto-erotism and of incestuous attachment to the father. We also note once again the great difficulty of distinguishing between hetero- and auto-suggestion, and this must incline us to the conclusion that either there is only one process concerned in all the phenomena grouped under these two names or else, if there are two, they must be extremely closely related.

In the third set also, the religious ecstasies, it is difficult to exclude the possibility of an important part being played by the idea of an external person, namely, God. This is of course more evident in the trances of Christian saints than in those of other mystics, but it is worthy of note that even in the Indian form of mysticism the word *yoga* is defined as 'the experimental union of the individual with the divine'.⁵⁰ This fact need not lead

us immediately to exclude the group in question from the category of 'auto-hypnosis', but it is one to be borne well in mind when discussing the possible relation of hetero- to auto-suggestion. I do not propose here to enter on a discussion of religious ecstasy, especially as the material exists in a readily accessible form.⁵¹ I need only remind you of two of its most characteristic features. The first is that a sexual under-current is plainly in evidence in all the accounts given by saints and mystics themselves, and that, as Pfister⁵² has shewn in his interesting

⁵⁰William James: *The Varieties of Religious Experience*, 1902, p. 400.

⁵¹Görres: *Christliche Mystik*, 4 Bde., 1836—1842; Ribet: *Mystique Divine*, 1890.

⁵²Pfister: *Die Frömmigkeit des Grafen Ludwig von Zinzendorf*, 1910.

⁵³Oeuvres de St. Teresa, Bouix édition, t. III, pp. 421—423.

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study of von Zinzendorf, the sublimations often enough undergo regression into the crudest sexuality. The second feature is the extraordinarily intense feeling of union that characterises the most exalted states. I will quote only one illustration of this, from Saint Teresa, ⁵³ the greatest expert in this field of experience. 'In the orison of union, the soul is fully awake as regards God, but wholly asleep as regards things of this world and in respect of herself ... She is utterly dead to the things of the world and lives solely in God ... I do not even know whether in this state she has enough life to breathe. It seems to me she has not; or at least that if she does breathe she is unaware of it ... Thus does God, when he raises a soul to union with Himself, suspend the natural action of all her faculties. She neither sees, hears, nor understands, so long as she is united with God ... God establishes Himself in the interior of this soul in such a way that when she returns to herself it is wholly impossible for her to doubt that she has been in God and God in her.' It would seem that in such orisons object-love tends to revert to the more primitive stage of identification, a point which we shall see to be of some importance. The same is apparently true for the milder states to which Catholics refer under the name of 'recollection'.

An even closer resemblance to 'auto-hypnosis' is presented in the well-known yoga system of the East.⁵⁴ The two preliminary states of *prâtyâhâra* and *dhâranâ* correspond with the relaxation and concentration respectively which are the essentials in the practice of auto-suggestion. The final state, called by the Vedantists *samâdhi* and by the Buddhists *dhyâna*, has been thus described:⁵⁵ 'Then we know ourselves for what we truly are, free, immortal, omnipotent, loosed from the finite, and identical with the Atman or Universal Soul.' We see here a regression to the most primitive and uncritical form of narcissism. Some years ago I had the good fortune to treat a patient who had graduated highly in the yoga hierarchy. In the psycho-analysis of his case, which I published at length, ⁵⁶ two features were specially prominent in this connection, and

these were the same two as we noted above in respect of the hysterical dream states. The part played by the idea of God-Father in the auto-hypnotic state was unmistakable, and, further, the patient manipulated to an extraordinary extent the various yoga instructions in terms of what Sadger has called secondary auto-erotism.

54On the resemblances see Kellner: *Yoga: Eine Skizze*, 1896.

55Vivekananda: *Raja Yoga*, 1896; Cited by James: *The Varieties of Religious Experience*, 1902, p. 400.

56Jahrbuch der Psychoanalyse, 1912, Band IV, S. 564.

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The task of isolating a pure form of auto-hypnosis, and of distinguishing it from ordinary hypnosis, continues to elude us, but we will try our luck once more with the fourth set of phenomena indicated above. In the cases of this class collected by William James, 57 he attaches considerable importance to mystical states induced by various narcotic drugs, particularly alcohol, nitrous oxide and chloroform. This is worthy of note, for we now know the close dependence of such states on repressed homosexuality, and further the nearness of the latter to narcissism. Of the instances he quotes of sporadic and apparently spontaneous trance states the most perfect account is that given by John Addington Symonds, and those familiar with the writings of this author will remember what a part is played in them by repressed homosexuality. Symond's own description of the state contains the following passages: 'In proportion as these conditions of ordinary consciousness (i. e. space, time, sensation, etc.) were subtracted, the sense of an underlying or essential consciousness acquired intensity. At last nothing remained but a pure, absolute, abstract Self. The universe became without form and void of content. But Self persisted, formidable in its vivid keenness, feeling the most poignant doubts about reality.' It was typical of his states of trance that they ended in an anxiety attack, just as the dream states described by Abraham. In them we get hardly any hint of the idea of an outside being; the whole of consciousness is confined to the idea of self. On the other hand, the curious personal experiences described by the Canadian alienist, Bucke, 58 have clearly a reference to the outer world. In them he came to realise that the universe is 'a living Presence' and became conscious in himself of eternal life. The account he gives of his union with what he terms the cosmic consciousness is probably only an attenuated form of what a more strictly religious person would have felt to be union with God.

What inferences may now be drawn from consideration of the data at our disposal? The first conclusion I think we are justified in coming to is that it is extraordinarily difficult to draw any sharp line between hetero- and auto-suggestion. The relationship is so very intimate as to make it probable that the agents operating in the two cases are merely variants and not distinct forces. This conclusion has more far-reaching consequences

than might appear at first sight, so I will briefly review the evidence for it. It is both clinical and psychological. Clinically every physician who endeavours to teach his patients how to use auto-suggestion,

57James: *The Varieties of Religious Experience*, 1902, pp. 387 et seq.

58Bucke: *Cosmic Consciousness: A Study in the Evolution of the Human Mind*, 1897.

59For the sake of simplicity, and also because it is the more important in this connection, the idea of the Father alone is referred to instead of that of both parents.

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as I did myself some twenty years ago, will probably be able to confirm my experience of finding how very hard it is to estimate the importance of the part played by the idea of the physician in the patient's mind, and to distinguish between this and the other factors at work. The gradation between hetero- and auto-suggestion in such situations seems to be quite imperceptible. The same is true of the hypnoid states of hysteria, which may occur either in the presence of another person by whom the subject feels himself to be influenced or else quite spontaneously. Even in the cases of religious trances we have noted the interrelation between intense self-absorption on the one hand and concentration on the idea of an external person on the other. Then, again, the actual manifestations of the two conditions are quite identical. They may be said to include all the effects that mental functioning can potentially bring about in both the mental and the physical fields, from the most complete delusional and hallucinatory formations in the former to the gravest interferences with all kinds of bodily functions in the latter, and in rare cases even with life itself. Psychologically the two conditions are quite identical but for one single point. In both there is a hypercathexis of one train of thought with hypo-cathexis of most others. The state of relaxation, or—to use Lipp's more accurate terminology—of psychological inhibition, is doubtless the reason why the judgement of external reality can be so profoundly affected, and with this is also lost the criticism of endopsychic ideation, including repression. It will be noted that these two latter functions are two out of the six with which Freud credits that part of the ego which he terms the ego-ideal. In hetero- and auto-suggestion there is equally the consciousness of surrender of the sense of will and feeling of effort. The one point in which the two conditions differ is in respect of the idea on which concentration has taken place. With hetero-suggestion we know that this is the idea of the Father imago, 59 which has been aroused through contact with a suitable substitute. With auto-suggestion all the evidence points to the idea being that of the actual Self.

I next propose to sketch a theory that shall take into account the preceding considerations. If I am right in concluding that the unconscious hypercathexis is of the idea of the Father in hetero-suggestion and of the Self in auto-suggestion, then we must

search for some point of intimate contact between these two ideas. A clue in this direction is afforded

60Freud: *Group Psychology: Group Psychology and the Analysis of the Ego*, Engl. Transl., 1922, p. 77.

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by Freud's⁶⁰ formula that the hypnotist replaces the ego ideal. For if we enquire into the nature and origin of the ego ideal, we discover that it is compounded of two constituents, derived from the Father and the Self respectively; so that here we have a nodal point connecting the two ideas.

It will be remembered that the original (primal) narcissism of the infant becomes in the course of development distributed in four directions, the actual proportion in each of these varying enormously with different individuals. One portion remains in an unaltered state attached to the real ego; this is probably the one concerned in the genesis of hypochondria. A second portion is deflected from any direct sexual goal and becomes attached to the idea of the parent, leading to adoration, devotion and general over-estimation. It is important to bear in mind that to begin with this process is much more a matter of narcissistic identification than of any form of object-love. A third is transferred on to an ideal ego and is one of the constituents of the 'ego ideal'. The fourth is gradually transformed into object-love. Now the second and third of these commonly fuse during the latency period of childhood or even earlier. The form assumed by the resulting ego ideal is largely derived from the ideas and mental attitudes of the father, the bond being effected through the second portion of narcissistic libido mentioned above, that attached to what may be called the father ideal. On the other hand, the energy that gives the ego ideal its significance is wholly derived ultimately from narcissistic libido. There are three routes for this: (1) directly from the original narcissism of the primary ego (Third portion mentioned above); (2) via the attachment to the father ideal (Second portion); (3) via the regression to narcissistic identification with the father that often takes place after a disappointment at the lack of gratification of object-love (Fourth portion).

When the hypnotist, as Freud says, takes the place of the ego ideal, what happens is presumably this: the thought of him becomes identified in the unconscious with that of the father, and in this way the constituents of the ego ideal which were built up in connection with the idea of the father—its form and two out of the three narcissistic components enumerated above—are re-animated. Perhaps, incidentally, this is the reason why it is so difficult for the hypnotist to give effective suggestions that obviously conflict with the father ideal, such as criminal and immoral suggestions.

Leaving for the moment this question of the mechanism whereby narcissism becomes re-animated, a matter to which we shall presently

return, I wish to say a little about the effects of the process. Many clinicians are inclined to divide the effects of 'auto-suggestion' into two groups, which might be called pathogenic and therapeutic respectively. To take the pathogenic ones first: the notion is that 'auto-suggestion' may create various neurotic symptoms by allowing certain 'morbid' ideas to realise their full effects unchecked by others which normally would counteract them. Perhaps as good an example as any is the case of the oft-quoted medical student who imagined he was acquiring every disease except housemaid's knee. I would recommend that we should not use the term 'auto-suggestion' for this class of phenomenon, for the following reasons. The essence of such symptom-formation consists in a conflict between repressed libidinal wishes and the repressing force exerted from the side of the ego, particularly of the ego ideal. From one point of view the symptom might roughly be called a punishment inflicted on the personality by the ego for the striving towards gratification on the part of the repressed forbidden wishes. The fears of our medical student, for instance, represent the threat of castration (disease) as a punishment for repressed Oedipus wishes (incest with the mother and castration of the father). The morbid ideas that were allowed to develop during the reading of his textbooks merely afforded suitable material that could be used by his ego for this purpose. So that to refer to the whole process as one of 'auto-suggestion' is to confine attention to one aspect of the process, and not to the most important aspect. The resultant symptom is only in part ego-syntonic, i. e. in harmony with the ego, the repressed wishes being not at all so, while the term 'auto-suggestion' should surely be applied only to mental processes that are wholly ego-syntonic. Further, one misses here the note of omnipotence so characteristic of the typical forms of 'auto-suggestion'.

What we have called the therapeutic effects of 'auto-suggestion', on the other hand, differ in both these respects. They are marked to begin with by a belief, more or less profound, in the omnipotence of thought. The catch formula 'Every day in every way I grow better and better' means, if it means anything, 'I have only to wish to become stronger, handsomer, cleverer, self-confident and free from any suffering, and it will be so; my wishes are all-powerful and brook no obstacle'. Then, in contrast with 'pathogenic auto-suggestion', the therapeutic tendencies in question are throughout ego-syntonic.

Successful auto-suggestion presupposes harmony even between the narcissism of the ego ideal and that which has remained attached to the real ego. It is the conflict between the ego ideal on the one hand and the

61Idem: *Group Psychology and the Analysis of the Ego*, Engl. Transl., 1922, pp. 107, 108.

real ego with its associated allo-erotism on the other that is responsible for neurotic states. How fraught the union is with consequences we know from Freud's⁶¹ studies of mania. The two states in which man's sense of power over both himself and his environment, and often his actual power, is at its maximum are, first, acute mania, and, secondly, the exaltation that follows on sudden conversion to a significant idea, most often a religious one. In both these cases, however, there has previously been a specially deep cleavage between the actual ego and the ego ideal, so that the reconciliation between the two results in a tremendous accession of energy through the release of the primary narcissism from the tyranny of the ego ideal. Yogi are reputed to display something of the same sense of power and self-content, which in their case is due to a union brought about by the more gradual process of auto-suggestion.

On the basis of the foregoing considerations I would formulate the following theory. Suggestion is essentially a libidinal process: through the unification of the various forms and derivatives of narcissism the criticizing faculty of the ego ideal is suspended, so that ego-syntonic ideas are able to follow unchecked the pleasure-pain principle in accordance with the primitive belief in the omnipotence of thought. Such ideas may either develop to their logical goal (beliefs, judgements, etc.) or regress to their sensorial elements (hallucinatory gratification). The essential part of the unification in question is that between the real ego and the ego ideal. The condition under which it takes place is that the repressed allo-erotic impulses are to be renounced. This is made possible by a regression of their libido in the direction of auto-erotism, which results in a further reinforcement of the narcissism. If the primary narcissism has been released and re-animated directly, by concentration upon the idea of self, the process may be termed auto-suggestion; if it has been preceded by a stage in which the ego ideal is resolved into the earlier father ideal, the process may be termed hetero-suggestion.

If this view proves to be correct, then the old question of whether most hetero-suggestion is really auto-suggestion or whether most auto-suggestion is really hetero-suggestion must be regarded in another perspective. It is, in the first place, a much less important problem than has often been thought, for that the essential agent in both is narcissism is a more fundamental consideration than the question of the particular way in which this has been mobilised in a given case. It is highly probably that the process of re-animating narcissism may proceed to varying depths in different psychological conditions; that suggestibility varies greatly

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in different persons is of course well known. The fact that primary narcissism is more fundamental than the father ideal itself, and our clinical experience that the chief part even in hetero-suggestion is played by agents within the subject's mind, are considerations which incline one not to contradict Baudouin's opinion that more weight must be attached to auto-suggestion than to hetero-suggestion, though one should add

the modification that perhaps the latter process may prove in most cases in practice a necessary stage in the evocation of the former.

Freud⁶² thinks that the uncanny and enigmatic qualities that cling to the idea of hypnosis can be accounted for only by assuming that the regression to the infantile conception of the Father re-animates the inherited attitude towards the primal Father of the horde in savage times. The view here expressed could be brought into accord with this by supposing a similar re-animation of the well-known enormous narcissism of primitive man, with his absolute belief in the magical omnipotence of thought.

The theory here propounded perhaps throws some light on two further problems, the relation of hypnosis to sleep and to 'will-power' respectively. That the hypnotic state is psychologically exceedingly akin to sleep is well known, and is indicated in the very word itself. The fact has given rise to much speculation, but it should become more comprehensible when one recollects that sleep is the most complete expression of narcissism known, i. e. of the state which we here suppose to underlie that of hypnosis.

Without wishing to embark on a discussion of the nature of will, I may briefly state my agreement with Lipp's⁶³ view that the sense of will, and of striving or effort altogether, really emanates from a consciousness of inhibition, or—put in more modern language—an intuition that in respect of the idea in question the conscious ego is inhibiting other, unconscious, mental processes. At all events it is plain that the will is specially connected with the conscious ego, and particularly the ego ideal. Most authors lay great stress on the practical importance, in both hetero- and auto-suggestion, of avoiding so far as possible any sense of effort, exercise of will power or even of forced attention, and this might well be correlated with the view here expressed of the necessity for suspending the activity of the ego ideal. The exhortations of a patient's relatives that he should 'use his will-power', or his 'self-control', succeed only when the strength of the ego ideal is definitely greater than that of the

⁶²Idem: *Group Psychology and the Analysis of the Ego*, Engl. Transl., 1922, pp. 95–99.

⁶³Lipps: *Suggestion und Hypnose*, *Sitzungsbericht der bayerischen Akademie der Wissenschaft*, 1897 (1898), S. 428, 472.

repressed libidinal wishes, as it is in the normal. It is natural that the relatives should ask for this desideratum, but they overlook the fact that the very existence of neurotic symptoms shews that in all probability the two sides of the conflict are more evenly matched than they hope. It is only rarely that much can be accomplished by simple methods of reinforcing the ego ideal, i. e. the repressions.

Finally, the theory here advanced leads me to attempt some re-statement of our formulations regarding the mechanism of mental healing in general. The essential problem is the fate of the repressed allo-erotic (usually incestuous) impulses which conflict with the ego ideal and constitute the important dynamic factor in every neurotic symptom. Only a part of them can be directly sublimated, a solution which the patient has already tried, though, it is true, under unfavourable psychological conditions. Now it would seem that all possible means of dealing with the situation therapeutically reduce themselves ultimately to two, and to two only. Either the libidinal energy of these impulses can be, more or less completely, re-converted into the narcissism from which they proceeded, this being effected by a regression in an auto-erotic direction, or else the assimilative capacity of the ego ideal can be raised. These two principles are, as will be shewn in a moment, mutually contradictory and therefore to a large extent incompatible with each other, and this explains why it is fundamentally impossible to combine the two methods of treatment based on them, those of suggestion and psycho-analysis respectively. One may lay down the dictum that if the patient is not treated by psycho-analysis he will treat himself by means of suggestion, or—put more fully—he will see to it that he will get treated by means of suggestion whatever other views the physician may have on the subject.

When a neurotic patient comes for any kind of treatment he will soon transfer unconsciously on to the idea of the physician various repressed allo-erotic tendencies, i. e. he will take the physician as a love-object (provided, of course, that the treatment continues long enough). If the treatment is not psycho-analysis one of two things will happen. The patient may become aware of affection for the physician. Then probably symptoms will improve, libido being withdrawn from them and transferred to the idea of the physician. I suspect, however, that in these cases true educative treatment by suggestion or any allied method is rarely successful. What usually happens is that the improvement is dependent on continued contact with the physician, and even this has to be of a specially satisfactory kind. When the physician's attention is withdrawn the symptoms tend to re-appear. The alternative to this course of events is that the alloerotism

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regresses to the stage of narcissistic identification with the physician, that is, the father ideal. The educative suggestions then made are more likely to have a lasting effect, the reason being that the stage to which the patient's libidinal organisation is reduced approximates closely to that of true narcissism, so that when he leaves the physician he still has himself as a love-object. This is certainly the direction that most neurotics spontaneously take, for it spares them the suffering of symptoms, the distress at having to recognise their repressed allo-erotism, and the pangs of disappointed love. It is the great reason, as I hinted at the outset of my paper, why auto-suggestion is so widely preferred to hetero-suggestion, with all its potentialities of allo-erotism. The practical

drawback to auto-suggestion clinically is that it is in so many cases harder to mobilise the narcissism in this way than by means of hetero-suggestion. The drawback to any form of suggestion is that what peace of mind it gives is purchased at the expense of an important part of the personality being impeded in development, with consequent lack of stability; the allo-erotism that should progress to objectlove, altruism and the various sublimations of life regress towards auto-erotism, with all its stultifying potentialities.

In psycho-analysis, on the other hand, the aim of the treatment is to effect some reconciliation—or at least tolerance—between the ego ideal and the repressed allo-erotism. As in other forms of treatment, the allo-erotic transference tends to regress to a stage in which the analyst is identified with the father component of the ego ideal, i. e. with the father ideal, and this tendency has to be carefully watched by the analyst. When the ego ideal begins to raise serious protests against accepting the repressed tendencies that are being brought to light by the analytic procedure, the well-known state of resistance ensues. Now the most securely entrenched form of resistance, 64 one to which there is a tendency in all analyses, is that in which the patient identifies the analyst with his real ego, projects on to him his own repressed mental processes, and then severely criticizes him from the standpoint of his ego ideal. This situation is the most formidable met with in psycho-analytic work, for all object-relationship between analyst and patient may be suspended, and the analysis cannot proceed until this is re-established. As it is characteristically accompanied by such manifestations as arrogant conceit, the analyst often says that a limit has been set to analytic possibilities by

64An excellent description of the manifestations of this is given by Abraham: *Über eine besondere Form des neurotischen Widerstandes gegen die psychoanalytische Methodik*, Internat. Zeitschr. f. Psychoanalyse, 1919, Bd. V, S. 173.

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the patient's narcissism, overlooking the vital consideration that the narcissism is not a primary one, but has been secondarily resorted to as a defence against repressed allo-erotism. It may be said, therefore, that the success of an analysis depends very largely on the extent to which the analyst can manage to preserve an object-relationship to himself in the patient's mind, for it is just this relationship that has to be brought to consciousness and harmonised with the ego ideal.

It will thus be seen that the aims of the hypnotist and the analyst are diametrically opposed. The former really seeks to strengthen the patient's narcissism, the latter to divert it into more developed forms of mental activity. The psychological situation (narcissistic identification) most favourable to the one aim is fatal to the other.

I have considered here the contrast between suggestion and analysis in its therapeutic aspects only. It is probable, however, that it is applicable over far wider fields. The contrast between auto-erotism and allo-erotism on which it rests, i. e. between

infantilism and adult life, may be correlated with the whole difference in outlook and conduct between the mental attitude of introversion and exclusion of reality, on the one hand, and adjustment to the world of reality on the other: between what may be called the Eastern and the Western methods of dealing with life.

4I cannot refrain from remarking here on the very imperfect acquaintance with psycho-analytic writings displayed by McDougall in his statement that this theory of transference is 'based merely on the fact that some subjects show signs of erotic excitement when in hypnosis, and on the Freudian prejudice, etc.' ('A Note on Suggestion.' *Journal of Neurology and Psychopathology*, Vol. I, p. 4.)

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(1950) ON COUNTER-TRANSFERENCE. INT. J. PSYCHO-ANAL., 31:81 (IJP)

ON COUNTER-TRANSFERENCE¹

PAULA HEIMANN

This short note on counter-transference has been stimulated by certain observations I made in seminars and control analyses. I have been struck by the widespread belief amongst candidates that the counter-transference is nothing but a source of trouble. Many candidates are afraid and feel guilty when they become aware of feelings towards their patients and consequently aim at avoiding any emotional response and at becoming completely unfeeling and 'detached'.

When I tried to trace the origin of this ideal of the 'detached' analyst, I found that our literature does indeed contain descriptions of the analytic work which can give rise to the notion that a good analyst does not feel anything beyond a uniform and mild benevolence towards his patients, and that any ripple of emotional waves on this smooth surface represents a disturbance to be overcome. This may possibly derive from a misreading of some of Freud's statements, such as his comparison with the surgeon's state of mind during an operation, or his simile of the mirror. At least these have been quoted to me in this connection in discussions on the nature of the counter-transference.

On the other hand, there is an opposite school of thought, like that of Ferenczi, which not only acknowledges that the analyst has a wide variety of feelings towards his patient, but recommends that he should at times express them openly. In her warm-hearted paper 'Handhabung der Übertragung auf Grund der Ferenczischen Versuche' (Int. Zeitschr. f. Psychoanal., Bd. XXII, 1936) Alice Balint suggested that such honesty on the part of the analyst is helpful and in keeping with the respect for truth inherent in psycho-analysis. While I admire her attitude, I cannot agree with her conclusions. Other analysts again have claimed that it makes the analyst more 'human' when he expresses his feelings to his patient and that it helps him to build up a 'human' relationship with him.

For the purpose of this paper I am using the term 'counter-transference' to cover all the feelings which the analyst experiences towards his patient.

It may be argued that this use of the term is not correct, and that counter-transference simply means transference on the part of the analyst. However, I would suggest that the prefix 'counter' implies additional factors.

In passing it is worth while remembering that transference feelings cannot be sharply divided from those which refer to another person in his own right and not as a parent substitute. It is often pointed out that not everything a patient feels about his analyst is due to transference, and that, as the analysis progresses, he becomes increasingly more capable of 'realistic' feelings. This warning itself shows that the differentiation between the two kinds of feelings is not always easy.

My thesis is that the analyst's emotional response to his patient within the analytic situation represents one of the most important tools for his work. The analyst's counter-transference is an instrument of research into the patient's unconscious.

The analytic situation has been investigated and described from many angles, and there is general agreement about its unique character. But my impression is that it has not been sufficiently stressed that it is a relationship between two persons. What distinguishes this relationship from others, is not the presence of feelings in one partner, the patient, and their absence in the other, the analyst, but above all the degree

1Paper read at the 16th International Psycho-Analytical Congress, Zürich, 1949. After presenting this paper at the Congress my attention was drawn to a paper by Leo Berman: 'Countertransferences and Attitudes of the Analyst in the Therapeutic Process,' Psychiatry, Vol. XII, No. 2, May, 1949. The fact that the problem of the counter-transference has been put forward for discussion practically simultaneously by different workers indicates that the time is ripe for a more thorough research into the nature and function of the counter-transference. I agree with Berman's basic rejection of emotional coldness on the part of the analyst, but I differ in my conclusions concerning the use to be made of the analyst's feelings towards his patient.

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of the feelings experienced and the use made of them, these factors being interdependent. The aim of the analyst's own analysis, from this point of view, is not to turn him into a mechanical brain which can produce interpretations on the basis of a purely intellectual procedure, but to enable him, to sustain the feelings which are stirred in him, as opposed to discharging them (as does the patient), in order to subordinate them to the analytic task in which he functions as the patient's mirror reflection.

If an analyst tries to work without consulting his feelings, his interpretations are poor. I have often seen this in the work of beginners, who, out of fear, ignored or stifled their feelings.

We know that the analyst needs an evenly hovering attention in order to follow the patient's free associations, and that this enables him to listen simultaneously on many levels. He has to perceive the manifest and the latent meaning of his patient's words, the allusions and implications, the hints to former sessions, the references to childhood

situations behind the description of current relationships, etc. By listening in this manner the analyst avoids the danger of becoming preoccupied with any one theme and remains receptive for the significance of changes in themes and of the sequences and gaps in the patient's associations.

I would suggest that the analyst along with this freely working attention needs a freely roused emotional sensibility so as to follow the patient's emotional movements and unconscious phantasies. Our basic assumption is that the analyst's unconscious understands that of his patient. This rapport on the deep level comes to the surface in the form of feelings which the analyst notices in response to his patient, in his 'counter-transference'. This is the most dynamic way in which his patient's voice reaches him. In the comparison of feelings roused in himself with his patient's associations and behaviour, the analyst possesses a most valuable means of checking whether he has understood or failed to understand his patient.

Since, however, violent emotions of any kind, of love or hate, helpfulness or anger, impel towards action rather than towards contemplation and blur a person's capacity to observe and weigh the evidence correctly, it follows that, if the analyst's emotional response is intense, it will defeat its object.

Therefore the analyst's emotional sensitivity needs to be extensive rather than intensive, differentiating and mobile.

There will be stretches in the analytic work, when the analyst who combines free attention with free emotional responses does not register his feelings as a problem, because they are in accord with the meaning he understands. But often the emotions roused in him are much nearer to the heart of the matter than his reasoning, or, to put it in other words, his unconscious perception of the patient's unconscious is more acute and in advance of his conscious conception of the situation.

A recent experience comes to mind. It concerns a patient whom I had taken over from a colleague. The patient was a man in the forties who had originally sought treatment when his marriage broke down. Among his symptoms promiscuity figured prominently. In the third week of his analysis with me he told me, at the beginning of the session, that he was going to marry a woman whom he had met only a short time before.

It was obvious that his wish to get married at this juncture was determined by his resistance against the analysis and his need to act out his transference conflicts. Within a strongly ambivalent attitude the desire for an intimate relation with me had already clearly appeared. I had thus many reasons for doubting the wisdom of his intention and for suspecting his choice. But such an attempt to short-circuit analysis is not infrequent at the beginning of, or at a critical point in, the treatment and usually does not represent too great an obstacle to the work, so that catastrophic conditions need not arise. I was therefore somewhat puzzled to find that I reacted with a sense of apprehension and

worry to the patient's remark. I felt that something more was involved in his situation, something beyond the ordinary acting out, which, however, eluded me.

In his further associations which centred round his friend, the patient, describing her, said she had had a 'rough passage'. This phrase again registered particularly and increased my misgivings. It dawned on me that it was precisely because she had had a rough passage that he was drawn to her. But still I felt that I did not see things clearly enough. Presently he came to tell me his dream: he had acquired from abroad a very good second-hand car which was damaged. He wished to repair it, but another person in the dream objected for reasons of caution. The patient had, as he put it, 'to make him confused' in order that he might go ahead with the repair of the car.

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With the help of this dream I came to understand what before I had merely felt as a sense of apprehension and worry. There was indeed more at stake than the mere acting-out of transference conflicts.

When he gave me the particulars of the car—very good, second-hand, from abroad—the patient spontaneously recognized that it represented myself. The other person in the dream who tried to stop him and whom he confused, stood for that part of the patient's ego which aimed at security and happiness and for the analysis as a protective object.

The dream showed that the patient wished me to be damaged (he insisted on my being the refugee to whom applies the expression 'rough passage' which he had used for his new friend). Out of guilt for his sadistic impulses he was compelled to make reparation, but this reparation was of a masochistic nature, since it necessitated blotting out the voice of reason and caution. This element of confusing the protective figure was in itself double-barrelled, expressing both his sadistic and his masochistic impulses: in so far as it aimed at annihilating the analysis, it represented the patient's sadistic tendencies in the pattern of his infantile anal attacks on his mother; in so far as it stood for his ruling out his desire for security and happiness, it expressed his self-destructive trends. Reparation turned into a masochistic act again engenders hatred, and, far from solving the conflict between destructiveness and guilt, leads to a vicious circle.

The patient's intention of marrying his new friend, the injured woman, was fed from both sources, and the acting-out of his transference conflicts proved to be determined by this specific and powerful sado-masochistic system.

