THE STANDARD EDITION
OF THE COMPLETE PSYCHOLOGICAL WORKS OF
SIGMUND FREUD
Translated from the German under the General Editorship of
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In Collaboration with
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Assisted by
ALIX STRACHEY and ALAN TYSON
VOLUME XII
(1911-1913)
Papers on Technique

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Sigmund Freud
Studienausgabe
Ergänzungsband
Schriften zur
Behandlungstechnik

Fischer
Wissenschaft
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NOTES ON THE CREATION OF A BI-LINGUAL TEXT FOR FREUD'S PAPERS ON TECHNIQUE/SCHRIFTEN ZUR BEHANDLUNGSTECHNIK

First of all I have used the Strachey Standard Edition for the English text and the Studienausgabe for the "original" German text.

Being a little bit uncertain as to exactly which texts to include in this bi-lingual edition, I included the usual six papers on technique (1911-1914) from the Standard Edition, Vol. XII. I also made the decision to include the paper, 'Wild' Psychoanalysis (1910) from Vol. XI of the Standard Edition and, the paper, Fausse Reconnaissance ('Déjà Raconté') in Psycho-Analytic Treatment (1914) from Vol. XIII of the Standard Edition, and Remarks on the Theory and Practice of Dream-Interpretation (1923) from Vol. XIX. I have placed these three papers in the proper chronological order, one before the six Papers on Technique and the other two papers after it.

Looking at the table of contents of Vol. XII of The Standard Edition and the corresponding table of contents in the Studienausgabe yields a few interesting observations. The title of the series of the six papers, Papers on Technique in German is Die Behandlungstechnischen Schriften. Behandlung means treatment or handling. So, perhaps a more accurate translation would be something like, The Technical Handling Writings, or Writings on the Technique of Handling (the Transference). The word is used twice in the titles of the six papers. One is Ratschläge für den Arzt bei der psychoanalytischen Behandlung, translated as Recommendations to Physicians Practicing(Behandlung) Psycho-Analysis. Here, Behandlung is translated as the verb, Practicing. The other time the word Behandlung is used in the title is Zur Einleitung der Behandlung, translated as On the Beginning of Treatment (Behandlung) Another peculiarity is in title of the first of the six articles. It is the word Handhabung (handle, operate, administrate, manage). Here it is used in the title, Die Handhabung der Traumdeutung in der Psychoanalyse. In English, The Handling of Dream-Interpretation in Psycho-Analysis. He uses the word Handhabung or Handlung in the title of the first four papers. And he uses the word Technik, in the title of the last 3 papers, Technique of Psycho-Analysis, I, II, III. And superficially, it would appear that transference comes from the side of the analysand and handling of the transference comes from the side of the analyst.

The word that Freud uses throughout these articles is Übertragung (transference), which comes from the verb übertragen meaning carrying over, transfer, assignment, delegation, conferring, transcription, translation, copy. In the field of pathology it means spread, in the field of radio and television, it means, broadcast and televising, respectively. As an adjective it can mean, figurative or metaphorical.
Freud uses quite a few words in these articles composed of the word ‘Übertragung’. The following is a list from the Konkordanz zu den Gesammelten Werken von Sigmund Freud, and the number of times the root ‘Übertrag’ appears throughout his work.

- Übertragbarkeit (5)
- Übertragen (125)
- Übertragende (1)
- Übertragenden (1)
- Übertragene (5)
- Übertragenen (11)
- Übertragener (1)
- Übertragwiderstände (1)
- Überträgt (40)
- Übertragung (356)
- Übertragungen (25)
- Übertragungs- (1)
- Übertragungsanalyse (1)
- Übertragungsbedeutung (1)
- Übertragungsbeziehung (2)
- Übertragungseinstellung (1)
- Übertragungserlebnisses (1)
- Übertragungsfähigkeit (3)
- Übertragungsgedanken (4)
- Übertragungsgedanken (1)
- Übertragungskrankheit (1)
- Übertragungsverbunden (1)
- Übertragungsneigung (1)
- Übertragungsneigung (1)
- Übertragungsneurose (8)
- Übertragungsneurosen (74)
- Übertragungsneurotiker (2)
- Übertragungspfähnomen (6)
- Übertragungspähnomen (5)
- Übertragungspähnung (2)
- Übertragungsstürme (1)
- Übertragungstraum (1)
- Übertragungsverhalten (1)
- Übertragungsverhältnis (1)
- Übertragungsvorgang (1)
- Übertragungsvorgänge (1)
- Übertragungswiderstand (7)
- Übertragungszustände (1)
This list may seem tedious, but I think it will give the reader an idea of the importance of this concept. I have not translated these terms because I am not qualified as a translator. I am only the mule that produces these bi-lingual texts by juxtaposing the English translation with the German text, paragraph by paragraph. It might be an interesting exercise for the reader to try his or her hand at translating these terms to see how problematic it is.