Unconsciously I had grasped immediately the seriousness of the situation, hence the sense of worry which I experienced. But my conscious understanding lagged behind, so that I could decipher the patient's message and appeal for help only later in the hour, when more material came up.

In giving the gist of an analytic session I hope to illustrate my contention that the analyst's immediate emotional response to his patient is a significant pointer to the patient's unconscious processes and guides him towards fuller understanding. It helps

the analyst to focus his attention on the most urgent elements in the patient's associations and serves as a useful criterion for the selection of interpretations from material which, as we know, is always overdetermined.

From the point of view I am stressing, the analyst's counter-transference is not only part and parcel of the analytic relationship, but it is the patient's creation, it is a part of the patient's personality. (I am possibly touching here on a point which Dr. Clifford Scott would express in terms of his concept of the body-scheme, but to pursue this line would lead me away from my theme.)

The approach to the counter-transference which I have presented is not without danger. It does not represent a screen for the analyst's shortcomings. When the analyst in his own analysis has worked through his infantile conflicts and anxieties (paranoid and depressive), so that he can easily establish contact with his own unconscious, he will not impute to his patient what belongs to himself. He will have achieved a dependable equilibrium which enables him to carry the rôles of the patient's id, ego, super-ego, and external objects which the patient allots to him or—in other words—projects on him, when he dramatizes his conflicts in the analytic relationship. In the instance I have given the analyst was predominantly in the rôles of the patient's good mother to be destroyed and rescued, and of the patient's reality-ego which tried to oppose his sado-masochistic impulses. In my view Freud's demand that the analyst must 'recognize and master' his counter-transference does not lead to the conclusion that the counter-transference is a disturbing factor and that the analyst should become unfeeling and detached, but that he must use his emotional response as a key to the patient's unconscious. This will protect him from entering as a co-actor on the scene which the patient re-enacts in the analytic relationship and from exploiting it for his own needs. At the same time he will find ample stimulus for taking himself to task again and again and for continuing the analysis of his own problems. This, however, is his private affair, and I do not consider it right for the analyst to communicate his feelings to his patient. In my view such honesty is more in the nature of a confession and a burden to the patient. In any case it leads away from the analysis. The emotions roused in the analyst will be of value to his patient, if used as one more source of insight into the patient's unconscious conflicts and defences; and when these are interpreted and worked through, the

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ensuing changes in the patient's ego include the strengthening of his reality sense so that he sees his analyst as a human being, not a god or demon, and the 'human' relationship in the analytic situation follows without the analyst's having recourse to extra-analytical means.

Psycho-analytic technique came into being when Freud, abandoning hypnosis, discovered resistance and repression. In my view the use of counter-transference as an instrument of research can be recognized in his descriptions of the way by which he

arrived at his fundamental discoveries. When he tried to elucidate the hysterical patient's forgotten memories, he felt that a force from the patient opposed his attempts and that he had to overcome this resistance by his own psychic work. He concluded that it was the same force which was responsible for the repression of the crucial memories and for the formation of the hysterical symptom.

The unconscious process in hysterical amnesia can thus be defined by its twin facets, of which one is turned outward and felt by the analyst as resistance, whilst the other works intrapsychically as repression.

Whereas in the case of repression counter-transference is characterized by the sensation of a quantity of energy, an opposing force, other defence mechanisms will rouse other qualities in the analyst's response.

I believe that with more thorough investigation of counter-transference from the angle I have attempted here, we may come to work out more fully the way in which the character of the counter-transference corresponds to the nature of the patient's unconscious impulses and defences operative at the actual time.

(1956) NORMAL COUNTER-TRANSFERENCE AND SOME OF ITS DEVIATIONS. INT. J. PSYCHO-ANAL., 37:360 (IJP)

NORMAL COUNTER-TRANSFERENCE AND SOME OF ITS DEVIATIONS¹

R. E. MONEY-KYRLE

Introductory

Counter-transference is an old psycho-analytic concept which has recently been widened and enriched. We used to think of it mainly as a personal disturbance to be analysed away in ourselves. We now also think of it as having its causes, and effects, in the patient and, therefore, as an indication of something to be analysed in him (1).

I believe this more recently explored aspect of counter-transference can be used, in the way described, for example, by Paula Heimann (2), to achieve an important technical advance. But of course the discovery that counter-transference can be usefully employed does not imply that it has ceased ever to be a serious impediment. And as both aspects in fact exist, we may surmise that there may be a problem about their similarities and differences which still deserves investigation. Perhaps this problem may be put in the form of three related questions: What is 'normal' counter-transference? How and under what conditions is it disturbed? And how can disturbances be corrected and in the process perhaps used to further an analysis?

Normal counter-transference

As to the analyst's correct or normal attitude to the patient, there are a number of aspects which have been mentioned both in papers and discussions. Freud spoke of a 'benevolent neutrality'. This I take to imply that the analyst is concerned for the welfare of his patient, without becoming emotionally involved in his conflicts. It also implies, I think, that the analyst, in virtue of his understanding of psychic determinism, has a certain kind of tolerance which is the opposite of condemnation, and yet by no means the same as indulgence or indifference.

Many analysts have stressed the element of scientific curiosity, and certainly we should not get far without this sublimation. But, by itself, it seems a little too impersonal. Concern for the patient's welfare comes, I think, from the fusion of two other basic drives: the reparative, which counteracts the latent destructiveness in all of us, and the parental. Of course, if too intense, they betray excessive guilt about inadequately sublimated aggressiveness which can be the cause of very disturbing anxieties. But, in some degree, both are surely normal. The reparative satisfactions of analysis are obvious and often referred to. So, in some degree, the patient must stand for the

damaged objects of the analyst's own unconscious phantasy, which are still endangered by aggression and still in need of care and reparation. The parental aspect has been mentioned, in discussions, by Paula Heimann (3). No one would suggest that the patient stands only for a child, and not sometimes for a sibling, or even for a parent. But it is with the unconscious child in the patient that the analyst is most concerned; and because this child so often treats the analyst as parent, the analyst's unconscious can hardly fail to respond in some degree by regarding the patient as his child.

Now, to a parent, a child stands, at least in part, for an early aspect of the self. And this seems to me important. For it is just because the analyst can recognize his early self, which has already been analysed, in the patient, that he can analyse the patient (4). His empathy and insight, as distinct from his theoretical knowledge, depend on this kind of partial identification (5).

But identification can take two forms—introjective and projective—a distinction latent in Freud's concept, the significance of which Melanie Klein has recently brought out (6). We may therefore expect to find both forms in the analyst's partial identification with his patient.

I will try to formulate what seems to be

1Read at the 19th International Psycho-Analytical Congress, Geneva, 24–28 July, 1955.

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happening when the analysis is going well. I believe there is a fairly rapid oscillation between introjection and projection. As the patient speaks, the analyst will, as it were, become introjectively identified with him, and having understood him inside, will reproject him and interpret. But what I think the analyst is most aware of is the projective phase—that is to say, the phase in which the patient is the representative of a former immature or ill part of himself, including his damaged objects, which he can now understand and therefore treat by interpretation, in the external world.

Meanwhile the patient is receiving effective interpretations, which help him to respond with further associations that can be understood. As long as the analyst understands them, this satisfactory relationship—which I will call the 'normal' one—persists. In particular, the analyst's counter-transference feelings will be confined to that sense of empathy with the patient on which his insight is based.

Periods of Non-Understanding

Everyone, the analyst no less than the patient, would be happy if the situation I have just described, and called the 'normal' one, would persist throughout the whole course of an analysis. Unfortunately, it is normal only in the sense of being an ideal. It depends for its continuity on the analyst's continuous understanding. But he is not omniscient. In particular, his understanding fails whenever the patient corresponds too closely with

some aspect of himself which he has not yet learnt to understand. Moreover some patients are much less co-operative than others. There are patients with whom the best of analysts find great difficulty in maintaining contact—with whom the 'normal' relationship is the exception rather than the rule. And even with co-operative patients, it is subject to fairly frequent breaks.

We recognize these breaks at once by our feeling that the material has become obscure, and that we have somehow lost the thread. Now whatever has in fact been missed, the fact of missing it creates a new situation which may be felt as a strain by the analyst as well as by the patient. Of course some analysts—for example, those who most crave the reassurance of continuous success—feel such strains more acutely than others. But, apart from individual differences, there is a peculiarity in the very nature of the analytic technique which must impose some strain on all of us—especially at moments when we cannot help a patient who is in obvious distress. For, if my argument so far is right, we all have some need to satisfy our parental and reparative drives to counteract the Death Instinct; but we are much more restricted in the ways in which we can do so than a real parent, an educationalist or any other kind of therapist. We are restricted to the giving of interpretations (7) ; and our capacity to give them depends upon our continuing to understand the patient. If this understanding fails, as fail from time to time it must, we have no alternative therapy to fall back on. Here, then, is a situation peculiar to analysis, when lack of understanding is liable to arouse conscious or unconscious anxiety, and anxiety still further to diminish understanding. It is to the onset of this kind of vicious spiral that I am inclined to attribute every deviation in normal counter-transference feeling.

If the analyst is in fact disturbed, it is also likely that the patient has unconsciously contributed to this result, and is in turn disturbed by it. So we have three factors to consider: first, the analyst's emotional disturbance, for he may have to deal with this silently in himself before he can disengage himself sufficiently to understand the other two; then the patient's part in bringing it about; and finally its effect on him. Of course, all three factors may be sorted out in a matter of seconds, and then indeed the counter-transference is functioning as a delicate receiving apparatus. But I will discuss the first stage first, as if it were a lengthy process—as it sometimes is.

The role of the analyst's superego

The extent to which an analyst is emotionally disturbed by periods of non-understanding will probably depend, in the first instance, on another factor: the severity of his own superego. For analysis is also a form of work required of us by this inner figure—which, incidentally, a demanding patient may sometimes come to represent. If our superego is predominantly friendly and helpful, we can tolerate our own limitations without undue distress, and, being undisturbed, will be the more likely soon to regain contact with the patient. But if it is severe, we may become conscious of a sense of

failure as the expression of an unconscious persecutory or depressive guilt. Or, as a defence against such feelings, we may blame the patient.

The choice of one or other of these alternatives seems to me to determine something else as well. For

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when that interplay between introjection and projection, which characterizes the analytic process, breaks down, the analyst may tend to get stuck in one or other of these two positions; and what he does with his guilt may determine the position he gets stuck in. If he accepts the guilt, he is likely to get stuck with an introjected patient. If he projects it, the patient remains an incomprehensible figure in the external world.

Examples of prolonged introjection and projection

An example of the first, that is, the introjective, alternative may be seen when the analyst gets unduly worried, both on his own and his patient's behalf, about a session that has gone badly. He may feel as if he had regained some of his own old troubles and become almost physically burdened with his patient's as well. Only when he separates the two can he see what he has missed and get the patient out of him again.

Often, it is something towards the end of a session, or of a week, which he feels he has missed, and then he has all the patient's supposed frustration in himself. This may look like a self-punishment for having unconsciously intended to hurt the patient. But we may wonder whether the patient has not contributed to the analyst's distress—whether the leaving of his analyst with an unsolved problem about himself is not his way of projecting himself into the analyst both to punish him for, and to avoid, the threatened separation.

In other words, there may be a symbiosis between the analyst's tendency to prolong the introjection of a patient whom he cannot understand or help and the patient's tendency to project parts of himself, in the way described by Melanie Klein, into the analyst who is not helping him. (This may be particularly disturbing if what the patient is most anxious to get rid of is his own destructiveness.)

In such cases the ultimate cause of the analyst's slowness in understanding and reprojecting the patient may be that the patient has come to stand for something which he has not yet learnt to understand quickly in himself. If he still fails to do so, and cannot tolerate the sense of being burdened with the patient as an irreparable or persecuting figure inside him, he is likely to resort to a defensive kind of reprojecting which shuts out the patient and creates a further bar to understanding.

If so, a new complication may arise if the analyst, in projecting the patient, projects aspects of himself as well. Then he will have the chance to explore within himself the workings of those mechanisms of projective identification which, under the influence of Melanie Klein, Rosenfeld and others have so fruitfully explored in schizophrenic

patients (8). Nor need we be surprised at this, for the discovery of pathological mechanisms in mental illness is usually followed by the recognition of their less obvious presence in normal people too. A 'slowmotion' example of the kind of process I have in mind may be seen in another fairly common weekend experience. For a little time after he has finished his week's work, the analyst may be consciously preoccupied with some unsolved problem of his patients. Then he forgets them; but the period of conscious concern is followed by a period of listlessness in which he is depleted of the private interests that usually occupy his leisure. I suggest this is because, in phantasy, he has projected parts of himself together with his patients and must wait, as it were, till these return to him.

When this partial loss of self occurs within a session, it is often experienced as the loss of intellectual potency; the analyst feels stupid. The patient may well have contributed to this result. Perhaps, frustrated by not getting an immediate interpretation, he has unconsciously wished to castrate his analyst, and by treating him as if he were, has helped to make him feel castrated (9).

A complicated example taken from my own experience would seem to illustrate the simultaneous operation of all these processes. For while the dominant theme was my introjection of a patient who wished to project his illness into me, I also experienced a sense of being robbed of my wits by him.

A neurotic patient, in whom paranoid and schizoid mechanisms were prominent, arrived for a session in considerable anxiety because he had not been able to work in his office. He had also felt vague on the way as if he might get lost or run over; and he despised himself for being useless. Remembering a similar occasion, on which he had felt depersonalized over a week-end and dreamed that he had left his 'radar' set in a shop and would be unable to get it before Monday, I thought he had, in phantasy, left parts of his 'good self' in me. But I was not very sure of this, or of other interpretations I began to give. And he, for his part, soon began to reject them all with a mounting degree of anger; and, at the same time, abused me for

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not helping. By the end of the session he was no longer depersonalized, but very angry and contemptuous instead. It was I who felt useless and bemused.

When I eventually recognized my state at the end as so similar to that he had described as his at the beginning, I could almost feel the relief of a re-projection. By then the session was over. But he was in the same mood at the beginning of the next one—still very angry and contemptuous. I then told him I thought he felt he had reduced me to the state of useless vagueness he himself had been in; and that he felt he had done this by having me 'on the mat', asking questions and rejecting the answers, in the way his legal father did. His response was striking. For the first time in two days, he became

quiet and thoughtful. He then said this explained why he had been so angry with me yesterday: he had felt that all my interpretations referred to my illness and not to his.

I suggest that, as in a slow motion picture, we can here see several distinct processes which, in an ideal or 'normal' analytic period, should occur extremely quickly. I think I began, as it were, to take my patient in, to identify introjectively with him, as soon as he lay down and spoke about his very acute distress. But I could not at once recognize it as corresponding with anything already understood in myself; and, for this reason, I was slow to get it out of me in the process of explaining, and so relieving it in him. He, for his part, felt frustrated at not getting effective interpretations, and reacted by projecting his sense of mental impotence into me, at the same time behaving as if he had taken from me what he felt he had lost, his father's clear, but aggressive, intellect, with which he attacked his impotent self in me. By this time, of course, it was useless to try to pick up the thread where I had first dropped it. A new situation had arisen which had affected us both. And before my patient's part in bringing it about could be interpreted, I had to do a silent piece of self-analysis involving the discrimination of two things which can be felt as very similar: my own sense of incompetence at having lost the thread, and my patient's contempt for his impotent self, which he felt to be in me. Having made this interpretation to myself, I was eventually able to pass the second half of it on to my patient, and, by so doing, restored the normal analytic situation.

According to Bion (10), the capacity to make this kind of discrimination, and much more quickly than in the example, is an important part of the capacity to use one's counter-transference in the interests of analysis.

Positive and negative counter-transference

Coming now to counter-transference in the narrow sense of an excess of positive or negative feeling, this too is often an indirect result of the frustrations arising when a distressed patient is not understood, and no effective interpretations can be given. For the analyst whose reparative impulse is thwarted of its analytically normal outlet may be unconsciously inclined either to offer some form of love instead, or to become hostile to his patient. Meanwhile, the patient may be facilitating the process by trying to provoke one or other of these affects in his analyst, who is the more likely to respond to his patient's mood just because he has lost his empathy with it.

Now however scrupulously we may suppress an excess of positive or negative feeling of this kind, the patient is likely to sense it unconsciously. Then a new situation arises in which his response to our mood may itself have to be interpreted.

If, for example, the counter-transference is too positive, the patient may respond to our increased emotional concern by complaining that we have no emotional concern. We do not contradict him as he may wish. But it may be appropriate to tell him that he believes we are attracted to him and has to deny it in order to avoid the responsibility for a seduction. For an important early pattern may be involved. As a child, he may

have been unconsciously aware that his caresses embarrassed one of his parents, for example, his mother, because she was afraid of being aroused by them; and the sense of being rebuffed may have rankled all his life, because it was needed to counteract his guilt for trying to seduce her. If so, the interpretation of the repetition of this pattern in the transference may enable the patient to reassess, not only his analyst's, but his real parent's attitude to him.

But if it goes unnoticed, and its effects unobserved, the unconscious offering of love in lieu of effective interpretations may disturb the analysis in many ways. For instance, the analyst may foster the split, directly in his own mind and indirectly in his patient's, between himself as a good parent and the real parents as bad ones. Then the patient may never become aware of his guilt towards them—a guilt which, paradoxically enough, is likely to be all the

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greater if they were really bad; for it is in proportion to his own ambivalence. If this guilt is not recovered in analysis, the patient cannot work through that early stage described by Melanie Klein as the depressive position, in which the developing infant begins to become aware of, and miserable about, the conflict between his hatred and his love.

As to the negative attitudes to a patient which may also result from a temporary failure to understand him, these would seem especially to arise when the patient becomes a persecution because he is felt to be incurable. Then, as before, the analyst's triple task is first to become aware of this defensive mechanism in himself, then of his patient's part in bringing it about, and lastly of its effect on him.

To take the last point first: The sort of paranoid patient I mentioned earlier, who hated me for years and seemed to make no noticeable progress, can easily come to stand for one's own bad and persecutory objects, which one would like to get rid of. Such feelings betray themselves in one's sigh of relief after the last session of the week, or before a holiday. One's first impulse may be to suppress such hostile feelings; but if one does not allow oneself to become aware of them, one may miss their influence on the patient's unconscious. For instance, I came to feel that the occasions on which this patient repudiated me with more than ordinary violence, followed rather than preceded, moments when I would really have been glad to see the last of him. And then my interpretation that it was he who felt rebuffed met with more success.

I also noticed more clearly that the times when I was aware of disliking him followed moments in which I had despaired of helping him. And I began to wonder whether he, on his side, was not trying to make me despair and, if so, what his motives were. Several seemed to be involved, of which perhaps the most important was that, in his phantasy, getting well was equated with the renunciation of an unacknowledged homosexual component in himself. He unconsciously wished to prove to me that this

could not be done. Meanwhile, he attacked me consciously for not curing him, that is, for not removing the impulse; and unconsciously for not satisfying it for him.

Conclusion

If what I have said so far touches only the fringe of an immensely complicated subject, it at least suggests the possibility of approximate answers to the questions I began with: What is normal counter-transference? How and under what conditions is it disturbed? And how can disturbances be corrected and in the process perhaps used to further an analysis?

The analyst's motive is a blend of curiosity with parental and reparative drives. His equipment consists both of his theoretical knowledge about the unconscious, and of his personal acquaintance with its manifestations which he has gained in his own analysis. But it is with his use of the second that we are here concerned; that is, with his insight, for this consists in his ability, by means of a partial identification with his patient, to apply his acquaintance with his own unconscious to the interpretation of his patient's behaviour. When all is going well, this identification seems to oscillate between its introjective and projective forms. The analyst, as it were, absorbs the patient's state of mind through the medium of the associations he hears and the postures he observes, recognizes it as expressing some pattern in his own unconscious world of phantasy, and reprojects the patient in the act of formulating his interpretation. In this phase he may get that sense of helpfully understanding his patient from within which satisfies both his curiosity and his reparative drives. To some degree, his interest is also a parental one; for, to the parent, the child is his early self, and it is with the same child in the patient that the analyst is most concerned. His sense of being in touch with it, his empathy, comprises his 'normal' counter-transference feeling.

What keeps the process going is the analyst's repeated acts of recognition, in the introjective phase, that such and such a pattern of absorbed emotion expresses such and such a phantasy in his own unconscious. And what causes a break in this relationship is a failure in this recognition.

The cause of a failure may be something still feared, because not yet fully understood, within the analyst to which the patient has come too close. But the result need be no more than a retardation in the analytic process, which enables us the better to observe its separate phases. This happens particularly when it is the first or introjective phase which is slowed down. The analyst then feels burdened with the patient and with some of his old immature self as well. He has to do more slowly, what at other times he does at once; become conscious of the phantasies within him, recognize their

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source, separate the patient's from his own, and so objectify him again.

But the analyst may also have to deal with two other factors, which are much less in evidence when the process is going quickly. These are the patient's contribution—in

particular his use of projective identification—to the analyst's disturbed emotions, and the effect which these in turn may be having on the patient.

It may be, however, that the analyst does not succeed in sorting all this out within himself before he reprojects the patient as something not understood, or foreign, in the external world. Then, since his reparative impulses can find no outlet in effective interpretations, he may be tempted to fall back on some form of reassurance instead. Or, if he despairs of his reparative powers, he may defend himself against depression by feeling angry with his patient. In either case, his intuition has temporarily gone so that any interpretations he makes can be based only on his knowledge of theory, which by itself is likely to be a sterile substitute for a fruitful combination of the two.

If we were omniscient analysts, the only counter-transference we should experience would be that belonging to those intuitive periods when all is going well. In fact, the less satisfactory states I have tried to describe, in which our feelings are at least in some degree disturbed, probably take up a lot more analytic time than we readily remember or admit. Yet it is precisely in them, I think, that the analyst, by silently analysing his own reactions, can increase his insight, decrease his difficulties, and learn more about his patient.

REFERENCES

The use of counter-transference as an 'instrument of research' has been especially studied by Paula Heimann('On Counter-Transference' *Int. J. Psycho-Anal.* 1950 31) That is to say, she has stressed its causes in the patient, while Margaret Little('Counter-Transference and the Patient's Response to it' *Int. J. Psycho-Anal.* 1951 32) has stressed its effects on him. This, too, is clearly an important aspect. But, in interpreting the patient's response to our counter-transference, opinions differ about whether, as she thinks, we should occasionally be prepared to admit to him what our counter-transference was—instead of confining ourselves to interpreting what is in his mind, namely, his beliefs about our attitude.

HEIMANN, PAULA The use of counter-transference as an 'instrument of research' has been especially studied by Paula Heimann('On Counter-Transference' *Int. J. Psycho-Anal.* 1950 31) That is to say, she has stressed its causes in the patient, while Margaret Little('Counter-Transference and the Patient's Response to it' *Int. J. Psycho-Anal.* 1951 32) has stressed its effects on him. This, too, is clearly an important aspect. But, in interpreting the patient's response to our counter-transference, opinions differ about whether, as she thinks, we should occasionally be prepared to admit to him what our counter-transference was—instead of confining ourselves to interpreting what is in his mind, namely, his beliefs about our attitude.

The sublimation of curiosity and of parental impulses have been stressed respectively by Clifford Scott and Paula Heimann in scientific discussions in the British Psycho-Analytical Society. But I have not found specific references to these points in any of

their published papers. In 'Problems of the Training Analysis'(Int. J. Psycho-Anal. 1954 35) however, Paula Heimann does implicitly refer to the dangers of an excess of parental sublimation.

Conversely, by discovering new patterns in a patient, the analyst can make 'post-graduate' progress in his own analysis.

Annie Reich speaks of a 'short-lived identification'('On Counter-Transference' Int. J. Psycho-Anal. 1951 32) and Paula Heimann of identification in both introjective and projective forms in her 'Problems of the Training Analysis' quoted above.

KLEIN, MELANIE 'Notes on some Schizoid Mechanisms' Int. J. Psycho-Anal. 1946 27 and in *Developments in Psycho-Analysis* 1952 I think the distinction between introjective and projective identification is implicit, though not very clearly brought out, in Freud's *Group Psychology and the Analysis of the Ego*

The extent to which we are in fact restricted to pure interpretations depends, in some degree, upon our school. We are all agreed that our main rôle is to give interpretations. No one denies that we also arrange a certain framework within which to give them: we provide the physical comfort of a couch; and we preserve a certain courtesy of manner with minor variations according to the requirements of different patients, some wishing to shake hands before or after every session, others not, and so on. But opinions differ about whether the framework, once established, should be deliberately manipulated. Thus Winnicott, if I understand him rightly, has argued that some psychotic patients can only form a relation to an ideal object which they have never had, and that the analyst may have to play this rôle before analysis proper can be started; in other words, that it is not alone sufficient to interpret the patient's efforts to force this rôle on him.

KLEIN, MELANIE 'Notes on some Schizoid Mechanisms' Int. J. Psycho-Anal. 1946 27 and in *Developments in Psycho-Analysis* 1952 I think the distinction between introjective and projective identification is implicit, though not very clearly brought out, in Freud's *Group Psychology and the Analysis of the Ego* ROSENFELD, H. 'Transference Phenomena and Transference Analysis in an Acute Catatonic Schizophrenic Patient' Int. J. Psycho-Anal. 1952 33

If so, the patient is also likely to introject him in this condition and then feel in more desperate need of external help than ever. At such moments, the analyst may become disagreeably aware that the patient is still more urgently demanding that which he is still less able to give—consciously, a good interpretation, unconsciously a breast or penis which now neither feel they have.

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BION, W. R. 'Language and the Schizophrenic.' Ch. 9 in *New Directions in Psycho-Analysis* 1955 Edited by Melanie Klein, Paula Heimann, and R. E. Money-Kyrle. How exactly a patient does succeed in imposing a phantasy and its corresponding affect upon his analyst in order to deny it in himself is a most interesting problem. I do not think we

need assume some form of extrasensory communication; but the communication can be of a pre-verbal and archaic kind—similar perhaps to that used by gregarious animals in which the posture or call of a single member will arouse a corresponding affect in the rest. In the analytic situation, a peculiarity of communications of this kind is that, at first sight, they do not seem as if they had been made by the patient at all. The analyst experiences the affect as being his own response to something. The effort involved is in differentiating the patient's contribution from his own.

RAPPAPORT, E. (1959) THE FIRST DREAM IN AN EROTIZED TRANSFERENCE. INT. J. PSYCHO-ANAL., 40:240 (IJP)

THE FIRST DREAM IN AN EROTIZED TRANSFERENCE¹

ERNEST A. RAPPAPORT, M.D.

The particular importance of the first dream in analysis has been recognized by Stekel, who pointed out that 'the first dream already contains the important secret, around which the neurosis is crystallized, revealed in symbolic language. It is often impossible for us to understand this first dream, and only in the course of the analysis will it become clear to us what the analysand wanted to say with the first dream' (11, p. 119). Stekel quoted Missriegler, who suggested that the entire life story of a patient, as a rule, is depicted in the first dream, if only we could understand it (11, p. 342). Fortunately this might not always be so difficult, because at the initial stage of the analysis the patient is still unsophisticated and does not employ any skill in disguising and distorting his dream. French was able to evaluate the integrative capacity of the ego by studying the manifest content of the first series of dreams in an analysis (3). Recently Leon J. Saul emphasized that the manifest dream alone can be an accurate prognostic sign in the beginning phase of treatment (10, p. 125).

Lionel Blitzsten has drawn attention to one specific prognostic factor which he learned from his own personal observation. 'If the analyst appears without disguise as himself already in the first dream, the prognosis is unfavourable, or this is going to be a very difficult analysis. This type of dream occurring so early in the analysis indicates that the patient in his unconscious is unable to differentiate between the analyst and a significant person of the past, or that the analyst in his appearance and behaviour really resembles such a person too closely. At any rate the analysis is going to be erotized right from the start.'

By erotization, Blitzsten means an excess of the erotic component in the transference, which however does not indicate an excess in the capacity to love, but rather a deficiency in it as contrasted with an excessive demand to be loved. The word 'love', of course, should be taken *cum grano salis*, considering that these patients have no experience in regard to the mature, highly socialized, and ephemeral concept of love; therefore erotization is a much more appropriate term. I continue to quote Blitzsten: 'In a transference situation the analyst is seen as if he were the parent, while in erotization of the transference he is the parent. In a transference dream of a later stage of the analysis the analyst appears only as a parent surrogate. This gives evidence that something is taking place between the patient and the analyst which is similar to the archaic situation, but is not the archaic situation itself. If the analyst, however, is

portrayed as his identical self immediately in the first dream, it has to be worked through quite early or one has to send the patient to another analyst. This can occur without participation of the therapist, or it may occur with any therapist who resembles the significant person in the patient's life experience and therefore imposes on him all the qualities of this individual.²

In a previous paper (9) I have mentioned the different terms by which various authors have designated the same bizarre transference situation. It is probably most vividly characterized by a patient described by Grete Bibring, who 'demanded to be taken on her lap, carried about and fed, and insisted on addressing her with the familiar Du' (2). Nunberg reported on a woman patient who literally expected to find her father in him. He came to the conclusion that such behaviour did not reflect the phenomenon that we call transference but merely readiness for transference (6). However, her refusal of reality testing actually contradicted a readiness for transference, at least in the usual

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²Personal communication.

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sense. Therefore I would suggest the term 'ready-made transference', which would emphasize the resistance to alterations. Oscar Pfister wrote in 1918: 'It is quite in order that the subject may wish to be loved by the analyst, but he should gain this love by valuable effort, whereby he may grow in his love (my italics). ... The transference breaks the path to a healthy esteem of the analyst, a highly valuable affection' (8). The implication is that, for the sake of winning the analyst's love, the patient learns to love himself and to give up his resistance against getting well. In 1939, Karen Horney declared that the most valuable of Freud's discoveries was his finding that 'one can utilize for therapy the patient's emotional reactions to the analyst and to the analytical situation' (5, p. 154). L. S. Penrose pointed out in 1947 that Freud's greatest contribution was the discovery that the patient obeys because he is in love with the doctor, and that it is unfortunate that the discipline was named psycho-analysis and not transference analysis (7). These authors agree that the only means by which the analyst can induce the patient to give up his illness is the transference. However, in an erotized transference, which the patient brings along from the outside ready-made, he does not fall in love with the analyst but instead expects the analyst to fall in love with him and to change for the patient's sake. The 'as if' situation of transference proper is unbearable to an ambulatory schizophrenic who has been too much frustrated by an as-if mother. He will insist that the analyst be his parent. He will refuse to exert any effort, but at the

same time will be convinced that the analyst owes it to him to love him without expecting anything, even respect, in return. Michael Balint was referring to this bizarre transference situation when he wrote of the analyst as being taken for granted and treated as a mere object, a thing, which deserves no consideration. He defined this as a pregenital or primary transference, which he put in contradistinction to a genital transference, in which the patient makes an effort to find favour in the analyst's eyes and engages in a 'work of conquest' of the analyst (1, p. 355).

Maxwell Gitelson stressed the importance which Blitzstein attributed to the discovery of the analyst's own participation in the patient's production of an erotized transference. 'An unmanageable intense transference neurosis is likely to be heralded in the patient's first dreams by the appearance in them of the analyst as himself. Such dreams are indicative of the actual recurrence in the analytic situation of an emotional situation which is too nearly that which characterized an original relationship, and the analyst needs to be certain that it is not his own attitude towards the patient which is producing the reaction.' Gitelson then gave as an example the first dream of a young woman who had been in analysis with a student and for weeks prior to this dream had been silent so that the analysis was in an impasse. As she later confessed, she was immersed in silent sexual preoccupations with the analyst. When she saw an announcement in the newspaper of a public lecture which he was going to give, she reacted to it with the following dream: 'She was in bed with the analyst; she took his hands and placed them on her breasts against his will; she had a strong sexual reaction.' In association to the dream she told the analyst how proud she was of him and that she used to write her father's speeches for him because of his difficulties with a new language. The analyst's contribution to her erotization of the transference was made evident by his decision to analyse this particular patient without the help (interference) of a supervisor, and by his corresponding dream, in which he was in bed with the patient, put his hand on her pubis, and felt that he was looking for something but was aware only of hair and moisture (4).

A colleague told me about a student who reported in a case conference the first dream of his patient in which he, the analyst, appeared as himself. When he began to discuss the patient in front of the class, it was obvious to everyone except himself that he actually represented the mother to this patient. The patient's mother was so untidy that she kept the house littered with Kotex and old newspapers and in an abominable mess. The student analyst while reporting the case littered the desk with his notes which spilled over on to the floor, and it was known that he also kept his office in disorder. The effect of his behaviour was that he had made the patient's transference too real. However, the analyst need not resemble the parent so closely in his attitude and appearance to elicit such a first dream. The patient might react to some counter-transference phenomena which he could sense in the analyst, or his concept of the analyst might have nothing to do with the analyst's actual person but be plain wish-fulfilment and wholly remote from reality.

The following clinical instance was related to me by a woman analyst. A young man had made an appointment with her by phone for his first analytic hour. In this hour he reported that in

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the night following the telephone conversation he had dreamt that he was in her office and lying on the couch while she was hovering over him in the air. He had seen her occasionally at meetings and he knew what she looked like when he heard her voice on the phone, but it was entirely out of the question that she could have contributed anything to this dream either in reality or by counter-transference. Nevertheless, in the course of his subsequent analysis he persisted in acting in response to this dream fantasy, the same which he entertained about his mother who had died some years ago. In his adolescence he and his mother acted out a romantic relationship between them, of which his mother was less conscious than he. The woman analyst was unable to break through this fantasy about her or even to get it into the open. The patient could be helped to some extent, but he could not be analysed by her and had to be referred to another analyst. The possibility of analysing such a dream is enhanced if it occurs a few hours later in the analysis, as is illustrated by the next case:

A 26-year old social worker, a rather obese fellow, sought analytic treatment because of his insecurity with people and at his job, which he was afraid of losing. When he walked into my office and while he was sitting he always kept his head bent forward, which indicated partly submission and partly readiness to butt with his head like a bull. He attempted to overwhelm me with a flood of verbalizations, but these ebbed immediately after the eighth hour when he had accepted my hint to lie on the couch. He became increasingly aware of my silence, and that if he did not face me he could no longer fancy that he controlled me. He voiced his chagrin in such statements as: 'There should be more social graces between you and me. I am not used to speaking if you don't talk back. Maybe I am tired. You ushered me out here last hour while I combed my hair.' When I repeated that his time was up and another patient waiting, he replied angrily: 'It could have been handled more delicately by you. Maybe I wanted to stay longer. I feel rejected. I no longer have the enthusiasm about analysis as before. Maybe we reject one another.' In the twelfth hour he reported the first dream:

'I had a dream and you were in it. You were swinging on some contraption and other people were also on it. Your head was down while the others had their heads up. I was watching you and laughing, but I did not want you to see me and turned my head away, though I had the feeling you were looking at me. Then you got up and passed by me. Then I dreamt that a boat was going away and a ladder was hanging down from the rear of the boat. A fellow was hanging on the ladder. I could not quite reach the ladder, but the fellow would not help me on to the ladder though I had a heavy bag. This was odd of him, and then the fellow was my father and I awakened.'

His associations were that he felt rejected because I had passed by him after I had got up from the contraption, and because the odd fellow who was his father did not help him on the ladder to the boat. When he had come to his last hour he had walked past the building where my office is located and had to turn round. An 'odd fellow' made him think of a homosexual, and the swing reminded him of a penis and of obscene phallic pictures he had seen at Pompeii where he had been during his military service. While the average dreams in the initial stage of analysis should not be interpreted, and certainly not the first dream, yet a transference dream, and especially a premature transference dream, should not be ignored. Blitzstein postulated that an erotized transference must be worked through quite early or the patient must be sent to another analyst. Therefore I confronted the patient with the manifest dream thoughts, his wish to make a carnival out of the analysis by putting me on a swing with my head down and laughing at me, and his anger that the odd fellow, though his father, did not help him on to the ladder so that he missed the boat. I told him that his desire was that I should not work, but play with him, and I asked him to look at me and ascertain that I was not his father.

The patient was employed by a private agency for the treatment of alcoholics, and was engaged in non-directive therapy. Following a change in the administration, he had been told that if he wanted to keep his job he would have to enter graduate school for a master's degree. He expected me, instead of analysing him, to give him a course in psychotherapy and to help him with his assignments from the school of social work, hence his anger in the dream because I did not help him on to the boat though he had such a heavy bag. This was a reference to his briefcase full of case histories which he brought along to each hour hoping that I would discuss these case histories with him.

I could discover only one reaction to my own unconscious feelings in the manifest content of the dream. By watching me in a ridiculous situation and laughing at me he reversed something he sensed in me, namely, that I felt amused by his naïveté. It enhanced his disappointment that I still treated him as an adult and patient and not as a child and pupil. The latent dream thoughts could be understood only by the analysis of a series of dreams, his associations and behaviour in the analysis. He believed that when he was masturbating his father would climb up a ladder and look through the transom to watch him. In contrast he used to watch enviously at the dinner table when his father got the bigger piece of meat. This was, of course, a screen memory for

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looking enviously at the father's bigger penis. The analyst swinging on the contraption with his head down while the others had their heads up was a primal scene memory, and his laughing was a betrayal of his sexual excitement and anxiety. As for the others with their heads up, this was a fantasy that his mother and he were on top of the father. His envy of his father's bigger penis was reinforced by an identification with his mother and her penis envy. Wanting to be let in on it, originally the primal scene, and at the time of

the dream the psycho-analytic 'racket', recurred as the motif in another dream pair ten hours later.

Two fellows were sitting on the steps of the porch twisting a rope and he came along asking: "What are the chances of getting in on the deal?" Then his mother was crazy and supposed to be taken away for psychological tests, but his father protested against it and fought the men who wanted to have her committed.

Of course, the crazy mother was himself, and he wanted me to protest that he needed psychiatric treatment, but to let him in on the ropes without any effort on his part. His mother was the dominant person in the house, while 'his father took the back seat', just as I, sitting behind him, had taken the back seat. Though a stupid, rambling woman, she vaunted her supposedly higher education over the father, whom she depreciated because of his foreign accent and whom she called crazy and a bum. She had told the patient that psychiatrists also are crazy and that one day she will call me up and bawl me out. Repeatedly he expressed his anger about being treated as a patient and said that he was ashamed to come to his analytic sessions. When he was late at work because of a morning hour, he apologized for having overslept rather than admit that he had seen his analyst. He took off his jacket regularly before lying on the couch so that it would not be wrinkled and people would not recognize that he was in analysis.

When his mother had refused to share the bed with his father she had sent him to share that of the patient, who thus took the mother's place. Then the father was lying behind him in bed and in the morning he could feel the father's erected penis touching his buttocks. The analyst, taking the back seat behind him and speaking with a foreign accent, appeared to him not just as if he were the father but as the father in person. Therefore he reported persistent tics and twitches of his buttocks during the hours from the delusion that he could feel the father's erected penis behind him. In that sense the ladder in the first dream hanging from the rear of the boat was also the father's penis which he could not quite reach but wanted to grasp and to incorporate. The father or analyst was the power behind the throne. Therefore he wanted to keep me anonymous. He reproached me because on one occasion I ate a sandwich during his hour and did not share it with him. He asked me whether he could borrow my air-conditioning unit while I was on vacation or if he could borrow my books or get a file cabinet like mine. He wanted to share the office with me as a partner, but it seemed funny to him to call me doctor. He experienced the transference, as Thomas Szasz wrote, only in terms of the pleasure of the child; the analyst to him was an ideal parent, masochistic and self-sacrificing (10). In a dream I sat at the foot of the couch and he at the head, and I asked him not to call me doctor. In another dream he wanted to stop the analysis, but I begged him not to stop it and invited him to sit on the couch with me to play pinochle, a thin disguise for playing with our penises, and then he condescended to stay in analysis. His mother had often threatened to get a divorce and, when he was a child, had told him that he would become her divorce lawyer, but she had always condescended in the end to

stay with his father. The patient must then have witnessed the sex play between the parents following the reconciliation. He was now less interested in becoming mother's divorce lawyer, but rather the mother herself, and wanted me to play the corresponding role of the father.

I did not refer this patient to another analyst because I could not find any evidence that he would have developed a different type of transference with another analyst. Blitzsten noted that an erotized transference can also occur without participation of the analyst. For this patient, being alone in the same room with an analyst was in itself enough encouragement to erotize the analysis regardless of the analyst's sex. By sitting behind him I reminded him of the father who used to lie in bed behind him, but I did not want to change the position, because he would have interpreted it as giving in to his wishes for superiority and control. It was necessary for him to learn to tolerate being left to himself. He was ready to accept as his parent anyone whom he considered strong enough to feed on, and this immediately made that person identical with the parent, who in his fantasies was bisexual. He had proof that his landlady saw in him her own son, because she cooked chicken for him on Friday and she had known his grandmother. He had noticed that the man who was his boss had 'identified with him' because his boss had no formal training and neither at that time had he. His boss was an ex-alcoholic, and the patient had got himself drunk in the Services before he was shipped overseas; thus, he also was an ex-alcoholic. His attitude was the same in regard to his cello teacher and to his supervisor.

To my surprise the patient could be analysed, and he profited from the treatment. He held two jobs, one to support himself and another to finance

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the analysis. He overcame his learning inhibition, finished his undergraduate training, and was admitted to graduate school. To prevent an interminable analysis I had set a date for termination. In one of his last dreams I was the commanding officer and had sent him on patrol to the front line. He returned and asked how he could find the way; I told him by the North Star and gave him a pocket watch. Though I had shown him the way and given him the analyst's watch, as a confirmation present, so to speak, he still had to replace the lost parent, and found a new one in the disguise of a wife. Against my advice, he married a schizoid woman, who was still in analysis herself, intellectually superior to him and seven years his senior. She supported him during his full-time school work so that he could acquire a master's degree and promising employment. I still represent the ideal parent, whom he occasionally consults, every time expressing the desire for more analysis in the future.

The analysability and the obvious though limited improvement of this case could also have been foreseen by a careful evaluation of certain elements in the first dream which indicated favourable signs in an otherwise poor prognosis. The dream was reported in the twelfth hour, when the analysis had already made some headway, though with a

most insidious resistance. It was a dream pair, in which the analyst appeared in the first dream and the father in the second; the analyst became the father successively and not simultaneously. The dream pair could be analysed in contrast to other first dreams in which the analyst appeared as himself, and which could not be analysed. The analyst was seen on a contraption with his head down, while others had their heads up and the patient was laughing. Certainly the latent dream wish was a reversal of the analytic situation with the analyst lying on the couch and the patient sitting up and laughing, but it could have been depicted by an image not as vague as a contraption. In his associations the analyst was on a swing with his head down, and therefore was not seen as his actual self in a realistic situation, but in an impossible one; hence the dream could be interpreted. In the second dream a fellow was hanging on a ladder attached to the rear of a boat. The boat was leaving, but the odd fellow did not help the patient, who could not reach the ladder. Undoubtedly the latent dream thought was the fear of missing the boat. During his military service he had some homosexual experiences with Italian boys and the fear of missing the boat had to do with the awareness of his sexual inadequacy with women. At the time of the dream he was afraid of losing his job because of inadequate schooling, and that his boss, who also had no formal training and therefore was hanging on the ladder himself, would not help him on to the ladder which he could not quite reach. Furthermore, the boat was also the Institute for Psychoanalysis, from which he had been referred to me. He had fantasies that he could get on the boat if I would only help him on to the ladder and tutor him in psychoanalysis. He must have been aware that I was a candidate in training at that time and therefore not yet on the boat myself, but hanging on to the ladder. However, he expressed these thoughts only under the disguise of symbolism, never openly. The same applies to the only resemblance to his father which he could detect in me, my foreign accent. He mentioned on several occasions that his father had a foreign accent for which the mother depreciated him, but I had to remind him that I too had a foreign accent.

The dream work of symbolic concealment was omitted in the first dream of the patient of another student of the Institute, and consequently the prognosis was considerably less favourable. In this dream, which was reported as early as the fourth hour, the patient, a young man, saw the analyst as himself turning over the case to an older analyst who was just starting out and did not make a good impression on the patient. The transfer had taken place in a routine manner and the older man, who had very little hair left, seemed uninterested. In his associations the patient admitted that he had unexpressed qualms about being a control case and had tried to reject the fact that his analyst was in training. He added facetiously that he wondered why he received the special privileges of a control case and that he was cheating the analyst because he had concealed the fact that he could pay a fee of one dollar more. When he was a boy and was paid by the synagogue for singing in the choir he turned over the money that he earned to his mother, who gave him as much as he needed. This patient was unable to differentiate

between the analyst and his older brother. He was very dependent on his older brother, but at the same time resented the fact that his mother was uninterested in him and that he had to be content with the brother as a parent substitute. The analyst appeared to him as only another of the choir boys of the Institute, who was supposed to turn over the money and the case to a parent supervisor. The patient paid only a token fee, and this was another contributing factor which made the analytic situation resemble too closely a real situation in the patient's childhood. Furthermore, the analyst really had shown some of the concern of an older brother in the initial hours and had then suddenly become completely inactive without preparing the patient for this change in attitude.

It often becomes clear even in the initial stage of an analysis that the patient is unable to differentiate between the analyst and a significant

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person in the past. This occurs if the analyst in his appearance and behaviour really resembles such a person too closely and the transference has become unmanageable because of being too real. The patient must then be referred to another analyst, often at once. Blitzstein pointed out that it is the particular advantage of a trial analysis to bring such a situation into the open, and, by referring the patient at an early stage of the analysis, to avoid a narcissistic injury to him. He used to reassure a new patient that the trial analysis does not put the patient on trial but allows participants to find out whether they will be able to work together, and while it is true that not every patient can get along with every analyst, it also is not given to every analyst to subserve the needs of every type of patient. It might turn out that it would serve the patient's needs better to go to another man, or perhaps rather a woman.

The analyst as a mere screen or mirror does not exist in life, but this ideal of an analyst should be approached as closely as possible, and certainly nothing should be carried into the analysis except what the patient brings to it. If the analyst has introduced something into the analytic situation which in fact repeats an ancient interpersonal situation for the patient, this, according to Gitelson (4), is not a counter-transference; on the contrary the patient has become a transference object for the analyst and realizes it. It is a reaction to the patient as a whole, and more troublesome, because more illusory, if positively toned and eventually rationalized as an improved paternal or maternal or corrective emotional attitude. Gitelson's opinion is that 'enthusiasm about a patient, masquerading under the cliché positive counter-transference, may be the opposite number of the defensive erotized positive transference with which some patients elude us.' Transferences of the analyst to patients occur very early in the analysis, in contrast to countertransference manifestations of the analyst, which appear later in the context of an established analytic situation. They are reactions to partial aspects of the patient, and usually expressed in annoyance with him after he has, to quote Gitelson again, 'touched on vulnerable aspects of surviving character defences of the analyst.'

The patient, however, may also compulsively seek to annoy the analyst because this was the only effective method by which he could keep an indifferent parent occupied. To such a patient one may just as well admit that one is not immune against irritation, because he knows too well that the angelic goodness of a parent who does not admit being annoyed is spurious. He may also be told that his hostility is only a device in his frantic search for contact. The problem which these patients present is that they equate silence with indifference, so that the analytic situation itself becomes an identical repetition of a traumatic experience with a significant person in the patient's childhood. They are likely to develop an erotized positive transference without participation of the analyst, and regardless of whether the analyst accidentally bears some resemblance to the significant person of the past or not. Following the advice given by Blitzstein, such a situation has to be worked through very early, and if the analyst appears as himself already in the first dream, the situation is immediately brought into focus and permits a fairly accurate evaluation of the prognosis.

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1952) ORAL COMPONENTS OF THE CASTRATION COMPLEX. INT. J. PSYCHO-ANAL., 33:450 (IJP)

ORAL COMPONENTS OF THE CASTRATION COMPLEX¹

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The topic of this paper is not a new one. In *Inhibitions, Symptoms and Anxiety*, for example, Freud wrote: 'Castration can be pictured on the basis of the daily experience of the faeces being separated from the body or on the basis of losing the mother's breast at weaning'. Several other authors have made contributions to the subject.² The first, and in my opinion still the best, is Dr. Stärcke's paper published in 1921. Stärcke went much further than Freud and assumed that the emotional weight of the castration complex is mainly derived from oral frustration.

The reason I take up the subject again is its great practical importance, which is perhaps not always sufficiently appreciated. Even Freud, the originator of the concept of the close relationship between genital and pregenital instincts, might have laid still more stress on the therapeutic value of his discovery. In *Analysis Terminable and Interminable*, he wrote: 'We often feel that when we have reached the wish for a penis and the masculine protest, we have penetrated all the psychological strata and reached bedrock and that our task is accomplished', and in a footnote: 'What they (men) reject is not passivity in general but passivity in relation to men. That is to say, the masculine protest is in fact nothing other than fear of castration'. The expression 'our task is accomplished' suggests that castration anxiety and penis envy must be accepted as ultimate facts, which should be independent of earlier experiences. Freud must have meant those primary reactions in living beings that can so easily and in their purest form be demonstrated in animals. Von Uexküll and Lorenz call them *angeborene Reaktionsschema*, congenital reaction schemes. Animal psychology offers many examples of such reactions.

I will give two examples: Woodgrouse react at the sight of a sparrow-hawk in the air in typical fashion: the cock takes up a defensive position, the hen huddles up and seeks shelter. Young birds that have been kept isolated from birth react in the same way if a piece of paper of approximately the form of a hawk is moved over the cage. When the birds are twenty days old the aforementioned difference in behaviour between the cocks and the hens can already be noted. When the piece of paper, the *attrappe*, as the animal psychologist calls it, is made more and more unlike the hawk, the reaction grows progressively weaker and finally disappears.

A new-born chick in a hatcher picks at grain on the floor and also at small painted yellow spots. The dimensions of the spots must be approximately those of the grain. If they are too big or too small the chick ignores them.

Observation of isolated animals affords many examples of congenital reaction schemes, which determine mating, fighting, or seeking of food. All these examples have the same characteristics:

- a. the limited variability both of the 'key situation' and of the 'response';
- b. when an 'ill-fitting key' is used as an attrappe the response becomes weaker, but the quality of the reaction scarcely changes.

It seems improbable that similar congenital reaction schemes are to be found exclusively in animals and never in human beings. Lorenz gives some convincing examples of human congenital reaction schemes. Most, like the animal reaction schemes, are certain typical reactions to chemical substances by the organs of smell and of taste. In contrast with human reactions to optical and acoustic stimuli, these reaction schemes, like those of animals, have very limited variability. Smell and taste symbolism hardly exists. This explains the scantiness of mental processes in connection with these senses. There is no form of art in connection with smell and taste perceptions comparable with painting, sculpture, or music. Combinations of colour and spatial relations

1Read at the 17th International Psycho-Analytical Congress, Amsterdam, 1952.

2Stärke, Alexander, Rank, Helene Deutsch, Bergler-Eidelberg.

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can represent or express a multitude of complicated mental experiences. Smell and taste can hardly give more than direct sensual perceptions without a 'higher' meaning. The difficulty of describing a smell or a taste, as well as the difficulty of imagining these sensations, might have the same origin.

Lorenz and von Uexküll's theory is not in contradiction with the psycho-analytic concepts. There is ample evidence that the reaction of the three-year-old child on the observation of anatomical difference between the male and the female genitals can to a certain extent be compared with congenital reaction schemes in animals. When Freud said that the therapist has reached 'rock bottom' when he has made the patient conscious of the penis envy of the castration anxiety, he obviously meant the same biological fact, which the animal psychologist calls the 'congenital reaction scheme'.

It is reasonable to presume that the most general rules of the instinctual behaviour of animals can also be applied to the human instinctual functions. However, we must bear in mind that there also are important differences between human and animal

psychology. In the first place, there is the methodological difference: experiments with human beings are limited. A bird can be born and educated in complete isolation; a human being cannot be kept free from external experiences to the same extent. If the analyst wants to study congenital reaction schemes, he is committed to the very first period of life. Only the sucking instinct can be considered to be more or less undisturbed primary behaviour, relatively free from environmental influences. All later instinctive reactions are influenced by previous experiences.

In addition to the practical circumstances that complete isolation is impossible with human beings, there are certain intrinsic differences between human and animal psychology. With animals the *attrappe*, for instance the piece of paper representing the hawk, must resemble a hawk rather closely. If not, the reaction fails to occur. With animals, the variability of the stimulating perception, the instinctual object, is very limited: only a well-fitting 'key' will work. With human beings, however, the variability of the instinctual object is enormous. Under certain conditions very different objects may start an instinctual process.

The other intrinsic difference is the degree of variability of instinctual actions. The instinctual response of animals to a 'key' stimulus is rather strictly limited. In human beings, on the other hand, an instinctual impulse may give rise to a widespread range of actions. The characteristic qualities of human psychology—the variability of the instinctual object and of the instinctual aim—are the basis of analytical work. The analyst has to find out how the original stimulus is replaced by symbolic stimuli and which actions are substitutes for the original response.

The reaction schemes in animals are independent of one another; in human beings however, there is a constant interplay of drives. The typical stimulating perception of one drive can function as a substitute stimulus for some other instinct. In a *fellatio* fantasy, the nipple is replaced by the penis, for example. The congenital reaction schemes in human beings are not so well 'isolated' as they are in animals.

If in a child, at a certain age, a new form of instinctual activity manifests itself, this manifestation is never quite independent of previous forms of activity or previous experiences. We can agree in part with Susan Isaacs (*Childhood and After*, p. 94) when she wrote: 'Other types of activity, other relations derive their first impetus, their first cathexis from the infant aim of sucking, biting and swallowing'. This could be expressed somewhat more cautiously by saying that instinctual objects of an earlier phase are apt to become a 'key function', an *attrappe*, for later instinctual processes. This is the blending of drives, which apparently is characteristic of the human mind.

The extensive variability of the drive object is obvious with regard to the oral instinct. The original 'key stimulus' cannot be anything but the mother's breast, especially the nipple. The baby, however, puts all objects in its mouth. In this connection an interesting fact can be observed, a fact that has scarcely aroused the attention it merits: after weaning, the tendency to put the nipple in the mouth vanishes surprisingly rapidly,

in a month or so, and long before the tendency to put everything else in the mouth disappears. The only explanation for this is a partial but violent repression. The sucking reflex has certainly not completely disappeared. One may even see the reflex in senile arteriosclerotic patients. If a pencil is held some centimetres from the mouth, the pursing of the lips and the rhythmical movements can be unmistakable.

Newly weaned infants, in whom the impulse to take the nipple in the mouth has disappeared, still retain a keen interest in the mother's breast. A

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one-year-old boy examined the mother's nipple with his finger four months after weaning. He called the nipple 'moo'. In one of his books there was a picture of a cow, his parents had told him that the cow says 'moo', and he therefore calls the cow 'moo'. The udder drew his special attention. Perhaps it reminded him of his own penis. As a baby's penis undeniably resembles a nipple, the penis acted as an attrappe. The same mechanism explains the fact that he also called his father's penis 'moo'.

The dream of an adult man corresponded with the child's reaction. He saw in the dream a woman's breast with unnaturally large nipples. 'These nipples hung down and were slightly bent', he said. 'They were like a small, soft penis, like the penis of a very young child.' The dream came during a period of the analysis in which castration anxiety came forth, combined with many oral fantasies.

In a female patient, the intimate relation between the mother's breast and the castration complex was equally obvious. Here follow some dreams which she had in the course of six weeks.

Dream I: 'I was going to travel to Rome. Just before entering the city I met a woman who was singing out of tune. I thought: "Now everything is spoiled". I stood before two high, white walls, which formed a sharp angle that pointed towards me. This point could penetrate my body and I could not enter the city because the point would come into me. The two white walls with the sharp point reminded me of a woman's breasts and nipples. Then I saw a friend, who is bringing up her little daughter without love. This friend begged me to visit her mother, I entered an unfurnished apartment and saw only two cupboards, which also looked like breasts. I was carrying many objects, including a bottle of milk. I dropped the bottle and had to go after another bottle of exactly the same kind of milk, because it is unfair not to give a child the milk it wants. When I could not enter Rome I thought it was unfair that I could not have an orgasm by masturbation like a boy. Romulus and Remus were nursed by a wolf. So they, too, did not get the milk they ought to have. Their mother must have abandoned them'.³ In many previous dreams the colour 'white' is connected with the mother (two white walls in this case).

Dream II: 'I saw my mother with a two-year-old boy in her arms. Then I was the little boy myself. I had my back towards my mother and threw myself forward, that is to say

away from my mother. I vomited a thick, white-yellow fluid, like milk or perhaps semen.'

Dream III: 'I was a poor boy of about six years old, like Oliver Twist. I was in a street in London and I met X (her lover). He said: "Go to that stand, you will find something there" Under loose leaves I found two coins, as big as a penny. They resembled the aureola mammæ of breasts under a blouse with frills, such as my mother used to wear when I was a child. The coins might also have been two strawberries under white snow.'

Dream IV: 'I saw the old-fashioned cake tins that we have at home. They are about one inch in diameter. I put them all on top of one another so that they became a bar, and I pushed the bar into my vagina.'

Dream V: 'I saw two bananas. In some way I knew that they were penises. I wanted to eat them.'

This patient was the eldest of several children. When she was two years old there was a reproduction of one of Raphael's famous pictures hanging in her bedroom. This picture shows the Virgin Mary with two small naked boys, Jesus and St. John. The genitals are clearly depicted. The little girl was terribly afraid of this picture, and could not sleep if it was not turned towards the wall. She had already mentioned this fact at an earlier stage of the treatment. Now she came to think about it again and realized that the penises of the two boys reminded her of the nipples of the female breasts. The parents had hung the picture in her room when the mother was expecting her second child. The idea was to teach the girl what a boy looked like, in case the baby should be a boy.

These are only a few examples from a long analysis. One sees clearly how the ambivalent longing for the mother's breast is intermixed with the penis envy. Especially interesting in these dreams is it that the breasts are represented as twin objects: two white walls, two coins, two strawberries, two cupboards, two bananas, two small penises in the Raphael picture.

The conclusion to be drawn from these examples is that clinical facts afford further evidence to support the theory that penis envy and castration anxiety are not exclusively, not pure congenital reaction schemes in the sense of von Uexküll and Lorenz or 'rock bottom' facts as formulated by Freud.

The little boy's penis acts as an attrappe, representing the nipple. This explains, in part, the great emotional value of the observation of the anatomical sex difference: the absence of the penis with girls, is connected with the loss of the mother's breast and the anxiety concerning loss of the penis has one of its roots in the same experience. Thus it is comprehensible how a relatively small physical difference can often have

3Dr. Servadio told me that philologists suppose that the original meaning of the word 'Rome' is 'breast'. My patient did not know this fact.

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a catastrophic pathogenetic influence. Here we also find a plausible explanation why the girl holds the mother responsible for the lack of the penis: the mother once took the nipple away from her.

Even with small boys the earliest castration anxiety is connected with the mother and is of an oral type. Only a few years later, after the development of the Oedipus complex, the father assumes the role of the castrator in the boy's imagination. However, in many patients the castration anxiety retains much of the oral-maternal character (vagina dentata, etc.).

The widespread belief in the possibility of fortifying the sexual potency by eating certain pills, roots, nuts, etc. scarcely ever has a pharmacological foundation. Most often it is based on a magical fantasy. The concept of the 'phallic mother' is no longer strange if measured by the equation, penis = nipple.

The female belief in having had a penis once upon a time belongs to the same category. In the first period of life the mother's nipple is not exclusively experienced as an 'external object'.

The symbolic significance of the extraction of teeth is reminiscent of the loss of the nipple. A young man had a dream in which he was in the dentist's chair. He lost his teeth, which ran out of his mouth as fluid gold. The *Verschiebung nach oben* the displacement from below upwards, can be seen as a tendency to revert to the mouth. Previous to the *Verschiebung nach oben* there has been a *Verschiebung nach unten*, a displacement from above downwards.

In terms of animal psychology this could be formulated as follows: in early infancy the penis has been an *attrappe* for the nipple. Later on, when the genital primacy is established, then the nipple, the breast, the teeth, the nose, etc. may function as an *attrappe* for the genitals. The same could be said of the mouth—vagina relationship.

It is questionable whether the intimate relation between the oral and the genital experiences is a general phenomenon or is only so prominent in cases of disharmonious conditions during earliest childhood. There are several arguments in favour of the first supposition. I might mention the frequency of the dentist dream, which practically everybody has had, or the apparent relation between infantile masturbation and thumb-sucking. If the castration fantasies always draw powerful contributions from previous developmental phases, it may be questioned whether the Oedipus complex and the subsequent castration complex can fully maintain their central position in psycho-analytic theory. The problem can be formulated as follows: Do the oral and the anal experiences become more important later on in a regressive manner? Is it the Oedipus complex that evokes the castration fantasies? and do the oral experiences become

secondary to their high emotional value? Or does the castration complex receive its principal effective charge from the early oral complexes? Only clinical observation can decide which version is correct. I am inclined to believe that working out the oral frustration has been of considerable help to several patients with persistent castration anxiety or penis envy. This bears out the primary importance of the oral experiences.

If the oral experiences during infancy merely 'colour' the castration complex (Fenichel) it is difficult to explain these therapeutic results.

It is somewhat surprising to find that even those authors who lay special stress on the influence of oral experiences on the final shape of the genital functions still use the expression Urkastration, primeval castration (Stärcke, Helene Deutsch, Rank). This does not seem to correspond entirely with their line of thinking. It is not the castration fantasy, but rather the oral frustration that is primeval.

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**Incidences thérapeutiques de la prise de conscience de
l'envie de pénis dans la névrose obsessionnelle féminine**

Œuvres psychanalytiques - I. La relation d'objet
(névrose obsessionnelle - dépersonnalisation),

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Le travail que nous vous présentons aujourd'hui intéresse un cas de névrose obsessionnelle féminine, qui nous a paru posséder une iconographie onirique particulièrement riche, susceptible de rendre plus facilement objectivables les variations du transfert et les modifications de la structure psychologique, qui, dans des cas de ce genre, peuvent se produire sous l'influence de l'analyse. Nous disons bien dans des cas semblables, car nous aurions pu aisément remplacer cette observation par une autre qui a témoigné d'une évolution à peu près parallèle; de plus chez d'autres sujets dont l'analyse est moins avancée, une interprétation semblable des faits semble devoir s'imposer, tout au moins en ce qui concerne l'essentiel de ce que nous désirons soutenir ici ; à savoir : que la prise de conscience de l'envie du pénis intervient de façon favorable sur l'évolution des phénomènes de transfert et facilite l'assouplissement du surmoi féminin infantile. Ce sont là, nous le savons, des constatations de pratique journalière, et il serait inutile de produire cette observation si elle ne tendait à démontrer que, comme l'obsédé masculin, la femme a besoin de s'identifier sur un mode régressif à l'homme pour pouvoir se libérer des angoisses de la petite enfance ; mais alors que le premier s'appuiera sur cette identification, pour transformer l'objet d'amour infantile en objet d'amour génital, elle, la femme, se fondant d'abord sur cette même identification, tend à abandonner ce premier objet et à s'orienter vers une fixation hétérosexuelle, comme si elle pouvait procéder à une nouvelle identification féminine, cette fois sur la personne de l'analyste. Il va sans dire que l'interprétation des phénomènes de transfert est ici particulièrement délicate. Si la personnalité de l'analyste masculin est d'abord appréhendée comme celle d'un homme avec toutes les interdictions, les peurs et l'agressivité que cela comporte, peu après que le désir de possession phallique, et corrélativement de castration de l'analyste, est mis à jour, et que de ce fait, les effets de détente précités ont été obtenus, cette personnalité de l'analyste masculin est assimilée à celle d'une mère bienveillante. Cette assimilation ne démontre-t-elle pas que la source

essentielle de l'agressivité antimasculine se trouve dans la pulsion destructive initiale dont la mère était l'objet ? La prise de conscience de l'une entraîne le droit au libre exercice de l'autre et le pouvoir libérateur de cette prise de conscience du désir de possession phallique devient alors de plano compréhensible, ainsi que le passage d'une identification à l'autre en fonction d'une ambiguïté fondamentale de la personne de l'analyste dont l'aspect masculin est d'abord seul perceptible à la malade.

OBSERVATION.

Description clinique. Anamnèse.

Étant donné le temps inévitablement assez long que nécessite la relation de ce fragment d'analyse, nous allons essayer de vous présenter de façon très résumée l'exposé préalable des phénomènes morbides et de la situation familiale de Renée.

C'est une femme de 50 ans environ, bien portante, mère de deux enfants, exerçant une profession paramédicale, qui a subi dans un proche passé une analyse de deux ans sur laquelle nous avons peu de renseignements. Nous savons qu'elle eut pour son médecin un sentiment assez vif qu'elle n'extériorisa pas facilement et qu'elle interrompit sa cure sous des prétextes variés. Elle n'était d'ailleurs encouragée dans cette attitude par une amélioration très importante de ses phénomènes obsessionnels qui s'amenuisaient dès qu'elle entrait en traitement, pour réapparaître d'ailleurs quelque temps après la suspension de celui-ci.

Elle était dans un état d'angoisse extrême quand elle vint nous trouver et nous dûmes la prendre en traitement immédiatement, ne pouvant la recevoir, comme elle était en surnombre, que deux fois par semaine.

Elle souffrait d'obsessions à thème religieux : phrases injurieuses ou scatologiques s'imposant à elle incoerciblement en contradiction formelle avec ses convictions, dès qu'elle désirait prier, ou même spontanément. Elle se représentait en outre, imaginativement, des organes génitaux masculins, sans qu'il s'agisse de phénomènes hallucinatoires, à la place de l'hostie. Elle réagissait à tout cela, quoique ne s'en dissimulant pas le caractère morbide, par une crainte violente de damnation. Cet

état s'était aggravé lorsqu'elle avait essayé de diminuer volontairement ses possibilités de maternité, mais avait commencé dès son mariage. Notons ce détail important qui explique la thématique religieuse principale de ses obsessions : sa mère fut seule responsable de son éducation catholique, et son conflit avec elle devait se reporter sur son activité spirituelle, qui n'eut d'ailleurs jamais qu'un caractère d'obligation et de contrainte. Elle avait présenté en outre d'autres phénomènes obsessionnels, soit concurremment, soit isolément, de telle manière qu'on pouvait la considérer comme malade, depuis l'âge de 7 ans environ.

Voici la liste de ses principales obsessions

- crainte obsédante d'avoir contracté la syphilis, ce qui l'amena à s'opposer, en vain d'ailleurs, au mariage de son fils aîné ;
- obsessions infanticides entremêlées à ses obsessions religieuses ; ses propres enfants n'en étaient pas l'objet ;
- obsessions d'empoisonnement de sa famille par des rognures d'ongles tombant dans la nourriture, ou par simple contact des doigts avec les aliments, ou encore, par contact des doigts avec le pain, même protégé par un linge ;
- à la puberté, obsession d'étrangler son père, obsession de semer des épingles dans le lit des parents pour piquer sa mère ;
- à l'âge de 7 ans, apparition de phobies touchant la sécurité de ses parents - phobies soulagées par un simple moyen de défense logique : vérification de leur retour à la maison, par exemple.

Contre ces pensées, cette malade emploie des procédés de défense dont les uns sont encore d'apparence logique : vérifications, précautions ; dont les autres sont franchement magiques et se résument dans l'annulation : dans l'enfance toucher 3 fois la plinthe de l'appartement pour « annuler ». Plus tard, se répéter trois fois « non, je ne l'ai pas pensé ».

Il suffit de parcourir la liste de ces phantasmes pour se rendre compte qu'ils sont sous-tendus par une énorme agressivité ; d'ailleurs, comme il est classique de le constater, l'agressivité infiltre le moyen de défense lui-même. Cette femme souffrant d'un complexe de castration féminine annule ses pensées agressives de castration par la réaffirmation sur un mode symbolique de son désir de possession phallique, « triple répétition de la formule conjuratoire ».

Sa situation familiale.

Nous n'osons la dire œdipienne, car si l'organisation génitale a existé, elle fut extrêmement fragile et l'analyse ne retrouve qu'avec peine, maintenant, des rêves où l'attaque sexuelle de l'homme est représentée sur un mode sadique terrifiant.

A première vue, l'œdipe paraissait normal ; Renée faisait l'éloge de son père et affichait la haine la plus tenace à l'égard de sa mère. Puis, l'ambivalence à l'égard des deux parents se fit jour - enfin l'œdipe apparut complètement inversé. Cette femme s'était entièrement identifiée à son père et l'ensemble de sa vie émotionnelle était uniquement polarisée par sa mère ; elle accabla en effet son père de critiques sévères visant sa situation. Il était brigadier de gendarmerie et la fillette rougissait de cet état, qui l'humiliait auprès de ses compagnes. Son caractère : il était bon, mais ne savait pas le montrer. Il était chagrin, taciturne, déprimé, ne contrebalançant nullement la rigidité de la mère par une attitude compréhensive et affectueuse ; sa situation dans le ménage : il n'avait pu triompher de l'attachement de sa femme à un premier amour, d'ailleurs platonique, il était jaloux et ne rompait son mutisme que pour éclater en scènes véhémentes dont il sortait toujours vaincu.

En réalité, derrière ces reproches se dissimulait une agressivité infiniment plus importante, la malade produisit des rêves indiscutables de castration de son père, tel celui-ci par exemple : « je rentre dans la chambre mortuaire de mon oncle (frère du père). C'est écœurant : je vois ses organes génitaux en pleine décomposition » ; et les associations fournies n'eurent trait qu'aux circonstances de la mort du père, énoncées sans aucune émotion. « Mon père », dira-t-elle, « n'a tenu aucune place dans ma vie intime. » Ce n'était d'ailleurs pas exact, puisque sont venus au jour, récemment, des rêves de poursuite amoureuse sous forme de cauchemars, l'agresseur se comportant comme un meurtrier. Nous y ferons allusion plus loin. Il y avait donc eu, à une certaine phase du développement de Renée, une attirance pour le père, mais sur un mode entièrement pré-génital.

Quant à sa mère, si l'investigation analytique montrait d'abord les sentiments négatifs que la malade nourrissait à son égard, elle ne tarda pas à rendre évident l'intérêt passionné qu'elle avait pour elle. Si elle lui reprochait avec véhémence de l'avoir contrainte, soumise à une discipline féroce, empêchée de s'exprimer, de lui avoir interdit toute relation masculine si innocente soit-elle, elle lui en voulait surtout de ne pas l'avoir assez aimée et

de lui avoir préféré constamment sa sœur cadette, de 7 ans moins âgée qu'elle. Ses sentiments de jalousie ne sont d'ailleurs pas éteints et Renée ne renonce qu'insensiblement à la certitude de cette préférence affichée par la mère pour sa cadette.

Mais la violence même de ses plaintes contre sa mère était le témoignage de l'affection immense qu'elle lui portait. Elle la trouvait d'un milieu plus élevé que celui de son père, la jugeait plus intelligente et, surtout, était fascinée par son énergie, son caractère, son esprit de décision, son autorité. Les rares moments où la mère se détendait la remplissaient d'une joie indicible. Mais, jusqu'ici, il n'a jamais été question de désirs de possession de la mère franchement sexualisés. Renée était liée à elle sur un plan exclusivement sado-masochique. L'alliance mère-fille jouait ici avec une extrême rigueur et toute transgression du pacte provoquait un mouvement d'une violence extrême, qui, jusqu'à ces derniers temps, ne fut jamais objectivée. Toute personne, s'immisçant dans cette union, était l'objet de souhaits de mort, ainsi que le démontra un matériel abondant, soit onirique, soit infantile, relatif au désir de la mort de la sœur.

Nous regrettons de ne pouvoir procéder ici à l'analyse minutieuse de l'anamnèse de Renée et de ne pouvoir montrer qu'elle avait de toute évidence reproduit, dans tout le cours de sa vie émotionnelle, l'essentiel de son attitude à l'égard de ses parents. Avant d'aller plus loin, signalons un traumatisme qu'elle dit avoir subi vers l'âge de 3 ans, et sur la réalité duquel il est impossible de se prononcer : un homme la portant sur son bras, lui aurait touché les parties génitales, ce qui lui aurait occasionné un vif sentiment de frayeur ; elle en fait le récit sans aucune émotion. Elle n'eut

pendant son enfance ou son adolescence aucun sentiment objectal vrai pour un garçon de son âge.

Au contraire, elle éprouva, tout au cours de sa vie, des amitiés passionnées pour des filles. Enfant elle se livra d'abord à des jeux sexuels : «se mettre des bâtonnets dans la vulve», ou se faire administrer des lavements par des fillettes plus âgées, ce qui lui procurait un plaisir extrêmement vif dont elle a gardé très nettement le souvenir. Mais surtout, à l'adolescence, elle éprouva une très violente passion pour une infirmière

américaine qui cantonnait près de chez elle. Rien ne permet de croire que cette amitié fut sexualisée mais tout montre qu'elle fut intense ; elle se trouvait très heureuse auprès de cette femme qui, type accompli de la bonne mère, la comprenait, l'aimait, la traitait en égale. Plus tard, l'infirmière partie, elle renoua des relations de ce genre, en général avec des amies plus âgées.

Son mariage fut une union de convenances et d'intérêt ; son mari était professeur, mais surtout officier de réserve, ce qui la flattait et annulait le sentiment d'infériorité personnel que lui avait causé la situation de sous-officier de gendarmerie de son père. Au surplus, il contrebalançait ses avantages qui eussent pu faire de lui un homme puissant, et par là l'effrayer, par des caractéristiques psychologiques très féminines ; il était doux, très bon, très dévoué et elle sentait confusément qu'il ne la dominerait jamais. Elle réussit d'ailleurs à le castrer complètement sur tous les modes par ses angoisses, ses exigences doucereuses, tout en ayant, dans son comportement journalier, une absence apparente de volonté et d'initiative qui ressemblait fort à sa passivité envers sa mère. Au fond, elle eut avec lui l'attitude ambivalente typique qu'elle ne cessa de déployer à l'égard de sa mère.

Quant à ses enfants, si le second échappe très lentement grâce à l'analyse de sa mère à une inhibition au travail qui risquait de compromettre ses études, l'aîné, au caractère marqué, a réussi très brillamment au point de vue professionnel. Il causait, dans son enfance, à la malade qui sentait sa forte personnalité, un sentiment de terreur panique. Elle n'osait rester seule avec lui. Ce garçon s'est marié très jeune, mais s'il a pu échapper à l'étreinte de sa mère, il lui témoigne un désintérêt glacial dont elle souffre beaucoup et, surtout, il se conduit de façon névrotique avec sa jeune femme.

ANALYSE.

Nous ne pouvons donner ici qu'un bref résumé de cette analyse encore en cours et qui dure depuis 14 mois. Notre intention est d'insister surtout sur les éléments significatifs de cette observation et plus précisément sur l'étude du transfert et des rêves.

Il est évidemment tout à fait arbitraire de diviser une analyse en plusieurs périodes, mais ici deux phases semblent à peu près nettement tranchées, l'une essentiellement d'opposition, pendant laquelle rien ne semblait bouger, l'autre essentiellement évolutive tant en ce qui concerne le transfert que la structure

psychologique de la patiente. Le passage de l'une à l'autre nous a paru déterminé par l'interprétation d'un rêve qui traduisait un désir inconscient de possession phallique.

La phase d'opposition

La situation, au départ, ne semblait guère satisfaisante. Quoiqu'elle fût extrêmement anxieuse, demandant d'être immédiatement prise en traitement, cette femme entendait manifestement imposer à l'analyste les conditions dans lesquelles elle acceptait d'être traitée. Notre attitude fut tout à la fois extrêmement ferme et empreinte d'une sympathie bienveillante. Le même phénomène paradoxal se reproduisait avec nous ; quelques séances de traitement suffisaient à la libérer de ses obsessions religieuses, en même temps qu'elle affichait à l'égard de son médecin une

opposition si nettement formulée qu'elle ne pouvait elle-même qu'en être frappée, elle gardait un silence à peu près total qu'elle n'interrompait que pour dire : « je ne veux rien vous dire, c'est trop humiliant, dégradant, ridicule, je connais assez bien les médecins pour savoir qu'entre eux ils se moquent de leurs malades - il n'y a aucun motif pour que vous échappiez à la règle, d'ailleurs vous êtes plus instruit que moi, vous allez vous moquer de ma naïveté - c'est impossible pour une femme de parler aux hommes. » De fait, elle exposait sur un mode très général les sentiments que lui inspirait un homme jugé fort : infériorité-peur. Il nous fut possible, dès ce moment, de hasarder une hypothèse : il n'y avait, disions-nous, aucune raison pour qu'une analyse, à peine commençante, ait pu produire un résultat si surprenant : il fallait donc admettre que toutes ces manifestations d'indépendance auxquelles elle se livrait remplaçaient toutes ses obsessions verbales qui exprimaient en fin de compte un sentiment de révolte à l'égard de Dieu et de sa loi, « affect » dont elle avait elle-même admis l'existence. Au surplus, elle nous révélait bientôt une obsession toute particulière qui la remplissait de terreur. Souvent, quand elle avait bien extériorisé sa colère à l'égard de son mari, elle était saisie d'une pensée inattendue : « si mon mari était Dieu ? » Ainsi il y avait pour elle une analogie certaine entre l'homme avec qui elle vivait et Dieu, et ce chaînon intermédiaire nous permit de lui faire sentir facilement le bien-fondé de notre suggestion : si elle concentrait toute son hostilité sur nous, elle se détournait de l'objet habituel de sa rébellion. D'ailleurs, le traitement se poursuivant et ses sentiments envers nous étant un peu moins chargés d'agressivité, elle devint à nouveau injurieuse et scatologique dans sa vie religieuse et comprit fort bien ce qui se passait, mais ce ne fut que beaucoup plus tard que son acrimonie envers nous diminua franchement. Pendant des mois, elle resta silencieuse, n'ouvrant la bouche que pour se plaindre ; à ces préventions habituelles contre l'homme, se joignait un grief très important et bien particulier : elle nous reprochait de lui prendre de

l'argent. Le paiement des honoraires était, en effet, l'une des choses auxquelles elle avait le plus de mal à se résoudre. Nous nous étions efforcé de déterminer avec soin une somme qui était compatible avec une prolongation indéterminée de traitement mais qui, eu égard à son budget, était pour elle une gêne réelle, ce qui constituait en fin de compte une sorte de pression continuelle de la réalité extérieure, l'invitant à parler et à ne pas prolonger indéfiniment l'exercice de cette forme muette d'hostilité à laquelle inconsciemment elle tenait si fort. Ce sacrifice monétaire, auquel elle essaya d'échapper de toutes les manières quand il lui advint de manquer une séance, en invoquant de pseudo-cas de forces majeures, prétextes que nous n'acceptâmes jamais, tout en prenant soin de lui en démontrer la vanité, lui était d'autant plus pénible qu'il lui interdisait, disait-elle, de s'acheter les mille accessoires de la coquetterie féminine : « Vous accroissez ainsi mon sentiment d'infériorité, quand je me compare aux autres, je souffre d'être mal vêtue. » Elle ressentait nos exigences comme une punition ou mieux comme une sorte de diminution de puissance - elle ne pouvait se mettre en valeur. Connaissant son attitude hostile à l'égard des hommes, ayant déjà interprété sa conduite à l'analyse comme un refus de se plier à une règle imposée par un homme, nous fûmes tout naturellement amené à lui demander ce qui lui venait à l'idée à propos de ce besoin de plaire qui lui semblait si vif. La réponse fut conforme à notre attente : « Quand je suis bien habillée, les hommes me désirent et je me dis avec une joie très réelle : en voilà encore qui en seront pour leurs frais. Je suis contente d'imaginer qu'ils puissent en souffrir. » Ainsi ses préoccupations vestimentaires n'étaient-elles qu'un des multiples aspects de sa haine de l'homme. A ce moment, la malade liait parfaitement, comme équivalents, les manifestations obsessionnelles religieuses à l'égard de Dieu, les troubles de comportement à l'égard de son mari et enfin son refus de l'analyse, puisqu'à vrai dire elle venait surtout aux séances pour affirmer qu'elle ne dirait rien. Elle essaya plusieurs fois de rompre le traitement, se disant guérie comme on sait, renonça à ses projets de fuite devant le rappel du caractère trompeur de ses améliorations précédentes et devant l'affirmation énergique que nous n'étions pas décidé à la reprendre en traitement si elle interrompait sa cure malgré notre avis formel. Elle produisit à ce moment une petite phobie montrant combien elle était irritée de ne pouvoir nous imposer sa volonté : « Si je me suicidais ou si je mourais, le docteur serait peut-être accusé de meurtre et condamné », ce phantasme étant conçu sous forme de crainte. Elle se plaignait toujours de la charge financière du traitement, énumérait complaisamment tous les achats qu'elle aurait pu se permettre et revenait sans cesse sur le désir qu'elle avait de se procurer des chaussures. Les hommes, disait-elle, étaient très sensibles à la vue d'une femme bien chaussée.

Puis vint le rêve qui vers le cinquième mois du traitement devait permettre à l'analyse de progresser enfin et de s'engager dans une voie nouvelle : « je suis dans le service hospitalier où je travaille, ma mère vient dans le service ; elle dit du mal de moi à la surveillante. Je suis furieuse et je sors. Je rentre dans la boutique d'un savetier qui se

trouve en face de l'hôpital et j'achète une paire de chaussures : puis tout d'un coup, ouvrant la fenêtre, je me mets à injurier violemment ma mère et le chef de service. » Nous connaissions déjà ses sentiments à l'égard de sa mère ; elle nous dit détester la surveillante qu'elle trouvait injuste et à qui elle n'osait jamais répondre. - Les chaussures choisies étaient très pointues. Elle s'engagea ensuite dans une digression relative à l'entretien, qu'elle assurait, des chaussures de son père ; puis elle vint à parler du cordonnier qui était un homme jeune, brun, et qui n'était pas sans présenter quelque analogie avec nous. Quant au Chef de Service, il était à la fois aimé parce que très juste (comme son père) et redouté en raison de son renom et de l'appareil qui l'entourait. Nous lui fîmes alors remarquer que dans la première phase du rêve, elle ne pouvait que supporter l'injustice de sa mère et qu'après avoir été acheter des chaussures, il lui était possible de se révolter ouvertement. - Or, cet accessoire était précisément de ceux dont l'analyse la privait. De plus, le cordonnier, à qui elle donnait de l'argent, ressemblait fort à l'analyste. Il était donc clair qu'elle désirait obtenir de ce dernier quelque chose qui lui permit de s'affranchir de la crainte de sa mère, dont l'éducation trop sévère était pour beaucoup dans sa maladie, selon sa propre conception, et que ce quelque chose était manifestement symbolisé par des chaussures qui l'avaient amenée à penser à celles de son père. Nous n'allâmes pas plus loin ce jour-là, nous contentant d'ajouter que cette même partie du costume féminin l'aidait à vaincre son sentiment d'infériorité et lui permettait d'exercer une petite vengeance antimasculine.

Nous pensions par-devers nous que ce rêve exprimait un désir de possession phallique. Le pied bien chaussé étant représentatif du phallus puissant. La possession seule de cet organe pouvant lui conférer la puissance, lui permettant de renverser la situation infantile de soumission absolue à sa mère et de prendre à son tour la position dominante. Bien entendu, ce rêve pouvait avoir une signification plus précise, le besoin d'identification au père qui y était révélé pouvait laisser entrevoir l'existence d'un désir plus sexualisé de domination de la mère. Mais la suite de

l'analyse n'a pas formellement étayé une hypothèse de ce genre. La malade n'a jamais produit de fantasme de possession génitale de la mère.

Quoi qu'il en soit, le contenu du rêve était bien celui dont nous lui avions fait pressentir l'existence. Elle nous rapportait peu après deux fantaisies oniriques qui la surprenaient beaucoup : « je me vois avec l'un de mes seins transformé en verge. - C'est extraordinaire, la nuit dernière je me suis encore vue, mais cette fois avec une verge entre les deux seins. » Elle produisit d'ailleurs successivement deux ou trois autres rêves dans lesquels son désir d'identification masculine avec possession phallique, et la signification de ce désir dans le cadre de ses relations avec sa mère, étaient exprimés clairement. En voici un exemple : « Je fais réparer ma chaussure chez un cordonnier, puis je monte sur une estrade ornée de lampions bleus, blancs, rouges, où il n'y a que des hommes - ma mère est dans la foule et m'admire. »

A l'aide de tels documents, il nous fut possible d'analyser de façon encore superficielle ses relations avec les représentants du sexe opposé et avec Dieu conçu sous une forme évidemment très anthropomorphe. N'apportait-elle pas la fantaisie suivante : « J'ai rêvé que j'écrasais la tête du Christ à coups de pied, et cette tête ressemblait à la vôtre » - et en association, l'obsession suivante: - « Je passe chaque matin pour me rendre à mon travail devant un magasin des Pompes Funèbres, où sont exposés quatre Christs. En les regardant, j'ai la sensation de marcher sur leur verge. J'éprouve une sorte de plaisir aigu et de l'angoisse. »

Ainsi, le désir d'avoir un pénis, fourni par l'analyste, était-il accompagné d'un phantasme de destruction de l'organe du médecin. La tête écrasée n'était autre que la verge, que l'obsession évoquée en association montrait être l'objet direct de l'agressivité.

Elle se montra à cette époque particulièrement hostile, coléreuse, fut parfois scatologique, mais n'extériorisa pas, à ce moment du moins, d'autre phantasme de castration directe de son médecin, malgré tout le soin mis à interpréter ses moindres manifestations d'agressivité.

Tout homme est a priori un adversaire, un ennemi de qui elle a peur, devant qui elle se sent en situation d'infériorité et, de plus, il lui est interdit de frayer avec lui. Son sentiment de peur et d'infériorité, elle en rend volontiers en effet sa mère responsable: Ne lui a-t-elle pas toujours défendu de fréquenter les garçons qu'elle lui représentait comme dangereux ? Et en ne lui permettant pas d'avoir avec eux des relations saines, ne l'a-t-elle pas

rendue incapable de se mesurer avec eux, de jouer avec facilité son rôle de femme ? « Les hommes me font peur - Ma mère m'a dit qu'ils étaient dangereux, qu'il fallait se méfier, qu'il était immoral d'avoir avec eux des relations intimes, même d'amitié - Comment voulez-vous que je sois à l'aise puisque je n'ai jamais été autorisée à les fréquenter et à en prendre l'habitude. »

Mais derrière tout ceci, se cachait une raison plus profonde de conflit avec l'homme, conflit évidemment culminant, chaque fois qu'une particularité quelconque : richesse, savoir, caractère, force, lui permettait de se représenter un homme comme plus particulièrement possesseur de la puissance. Elle nourrissait, inconsciemment bien entendu, comme l'analyse venait de le montrer, des sentiments de haine et d'envie envers ces êtres qui possédaient ce dont elle avait toujours été privée : le pénis dans lequel son psychisme d'enfant avait vu l'attribut essentiel de l'exercice de la puissance,

de nombreux phantasmes l'ont montré, en particulier en ce qui concerne la destruction de l'enfant symbole du pénis. « Les hommes ont une vie tellement facile - si j'étais un homme ! » répétait-elle souvent. - Mais l'on pouvait se demander si ce complexe de castration féminine, si douloureusement ressenti, était né à la suite de relations malheureuses avec des hommes brutaux, qui lui eussent fait ressentir le poids de leur force. En dehors de ce traumatisme de l'âge de trois ans que nous avons rapporté plus haut, elle n'eut jamais à souffrir de la contrainte masculine. Son père était bon, et surtout faible, et sans autorité personnelle, et elle ne retrouve rien qui eût permis de supposer qu'elle eut à souffrir de son fait. Il semble au surplus qu'elle n'ait jamais couché dans la chambre de ses parents ; elle n'aurait jamais surpris son père à demi-nu. Mais nous savons bien qu'il n'est pas besoin de traumatisme effectif de ce genre pour que se développe chez une fillette l'envie du pénis et le désir de destruction de celui d'autrui. Elle n'avait au fond jamais vécu concrètement un conflit prolongé avec un homme réel, par contre, toute sa vie n'avait été qu'une longue lutte avec sa mère. Une grande partie de l'agressivité déployée contre l'homme porteur du pénis ne prenait-elle pas sa source dans ses relations malheureuses avec celle-ci ?

Or, la suite de l'analyse devait démontrer qu'elle se faisait d'elle une représentation phallique et qu'elle lui attribuait un sexe dont le modèle lui avait été fourni par une expérience quotidienne : la vue d'animaux représentés certainement comme très forts et très dangereux.

D'ailleurs, s'il ne nous a pas été possible d'analyser à ce moment de façon complète les rêves où Renée voit ses seins transformés en pénis, cette transformation même n'indique-t-elle pas combien l'analogie est grande entre l'organe nourricier attribut essentiel de la puissance maternelle et celui de la puissance génitale ? Si elle voit ses propres seins transformés en pénis, ne reporte-t-elle pas sur le pénis de l'homme l'agressivité orale dirigée primitivement contre le sein maternel ?

Mais, si cette agressivité orale est, en fin de compte, le *primum movens* de ses affects de castration masculine, il nous paraît intéressant de continuer à montrer comment devint évident pour la malade, cette transposition de son agressivité de la mère à l'homme.

Deuxième phase de l'analyse.

Elle n'admit pas d'emblée ce désir de possession phallique pourtant clairement exprimé, et si elle acceptait maintenant notre analyse de ses rapports avec Dieu, son mari et nous-même, elle n'en maintenait pas moins son opinion sur le caractère artificiel et proprement arbitraire de nos interprétations de ses rêves. «je n'ai jamais désiré être un homme», disait-elle. Quoi qu'il en soit, à partir de ce moment, son comportement à l'analyse changea, ce qui signifiait évidemment que son transfert évoluait. Ce fut d'abord à peine perceptible et cela se traduisit uniquement par la cessation de son attitude récriminatrice; elle ne répétait plus que sa position était humiliante, qu'elle avait peur, et qu'elle donnait de l'argent injustement, comme si ses préventions à l'égard de l'analyste homme étaient tombées ; par contre, elle était presque aussi silencieuse. Elle put fournir quelques rêves prouvant le caractère agressif de ses pratiques castratrices sur son mari. Elle extériorisa à cette époque ses désirs de mort contre son père et retrouva le souvenir de ses obsessions d'étranglement. De cette époque aussi date la phobie qu'il ne nous arrive un accident,

expression évidente d'un désir de mort. Un peu plus tard, un autre progrès sensible s'exprima sous une forme très discrète : un changement dans l'expression verbale de la résistance ; elle ne disait plus : « je ne veux pas parler », elle disait : « je ne peux pas, je ne sais pas ce qui m'empêche de parler. » Il était certain qu'elle était soumise à un débat intérieur intense ; elle sortait de ses séances fatiguée, frissonnante, tachycardique, souvent couverte de sueur. A l'occasion d'un conflit actuel né de l'obligation pascal, elle prit conscience de la similitude de sa révolte contre

l'homme, Dieu et la Vierge Mère déifiée. Elle dit alors : « Je hais la contrainte d'où qu'elle vienne, d'un homme ou d'une femme. - Les injures que j'adresse à la Vierge, je les ai certainement pensées à propos de ma mère, mais je n'osais pas me les dire en moi-même. »

A cette époque elle fit un rêve où la Vierge était à la fois représentative d'une mère idéale uniquement préoccupée de son enfant, et d'une femme très sexualisée à qui le père confessait sa foi.

Peu à peu, l'orage s'apaise, en partie parce que le problème pascal, d'actualité seulement pendant une période très limitée, perd de son acuité, le temps de la communion obligatoire étant passé, en partie aussi du fait des explications et interprétations analytiques. Le transfert avait, ainsi que l'on pouvait s'en rendre compte à de tout petits signes, perdu beaucoup de son agressivité.

L'analyste était d'abord un adversaire, contre qui l'on s'essayait toutes les mesures de castration qui avaient si bien réussi avec le mari, puis, quand le désir de possession pénienne devint conscient, ainsi que l'agressivité de castration concomitante, le fossé qui séparait tout homme de la malade se trouva en partie comblé. L'homme devenait un allié. La malade ne refusait plus de coopérer avec lui, elle disait : « je veux parler », mais se heurtait à une force intérieure plus puissante que sa détermination consciente et contre laquelle elle luttait avec énergie et ténacité. Le résultat pratique de cette coopération n'était peut-être pas encore très sensible, mais l'orientation des rapports analyste-analysée était différente et laissait présager des développements ultérieurs. Au fond, il ne s'était passé rien d'autre que cette révélation du désir du pénis, et du sens de ce désir. L'homme-analyste avait perdu ses caractères d'être qui domine, qui fait peur, qui se moque, du moins en partie. Il était devenu bienveillant. Sans doute était-il toujours aussi interdit, puisqu'il était défendu de lui parler, mais les interdictions du surmoi féminin infantile devenaient moins rigoureuses, en même temps que s'annonçait une confusion significative entre l'imaginaire analytique et celle d'une mère accueillante. En voici la première figuration onirique ; disons tout d'abord qu'elle fut précédée d'un rêve de réconciliation avec sa belle-mère qui s'était opposée à son mariage et secondairement s'était suicidée au cours d'un accès dépressif, la belle-famille de Renée la rendant indirectement responsable de cet accident. « Mme X... me propose d'aller avec elle remercier la vieille dame de tout ce qu'elle a fait pour moi - je suis très inquiète car la vieille dame habite chez vous. Que va-t-elle dire, lorsqu'elle saura que je viens chez vous. - Nous y allons. - C'est vous qui me recevez. - Nous avons une conversation normale et non une séance d'analyse. - je suis très contente. »

Nous ne pouvons vous exposer ici le détail de ses associations. Dans ce rêve, elle désire s'identifier à Mme X... femme qui a su conserver son indépendance en matière religieuse malgré son mariage avec le ministre d'un culte répandu en France.

Quant à l'image de l'analyste, elle est à la fois celle d'un homme avec qui elle a des relations normales et d'une mère qui se montre compréhensive et non plus interdicienne. Il y a là au moins une indication de la double signification de la représentation qu'elle se fait de l'analyste.

Moins d'un mois après la crise de Pâques, son état s'est grandement amélioré. Elle est heureuse au milieu des siens, se livre avec gaieté à des travaux d'aménagement dans son intérieur ; elle repeint tout à neuf. Elle ne s'est jamais sentie aussi gaie ; ses obsessions sont tout aussi nombreuses, mais elle n'en ressent plus aucune culpabilité. Elle arrive assez facilement à dominer sa répugnance à parler. Elle apporte une multitude de documents que nous avons condensés plus haut et sent qu'elle est sur la

bonne voie. Un matériel plus directement représentatif des phases prégénitales commence à faire son apparition, comme dans ce rêve où elle accepte de renoncer à son « pénis noir » pour devenir réellement femme. Elle rêve : « je suis sur la scène du Châtelet, je ne sais pas mon rôle et je dois sans cesse inventer. - je joue avec un homme jeune. Le soir il y a une seconde représentation - je ne sais comment faire. - Entre les deux, je vais aux toilettes et j'élimine une quantité énorme de matières fécales de forme particulière. - je me sens soulagée - je joue mieux. » Tout ceci est très clair, si l'on sait que la situation de théâtre était une situation amoureuse ; que l'homme jeune symbolise son mari et que les matières éliminées étaient en forme de verge.

Mais puisque ce travail est centré sur l'étude des réactions de transfert et de leur sens, ainsi que sur celles des modifications de la structure psychologique, autrement dit du surmoi, revenons à l'exposé de rêves qui, comme celui-là, montrent le pourquoi de cette ambiguïté de l'imgo masculine, qui est l'objet de pulsions agressives, puisqu'elle possède la puissance phallique attribuée par ailleurs à la mère toute puissante.

A vrai dire, le rêve que nous allons relater est un phantasme de réconciliation avec la mère phallique ; il succède à tous ceux au cours desquels Renée recevait la puissance phallique des mains de l'analyste, ou, plus exactement, acquérait le droit à la recevoir en contrepartie de son sacrifice monétaire ou anal. - « je me retrouve avec mes camarades. Certaines d'entre elles vont passer un examen et comme je n'ai pas mon brevet, l'une d'elles me dit méchamment: Vous devriez concourir. Je refuse, puisque je l'ai obtenu par équivalence. Notre Directrice me soutient. A ce moment, elle relève brusquement ses jupes et je trouve qu'elle exagère. Elle a les jambes et les cuisses entièrement noires. Plus tard, je suis dans un jardin, une de mes collègues, que j'aime beaucoup, me tend une branche de pommier en fleurs. Je la refuse en lui disant : J'aime les longues tiges. » Pour donner tout son sens à ce rêve, il est nécessaire de rapporter avec assez de détails les associations fournies. Le fait de n'avoir pas obtenu son diplôme par concours est pour elle un sujet de préoccupations constantes, elle se sent en état d'infériorité et craint d'être jugée incapable, malgré tous les encouragements qu'on peut lui apporter. La Directrice lui est très favorable. Elle la soutient, l'encourage et lui témoigne de l'affection. Les cuisses noires évoquent une affiche représentant une danseuse de couleur, sur le tutu de qui un mauvais plaisant avait dessiné un énorme phallus, de telle manière qu'il semblait appartenir à l'artiste et, comme nous insistions un peu pour essayer de retrouver la trace d'un traumatisme par vision

d'organes génitaux, elle nous dit : « Oui, ces jambes me font penser à celles des chevaux de la gendarmerie. Quand ils étaient en érection, je me demandais ce qu'ils avaient, cela m'intriguait - je ne me rappelle pas autre chose. Si... quand j'étais toute petite, je m'amusait avec d'autres petites filles à me mettre un petit bâtonnet dans la vulve. je ne

vois pas autre chose. " Ainsi se précisait l'origine du désir de possession pénienne, la concrétisation par cet organe de toutes les possibilités de puissance.

Quant à la deuxième partie du rêve, au sens presque évident, elle provoque les associations suivantes : la collègue est une femme aimée par la malade, énergique, droite et bonne comme l'infirmière américaine, ; la branche de pommier évoque une chanson très tendre du « Pays du Sourire » (une image montrant deux pigeons se becquetant sur un pommier en fleurs) (souvenir d'enfance). Le fait que la tige ne soit pas assez longue, la ramène à une réflexion faite par elle au cours de son dernier rapport sexuel. Elle dit à son mari : « Mais entre donc davantage. » Ainsi la mère est, dans la première phase de ce long rêve, ornée du pénis. Dans la seconde, la malade traduit son désappointement de ne recevoir, au milieu du jardin très sombre, qu'une branche symbolique insuffisante (le petit clitoris), mais ce rêve se déroule dans une atmosphère douce et apaisante, le conflit tend à se résoudre et la dormeuse, si elle n'accepte pas encore son état de femme, connaît une atmosphère d'apaisement. Mais aussi sans doute, ce rêve exprime-t-il sans angoisse le désir de s'annexer librement le phallus de son mari, mode de résolution classique du complexe de castration féminine.

La démonstration de cette confusion des images analytique et maternelle, phalliques toutes deux, est objectivée dans ce rêve de transfert franchement positif avec encore une teinte de castration : « je suis en séance chez vous. Un enfant de 7 à 8 ans est présent - Vous êtes revêtu d'une longue robe noire comme les médecins de Molière, mais sans chapeau pointu - Vous vous placez sur moi, comme pour me posséder. Je trouve cela tout naturel - Vous relevez alors votre robe et vous dites : mais parlez donc ! » Voici quelques associations. La robe noire : celle des

médecins de la comédie classique. Les clystères : « quand j'avais 10 ans, je me laissais administrer des lavements par des fillettes plus âgées et j'en éprouvais une véritable volupté - Ma mère me donnait des lavements - D'ailleurs, elle portait toujours une robe noire - Un rapport sexuel avec vous me semble normal - Quant au garçonnet c'est mon fils. Vous savez que constatant pendant les vacances son désaccord avec sa jeune femme et pensant qu'il était dû à une névrose provoquée par mon éducation trop sévère, je lui ai avoué que je suivais un traitement chez vous et tout le bien que j'en retirais. Ce fut un très dur sacrifice. » Ainsi, elle ne perçoit plus l'humiliation ressentie jusqu'alors d'être une femme. Il est à remarquer que ses rapports sexuels se font sur un mode pré-génital. Il est aussi à noter la surdétermination de son silence : Parler, pour elle, équivalait bien à une soumission sexuelle à l'homme ou à la mère masculinisée, quoiqu'il s'agisse d'une activité orale en elle-même fortement culpabilisée. Voici un très joli rêve qui, malgré bien des incidences pré-génitales orales, semble marquer une tendance à une évolution œdipienne normale : « je suis sur les boulevards - Le roi d'Angleterre passe en cortège avec sa femme au bras. Je lui parle et lui dis combien mon

fil est heureux de se trouver dans ce beau pays. Il me remercie et m'invite à dîner - Je repars à son bras - La reine s'est effacée - Nous arrivons dans une petite maison - je me trouve alors en présence de laquais qui me montrent une desserte où se trouvent des cristaux de forme variée. Ils m'invitent à choisir une coupe. Je leur réponds que je n'en ai pas envie - Puis je vais dans les communs et je me trouve en présence de ma mère qui fait sa lessive - Elle a ses cheveux blancs en désordre - je lui dis : « Mère, mettez vos chaussures, il faut venir au banquet du Roi. » A ce moment, une dame en manteau de cour me dit de me hâter. Elle a quelque chose d'important à me dire. - Depuis ce rêve, j'éprouve un étrange sentiment de joie et de confiance. Je suis sûre que j'arriverai à bout de ma maladie et même de mes obsessions religieuses - Hier à l'église je me suis avancée jusqu'au maître-autel je n'avais pas fait cela depuis 20 ans car, il faut bien vous le dire, j'ai eu des obsessions sexuelles, en réalité, depuis mon mariage. »

Elle associe spontanément : « le roi, c'est mon père sous son uniforme, et vous, par les traits - J'oubliais de vous dire : à la porte de la petite maison, j'ai croisé la Reine Mary, elle m'a regardée d'un air sévère. C'est ma mère quand elle est lointaine. La maison est celle que j'ai toujours rêvé d'avoir dans les premières années de mon mariage, une maison claire, au milieu des fleurs, un mas provençal. Quant aux cristaux que je ne veux pas accepter, ils me font penser à une chanson comique sur les bonnets des marmitons (il y en a de grands, de petits, de carrés, de pointus) que

j'ai entendu parodier avec des allusions sexuelles ; ils m'évoquent l'idée d'un pénis - Ma mère faisant la lessive me fait penser à la façon dont je la considère maintenant - je n'avais pas jusqu'ici perçu combien elle s'était dévouée pour nous tous et d'ailleurs, elle a bien changé. - Elle me paraît maintenant aussi bonne qu'elle me semblait méchante - Aux dernières vacances, je l'ai vue s'épuisant de travail afin que nous puissions nous distraire. A la réflexion, c'est moi qui me suis modifiée Elle a toujours été comme cela, seulement je souffrais tellement de ses mauvais côtés que je

ne sentais plus ce qu'elle avait de bien ; je sais, et vous me l'avez fait découvrir, que je l'aimais plus que tout, mais je ne pouvais supporter son autoritarisme et de plus je me croyais délaissée. Quant à la femme au manteau de cour, c'est la fée des contes de mon enfance. »

« J'insiste, ajoute-t-elle encore, sur l'impression de bonheur ineffable que j'ai ressentie ce matin à mon réveil, la vie s'ouvrait devant moi, toute lumineuse et calme, je n'avais plus peur de rien - je sentais que j'étais comme les autres, ou tout au moins de la manière dont j'imagine les autres - je ne demande qu'à vivre heureuse dans mon ménage, à y tenir ma place, à jouir de l'affection de mon mari et de celle de mes enfants. »

Comme on le voit, ce rêve semble indiquer que la malade s'engage sur la voie d'un transfert positif génitalisé, et que s'ouvre une troisième phase pourrait-on dire de l'analyse. Il est d'ailleurs contemporain de toute une série de rêves où elle semble vouloir se détourner avec horreur de toute manifestation agressive. Dans ce phantasme en tout cas, sa mère n'est plus qu'un personnage qui s'efface, « la vieille dame qui fait sa lessive », l'épouse du roi d'Angleterre qui disparaît au moment où elle prend le bras du roi. Si elle peut avoir encore un aspect intimidant, la reine Mary, elle ne l'empêche pas d'entrer dans la maison. - Dans ce rêve aussi, elle peut s'adresser au roi, lui dire des choses aimables, et celui-ci lui octroie la place de la reine dans le cortège.

Ce rêve semble bien montrer la naissance d'un désir œdipien positif. Elle renonce à la possession du pénis, elle accepte l'invitation du roi, dont elle sera l'obligée, mais la persistance de pulsions pré-génitales s'y traduit par l'invitation à un repas ; les rapports avec le roi sont d'ordre alimentaire. D'ailleurs le symbolisme du refus de la coupe est évidemment complexe, si la malade l'interprète spontanément comme la traduction de son abandon de ses prétentions à la puissance phallique en est-il bien ainsi ? N'est-ce pas un symbole du pénis « creux », expression du désir normal d'assimilation du pénis de l'homme par une femme très réceptive, comme certains analystes l'ont voulu ? L'intensité de la fixation maternelle est en tout cas indiquée par la nécessité qu'elle éprouve de conduire sa mère au banquet du prince.

L'analyse a continué à progresser et le transfert positif „est précisé avec ses caractéristiques d'œdipe très fortement pré-génitalisé, en même temps qu'est sorti un matériel plus révélateur encore du parallélisme des réactions de la malade envers l'homme et envers sa mère. Voici un rêve choisi entre plusieurs autres. (Elle était ce jour-là en conflit avec sa mère, et ceci explique peut-être, en partie, le caractère plus spécialement sadique de ce matériel, en réponse au déchaînement momentané de sa propre agressivité.) « Dans un souterrain, un homme me poursuit, j'ai peur - Il m'atteint et essaie de m'étrangler - A ce moment, mon mari m'a réveillée car je me débattais et criais - L'homme c'est vous - Vous ne pouvez savoir combien je suis dépitée d'avoir à vous le dire. Je me défends, je me révolte. Vous m'irritez avec votre silence, votre force, comme ma mère; pourtant je pense continuellement à vous. Je voudrais rompre l'analyse plutôt que de me trouver dans une situation aussi dangereuse, aussi humiliante : aimer un homme qui se moque de vous, c'est se prostituer. La tentative d'étranglement me suggère qu'enfant j'aurais tant désiré

prendre ma mère par le cou pour l'embrasser et la serrer de toutes mes forces, mais elle ne me le permettait pas - Ah ce que je la hais - c'est vrai, je voulais aussi étrangler mon père » Elle éprouve, dans ce rêve, la peur d'être traitée par nous de la même manière à la

fois sadique et amoureuse dont, enfant, elle désirait user avec sa mère, mais l'affect agressif était seul perçu dans son obsession d'étranglement de son père, élaborée à l'âge de 15 ans. Elle ajoute : « Quand mon mari s'endort sans s'intéresser à moi, j'ai envie de le tuer. Pendant la guerre, je couchais avec ma mère :

quand elle était indifférente, j'avais aussi envie de la tuer. » Puis il lui revient en mémoire une obsession de grand sadisme. - Essayons maintenant une interprétation synthétique du transfert.

Le transfert que cette malade revit dans la situation analytique a évolué de façon progressive, mais non continue, c'est-à-dire avec des oscillations marquées vers un état de confiance et de détente qui contraste vigoureusement avec l'expression essentiellement négative qu'il prenait au début. Résumons ce que nous en a appris l'étude. Dans une première phase et avant que ne fût devenu conscient le désir de possession phallique, l'attitude d'opposition était, apparemment tout au moins, entièrement dirigée contre l'homme. Non seulement elle avait, vis-à-vis de son analyste, une conduite absolument analogue à celle qu'elle avait envers son mari, mais ce fut à la fin de cette phase du traitement qu'elle prit pleinement connaissance de son agressivité pour son père et son médecin. En réalité, ces sentiments hostiles, spontanément irréductibles, quelle que soit la conduite de l'homme, étaient à n'en pas douter non seulement la résultante de la position psychologique de la malade en face du couple parental, c'est-à-dire de son identification à son père et de l'inversion œdipienne, mais encore d'un transfert, si l'on peut s'exprimer ainsi, des affects agressifs primitivement éprouvés à l'égard de la mère, notion d'ailleurs parfaitement classique et maintes fois objectivée. Nous croyons l'avoir suffisamment démontré dans cette observation. Il nous a paru intéressant de noter qu'en même temps que se traduisait dans des rêves le désir d'une identification au père (recevoir de l'analyste des chaussures qui feraient d'elle un être phallique), la sévérité de la censure, expression du pouvoir inhibiteur du surmoi féminin infantile, allait s'atténuant ; elle pouvait alors reconnaître, dans les injures adressées à la Vierge Mère, les vocables, qu'enfant, elle n'avait jamais osé se permettre de penser clairement, même en son for intérieur, à l'égard de sa mère réelle pour ne citer qu'un exemple. Ce n'est, pensons-nous, qu'en ne perdant pas de vue la réalité d'une projection sur l'analyste, et d'une manière plus générale sur l'homme avec qui de telles malades nouent des relations intimes, de l'agressivité primordiale anti-maternelle, que l'on peut comprendre un tel résultat. La prise de conscience du désir de castration du médecin équivaut en outre à une déculpabilisation de l'agressivité vis-à-vis de la mère phallique, si, par ailleurs, la remémoration du désir de possession phallique permet une identification au père, porteur du pénis. Nous ne nous étendrons pas davantage sur l'aspect négatif du transfert de Renée, auquel une grande partie de cet exposé a été consacrée, et que nous ne venons de résumer brièvement ici que pour montrer que l'ambiguïté de l'imgo analytique apparaît tout aussi bien dans l'analyse de l'aspect

négalif que de l'aspect positif du transfert de la malade. Nous ne voulons pas revenir sur la condensation onirique du personnage du médecin et de la mère, à laquelle nous avons déjà suffisamment fait allusion, mais nous voudrions faire ressortir, en terminant cet essai d'analyse du transfert, combien, même lorsque ces images sont dissociées et qu'une orientation œdipienne et personnelle du transfert semble se dessiner, la réaction de la patiente à l'égard de l'homme est modulée sur le schème de ses relations avec sa mère. « Je n'ai évidemment jamais éprouvé dit-elle, avec mon mari, le bonheur parfait que me donne la compagnie des femmes qui m'aiment et que j'admire, mais je suis par rapport à vous deux dans une situation

analogue à celle où je me trouve avant de rencontrer ma mère, que je crains toujours de trouver hostile. Je pense à ce que sera l'expression de votre visage : si je le trouve ouvert, je me sens mieux, je deviens gaie ; s'il me semble renfermé, je me sens immédiatement devenir méchante et hostile, tout comme avec ma mère, quand elle a son air sévère et froid. Cela est d'ailleurs maintenant moins net. je sens que vous êtes bon, que je puis foncièrement compter sur vous, mais ce sentiment amoureux que j'éprouve m'effraie toujours. »

Ainsi, l'on saisit sur le vif, dans le concret de la vie, ce qui rend impossible à cette malade une issue satisfaisante de sa libido vers un objet hétérosexuel, L'homme porteur du pénis est l'image vivante de la mauvaise mère qui frustre et domine toujours, quelle que soit son attitude réelle, et sans doute tant que ne sont pas exposées et acceptées les pulsions orales de destruction phallique. Il résulte de ceci que toute situation de transfert amoureux est ressentie comme éminemment angoissante, tant du fait de la peur qu'une telle situation, correspondant à un abandon de la fixation maternelle, ne peut manquer de provoquer que - et cela nous apparaît comme la source essentielle de l'angoisse - de ce qu'une telle éventualité comporte d'agressivité et, en fonction de la loi du talion, de crainte, de destruction, de par la transposition sur le pénis, des appétences orales, amoureuses et destructives du sein maternel. - Cette analogie entre sein et pénis est ici objectivée par la localisation pectorale du phantasme de virilisation qui nous paraît très significative. Mais, si la malade, spontanément, exprime l'analogie qu'elle établit entre les deux formes

de puissance masculine et maternelle, elle s'oppose à une interprétation visant à souligner cette correspondance par une rationalisation de ce genre De toute façon, il s'agit d'un appendice. »

L'analyse des pulsions orales s'est toujours heurtée à une vive résistance. La malade a néanmoins souligné elle-même la signification d'un appétit qu'elle n'a jamais pu modérer, malgré les exigences diététiques d'un embonpoint important. « Quant je me limite J'éprouve une angoisse insurmontable. » Elle a bien rapproché de ce symptôme,

les visions d'organes génitaux masculins qui, si souvent, lui masquent la vue de l'hostie; mais elle a fait de ce rapprochement une sorte de suggestion de l'analyse, tout en se rappelant à ce propos deux obsessions de son enfance : « Quand j'allais communier, j'étais obsédée la journée durant par la crainte de profaner une parcelle de l'hostie, en la déposant sur un objet que ma bouche pouvait toucher ; aussi je l'avalais gloutonnement, d'un seul coup. » Ici, la pulsion agressive infiltrait le moyen de défense. Le même jour, elle retardait l'exonération fécale dans la crainte que le Corps du Christ soit abandonné, mélangé aux excréments ; mais elle sent maintenant qu'elle éprouvait une sorte de joie en y pensant. Ce sadisme anal, dont elle comprend bien la signification, a pu être plus facilement analysé, elle sent toute la puissance agressive de ses interjections scatologiques à l'égard de Dieu, de la Vierge, de sa mère, de son médecin. Signalons à ce sujet l'obsession suivante, qu'elle rapproche du jeu du lavement : « Quand le prêtre dit : « Ouvrez vos cœurs », je pense : " Ouvre ton anus... " », Satisfaction symbolique de son érotisme passif anal.

Malgré le caractère incomplet de son analyse, l'amélioration de Renée est importante : ses rapports affectifs se sont extrêmement détendus, elle semble capable d'aimer son mari, sur un mode moins captatif, elle le souhaite plus viril. Sa mère aussi bénéficie de son changement : elle la trouve dévouée, malgré sa rudesse et s'efforce de la comprendre. Elle a encore des retours d'agressivité violente, mais ils durent peu. De plus elle donne à son fils, André, une éducation libérale, sait jouer avec lui et lui parler à l'occasion de problèmes sexuels. Vis-à-vis de son fils aîné, elle est véritablement maternelle, et n'a pas hésité à lui parler d'un traitement analytique, pour corriger une attitude névrotique dont elle se sent responsable, sans éprouver pour cela de sentiment pathologique de culpabilité. - Le plus habituellement, elle se sent très heureuse, s'efforce d'être objective. Ses obsessions religieuses sont extrêmement rares ; elle accueille avec indifférence ces pensées, qui lui traversent l'esprit « en éclair » sans provoquer de réactions affectives. Cette acceptation, sans angoisse, de la survivance du phénomène obsessionnel, jointe à ses possibilités nouvelles de projections libidinales au dehors, nous semble conférer à l'amélioration actuelle un caractère de stabilité au moins relative.

CONCLUSIONS.

Avant d'insister sur le point particulier qui nous a amené à vous présenter ce travail, il nous paraît nécessaire de condenser en quelques lignes les données de cette observation, données qui, pour un certain nombre d'entre elles tout au moins, ont été retrouvées dans plusieurs autres observations de névrose obsessionnelle féminine. - Toutes ces malades ont réagi de façon identique à la situation familiale. Elles sont restées fixées à leur mère,

sur un mode infantile, et si elles semblent avoir renversé leur complexe d'Œdipe et avoir pris une position homosexuelle, il faut bien insister sur le fait que celle-ci ne s'accompagne guère de phantasmes de possession génitale, ou que s'il en est ainsi, ces phantasmes revêtent un caractère sadique nettement accusé. Cette fixation maternelle, définie comme il vient d'être dit, s'accompagne de réactions agressives contre toute personne susceptible de s'immiscer dans le couple mère-fille et d'altérer l'intégrité du pacte unissant la fille et la mère. Tel est le cas des autres

enfants par exemple. Ce fait absolument constant n'est pas particulier d'ailleurs à la névrose obsessionnelle. Mais il revêt dans ces cas des caractéristiques spéciales d'absolu et de violence. D'autre part, les relations à l'intérieur du couple mère-fille se développent sur un plan sado-masochique accentué. L'ambivalence à l'égard de la mère est extrême et si l'analyse retrouve aisément une tendance à une soumission aveugle à l'objet maternel, elle met aussi facilement en évidence une révolte continuelle contre ce même objet : révolte suscitée aussi bien par les frustrations affectives que la mère ne peut manquer d'imposer à la fille, que par les limitations instinctuelles qu'en tant qu'éducatrice elle n'a pu lui éviter. Quant au père, il est évidemment l'un des éléments principaux appelés à rompre l'unité de cette liaison et, comme tel, soulève l'agressivité de l'enfant. Mais les rapports du père et de sa fille sont évidemment infiniment plus complexes que ne le comporterait une simple rivalité auprès d'un objet d'amour commun : la mère. Quelle qu'ait été l'importance de la fixation à la mère, la fille fut, un temps au moins, attirée par son père, et

l'analyse explicite régulièrement une ébauche d'attrait pour le père. Si faible qu'il ait été, il n'en a pas moins existé. Parfois même, le père semble avoir joué un rôle important dans le déterminisme d'une régression de la libido à des positions infantiles, non encore abandonnées franchement. Il fut pour son enfant un personnage particulièrement terrifiant et sadique comme dans une observation à laquelle nous aurions voulu faire allusion ; mais même dans cette observation, et a fortiori dans les autres, il semble bien que le non-dégagement de la libido de ses investissements pré-génitaux soit responsable d'un échec de l'œdipe. L'enfant transférant en bloc sur le père les éléments fondamentaux de son complexe maternel mal liquidé, devait se heurter, dans ce nouveau type de relation, aux mêmes difficultés que dans sa liaison avec son premier objet libidinal. Elle revient à la fixation à la mère en fonction de l'interdiction, de la crainte du grand pénis, et de son effraction biologique, mais surtout, nous semble-t-il, de

l'angoisse du retournement sur elle de ses propres pulsions sadiques, orales et anales, primitivement dirigées contre la mère et secondairement transférées sur le père. Quant aux relations que ces malades ont avec leur partenaire quand elles arrivent à se marier, elles sont évidemment toutes particulières et sont établies sur un schème qui rappelle à ce point celui de leur complexe maternel que l'on a pu écrire qu'elles recherchaient une mère dans le mariage et que celui-ci ne correspondait pas autant qu'on pourrait le penser à un choix hétérosexuel. Pourtant, il existe une

différence fondamentale entre la relation conjugale et la liaison infantile de la mère à la fille. Alors qu'il existe de « bonnes mères », dans l'histoire de ces malades, il n'existe pas de « bons maris », nous voulons dire par là que quelle que soit la perfection de la castration que leur compagnon accepte, il ne se produit jamais à leur égard, dans la névrose obsessionnelle féminine tout au moins, ce déblocage affectif, qui réalise la projection d'un courant libidinal objectal violent, comme cela se voit dans les relations qu'elles peuvent avoir avec une femme compréhensive. L'acceptation du pénis et l'atteinte de l'orgasme ne changent rien à la situation, car le rapport sexuel, quelle que soit sa modalité, est un véritable acte de castration. Elles développent vis-à-vis de leurs compagnons une attitude sans nul doute analogue à celle qu'elles ont eue envers leur père, mais comme cette attitude est au fond sous-tendue par leur complexe négatif d'activité sadique envers la mère et que leur essai d'œdipe positif a été fort bref et très hésitant, il apparaît qu'elles ont dans leur comportement matrimonial l'ensemble des attitudes vécues à l'égard de la mère hostile et redoutée, c'est-à-dire qu'elles sont partagées entre un sentiment de besoin et de dépendance absolus et une révolte et une haine continuelles. Réagissant à toute frustration venant d'eux avec la même violence anxieuse qu'à toute manifestation de désintérêt venant d'elle, elles éprouvent à tout instant un besoin parallèle de destruction.

Lorsque l'analyse fait revivre à ces malades le désir profondément refoulé de l'attaque sexuelle de la part de l'homme ou du père, l'on s'aperçoit, fait en apparence paradoxal comme nous l'avons signalé dans l'observation de Renée, que le matériel fourni est tout orienté par la crainte d'une réponse agressive de la mère en fonction de l'attaque agressive primaire de la fille contre elle. Nous aurions voulu, ici, donner les documents relatifs à trois autres observations de névrose obsessionnelle féminine, qui nous ont paru tout à fait démonstratifs de l'existence d'une situation complexuelle de ce genre, mais le manque de temps nous empêche de les relater.

On conçoit que, dans ces conditions, la position de l'analyste masculin, en face de telles malades, soit extrêmement difficile. Il est classique de dire que la normalisation des rapports analyste-analysé, et donc la guérison, ne peut se produire que si l'analyste est accepté par l'inconscient de la malade comme une image féminine et maternelle. Il ne nous a pas semblé qu'il en soit ainsi, mais, bien au contraire, qu'il est inévitable que de prime

abord l'imgo analytique soit assimilée à une imago paternelle, avec tout ce que ceci comporte d'opposition et d'agressivité.

Nous avons assez longuement insisté en relatant l'observation de Renée sur toutes les raisons qui rendent difficile le contact du médecin et de sa malade.

Si nous avons rapporté en détail tous ces documents cliniques c'est que leur rappel nous a semblé indispensable à la compréhension de l'évolution de la situation de transfert et des modifications corrélatives de l'équilibre intrapsychique qu'elle détermine. Dans toutes ces observations, le transfert nous a paru évoluer favorablement en même temps que le désir de possession phallique était rendu conscient. Cette évolution, pour si précisément commençante qu'elle soit, à ce moment, 9 été lentement progressive. L'analyste est devenu peu à peu celui qui sait, qui comprend, qui permet, ce qui ne veut pas dire qu'il lui ait été impossible de jouer, à partir de cette phase du traitement, son rôle fondamental de partenaire sur lequel on peut projeter tout ce que l'on sent. Autrement dit, il se produit ici ce que nous avons constaté chez les obsédés masculins : il s'établit entre le sujet et son médecin une coopération de base, un accord indiscuté, qui s'accommode fort bien de l'extériorisation de toutes les manifestations possibles d'agressivité ou d'amour. L'opposition irréductible qui séparait ces femmes du thérapeute masculin et qui se traduisait par les formes les plus variées de résistance, silences ou rationalisations plus ou moins faciles à détruire et sans cesse renaissantes, tombent alors sans préjudice de la disparition de tous les manquements à la discipline du traitement qui leur sont coutumiers. L'acceptation, par elles, de la racine profonde de leur

hostilité anti-masculine, produit donc un double effet clinique : elle rend, d'une part, inutile l'emploi de moyens détournés propres à manifester une opposition dont elles ignorent elles-mêmes le motif fondamental, d'autre part, elle affirme le sentiment d'une compréhension singulière entre les deux participants du dialogue analytique. La mise à jour de ce phantasme de virilisation ne va pas évidemment sans difficulté, comme bien l'on pense ; il est extrêmement culpabilisé et sans doute la déculpabilisation, par la venue à la conscience, mais aussi par l'aveu, joue-t-elle un rôle important dans l'établissement de cette sorte de relation de compréhension exceptionnelle sentie par l'analysée. Le désir de possession phallique et celui concomitant de castration de l'analyste ne se dissimulent pas uniquement derrière les résistances habituelles. Souvent, c'est un rêve de transfert en apparence très positif et très sexualisé, qui contient un tout petit détail révélateur du désir de castration. Les rêves de rapprochement sexuel apparaissant très précocement sont, dans les cas de névrose obsessionnelle, très suspects de n'être que des phantasmes de ce type. En voici un exemple : Dès les premiers mois de son traitement, Nicole fait des rêves multiples de rapports sexuels avec son médecin. Or plusieurs mois après, elle apporte une fois de plus un rêve analogue. « Vous êtes mon fiancé, nous retournons chez moi - Il pleut, vous me mettez votre manteau sur les épaules - Nous arrivons à la maison - Nous entrons - Ma mère est là, elle nous accueille avec un bon sourire. » L'envie du pénis était symbolisée par le désir de recevoir ou de voler ce vêtement - désir qui était également formulé dans ses premiers rêves et qu'elle avait dissimulé. C'est également le cas de Jeanne, qui entre dans la série des phantasmes de virilisation par la prise de conscience de sa fixation à sa mère et de son

comportement masculin à l'égard de celle-ci, en même temps que par l'analyse ininterrompue de ses formes de résistance. Elle rêve ; « je me trouve dans votre appartement où je suis venue vivre avec vous - J'y remplace la personne -âgée que j'y vois quelquefois. Au fond, je suis là parce que j'ai un

sentiment pour vous. Il ne faut surtout pas que ma mère le sache. Vous avez aux pieds des pantoufles trouées, on voit vos gros orteils. Mon premier soin sera de boucher ces trous. » Le désir de castration est ici indiqué par le dessein de fermer les pantoufles.

Quelle que soit la façon dont se manifeste l'envie du pénis, les rêves des malades nous renseignent largement sur la signification de leur désir de possession phallique. Leurs phantasmes sont sous-tendus par leur désir de possession sadique de leur mère, ou, de façon plus atténuée, par leur besoin d'imposer à celle-ci un renversement de la situation infantile : de dominées, elles veulent devenir dominatrices. Nicole, au lendemain du rêve du manteau, apporte la fantaisie suivante: « je suis un homme, je pénètre dans la chambre d'une jeune fille, qui ressemble à ma mère. Je la tue parce qu'elle me résiste », et elle s'étend longuement sur ce que serait son attitude si elle était un homme. Jeanne rêve plus simplement qu'elle s'affranchit de la tutelle de sa mère. « Je suis dans la salle de bains, avec un médecin (vous) qui me faites une analyse d'urines, ma mère est dans la chambre à côté et dit qu'elle fera cesser l'analyse. je sors furieuse et je lui affirme que, quoi qu'il arrive, je poursuivrai l'analyse autant qu'il le faudra. » Dès lors, dans de multiples fantaisies oniriques, elle compare sa mère à une femme de ménage sale et laide, qu'elle méprise et commande, et dans d'autres fantaisies encore, elle imagine que je suis marié à -une femme vulgaire, triste et mal habillée comme elle, qu'elle n'ose supplanter ou tout au moins elle ne l'avoue pas facilement. En même temps, sur le plan concret, cette jeune fille qui jusque-là ne pouvait quitter sa mère un seul instant, ni de jour ni de nuit, allait seule à Paris et suivait des cours de dessin sans aucune surveillance maternelle. Elle continue depuis plus de deux mois. Évidemment, elle est loin d'être guérie. Il faut ajouter que, comme dans le cas de Renée, le matériel prégénital fait maintenant son apparition aussi bien sur le plan anal qu'oral.

Ainsi, la prise de conscience de l'envie du pénis détermine concurremment, d'une part des modifications du transfert dans un sens favorable au contact affectif de l'analyste et de l'analysée, d'autre part un fléchissement parallèle de la rigueur du surmoi féminin infantile. Nous avons pu justifier cette proposition de façon plus explicite en vous relatant l'observation de Renée, mais dans les cas de Jeanne et de Nicole, auxquels nous n'avons pu que faire allusion dans ces conclusions, cette double conséquence de la prise de conscience de l'envie du pénis ne s'y est pas montrée aussi nette. Telles sont les constatations de la clinique, mais pouvons-nous aller plus loin et nous représenter mieux pourquoi ces deux phénomènes - amélioration du transfert et fléchissement de la sévérité du surmoi féminin infantile - sont liées et aussi comment, à partir d'une

identification sur un mode régressif à l'homme considéré comme sadique, il sera possible à ces malades de passer à une identification féminine passive cette fois, l'analyste demeurant le support de ces deux identifications ? La seule observation de Renée peut nous donner une idée de cette évolution. Dans le cas particulier de Renée, une sorte de confusion est matérialisée dans les rêves entre la représentation qu'elle se fait d'un analyste légèrement déssexualisé et d'une imago maternelle bienveillante : après que s'est relâchée l'étreinte du surmoi féminin infantile, l'imago analytique qui avait servi de base à une identification masculine sadique et avait pu, de ce fait, permettre l'extériorisation de l'agressivité contre la mère en fonction du sentiment de puissance phallique qu'une telle identification comportait, est ressentie par l'inconscient comme analogue à celle d'une mère de plus en plus désarmée et bienveillante. C'est à ce moment, mais à ce moment seulement, que l'on peut dire que l'inconscient de la malade s'empare de la personnalité de l'analyste comme de celle d'une bonne mère. Les malades témoignent de cette évolution qui s'accompagne d'un sentiment spontané de déplacement du problème intérieur. Elles ne se confient plus à leur mère, mais à leur analyste. Jeanne dira par exemple : « Je dois tout vous

dire - autrement, j'ai de l'angoisse et je me le reproche - je ne peux plus vous mentir, alors que je ne dis plus rien à ma mère. » Nicole redoute de manquer une séance, parce qu'elle se sent dans un état de malaise et de faute latents, qui l'oblige à répéter ses manies expiatoires. Et surtout, comme le montre l'observation de Renée, l'image maternelle onirique change de caractère. Mère hostile, adversaire de la malade, soutenue par son analyste, elle devient compréhensive et généreuse jusqu'au moment où cette nouvelle incarnation de la mère se confond avec l'imago analytique. C'est du fait de cette confusion qu'une identification féminine peut se faire sur la personne d'un analyste masculin. Une dissociation des images confondues semble alors possible comme dans le rêve du roi, où la personne du père puissant, mais affectueux, est distincte de celle de la mère dévouée et faible. Une telle opération ne suppose-t-elle pas qu'en retrouvant son agressivité antimasculine et son désir de castration de l'homme, la malade revit en même temps ses pulsions sadiques contre ses deux parents ? Ce serait en ce sens que l'on aurait raison de dire que l'analyste est appréhendé d'emblée comme une mère ; mais nous croyons plus conforme aux faits de distinguer, dans l'analyse de ces transferts complexes, une phase où la malade se heurte à l'homme avec la totalité des projections agressives que cela comporte, avant de l'utiliser contre la mauvaise mère et de s'identifier secondairement à lui, comme à une génitrice favorable, qui, détruisant tous les tabous de la petite enfance, permettra une évolution libidinale normale. Nous avons été frappé du pouvoir dynamique d'une identification masculine, régressive, chez tous les obsédés : Qu'un obsédé masculin reçoive le phallus sur un mode passif qui satisfasse son érotisme cloacal, ou qu'une fille se l'annexe sur un mode agressif actif, le résultat final de cette opération est toujours une diminution de la rigueur du surmoi féminin infantile, l'imago maternelle souvent phallique perdant son caractère coercitif et dominateur.

Peut-on d'ailleurs limiter le rôle du transfert homosexuel de l'obsédé masculin à la réduction de la seule ambivalence envers le père ? Nous ne le croyons pas, des observations nouvelles nous ayant montré que la pénétration active du pénis était ressentie comme une véritable éviscération, l'imago maternelle y étant vraiment dévorante, en talion d'un désir de destruction globale par manducation ; nous pensons que la réduction des exigences du surmoi maternel infantile ressort, là encore, d'une liquidation du conflit avec une imago analytique ambiguë.

Les faits étudiés dans ce travail sont bien connus, et depuis longtemps. Peut-être pourtant n'était-il pas absolument inutile de revenir sur l'intérêt thérapeutique de la prise de conscience de l'envie du pénis dans le cas particulier de la névrose obsessionnelle féminine et de montrer comment se traduit, concrètement, dans la vie et dans le transfert, mais de façon souvent peu apparente de prime abord, la projection sur l'homme de l'ensemble du complexe maternel et en fin de compte des pulsions sadiques primitivement dirigées contre la mère.

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TRANSFERENCE AND LOVE

LUDWIG JEKELS, M.D. and EDMUND BERGLER, M.D.

'The greatest difficulties lie precisely
where we are not looking for them.'

— Goethe

THE MIRACLE OF OBJECT CATHEXIS

'Narcissistic or ego libido seems to be the great reservoir from which the object cathexes are sent out and into which they are withdrawn once more; the narcissistic libidinal cathexis of the ego is the original state of things, realized in earliest childhood, and is merely screened by the later extrusions of libido, but in essentials persists behind them.'¹

This statement of Freud raises a number of questions. That the ego relinquishes a part of its libido in favor of an alien ego is anything but a matter of course which would make superfluous inquiry into basic causes; rather is it a miracle which urgently requires explanation. Why does the ego act in this manner? What are its motives? Does it gain advantages by this process—as seems very likely—and if so, what advantages?

As far as we know, there is in psychoanalytic literature only one direct clue to this puzzle: Freud² says that the ego employs object cathexis in order to avoid an increased damming-up of the libido in the ego, which might be experienced as unpleasant. This explanation cannot be denied a certain degree of correctness. It is our purpose to investigate beyond this, and to seek the psychological motives which may explain this miracle of object cathexis which is ordinarily taken so much as a matter of course.

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Translated by HENRY ALDEN BUNKER, M.D.

1Freud: Three Essays on the Theory of Sexuality. (Trans. by James Strachey.) London: Imago Publishing Co., Ltd., 1949, p. 95.

2Freud: On Narcissism: An Introduction. Coll. Papers, IV.

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THE WISH TO BE LOVED

A forty-year-old married woman made a confession to her analyst which was very painful for her to make because it conflicted with her moral standards.³ During the following session she told the doctor between sobs: 'Yesterday evening I had the feeling that you had deserted me. I felt that I no longer had you, that I didn't know where you were, that I was not good enough for you.' Every analyst can cite an abundance of similar examples. The patient's reaction leaves no doubt that the substance of her fear is that she may be deserted by her analyst who represents her superego. This fear of being separated from one's superego is rightly interpreted in psychoanalysis as the fear of the threatened loss of love. The narcissistic identification with the analyst⁴ doubtless also serves to prevent fear of loss of love. From the frequency with which a patient repeats the doctor's views almost verbatim without any recollection of their source, this unconscious plagiarism in analysis, this identification, is to be regarded as a defense against anxiety, that is, as a desire to be loved, which may be formulated: 'I am like you, and since you love yourself, you must love me also'. Beside this fear of loss of love, we must also note that this anxiety is almost always unequivocally expressed by the idea of separation in space. It scarcely requires more precise observation to establish this.

This state of affairs deserves attention all the more in that Freud, in *The Problem of Anxiety*, describes anxiety as the reaction to a loss, to a separation. According to Freud, the anxiety of infants, and young children no less, has as its sole condition the missing or loss of the object. This object toward which longing is directed and whose absence causes anxiety is, according to prevailing opinion, the beloved and yearned-for mother, or her substitute. The child is believed to experience this for an economic reason, as a consequence of the increase in tension arising out of need. This explanation is based upon

3Jekels, Ludwig: *Das Schuldgefühl*. *Psa. Bewegung*, IV, 1932, p. 345.

4Bergler, Edmund: *Das Plagiat*. *Psa. Bewegung*, IV, 1932. (See fifteenth and sixteenth forms of unconscious plagiarism.)

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the fact that the presence of an externally perceived object can end the danger implicit in the situation.

This summary provides us with a framework for the detailed analysis of the psychic experience, through the minute observation of which we hope to gain an understanding of object relationship in its earliest beginnings. It is our conclusion that spatial separation as an expression of anxiety is based—far beyond the object-libidinal relationship to the mother—fundamentally upon the feeling of the threat to narcissistic unity. One corroboration of this is the fact that feelings of guilt and anxiety have their source in not being loved by the superego which is the fear of being unloved. This brings us directly to the problem of love. In order, however, to throw light upon this phenomenon in its complete psychological sense, it is essential to consider first the structure and function of the superego.

THE DEVELOPMENT OF THE SUPEREGO

The modifications which the concept of the superego has undergone since its formulation clearly mirror the development of the Freudian instinct psychology. This 'stage of the ego' was discovered at a time when the libido alone was recognized, and the ego instincts seemed in no way demonstrable. This differentiation in the ego was then called the ego ideal: 'Man does not want to forgo the narcissistic completeness of childhood, and when he cannot hold on to it ... he tries to regain it in the new form of the ego ideal.'⁵ Seven years later it was conceived of as '... the sum of all the restrictions to which the ego is supposed to submit'.⁶ Following replacement of this instinct dualism by the antithesis of Eros and Thanatos, and to the extent to which in general the importance of aggression was increasingly taken into account, there occurred a shift, in favor of the latter, in the conception of the content and character of the institution now called superego, till the current degree of

⁵Freud: On Narcissism: An Introduction. Coll. Papers, IV.

⁶Freud: Group Psychology and the Analysis of the Ego. New York: Liveright Publishing Co., 1940.

⁷Freud: New Introductory Lectures on Psychoanalysis. New York: W. W. Norton & Co., Inc., 1933, pp. 89–90.

⁸Freud: New Introductory Lectures on Psychoanalysis. New York: W. W. Norton & Co., Inc., 1933, pp. 92–93.

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exclusiveness was reached: 'The superego seems to have made a one-sided selection, to have chosen only the harshness and severity of the parents, their preventive and punitive functions, while their loving care is not taken up and continued by it'.⁷ This superego, however, retained also the character and the function of the former ego ideal: 'It is also the vehicle of the ego ideal, by which the ego measures itself, toward which it strives, and whose demands for ever-increasing perfection it is always striving to fulfil. No

doubt this ego ideal is a precipitation of the old idea of the parents, an expression of the admiration which the child felt for the perfection which it at that time ascribed to them.'⁸

Despite these definite statements, there exists considerable confusion, as a survey of the literature shows. Nunberg, for example, states: 'If, furthermore, the ego ideal is supposed to be a replica of the loved objects in the ego, and the superego an image of the hated and feared objects, how is it that these two concepts were confused, and used interchangeably?'⁹

We believe that, with the concept of the struggle between Eros and Thanatos which we here use, Freud's view of the superego will gain in clarity and sharpness by a precise understanding of details, especially in the relationship between superego and ego ideal.

We conceive the ego ideal to be a 'neutral zone', lying between two countries. We believe further that, just as in war every effort is made by neighboring belligerents to occupy at the outset any neutral strip of land, here too the possession of the ego ideal is the real goal and object of the seesaw struggle between the two great opponents, Eros and Thanatos. This conception of the neutral character of the ego ideal is, in our view, a very gradual development, traversing a number of preliminary stages. In every state of this development we find the two basic drives to be at work, and from this point of

⁹Nunberg, Herman: *Allgemeine Neurosenlehre auf Psychoanalytischer Grundlage*. Bern: Hans Huber Verlag, 1932, p. 124.

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view one may, very schematically, speak of two roots of ego ideal development. One of these consists of the attempt of the ego to redirect upon objects the aggression of the death instinct, which is aimed against the ego, whereby these objects become something to be feared. There is thus an attempted exchange of an inner for a projected external danger which, however, miscarries. This consummation of the instinct of destruction is parried by Eros by the incorporation of these fearsome objects into the ego, where they become the subject of one's own narcissism.

The following process may be regarded as the second root. The child's feeling of omnipotence is undermined by the demands of external reality, such as hunger, weaning, toilet training. After a series of unsuccessful attempts to restore its feeling of omnipotence, the child is faced with the alternative of relinquishing it or of maintaining it at the price of a compromise. Such a compromise is described by Freud: 'We may say that the one ... has set up an ideal in himself... To this ideal ego is now directed the self-love which the real ego enjoyed in childhood. The narcissism seems to be now displaced on to this new ideal ego, which, like the infantile ego, deems itself the possessor of all perfections. As always where the libido is concerned, here again man has shown himself incapable of giving up a gratification he has once enjoyed. He is not

willing to forgo his narcissistic perfection in his childhood; and if, as he develops, he is disturbed by the admonitions of others and his own critical judgment is awakened, he seeks to recover the early perfection, thus wrested from him, in the new form of an ego ideal.¹⁰

If Eros were to succeed in this defense against Thanatos through setting up the ego ideal, this would be exclusively the place of love, which in reality it is not. Thanatos does not admit defeat, but on the contrary sharpens this weapon which Eros has created. It is well known that the formation of an ideal is based upon identifications which begin very early and are demonstrable at all stages of organization. We know,

¹⁰Freud: On Narcissism: An Introduction, Coll. Papers, IV. p. 51.

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however, that desexualization runs parallel with every identification.

Desexualization, which is the achievement of Thanatos, is a subject hitherto little touched upon by psychoanalysis. Desexualization is commonly considered equivalent to sublimation—incorrectly so, in our opinion, because desexualization is more inclusive, and sublimation a special case of desexualization. The latter we imagine as a continual process, following the libido like its shadow, a process active in all stages of its development. Under the influence of the destructive instinct, the ego tries in the pregenital stages to preserve the oral, anal, and urethral functions from sexual amphimixis, and to change them into pure ego functions—ingestion, intestinal and urinary excretions. Even here, as we know, only a partial success is attained, one completely denied the ego in the phallic-genital stage. This is comprehensible when we reflect that the genital does not possess any ego function and only serves the sexual one. Thus desexualization—as is proven by the latent period in which it happens—would equal an extinction of sexuality altogether, would mean throwing out the baby with the bath water.

It is well known that neurosis leads to the opposite result: the sexualization of the functions of the ego. But as far as the phallic-genital phase is concerned, sexualization, usually occurring after the termination of the latent period, is subjected to a renewed desexualization by the neurotic process (impotence, frigidity). The ego's attempts at desexualization are crowned with complete success only after the resolution of the oedipus complex because desexualization here concerns the organ specific to, and exclusively serving, sexuality; also perhaps after so many unsuccessful attempts, an occasional resigned giving-over of attempts to satisfy the libido directly may supervene. All the preceding explanations, especially with reference to the developmental history of the ego ideal, its derivation from the process of identification, and the attendant desexualization, serve to support the conception of the ego ideal as a neutral zone. We

believe that with this statement, and with the arguments set forth to prove it, we have come very close to one of the problems

11Freud: *The Ego and the Id*. London: Hogarth Press, 1927, pp. 61–62.

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stated by Freud which gives a more general and deeper meaning to our views. We refer to that much discussed and variously commented upon passage in *The Ego and the Id*, in which there is given a hypothetical explanation of the direct change (independent of the behavior of the object) of love into hate, as, for example, in cases of paranoia persecutoria; also of hate into love in some cases of homosexuality in which love was preceded by hostile rivalry. Such a direct change of affect, Freud believes, makes the differentiation of the two kinds of drive very questionable or impossible, since this change is based on the assumption of 'contrary physiological processes'. There is, however, also another possibility of explaining this phenomenon of the transformation of affect into its opposite which does not contradict postulating two kinds of drive. This would be the concept if this change of affect were based merely on the economic motive of a more favorable possibility of discharge. Of course, Freud continues, this hypothesis is based merely upon the assumption: 'We have reckoned as though there existed in the mind—whether in the ego or in the id—a displaceable energy, which is in itself neutral, but is able to join forces either with an erotic or with a destructive impulse, differing qualitatively as they do, and augment its total cathexis. Without assuming the existence of a displaceable energy of this kind we can make no headway. The only question is where it comes from, what it belongs to, and what it signifies.'¹¹

We believe it possible to strengthen Freud's hypothesis, to lend it added proof, by referring—on the basis of our conclusions—to the ego ideal as that displaceable neutral energy postulated by Freud. This is the less contradictory because the ego ideal has those characteristics which Freud presupposes for that neutral energy: it stems from the narcissistic reserves of the libido, and is desexualized Eros.

Here, however, arises an apparent contradiction; for it is not easy to join narcissism with a neutral state of energy. This contradiction loses much of its point when one remembers that Eros has here undergone desexualization. Little more than its

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shadow remains. One might say that there is about it a tincture of the death instinct, since desexualization is, in fact, the work of Thanatos; furthermore, the introjected persons were fearsome till the intervention of Eros, which greatly modified this fear. All in all, the ego ideal presents itself as an unhomogeneous, and hence very incomplete institution, a barely successful alloy of two unequal substances—of the extremely resistant, almost invincible original narcissism with the images of the introjected persons to whom one cannot attribute nearly the same resistance.

Little wonder, in view of this nature of the ego ideal, that the two instincts have no difficulty in taking possession of this energy which thus becomes the alternating prey of now the one, now the other, and then wearing the colors—one thinks of black and red—of the victor of the moment. Like Homer's heroes who wake to new life in Hades after they have drunk blood, so can this shadow, the desexualized Eros, be revived through the infusion of the energy of one of the two drives.

This changing play of the instincts makes it understandable that the superego is founded on a double principle, which Freud characterized by the two formulas: 'You ought to', and 'You must not'. The two currents differ both genetically and from the standpoint of instinct psychology. The 'you ought to' corresponds to the ego ideal. The 'you must not' has its genesis in the aggression of Thanatos directed against the ego, an aggression which the ego attempts at all costs to redirect to external objects, so that it may not itself be annihilated. But this redirection can be successful only to a small degree because of the helplessness of the child, which cannot express such considerable aggressions. The irreconcilability of self-aggression with the narcissistic position of the ego results in a projection of this aggression in such wise that it is felt as coming from without as an external threat. However, these persons in the environment originally felt to be dangerous are later on incorporated into the ego ideal, a fact which has as its consequence a radical change in their evaluation as dangerous. There

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they have become invested with narcissism, so that the ego's aggression against them must be greatly reduced and modified; otherwise it would in a certain sense become self-aggression. This in turn results in a damming-up of aggression, and therewith the danger of its being turned against the subject's own ego, a danger which is signaled by anxiety.

The derivation of the 'you must not' of the superego—in which the emphasis seems to lie with the intensity of the death instinct, whereas its conditioning by the object and its connection with the latter is regarded as a very loose one—finds support in the striking fact that the severity of the superego is comparatively rarely derived from the severity of the parents. Usually there is, rather, no relationship, or an antithesis between the two. The decisive factor seems to us the presence of a greater outpouring of instinctual energy which the ego is hindered in directing upon objects. The ultimate aggression of the death instinct, turned against the subject's own ego, is reflected in mythology and ancient religion in the daimon, and for purposes of easier reference we shall use this term to designate the anxiety-creating you-must-not part of the superego. The non-homogeneity of the ego ideal furthers the strivings of the daimon to an extraordinary degree. It is possible for the daimon to use the ego ideal and its neutral energy as a sort of silent example which is constantly held up to the intimidated ego, thus giving rise to feelings of guilt; thus it happens that the persons of the environment who have been incorporated into the ego ideal turn out to be extremely uncertain allies of the ego.

They attack the ego behind its back, and become indirectly helpers of Thanatos in that they alleviate the aggression of the ego and are themselves full of contradictions—an echo of the inconsistency of all upbringing. This explains why the daimon can dictate the most contradictory and therefore entirely unachievable demands to the ego. On the one hand, the daimon is opposed to every object cathexis because this conducting-off of aggression relieves the ego; on the other hand, it urges the ego toward object cathexis, in constantly holding up

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to it the silent example of the ego ideal which also is a residue of objects; finally the daimon also turns against the self-sufficient narcissism as an expression of Eros.

By using the ego ideal for his own purposes, the daimon mobilizes Eros against Eros, defeats him with his own weapons, and thus renders at naught the purposes of Eros which the latter pursued in the creation of the ego ideal.

Nevertheless, Eros is by no means finally defeated; he is constantly attempting to parry Thanatos's onslaughts, and to shake the ego ideal out of its neutrality. The aggression directed against the ego (originally it had no relationship at all to the objects of the external world) is experienced by way of projection as coming from the external world to relieve the narcissistic threat involved. Even the need for punishment may be conceived of as a *praevenire*, whose motive is also to be found in the striving for narcissistic unity. Perhaps this is the true meaning of Nietzsche's conception of guilt: the will to power against one's own helplessness.

While, however, these processes may be regarded as protective and thus merely defense measures of Eros, the possibility of a complete triumph is vouchsafed only if Eros succeeds in erotizing punishment, in making it a source of masochistic pleasure. Thus masochism is a triumph of Eros, but certainly not an isolated one because, as one of us noted in an earlier paper,¹² guilt not only is a consequence of but also an incentive toward renewed efforts on the part of Eros in its fight against the death instinct; efforts not only to restrain aggression, but even to use it as a means to its own ends. The hard-pressed ego does not shrink from attack in its despairing defense. There is no lack of visible evidence of these offensive tactics of the ego which is usually regarded as only passive in this struggle. Witness, for example, the psychodynamics of wit, comedy,¹³ humor, and especially of mania. These are all—with the exception of mania—more or less veiled eruptions of the ego's aggression against the ego ideal. They represent attempts to

¹²Jekels, Ludwig: *Das Schuldgefühl*. *Psa. Bewegung*, IV, 1932, p. 345.

¹³Cf. Jekels, Ludwig: *Psychologie der Komödie*. *Imago*, XII, 1926, p. 328.

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wrest from the daimon the weapons used to torture the ego. For this, the narcissistic ego mobilizes aggression against the daimon's aggression; the daimon is to be conquered with his own weapons. In this case aggression seems to have been placed in the service of Eros; the complete antithesis to the use of the ego ideal by the daimon. Eros pitted against Eros, Thanatos against Thanatos—what complete revenge!

LOVE AND GUILT

Despite the fact that from ancient times there have been numberless investigations of the subject, little progress was made in elucidating the psychology of love. In his *Metaphysik der Geschlechtsliebe*, Schopenhauer wrote: 'One should be surprised ... that a thing which in human lives plays such an important rôle throughout has been regarded so little by philosophers, and is still an uninvestigated subject today. Plato perhaps was the only one to treat the subject to any extent, as he did, especially in the *Symposium* and in the *Phaedrus*, but what he has to say remains in the field of mythology, fable and jest, and mostly concerns only the Greek love of boys. The little which Rousseau in his *Discours sur l'Inégalité* has to say on our subject is incorrect and insufficient. Kant's discussion of the subject, in the third part of his *Über das Gefühl des Schönen und Erhabenen*, is very superficial and without knowledge of the subject, therefore also partly incorrect.'

M. Rosenthal, a contemporary writer who is not a psychoanalyst, states in a book entitled *Die Liebe, Ihr Wesen und Wert*: 'To discover and explain the spiritual currents which partly flow deeply below the surface, and which have determined the development of sexual love from its beginnings, to the modern idealistic view ... is a difficult and hitherto unsolved task'.

In psychoanalysis we are again indebted to Freud for giving us the most far-reaching, most comprehensive illumination of the psychology of love. From his paper on *Instincts and Their Vicissitudes* we gather that the relations of the ego to the object, carried by pregenital libido, can at most be regarded as preliminary stages of love. This is true not only of the

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object relations of the oral stage, but especially of anal-sadistic relationships, which are hard to differentiate from hate. One can speak of love only when the relation of the whole ego to the object stems from the already developed genital organization of the libido. This relationship to the object cannot be separated from genital organization, is conditioned by it, and formed by it into the antithesis of hate.

These are accepted as psychoanalytic axioms; however, when these formulations were made, Freud had not as yet developed two of his greatest concepts: Eros and Thanatos, the two powers dominating the mind and the metapsychological structure of the personality.

In our discussion of the superego we have sketched the struggle between these two primal instincts, and we believe that love also is an expression of this struggle. For here, too, the problem is to make the daimon powerless by taking away its implement of torture, the ego ideal, and adding the erotic striving to the neutral energy of the ego ideal. This accounts for the often startling similarity of love to the exalted mood of the manic and of the unquestionable psychological relationship of the two. The difference is the use of another method of disarming the daimon. In mania the daimon is disarmed by aggression, in love by projecting the ego ideal onto the object. This is the ideal state in which there is no tension between the ego and the ego ideal. We believe, nevertheless, that the search for love has as its prerequisite a certain degree of tension between ego and ego ideal. Love, for the ego, has the significance of incontestable proof that the unbearable tension between ego and ego ideal does not exist; thus love is an attempted denial which, in contrast to mania, is successful. It is self-evident that where in the normal states there is no appreciable tension of this sort, this mechanism of denial is unnecessary.

The disarming of the daimon, as well as the great narcissistic satisfaction given by the proof of being loved by one's own ego ideal, are the sources of the manic ecstasy of love.

The projection of the ego ideal on the object, under pressure

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of the daimon, springs from a tendency of the ego to renew the ego ideal out of the endopsychic perception that the old ego ideal has proved itself insufficiently effective against the daimon's aggression, and that its projection has been felt to be insufficient. This projection ('cathexis of the object with libido') is the attempt to set up an agreement between the object and the ego ideal, such as the subject desires in his hard-pressed state.

This projection is followed by a partial reintroduction of the projected ego ideal into the ego, which by implication means that the object was cathected with narcissistic libido. This reintroduction exhibits, by comparison with the initial projection, the essential element of love. One can speak of love only when such a reintroduction has taken place.

In love the ego ideal is, then, projected on the object and, thus 'strengthened', is reintroduced—the daimon is thereby disarmed. The consequence of this is the pre-eminence of Eros, which also has taken to itself the neutral energy of the ego ideal. This is the explanation of the disregard of all logical and rational considerations so often observed as characteristic of almost all love, and of the overestimation of the love object, sometimes almost delusional in degree. Behind the beloved object there is one's own ego—basking in the manic intoxication of being loved—which the object has deemed worthy to replace the most treasured thing on earth, the ego ideal.

This concept of ours leads finally to the conclusion that love is an attempt at recapturing narcissistic unity, the complete wholeness of the personality, which the ego considers endangered, seriously threatened by the daimon, by guilt feeling which constitutes a considerable disturbance to narcissistic unity.

Is love then a consequence of a feeling of guilt? This opinion may seem peculiar, but we maintain it. We also believe that it is substantiated by the phenomenon of transference. Let us emphasize at this point the decisive characteristic which distinguishes the latter from love. We are sure of the assent of

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all experienced analysts when we emphasize the following symptoms of transference as especially striking and characteristic: 1, the infallibility of its occurrence despite the absence of choice as regards the object, manifesting itself with a complete disregard of age or sex, and disregarding every personal quality or its absence; 2, its impetuosity which, though often veiled, betrays itself in some instances before the patient has met the physician.

In contrast to the indiscriminateness and inevitability of transference, how greatly and how closely is love conditioned by circumstances; how touchy and changeable in its early stages if conditions do not conform to at least a minimum extent.

This phenomenological difference reveals to a large extent the psychological one. What do these characteristics of transference, the inevitability of its occurrence under practically all circumstances and its impetuosity, denote? Are these not the characteristics of an attitude of 'cost what it may', and the expression of the fact that the transference is an act of despair arising from a mood of panic—born out of the intuitive realization of the power of love to protect against the daimon, as in the case of the person in love? But what a difference! Like the provident fighter, the person in love knew how to wrest from the daimon at his first approach the weapon of the ego ideal even before he could successfully grasp it.

There is an almost grotesque contrast between the neurotic, capable of hardly more than years of passivity without initiative (the intermediate state of the transference neurosis), and the activity and initiative of the person in love who in wooing the object projects his ego ideal with unceasing efforts to remodel the object to accord with his wishful fantasy, and to attribute to it as much reality as possible. There is no more effective force in human motivation than love. The mature lover is a victorious fighter.

Is guilt the only difference between transference and love? Psychoanalytically, the difference is that in the case of love, only the ego ideal is projected onto the object, whereas in

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transference the superego, the ego ideal and the daimon, are projected. Transference is also very different from love in that the object is not only the object of love but perhaps to an even greater extent an object of anxiety.

While the ego ideal is capable of a complete projective cathexis—possibly due to the plasticity and displaceability of the erotic drives—the daimon can apparently be only partially projected. The recurrent depressions and complaints of patients in analysis, long after projection has been completed, speak in favor of this.

All loving is the equivalent of being loved. In the last analysis there is only the wish to be loved; it depends only on the mechanism whether the wish to be loved is infantile (pregenital) or mature (genital). Either the object coincides with the ego ideal which the subject in love feels as ego, or the situation is reversed and the person himself acts his ego ideal and reduces the object to the ego.

These two mechanisms have a special place in the phenomena of love. On the one hand there is a type of person in love who looks up to the object, stands in subjection to it, demands and enjoys the object's care, demands emphatically to be loved in return. The other extreme is exemplified by him who is concerned primarily with patronizing, benevolent ruling, caring for, and spending upon, and who cares much less for the return of affection.

For purposes of differentiation we call the first type feminine love, the second masculine love. These designations result from a general impression, and we do not maintain that these forms of love always coincide with the respective sexes.¹⁴

It is superfluous to emphasize that the psychological difference between the two types of love does not conflict with the statement that the meaning of love is the disarmament of the daimon. Only the method is different. While the masculine type arrogates the attributes of the ego ideal to annihilate all tension between it and the ego, the feminine type succeeds through the

¹⁴This noncorrespondence is largely conditioned by fixations: in the male on the oral, in the female on the phallic level (penis envy).

¹⁵Cf. Spinoza: 'Amor est titillatio concomitante idea causae externae.'

illusion of satisfying the ego ideal by being loved by it. A confirmation of the correctness of this explanation of the process of love is the fact that it resolves a contradiction in the psychology of narcissism. While in Freud's *On Narcissism: An Introduction*, the essential feature in relation to the object is the desire to be loved, the opposite is stated in *Libidinal Types*, where it is stated that the active desire to love is characteristic of the narcissistic type. The two types discussed by Freud seem to

correspond wholly with what we call feminine and masculine loving whereby, as already mentioned, both lead back to the deep desire to be loved.¹⁵

The narcissistic intoxication of love requires that the object fulfil the wishful rôle which the ego ideal projects. In requited love, this strengthens the feeling of being loved. While nothing happens to destroy the illusion, there obtains the possibility of astonishing deception. The more completely the object conforms, the more happy and intense the love. This seems to apply especially in instances of 'love at first sight'. As an example, one recalls young Werther who at the very first meeting falls deeply in love with Lotte, who appears as a loving mother surrounded by children to whom she is giving bread.

Occasionally very little agreement between the desire of the ego ideal and the reaction of the object is necessary to produce the feeling of requited love. Gross indifference or repulse from the object causes the lover to fall prey to a more or less profound depression, a severe narcissistic injury with marked reduction of self-esteem. The narcissistic ego has failed in the drive against the daimon who now basks in his victory over the ego. The ego ideal which had been wrested from the daimon again becomes subservient to its aims. The discrepancy between the fantasied and the realizable ego ideal is inescapable, and the ego is plunged into an abyss of guilt, to the point of a feeling of complete worthlessness.

The preservation of self-esteem observed in mature personalities, which despite disappointments enables them to invest new objects with love, stems from an ego that—to escape the

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daimon—can prove to itself that it is after all loved by its ego ideal. After a disappointment in love the ego may regress through homosexuality to narcissistic withdrawal or suicidal masochism.

The correctness of the interpretation of love as a reintroduction—following its projection—of the ego ideal is gauged by its utility, by its illumination for us of much that was hitherto unclear. To illustrate this point we choose a phenomenon which Freud indicated as hitherto unexplained, and which seems without doubt of the greatest importance both for the comprehension of psychopathology and for the understanding of character formation: the substitution of object cathexis by identification, which Freud first established in homosexuality, later in melancholia, and finally, in *The Ego and the Id*, he attributed to normal character development.

'When it happens that a person has to give up a sexual object, there quite often ensues a modification in his ego which can only be described as a reinstatement of the object within the ego, as it occurs in melancholia; the exact nature of this substitution is as yet unknown to us. It may be that by undertaking this introjection, which is a kind of regression to the mechanism of the oral phase, the ego makes it easier for an object to

be given up or renders that process possible. It may even be that this identification is the sole condition under which the id can give up its objects. At any rate the process, especially in the early phases of development, is a very frequent one, and it points to the conclusion that the character of the ego is a precipitate of abandoned object cathexes and that it contains a record of past object choices.'¹⁶

We believe that Freud's reservation, 'the exact nature of this substitution is as yet unknown to us', is no longer justified in the light of our conception of the love process; for this identification, replacing object love (reintrojection), is not a phenomenon arising *de novo*, but occurs at the very beginning of the love process and is an integral part of it. Our concept of reintrojection and of its pre-eminent importance in the process

¹⁶Freud: *The Ego and the Id*. London: Hogarth Press, 1927, p. 36.

¹⁷Coll. Papers, IV, p. 81.

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of love is, moreover, greatly strengthened by Freud's conception in *Instincts and Their Vicissitudes*: 'It is primarily narcissistic, is then transferred to those objects which have been incorporated in the ego, now much extended ...'.¹⁷

The conflicts and complications arising out of love in many instances constitute a sort of atonement through the chronic suffering which greatly outlasts the state of being in love, an appeasement of the daimon, who thus takes revenge at compound interest for his temporary helplessness. When a love relationship terminates, the ego treats the object with the same severity and criticism with which it is itself dominated by the daimon. This makes understandable the aggressions against a former love object; they are attempts of the ego to transfer the punishment of the daimon onto the object. This represents at the same time a captatio of the daimon, according to the formula: I don't love the object.

THE AUTARCHIC FICTION

At the beginning of extrauterine life the infant is ignorant of any sources of pleasure other than in itself, a state falling within the scope of the 'period of unconditional omnipotence', described by Ferenczi. According to Freud, the maternal breast is for a time regarded by the child as part of its own body. This conception of Freud has hitherto been insufficiently appreciated in its fundamental significance, indeed hardly recognized. The familiar controversy about when the ego is discovered must much more correctly and fruitfully be replaced by the more important question: when is the object discovered.

This stage of infantile omnipotence is an 'autarchic fiction' of the infant. A substantiation of this is the frequency with which an infant reacts to weaning with

masturbation—demonstrating how unwillingly the infantile ego orients itself to objects, and how, clinging to its feeling of omnipotence, it first of all disavows objects.

How enduring this autarchic fiction is, is illustrated by the psychoanalysis of coitus. Stürcke's paper on the castration

18Stürcke, August: The Castration Complex. *Int. J. Psyc.*, II, 1921, pp. 179–201.

19Ferenczi, Sandor: *Thalassa: A Theory of Genitality*. New York: Psyc. Quarterly, Inc., 1938.

20Cf. also Rank, Otto: *The Genesis of Genitality*. *Psyc. Rev.*, XIII, 1926, pp. 129–144.

21Deutsch, Helene: *Psychology of Women*. Two Vols. New York: Grune & Stratton, 1944 and 1945.

22Bergler, Edmund and Eidelberg, Ludwig: *Der Mammakomplex des Mannes*. *Int. Ztschr. f. Psyc.*, XIX, 1933, pp. 547–583.

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complex¹⁸ deserves first mention because he was the first to call attention to oral castration through weaning. Ferenczi¹⁹ observed that infants of both sexes play the double rôle of child and mother with their own bodies.²⁰ Coitus is characterized as a 'trace of maternal regression' in which there is a threefold identification: of the whole organism with the genitals; with the partner; with the genital secretion. The rhythm of sucking is retained as an important part of all adult erotic activity, whereby considerable quantities of oral and anal erotism are transferred to the vagina. In the transformation of instincts, the female infant's pleasure in sucking the nipple is displaced to the woman's vaginal pleasure in receiving the penis in coitus.²¹ For her this re-creation of her first relationship to an external object is an 'oral' incorporation which represents a mastering of the trauma of weaning. According to Bernfeld, the hand of the male infant at first replaces the mouth, and is later characterized by equating milk and semen. Adult coitus thus would not only be a substitute for the breast but a sadistic revenge for weaning. Bergler and Eidelberg²² observed clinically that children have the repetitive compulsion to reproduce actively in play what once they had to endure passively, in attempts to master the trauma of weaning. The severe narcissistic injury caused by withdrawal of the breast is partially compensated by masturbation which helps restore the feeling of omnipotence. The authors assume a cathexis of the penis with an instinct fusion of Eros and Thanatos, and believe that the position of this fusion, stemming from the death instinct, has undergone such extensive change in the sex act that its gratification can be accomplished without danger to the ego. In coitus the male, in identification with the phallic mother,

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overcomes the trauma of weaning through becoming the active rather than the passive participant.

Thus, in the opinion of all the authors cited, coitus has the significance of a repetition of infantile sexuality. Beyond this assumption of coitus as an echo of the child-mother relationship is our conviction of the deeply narcissistic character of the sex act. The emphasis placed on the relationship to the object seems not to be what is of importance, especially since by identification with the object the infantile gratification is also recaptured. What is fundamental is that the desire to be loved—the nucleus of the later demand of the ego upon the ego ideal—is based on the desire never to be separated from the lactating maternal breast. This longing is not really directed to the object, the maternal breast; rather it represents an attempt at narcissistic restitution, for it was directed to the breast when this was still perceived as part of the subject's ego—the basis of the later ego ideal. Of what great consequence this 'cardinal error of the infant' becomes—*sit venia verbo*—regarding the 'allocation' of the giving breast, we have outlined in connection with the process of love. Grotesque as it may sound, the object cathexis in the process of love stems in the last analysis from this, its purpose being to recapture for the individual his lost narcissistic completeness. Freud's well-known statement supports this thesis.²³

When we keep in mind how the ego continually endeavors by means of the attempts at restitution outlined above to make sure of its narcissistic unity, the behavior of the neurotic in the transference at last becomes clear. It is based primarily on the fear of literal spatial separation.

The truly surprising fact—usually dismissed with a reference to the instinct of reproduction—that love so imperatively urges sexual union and satisfaction now also becomes comprehensible. We believe that there must exist precise psychic determinants, the discovery of which seems essential for the comprehension of the psychology of love. To Freud's formulation that love stems from the capacity of the ego to satisfy part of its drives

²³See the first paragraph of this paper.

autoerotically, through the gain of organic pleasure, we would pose the question: for what purpose, then, does the ego follow the roundabout way through objects, only to return again to itself?

In the final analysis both tender and sensual love have the same aim. Both are by nature narcissistic attempts at restitution which occur under the pressure of the repetitive compulsion.

Coitus expresses physically what tenderness does emotionally; for what in tenderness is expressed through reintroduction of the object, substituted for the ego ideal, is revealed in sensual love through the pure impulse to 'contraction', this hitherto puzzling urge which so dominates people in love, the need to cling together as closely, as inseparably as possible.

It is alone the combination of both parts of love—the maximum expression of unity—that becomes the strongest negation of the feeling of separateness, of incompleteness, of narcissistic damage—a maximal expression of unity perhaps only surpassed by the creating of a child, that materialization of the fantasy of unity.

THE TRANSFERENCE

In *Observations on Transference Love*, Freud says that no difference exists between transference and love. Transference is merely love under special conditions (of analysis and resistance), and thus represents merely a special case of love.

Repeating and supplementing our earlier discussion of love in transference, we believe that the difference between the two lies in the fact that while in love the object is put in the place of the ego ideal through projection, in transference the physician unites in his person via projection the superego, ego ideal and daimon. In the last, anxiety predominates. With the former there is overestimation of the object, the work of love. Dread of the physician, or the desire to be loved by him, are thus the characteristic attitudes of transference.

In the positive transference the patient wants to be loved by the doctor as his ego ideal. The consequence of this desire

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to be loved by the physician and of the fear of him is a narcissistic identification with him. The nucleus of all positive transference, as in the case of love, is the narcissistic phenomenon of wanting to be loved. Equally, what has previously been said about active loving and the passive desire to be loved applies also to transference: the actively loving person represents his ego in the object, while he himself imitates his ego ideal. For the person wanting passively to be loved, the object represents the ego ideal by which he wants to be loved, and he himself represents the ego.

In the negative transference the hatred directed against the physician (the parents) is also directed against the ego. This hatred often disguises love (positive transference under the guise of negative transference), or the aggression of the patient is merely an attempt to test the love of the physician. Sometimes the discharge of the aggressions of the person's own ego upon the object has been unsuccessful. This is the difference between 'normal' and neurotic hatred; in the former, the directing of Thanatos onto the object has been successful. Neurotic hatred is directed against the ego through anxiety and guilt.

This leads to the psychopathology of ambivalence. According to the conception here outlined, love is the desire to be loved by the ego ideal which has been projected onto the object; hate is the attempt to transfer Thanatos onto the object. The attempt is unsuccessful; the aggression is inhibited because the object is the person's own ego ideal, so that the aggression is after all again directed against the ego.

Thus, in positive and negative transference narcissistic elements are as predominant as they are in love. What distinguishes it from love is the extent of the participation of the superego which is projected onto the object (in love, only the ego ideal; in transference, the ego ideal and the daimon). Progress in analytic treatment lies in overcoming the projection of the daimon upon the doctor in the interest of projecting the ego ideal upon him, in order to resolve this too at the end of treatment. Thus, the patient learns to 'love'. Identification

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as a defense against anxiety gives way also to that identification which we have previously designated as an integral part of love.

NARCISSISTIC RESTITUTION AND THE DISCHARGE OF AGGRESSION

First the ego turns toward objects only reluctantly; in the stage of fictitious autarchy its own body is also an object. Only after attempts to maintain this fiction have failed, does it resort to other mechanisms to reinstate the lost feeling of omnipotence. This is the most basic function and use of objects for the ego. This is the origin of the ego ideal, of the libidinal cathexis of objects.

Adult love has been described as a special instance of object cathexis, dependent upon feelings of guilt. The infant, however, first invests the objects which ministered to its instinct of self-preservation and which become sources of pleasure. This seems to reverse our view of the close tie of love with guilt, since it would seem that there is no place for feelings of guilt in this instance; however, insufficiently discharged forces of self-aggression exclude complete freedom from feelings of guilt.

Anna Freud, in connection with a report by Dorothy Burlingham on the urge for communication in children—according to which, apart from its exhibitionistic aim, it is also an invitation to partnership in mutual sexual pleasure—made some observations which seem to be extremely important. Anna Freud believes that in view of this concept, the uninhibiting form of upbringing does not differ in its result from the orthodox, prohibiting form because the expectation of sexual partnership by the child is not attained. This may account for instances in which the most complete tolerance toward infantile masturbation has not the anticipated effect. The child may feel in the adult's failure to participate in its sexual activity an actual rejection.

From here, it is only a short step to assuming feelings of guilt in the infant. The young child does not remain ignorant

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of the fact that its desires are at variance with the attitudes of adults, that it therewith remains far behind its developing ego ideal.

The objection that this assumption of guilt in the child contradicts psychoanalytic theory is met by the statement that we are speaking here only of the preliminary stages—however far-reaching in their consequences—of the superego which will finally emerge only after the complete resolution of the œdipus complex; moreover, let us not overlook the fact that in the question of guilt feeling we are dealing, in the last analysis, with the problem of anxiety, and let us take stock of the intimate psychological relationship between these two phenomena. One may then justly state that as guilt feelings act as a motive for love in the adult, so anxiety acts in the child. Freud's conclusion is basically that this anxiety is an expression of the fear of separation. But we do not regard this postulated desire not to be separated from the mother as the ultimate and deepest motive, but rather regard the threat to the infant's narcissistic unity as the ultimate danger. The autarchic fiction gives us a clear hint that fundamentally anxiety is based on the threat to this fictitious unity, which seems to be paradigmatic for psychic life; thus, a disturbing of this fiction may be evaluated as the most severe violation of narcissism, whose restitution is at the root of object cathexis, the almost compulsive pertinacity of which it explains.

The way in which the object is made to serve this narcissistic restoration has already been sufficiently emphasized in the discussion of the phenomenon of love. Let us mention the familiar psychoanalytic concept according to which the ego withdraws from objects the libido with which the id has cathected them in order to grow and expand at the cost of these objects. Let us also add that reintjection is not only a weapon against the daimon, but likewise, through the expansion and strengthening of the ego, renders considerable support to the fiction of omnipotence. This seems an additional proof that love may be counted among those narcissistic efforts at restitution which occur under the pressure of the repetitive

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compulsion. As can be seen from the foregoing, we do not consider justified a far-reaching distinction in principle—let alone an antithesis—between narcissistic and object-libidinal cathexes, however great the heuristic value of such differentiation might be. Object cathexes have no other significance than of a statement concerning the state of the narcissistic libido; hence nothing more than an indicator. We are thus in complete agreement with Freud's original contention, unchanged through five decades, as expressed in the New Introductory Lectures: 'There is therefore a constant transformation of ego libido into object libido, and object libido into ego libido' (p. 141).

The second function of objects for the ego—the discharge of the aggression of Thanatos originally directed against the ego itself—is certainly as important for the psychic economy as the first. It, also, serves narcissistic intactness. However apt it might be, we are not malicious enough to state that object relationship in the service of the discharge of aggression is the most respectable of which the human being is capable.

Here again we find a cause why real objects are necessary in the automatic repetitions previously described. Why does man not stick to masturbation which has been familiar and comfortable to him since childhood? Surely all this could also have been partially expressed in masturbation. Simply, there is not enough possibility in the subject's own ego for discharge of so important aggressive elements, which in part form the substratum of these tendencies, such as revenge, hostile feeling tones, etc., unless one chooses the masochistic and hence neurotic way out. It is practically the stigma of neurotics, with their insufficient and inhibited directing of aggression from their own egos upon objects, that they have to resort to masturbation. The insufficient discharge of aggression in masturbation seems to us a circumstance of which the importance should not be underrated.²⁴ It is one which seems important to us for two reasons: first, it explains the inadequacy of satisfaction

²⁴Nunberg, Herman: *Allgemeine Neurosenlehre auf Psychoanalytischer Grundlage*. Bern: Hans Huber Verlag, 1932, p. 168.

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through masturbation; second, it makes highly questionable the frequently alleged harmlessness of masturbation, if it does not contradict it outright.

The autarchic fiction is the paradigm of the striving for narcissistic completeness which man, with the aid of objects, pursues throughout his life. Possibly the intuitive realization of this is reflected—however distortedly—in those philosophical systems which teach that the world exists only as idea. Much more attractive is the thought that the autarchic fiction may in the last analysis be why man's whole life is interwoven with fictions, and is hardly possible without them.

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1949) THE SYMBOLIC EQUATION: GIRL = PHALLUS. PSYCHOANAL. Q.,
18:303 (PAQ)

THE SYMBOLIC EQUATION: GIRL = PHALLUS

OTTO FENICHEL

I

In the article, *The Analysis of a Transvestite*,¹ I established the fact that at the root of this perversion there lay the patient's unconscious fantasy of being a girl with a phallus. If—schematically speaking—the homosexual has identified himself with his mother, and the fetishist has not relinquished the belief in the woman's possession of a penis, both of these formulations are valid for the male transvestite: he identifies himself with a woman in whose possession of a penis, furthermore, he wishes to believe.

My patient acted out this rôle of a phallic girl in order to be able to yield to feminine wishes which were opposed by intense castration anxiety. The perversion purportedly counteracted this anxiety, for its purpose, as I stated, was to say to the object: 'Love me like the mother (or like the sister); it is not true that I thereby endanger my penis'. I was able to demonstrate the probability that this is, in a general sense, the meaning of the transvestite act. It is a compromise between feminine wishes and an opposing fear of castration, or, since the fear of castration is the result of a heightened narcissistic evaluation of one's own penis, between the feminine wish and the narcissistic pride in one's penis. The exhibitionistic behavior of such patients has therefore the double meaning: 'I want to be seen and admired for my penis', and 'I want to be seen and admired as a beautiful girl'. In the earlier paper referred to, I described as the most important incidental factor in transvestitism the fact that usually the identification with the mother is at the

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Translated by HENRY ALDEN BUNKER, M.D.

¹Fenichel, Otto: *Zur Psychologie des Transvestitismus*. *Int. Ztschr. f. Psa.*, XVI, 1930.

²Freud: *From the History of an Infantile Neurosis*. *Coll. Papers*, III, p. 473.

same time, on a more superficial level, an identification with a little girl. These objectively contradictory tendencies are supposed to find expression simultaneously; of their relationship to each other, thus far nothing is conveyed. The situation might parallel that of the 'Wolf-man', in that a relatively primary feminine longing is opposed by the realization that 'the gratification of this desire would cost the penis',² as it might be that an originally strong penis pride and a phallic tendency to exhibitionism were inhibited by castration anxiety, and then became replaced by a feminine tendency to exhibitionism. In any case, phallic and feminine pleasure in exhibiting coalesce to form the leading fantasy of such patients: 'I show myself as a girl with a penis'. My patient, for example, was the recipient in his childhood of both phallic and feminine admiration, in that adults called his penis by pet names and also—because of his long hair—extolled him as a 'beautiful girl'.

In his perverse practices this patient represented not only a phallic girl but also a phallus pure and simple. I wrote: 'The patient combined his femininity with a naïve narcissistic love for his own penis, which as a child he had called pet names; indeed, the girl's name which he wanted to have as a girl bore a striking resemblance to the pet name for his penis. Thus came about the symbolic equation: patient in woman's clothes = mother with penis = penis in general.' The strength of the castration anxiety corresponds to the original penis narcissism, on account of which he could only indulge his later narcissistic longing to be admired as a girl by both equipping this girl with a penis and fantasizing her as a penis directly. The equations, 'I am a girl' and 'my whole body is a penis' are here condensed into the idea: 'I = my whole body = a girl = the little one = the penis'.

Here we see for the first time that the frequently valid symbolic equation 'penis = child' (the little one) can also assume the special form 'penis = girl'.

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II

That girls, in their unconscious fantasies, frequently identify themselves with a penis has often been set forth. We also understand how such an identification comes about. It is one way among others of overcoming the original narcissistic penis envy. We know that frequently the aim, 'I also want to have a penis'—when oral wishes are in the foreground, or oral fixations exist which in connection with the narcissistic injury occasioned by the discovery of the penis give rise to regressions—passes over into the aim, 'I want to incorporate a penis orally'; and again we know that such tendencies, by reactivating old oral-sadistic wishes which once were directed against the mother, result in identification. 'I have seized the penis and eaten it and have now myself become a penis' is the formula of identifications of this kind. The prerequisite for a reaction of this description is thus the persistence of 'tendencies to incorporation'. Lewin³ has collected material germane to this. According to him, one often finds in women simultaneously the fantasy of possessing a penis and the fantasy of being one. They

identify themselves, i.e., their whole body, with a penis, via the pathway of oral introjection. The idea of having bitten off a penis or of having otherwise incorporated it is the continuation of the unconscious equation 'body = penis'. This equation, the aim of which is in fact that of a totum being taken into the body of the object, may therefore be regarded as a passive complement to the fantasy of swallowing a penis. We are dealing, hence, with a postphallic partial regression to oral conceptions.

I myself was able recently to publish the case of a patient in whose sexual life voyeurism played a particularly important rôle. The wish to see a penis covered the deeper one of eating it. This oral-sadistic possessing of the 'seen' was meant as a genuine introjection and hence resulted also in identifications.

I have written elsewhere:⁴

³Lewin, Bertram D.: The Body as Phallus. This QUARTERLY, II, 1933, p. 24.

⁴Fenichel, Otto: Weiteres zur präödiipalen Phase der Mädchen. Int. Ztschr. f. Psa., XX, 1934, p. 151.

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As is usual with oral characters, all her object relations were shot through with identifications. This invariably became particularly evident in sexual relations. Once when a friend of the patient proved to be impotent, her reaction to this was masculine to such a degree that we found for it the following formulation: 'We are impotent'. Affaires á trois played an important rôle in her fantasies as well as in her actual love life. She liked her friend to be with another woman in her presence, enjoying this in empathy with him. She found it unthinkable and quite unbearable that her friend might visit another woman in her absence. She had the feeling: 'Without me he can't do it at all!' Her expressions of affection always resulted in her snuggling up to the man's body like a small part of the latter. When her friend left her she experienced a 'sore feeling' in her back, as though her back had grown onto him and had now been torn loose. When, finally, she produced dreams of men who instead of a penis had a child pendent from the abdomen, there was no longer any doubt as to her identification with a penis. In the fantasy of hanging like a penis from the man's abdomen, we had a kind of father's body fantasy, the opposite of the fantasy of eating the father's penis: herself to be eaten as a penis by the father. For the man who had a child hanging from his abdomen instead of a penis appeared once again; now he had many such children; he had placed them inside his belt, or perhaps he held one of them on high in order to harm it, like the great St. Nicholas in 'Struwelpeter'; it was the 'Kindlifresser' of Bern.

Gradually the oral-sadistic impulses and tendencies toward identification with the penis increasingly manifested characteristics which it was not possible to explain via the penis but necessarily originated in an earlier period.

The father's body fantasy then turned out to be the continuation of a mother's body fantasy, the idea of the penis a continuation of the idea of the inside of the mother's body. To the identification with the penis, the pendent part of the father, there corresponded an identification with the embryo, the dependent of the mother (the Anhängsel of the father, the Inhängsel of the mother). The intention of disproving oral-sadistic

⁵Lewin, Bertram D.: Claustrophobia. This QUARTERLY, IV, 1935, p. 227.

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tendencies against the penis by the fantasy of harmonious unity with it—'I am myself the penis'—seems in typical fashion a continuation of the intention of disproving oral-sadistic tendencies against the mother's body by means of the fantasy of harmonious unity with it—'I am myself within the mother's body'. We must agree here with Lewin,⁵ whose paper on the body as phallus was soon followed by one on claustrophobia—that is, on the body as embryo. But this origin of our fantasy from a longing for the mother's body is of less interest in the present connection than the fantasy of the father's body (Vaterleibphantasie): a little girl hangs from the father's abdomen like a penis. Thus she is inseparably united with him, only a part of him, but his most important part; the father is powerless when she does not function for him as his magic wand, in the manner of Samson's hair.

I have since had the opportunity of analyzing another woman patient who, between the striving to be a man and to be able to love as a woman, had found a compromise in loving a man whose penis she unconsciously fantasied herself to be—a form of love which is of necessity strongly marked by identifying features. Let us say a few words about this, since it takes us back to the fantasies of the male patient first discussed.

A gifted and very ambitious young girl was inhibited not only intellectually but in her whole development to such an extent that she sought analysis. She presented, in the first place, the familiar picture of a woman with 'sexualization of the intellect'. She wanted to shine by means of her intellectual gifts, but was prevented from this by her fear of disgrace. Analysis showed that the exhibitionistic achievement she really craved was basically that of urination, and the disgrace she feared was the discovery of her penisless state. The fear of this 'disgrace' was unconsciously intensified by a fear of bloody injury to her genital. This fear manifested itself as a fear of retaliation for corresponding oral-sadistic tendencies, primarily against the penis. For instance, in order to escape the sadomasochistic

⁶Freud: The Taboo of Virginity. Coll. Papers, IV, p. 217.

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temptation⁶ involved in defloration by a man, she had deflorated herself, and was filled with a great longing for 'peaceful' sexuality. This longing for harmonious union of man and woman was intended to refute the unconscious impulse to steal the penis and to ward off the consequent fear of retaliation. She made the acquaintance of a man who impressed her as a 'ravisher' and of whom she was therefore greatly afraid before she entered into sexual relations with him. To her surprise the actual sexual union with him was quite different from what she had imagined. Tenderness dominated over sensuality; she felt united with him in perfect harmony, clung tenderly to him, free of any anxiety; that she did not achieve orgasm did not seem bad to her at the time; they talked little, and the patient thought this was so because the harmony between them was so perfect that they understood each other without words, since they had become so completely one. During their union she felt so fascinated by the man that she thought she could do nothing that he did not want her to do. To the interpretation that she had behaved as though she were a part of the man's body, the patient responded with a very thinly disguised œdipus dream in which the man was clearly recognizable as a father image. And it was only in relation to the analysis of this dream that the various examples of the many œdipal daydreams of the patient came to be discussed. Her father had traveled much and far, and upon his return from his journeyings used to tell of his adventures. The patient—in the latency period, and, even more clearly, in and after puberty—would then fantasy herself as his companion. Secretly and invisibly, she fantasied she was always with him and experienced all his adventures jointly with him. These fantasies once took concrete form in the patient's giving her father the figure of a little bear which he took with him on his travels. He fell in with these fantasies of his daughter by making it his habit upon his return to take the bear out of his pocket and to assure her that he had kept it sacred and that it was his talisman. The meaning of the fantasy thus was that the patient, as the great

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father's little companion, protected him to such effect that he would be powerless without that protection. In analysis the patient fantasied herself as this bear which, carried in her father's pocket, took part in his travels. She peeped out of the pocket; she had a fantasy of kangaroos which peeped out of their mother's pouch, and realized that in that night of love's harmony she had snuggled her small body against the big body of her friend as though she were just such a young kangaroo. Thus we have a father's body fantasy, quite after the pattern of the earlier case discussed.

Further analysis revealed unequivocally that here too the Vaterleibphantasie covered a Mutterleibphantasie on a deeper level; that the penis corresponded to the idea of the inside of the mother's body, of the embryo, in whose place she had fantasied herself. The harmonious love scene repeated early experiences with the mother, and the whole power of the oral sadism which so disturbed her life appeared only after the patient, speaking of the summer of her fourth year at which time a sister had been born, said:

'My mother couldn't have lain in a hammock then'. 'But why not?' 'Because one would have seen her pregnancy too clearly.' And to the remark that her thought suggested that her mother had lain in such a way that she had noticed the pregnancy, the patient replied: 'But I clearly remember that she didn't lie in a hammock!' Wherewith the way was opened to the analysis of the patient's anger, stemming from that time. But this is of relatively little interest to us. For us the recognition is sufficient that here too, the fantasy 'I am a penis' represents a way out of the two conflicting tendencies, 'I want to have a penis' and 'I want to love a man as a woman'. The fantasy of being a man's penis (and therefore united with him in an inseparable harmony) subserves the overcompensating repression of the other idea: 'I am robbing a man and therefore must fear him'. For in that case nothing is taken away, and there exists only an indivisible oneness. This, however, is brought about through identification with the penis, which on a deeper level means once again: through the seizing of the penis.

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III

The œdipus fantasies of this patient have numerous points of contact with many often recurrent motives of legend and fairy tale, as for example, little girl rescuers who protect great men in all their adventures occur not infrequently. Miracle-performing little companions (who do not necessarily have to be female), such as dwarfs, mandrakes, talisman figures of all kinds, have often been analyzed, and the 'little double' has been recognized as a phallic figure.⁷ The associations of the patient, however, first drew attention to the connections existing between such phallic figures and the 'little girl rescuers', by pointing, for example, to Ottogebe, who in her spirit of sacrifice rescued poor Henry, or to Mignon, or to King Lear's youngest daughter, Cordelia, or to King Nicolo—drawn after Lear's image—to whom in his adversity only his youngest daughter remained faithful. The usual interpretation of these girl figures is that they represent a reversal of the 'rescue fantasy'. As is well known, the fantasy of men rescuing women or girls has been interpreted by Freud in the sense that the rescued women represent the mother.⁸ But a female figure who rescues a man must likewise have mother significance. We do not doubt such an interpretation, and would merely note that it leaves many traits of this 'girl rescuer' unexplained: her smallness, her outward weakness which stands in such contrast to her magic strength, and all the characteristics which these figures share with the above-mentioned phallic 'little double'. Might not the interpretation be justified that all these female figures too have a penis significance? Freud's interpretation of Lear's Cordelia, that she represents the death-goddess,⁹ does not run counter to such a conception. The death-goddess is at all events a magically omnipotent being, holding the far greater, far stronger father completely in her power; she is connected with those phallic figures by the concept of 'magic

⁷Cf. Rank, B.: *Der Doppelgänger. Imago*, III, 1914, p. 97.

8Freud: On a Special Type of Choice of Objects Made by Men. Coll. Papers, IV, p. 192.

9Freud: The Theme of the Three Caskets. Coll. Papers, IV, p. 244.

10Reich, Annie: Zur Genese einer prägenital fixierten Neurose. Int. Ztschr. f. Psa., XVIII, 1932.

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omnipotence'. From the feminine point of view this fantasy can likewise be understood as a compensation for the narcissistic injury of their penislessness, of their being inferior and smaller. 'Even though I am little, my father must love me, since without me he can do nothing at all.' The infantile omnipotence of the girl, threatened anew through the discovery of the penis, is restored through identification with the penis. I recall the *däumelinchen* fantasies by means of which one of Annie Reich's patients was able to compensate the numerous severe traumata of her early childhood by dominating her male admirers through her enactment in unmistakable fashion of the rôle of a phallus.¹⁰

IV

In psychoanalytic literature Mignon figures have often been a subject of investigation, but always from the male point of view. Noteworthy in particular in this connection is Sarasin's great work on Mignon herself,¹¹ who loved Wilhelm in so unhappy and dependent a manner and also had Harfner beside her as a father figure to whom she belonged and together with whom she first formed the 'strange family'. Sarasin recognized her as a figure in which the poet idealized his sister Cornelia; the poet developed an ambivalent father identification toward her, with mutual rescue (and destruction) fantasies. Sarasin noted that Mignon has various male characteristics, and he cites *inter alia* two quotations from Goethe which may be quoted here: 'These two remained to him—Harfner whom he needed, and Mignon whom he could not do without'; in the second passage referred to, Mignon is called a 'silly, bisexual creature'. Such passages as these have caused other, preanalytic interpreters of Mignon (e.g., Wolff) to emphasize Mignon's hermaphroditic nature; but Sarasin explains these male traces in Mignon simply by reference to the fact that in her there occurs a condensation of the memory of Goethe's sister Cornelia

¹¹Sarasin, P.: Goethes Mignon. *Imago*, XV, 1929.

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and that of his dead brother Herman Jacob and of his other brothers and sisters. This is certainly correct but does not seem to us sufficient. The poet feels empathy not only for the Harfnerfather (grandfather) who kills and rescues children, in order thus to play the rôle of father toward his brothers and sisters (to love them and threaten them), but he also feels empathy for Mignon—the intensity of Mignon's longing for Italy leaves no doubt of this—in whom he would thus be loved or threatened in passive-homosexual

fashion. Mignon's male characteristics stem from the fact that she represents the poet himself, that she gives expression to the fantasy: 'How would my father act toward me if I were a girl like Cornelia?' It is interesting that Sarasin, who did not recognize this, nevertheless came close to this interpretation when he wrote: 'Here, probably, we are made privy to a state of mind which borders on madness, where the longing for the beloved object obliterates the boundary between the "I" and the "you", and initiates the psychic process known to us by the name of identification'. That Mignon moreover represents not only a boy, but specifically his penis, cannot be maintained with certainty on the ground of her hermaphroditic characteristics, but becomes probable on the basis of the total context, and also if one takes into account for example the symbolism of her dancing.

Other available analyses of little girls like these, needful of help, yet in the sense of a talisman, rendering it—infantile women—leave from the masculine standpoint no doubt that in such cases we are dealing invariably with a narcissistic object choice. Such objects always represent the man himself who fantasies himself as a girl. 'I want to be loved as a girl in the same way as I now love this infantile woman.' The same mechanism of object choice here involved, as Freud has described, pertains to a certain type of male homosexuality,¹² and it is now established that it also occurs in the heterosexual. In my volume, *Perversionen, Psychosen, und Charakterstörungen*,¹³

¹²Freud: *Three Essays on the Theory of Sexuality*. Trans. by James Strachey. London: Imago Publishing Co., 1949, pp. 22, ff.

¹³Fenichel, Otto: *Perversionen, Psychosen, und Charakterstörungen*. Vienna: Int. Psa. Verlag, 1931, p. 21.

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I wrote in this connection: 'In feminine men who during childhood or puberty liked to fantasy themselves as girls, the same mechanism is present as in heterosexuals. They fall in love with little girls in whom they see themselves embodied, and to whom they give what their mothers denied them. Very probably this mechanism is also the decisive one in pædophilia.' To this we will now add: basically this object choice in heterosexual persons also represents a homosexual type, in which the woman, chosen in accordance with narcissistic object choice, is usually fantasied together with a great man, a father figure (whom the person himself represents); in empathy with the woman the man thus unconsciously is loved homosexually. Always such fantasies are combined with the idea of mutual protection: the little woman is rescued by the great man in actuality, the latter by the former in magical fashion.

A paper by Spitz on the infantile woman¹⁴ likewise explains the choice of small love objects in need of help on the basis of a narcissistic type of object choice. We are here concerned, he writes, with men who in their childhood were brought up by their

mothers more or less openly as girls; such a tendency toward feminization in boys is strengthened by the later and very sudden inhibition of aggressive tendencies; if there is an older sister with whom the boy can identify himself, the eventuation in the narcissistic object choice described is facilitated. Thus Spitz explains the hermaphroditic nature of the 'child-woman', and believes that it is connected with socially conditioned changes in educational norms, that this type of choice of love object is currently more prevalent than formerly; he does not recognize, however, that these women represent not only the man himself who loves them but, in particular, his penis. In the way in which the charm of such figures is

14Spitz, René: Ein Beitrag zum Problem der Wandlung der Neurosenform (Die infantile Frau und ihr Gegenspieler). *Imago*, XIX, 1933.

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generally described one invariably finds a suggestion of their phallic nature. They are phallus girls, as in the fantasy of the transvestites described above.

V

Recently, in the analysis of a male patient, I was given the opportunity of a glimpse into the genesis of a totally different region of fantasy which at the same time seems to me to facilitate the understanding of the phallus girl—namely, the nature of the clown and of slapstick comedy.

This was a patient with a distinct predilection for clowning, for grotesque humor of the American kind, and so on. Although he had a totally different profession, his favorite fantasy was that of appearing as a cabaret comic or even outright as a clown. There was no doubt that these fantasies were a matter of 'wooing exhibitionism'; he wanted to impress by his appearance, and wanted to be loved for his clowning ability. The problem was: what gave this specific form to his exhibitionism?

It seems to us that with this question we approach the problem of a certain specific neurosis of childhood. There is a type of child who invariably seeks to entertain his playmates or adults by jokes of the most varied kind, and who continually plays the clown, the Punchinello. Such children are apparently those whose self-esteem is threatened, whose self-awareness is only restored when they can make others laugh at them. While such children at first are usually successful in this attempt because they are frequently very funny, one gradually realizes that we are concerned here with a neurosis, and that these children could in no wise act differently.

The exhibiting of one's comic qualities gives the impression of being a substitute. It looks as though (and the analysis of the patient mentioned above confirmed this) the children wished originally to exhibit something else, something more serious, and as though their clowning were saying: 'As long as I am not taken seriously anyway, I want

to have at least this success, of making people laugh at me'. Instead of a great exhibiting—one is tempted to say, instead of the exhibiting

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of an erected penis—they 'at least' exhibit something else. Since the substitute success which they achieve consists of their being laughed at, it seems as though they were striving to make a virtue of necessity, as though what prevented the original 'more serious' exhibiting were the fear of being ridiculed. The formula is roughly as follows: 'I want to exhibit—I am afraid of being laughed at for doing so. Therefore I shall exhibit in such a way that you will laugh, that I shall impress you in spite thereof, so that being laughed at is in itself a success. You who laugh at me shall see that he whom you laugh at possesses nevertheless a secret greatness.' Of what does this greatness consist? When one analyzes the words and acts of clowns and slapstick comedians, two seemingly contradictory features emerge:

a. Phallic features: the traditional garb of clowns itself contains many phallic features. The relationships between clown and dwarf are manifold, but the phallic symbolism of the dwarf hardly needs amplification. I will remind you only of the analysis of Gulliver by Ferenczi, who emphasized the phallic symbolism of all those figures who utilize the equation body = penis, and are associated with the fantasy of eating and being eaten.¹⁵

b. Preenital features of various kinds: one has only to witness a clown act in any circus or to attend the performance of a great clown such as Grock, for example, to perceive that a large part of the effect of clowns consists of their more or less disguised expression of the otherwise forbidden tendencies characterizing infantile sexuality. The more these actually projected pregenital tendencies are covered by an æsthetic façade which tempts us to the 'premium of laughter', the more we attribute to such slapstick comics the character of real art.¹⁶ The anal-sadistic element seems herein to play an especially prominent rôle. It would seem that slapstick belongs under the rubric of sadomasochism: beatings are constantly administered. In

¹⁵Ferenczi, Sandor: Gulliver Fantasies. Int. J. Ps., IX, 1928, p. 283.

¹⁶Cf. Freud: Wit and Its Relation to the Unconscious. In, Basic Writings of Sigmund Freud. Trans. by A. A. Brill. New York: Modern Library, 1938.

¹⁷Apparently the author refers to The Celebrated Jumping Frog by Mark Twain. (Tr.)

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such sadism, concealed as it is by clowning, one must take cognizance of two things: first, the striving of the clown, whose original wish it was to exhibit 'seriously', to revenge himself secretly for the ridicule to which he is exposed (and one may here recall the numerous legends and stories in which court jesters, dwarfs, and similar

figures who are the object of laughter unexpectedly obtain a frightful revenge—as for example in the story of *The Jumping Frog* of E. A. Poe¹⁷); and second, one justifiably thinks of a regression engendered by the circumstance that an original piece of ridicule has disabused the hero with regard to his phallicism. With this second point we arrive at the following general interpretation: exhibition is here invoked in a specific manner in which phallic and pregenital features are combined with each other. This is apparently to be understood as follows. A phallic exhibiting which must be repressed is replaced by a pregenital exhibiting (which due to its genesis still retains phallic features), going hand in hand with fantasies of omnipotence: 'I am small, it is true; you laugh, but in spite of my small size I am omnipotent. If my penis is too small, well then, I am in my whole person a penis which you must still respect!'

The pleasure of the child prodigy in exhibiting is apparently related to this. The patient discussed above, who gave her father the bear talisman, was admired in her childhood as a child prodigy. The motive in common is the 'greatness of the little one'. Here clown and prodigy completely merge in the tradition of the dwarf. The small child, who because of its small size feels despised or castrated, fantasies itself in toto as a penis, in order to compensate in this way for the narcissistic injury involved.

We return to our specific theme with the attempt to demonstrate that such phallic figures as clowns, prodigies, and dwarfs are frequently fantasied specifically as a 'girl'.

The patient with the predilection for slapstick had a remarkably inconsistent attitude toward women. Either he despised

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them as relatively insignificant compared to the significance of the psychological problems discussed among men; or else, he defended the rights of women in a suffragette spirit. These two alternating attitudes (the motives of this alternation were analytically most interesting) were mutually contradictory, and yet had something in common: the 'differentness' of women is denied in both cases; in the one case in the attempt to repress women altogether, in the other in denying their individuality. As an advocate of women's rights the patient was ever concerned with showing in an exhibitionistic way how well informed he was on matters feminine, how little different girls really were from him, etc. Thus his feminine identification became clear, 'I am myself a girl', an identification which found expression also in woman-despising homosexuality, and which in early childhood had provided an escape from his castration anxiety: 'In order not to become like a woman, I act as though I were myself a woman, and furthermore act as though women were no different from men'.

If in him the wish, 'I want to exhibit my penis', was inhibited by a fear of humiliation, on a deeper level by castration anxiety, it found a substitute in the idea: 'I want to exhibit myself as a slapstick comedian (as the pregenital phallus)', and likewise in the idea: 'I want to exhibit myself as a girl (as the female phallus)'. He fantasied himself

not only as a cabaret artist but occasionally also as a female cabaret singer, and in this respect is reminiscent of the transvestite (observed by Hirschfeld) who initiated his transvestite practices by appearing as a female trick shooter—thus a phallic woman—in vaudeville.¹⁸ As such a pregenital, or female, phallus he wanted to be admired—above all, certainly by men. His competitive relationship to other men was outspokenly libidized: he liked to attack them in various ways, yet always needed their reassurance that they did not take the attack seriously but regarded it in a 'sporting' manner, as a sort of love act, somewhat in the manner in which the competitive urinating of little boys—wherein similarly one participant tries to outdo the other—has

¹⁸Hirschfeld, Magnus: *Die Transvestiten*. Berlin, 1910 (Case 5).

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a homosexual character. Thus all the details described had as their purpose the eliminating of a deep castration fear. To such a purpose was also to be ascribed the feminine identification: 'I am a girl, let me be loved as one, but let me not need to be afraid'. As in the case of the transvestite mentioned at the beginning, the phallic woman whom the patient enacted was here too regarded as a phallic figure as a whole (slapstick comedian), but here it was possible to recognize that this fantasy of the phallus girl was preceded by an injury to phallic exhibitionism, on the occasion of which the patient developed his deep castration fear. Of this injury to phallic exhibitionism we were given in the analysis a few screen memories, without our being able to ascertain their specific historical character. The fantasy of the phallus girl is a substitute for the phallic exhibition which is inhibited by castration anxiety, and is composed of the two kinds of 'castration denial': 'I keep my penis by acting as though I were in fact a girl', and 'girls are really no different from myself'.

VI

Finally before discussing the general significance of the figure of the phallus girl, I should like to cite a fragment from the analysis of another male patient in order to emphasize still another trait characterizing this figure.

It is the case of a man who through an unhappy marriage saved himself in masochistic fashion from a neurosis, but at the same time had left many of his possibilities and gifts unutilized. It was not difficult to see that he atoned with his whole life for an unknown guilt. This guilt, stemming from his infantile sexuality, was concentrated in shame over an enuresis of some years' duration which persisted past his tenth year. His (inhibited) ambition pointed to the strength of his urethral erotism; his exhibitionistic joy over small achievements (he denied himself large ones) had the unconscious meaning: 'Look, today I can actually use the chamber pot!' The bringing into consciousness of his guilt feelings gave rise at first to a depression during which the patient wept a good

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deal. After holding himself in check and keeping his eyes closed to his lot in life over the space of many years, this relaxation was greatly welcomed, and the analyst repeatedly urged the patient not to be ashamed, but to allow himself to weep whenever he felt like doing so. After a time, however, it became obvious that the patient was beginning to abuse this invitation. He wept in the analyst's presence in a masochistic manner. What was the meaning of this sudden abundant flood of tears? The patient now no longer wept solely over his fate, but became sentimental and allowed the tears to flow whenever he thought of something 'touching', whenever a 'good' deed or the like was the subject mentioned. His moral masochism had much of the character of the 'rescue fantasy'. His unhappy marriage he continued for the sake of his poor wife; he had a vocation in which he was able to 'help the poor'; in short, the 'good' man, over whose 'goodness' he shed tears, was himself. His main fantasy ran thus: the poor little Cinderella that is himself must suffer much and is never understood, but at last comes one who understands him and therewith releases his tears. Dreams and fantasies then showed further that 'understanding' really meant 'caressing'. The patient had been rachitic as a child, had been obliged to rest a good deal, and had been made to feel that he was a burden to his humbly situated family. The neurosis consisted in his attempts to work out the aggressions thus aroused, to make a redeeming Christ out of the persecuted Cinderella. His longing was: 'If I suffer much, someone will come at last who will caress me, and then I must weep', and he sought in the environment a person whom he would caress and allow to weep, in the same way as he wanted it done for him. When he had reached this point in the analysis, he began a new affair with a poor girl for whom he felt pity, and developed *ejaculatio præcox*. The analysis of this new symptom now brought certainty regarding something already suspected: the weeping corresponded to urinating. A poor child (a poor girl) was to be caressed until it wet itself—this a beneficial release with no guilt. There now remained no doubt about who the poor child was to whom this was supposed

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to happen, and a dream expressed this clearly: his own penis. The urethral fixation of the patient was passive-phallic: 'I want to be touched passively on the genitals. Let someone caress my poor little penis, so that it gets wet and is allowed to get wet!' This episode seems worth narrating because it is purely typical that the love which the man directs toward the phallus girl is passive-phallic and urethral.

VII

In connection with the phallic figures which Ferenczi described in his paper on Gulliver,¹⁹ he overlooked the fact that a remarkable number of these at the same time represent girls. He writes: 'One of my male patients recalls having used a small female creation of fantasy in his youthful masturbation fantasies, which he always carried in his pocket and took out from time to time in order to play with it'. This was the phallus fantasied as a girl. Furthermore, Gulliver encounters the giant women who despite their

feminine nature manifest clear evidences of the symbolism of erection—and one recalls too the frequent fairy tales of giant girls. Naturally one does not overlook the fact that giant women also represent the adult mother, by comparison with whom the little child feels so small; but it is Ferenczi himself who describes why in all these fantasies the giant, or the dwarf, represents also a penis.

Once one has become aware of the fantasy of the phallus girl, one finds in literature the most varied representations of it. Steff Bornstein has called my attention to the fact that it would be worthwhile in this regard, for example, to investigate the creation of Bettina von Arnim and her relation to Goethe. The fantasy of being given over femininely to a person great and powerful, at the same time to be united with him so indissolubly as to be a very part of him, together with the idea that one is moreover the most important part without which the mighty one would be powerless—this is certainly to be found also as characterizing a particular type of religious devotee. One thinks for example of Rilke's lines:

19Ferenczi, Sandor: Gulliver Fantasies. Int. J. Psa., IX, 1928, p. 283.

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What will you do, God, when I die,
When I, your pitcher, broken, lie?
When I, your drink, go stale or dry?
I am your garb, the trade you ply,
You lose your meaning, losing me.²⁰

Or of the lines of Angelus Silesius:

I am as great as God: He is as I as small;
He over me or I under Him can never be at all.

And:

I know that without me God cannot live a moment;
Were I to perish, He could but give up the ghost.

This reference to the 'feminine' lyrics produced by men engenders the thought that other frequently occurring fantasy figures might also be connected with the phallus girl. One thinks for example of the figure of the 'female soldier' which appears in so many variants in literature. It may be objected that such girlish soldiers or soldierly girls represent 'the woman with the penis', and that this by no means necessarily implies that they must represent the penis itself. In the first place one is obliged to perceive in them

simply objects of the latent homosexuality of all men, regarding whose object choice Freud with justice wrote: 'There can be no doubt that a large proportion of male inverts retain the mental quality of masculinity ... and that what they look for in their sexual object are in fact feminine mental traits. If this were not so, how would it be possible to explain the fact that male prostitutes who offer themselves to inverts—today just as they did in ancient times—imitate women in all externals of their clothing and behavior? ... In this instance ... the sexual object is not someone of the same sex but someone who combines the characters of both sexes; there is, as it were, a compromise between an impulse that seeks for a man and one that seeks for a woman, while it remains a paramount condition that

20Translated by Babette Deutsch, in *Poems from the Book of Hours*. New York: New Directions, 1941. (Tr.)

21Freud: *Three Essays on the Theory of Sexuality*. Trans. by James Strachey. London: Imago Publishing Co., 1949, pp. 22–23.

22Freud: *Three Essays on the Theory of Sexuality*. Trans. by James Strachey. London: Imago Publishing Co., 1949, p. 23 fn.

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the object's body (i.e., genitals) shall be masculine.'²¹ 'Moreover, we have frequently found that alleged inverts have been by no means insusceptible to the charms of women, but have continually transposed the excitation aroused by women on to a male object.'²² Correct as this is, it does not explain the circumstance that our 'female soldier' so often appears as a 'page', i.e., as primarily a helpless little fellow inseparably devoted to a great person, in order in magical fashion to help or to save him. Such girl or half-girl figures are no different from other phallic symbols, which, despised at first on account of their smallness, turn out later to be powerful, and become the most important helper of the hero, much like the small helping animals in fairy tales or like dwarfs.

If these phallus girls are omnipotent in consequence of their phallic nature, it is also true that they can misuse their omnipotence. The 'fear of retaliation' felt by some fathers toward their narcissistically (as phallus) loved daughters certainly belongs here.

Thus, what we encounter here is a fantasy in which male and female narcissism, male and female pleasure in exhibiting, are condensed. In such fantasies, penis envy is condensed with her femininity in the woman, penis pride with his castration anxiety in the man.

VIII

Let us emphasize, finally, that the fantasy of phallus girls bears a close relationship to two hitherto little understood forms of perversion. It will already have been noticed that

many of the examples cited here are closely related to masochistic fantasies, in particular to masochistic fantasies of the type usually designated as those of complete sexual dependence. This sexual dependence consists of the dependent person's feeling indissolubly united with the person on whom he is dependent, able to do nothing against, or indeed without, his will—representing,

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as it were, a part of him. One thinks of the type of religious devotee mentioned above, whose devotion is associated with the fantasy that even God would be helpless without him. It would still have to be inquired whether the fantasy is not likewise present in all cases of such sexual dependence; that one has not only become a weak, helpless part of the person one is dependent on, but also the reverse: his most important part; that the person in question is now at the same time in (magical) dependence on the one dependent on him.

Frances Deri has expressed the opinion that this is in fact the pathognomonic mechanism of sexual dependence, and we can only find ourselves in agreement with this opinion.²³

That which is termed 'sodomy', the sexual love for animals, is probably something of a very different kind. One type thereof, however, according to analytic experience seems to stem from the fact that the person concerned has remained fixated at the stage of partial love, and sees in animals penis symbols. The unconscious fantasies of 'infantile totemism' which magically unite a human being with an animal species²⁴ are certainly not entirely based on the fact that the animal is fantasied as a part of one's own body, as oneself in phallic form. But there are forms of the love of animals in which the attitude to the loved animal representing the penis is so completely identical with the love of a man for a 'child wife', chosen according to the narcissistic type of object choice, that we should like to include this type of animal love here.

One concluding remark may anticipate possible misunderstandings: in cases in which in relation to the penis introjection and eating fantasies play a particular rôle, or in other words, wherever the symbolic equation body = penis holds,

²³Josine Müller, describing a case of dependence, wrote as early as 1925: 'She fantasied herself as being herself the penis of this exalted father, and thus his most precious and most important part'. (*Früher Atheismus und Charakterfehlentwicklung. Int. Ztschr. f. Psa.*, XI, 1925.)

²⁴Freud: Totem and Taboo. Chapter IV, The Infantile Recurrence of Totemism. In, *The Basic Writings of Sigmund Freud*. New York: Modern Library, 1938.

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this relation to the penis stems from pregenital antecedents. Likewise, the phallus girl is, generally speaking, not only a penis but also a child, feces (content of the mother's body) and milk. It is the introject, and one which is again projected. The penis thus is only the final member of the series of introjects. It was primarily my intention at this time to lay emphasis upon this final member of the series.