It also might be of interest to note that the word "Gegenübertragung" (counter-transference) is used by Freud only four times in his entire work! Another interesting word use of Freud is in the last sentence of page 139 (On Beginning the Treatment), he uses the word 'Attachement' in German, for the English word 'attachment'.

There exists a book by Steven J. Ellman, Freud's Technique Papers in which he very wisely includes the actual text of Freud's Papers on Technique in English and has columns in the margins with comments by himself on the views of three 'contemporary psychoanalysts' on the technique papers, namely Charles Brenner, Merton Gill, and Heinz Kohut. Despite the fact, that these three 'contemporary psychoanalysts' would not exactly have been my choice, the format is really attractive. On the other hand, Ellman maintains that because of the controversy about the translation of the Strachey edition and the criticisms of Bettleheim being on the "cranky" side and Mahony's criticism being even more severe "we avoid the controversies about the translations in the Standard Edition by using the literary and accurate translations provided by Riviere."

This contrasts with two other books on transference, the first one being Aaron Esman's Essential Papers on Transference, which contains only two of Freud's papers, Dynamics of Transference and Observation on Transference Love. (It is interesting to note that both Ellman and Esman have a letter in their last name, 'L-man and S-man') I guess Freud's other four papers weren't essential enough for Esman. Then there is the Yale University Press Contemporary Freud Series, Papers on Transference which has Freud's Analysis Terminable and Interminable and, Observations on Transference Love. Here, there is only one paper from the Papers on Technique included. This bi-lingual edition, the one that you are about to read, I hope, goes one step further. It contains all six of the Papers on Technique in English translation, next to the German original. Perhaps the next step would be exactly this format with Lacan's commentary as well as someone like Paola Mieli, Andre Michels, and Diana Rabinovich in the margins. This is something that we can hope that someday somebody will produce.

Richard G. Klein
Winter 2004
New York City
'WILD' PSYCHO-ANALYSIS
(1910)

Über »wilde« Psychoanalyse
(1910)
ÜBER 'WILDE' PSYCHOANALYSE

(a) GERMAN EDITIONS:
1913 S.K.S.N., 3, 299-305. (2nd ed. 1921.)
1924 Technik und Metapsychol., 37-44.
1925 G.S., 6, 37-44.
1943 G.W., 8, 118-25.

(b) ENGLISH TRANSLATIONS:
'Concerning "Wild" Psychoanalysis'
1912 S.P.H. (2nd ed.), 201-6. (Tr. A. A. Brill.) (3rd ed. 1920.)
'Observations on "Wild" Psycho-Analysis'
1924 C.P., 2, 297-304. (Tr. Joan Riviere.)

The present translation, with a modified title ' "Wild" Psycho-Analysis', is based on the one published in 1924.

The essential theme of this paper (published in December, 1910) had already been touched on by Freud some six years earlier in a lecture on psychotherapy (1905a), Standard Ed., 7, 261-2. Apart from its main theme, the paper is noteworthy for containing one of Freud's rare later allusions to the 'actual neuroses' coupled with a reminder of the importance of the distinction between anxiety neurosis and anxiety hysteria (p. 224 f.).

EDITORISCHE VORBEMERKUNG

Deutsche Ausgaben:
1913 S. K. S. N., Bd. 3, 299-305. (1921, 2. Aufl.)
1924 Technik und Metapsychol., 37-44.
1925 G. S., Bd. 6, 37-44.
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'WILD' PSYCHO-ANALYSIS

A few days ago a middle-aged lady, under the protection of a female friend, called upon me for a consultation, complaining of anxiety-states. She was in the second half of her forties, fairly well preserved, and had obviously not yet finished with her womanhood. The precipitating cause of the outbreak of her anxiety-states had been a divorce from her last husband; but the anxiety had become considerably intensified, according to her account, since she had consulted a young physician in the suburb she lived in, for he had informed her that the cause of her anxiety was her lack of sexual satisfaction. He said that she straight away as true what patients, especially nervous patients, fluous—indeed we

and nothing for which I was responsible, and that she had only to come and obtain satisfaction from herself. Since then she had been convinced that she was incurable, for she would not return to her husband, and the other two alternatives were repugnant to her moral and religious feelings. She had come to me, however, because the doctor had said that this was a new discovery for which I was responsible, and that she had only to come and ask me to confirm what he said, and I should tell her that this and nothing else was the truth. The friend who was with her, an older, dried-up and unhealthy-looking woman, then implored me to assure the patient that the doctor was mistaken; it could not possibly be true, for she herself had been a widow for many years, and had nevertheless remained respectable without suffering from anxiety.

I will not dwell on the awkward predicament in which I was placed by this visit, but instead will consider the conduct of the practitioner who sent this lady to me. First, however, let us bear a reservation in mind which may possibly not be superfluous—indeed we will hope so. Long years of experience have taught me—as they could teach everyone else—not to accept straight away as true what patients, especially nervous patients, relate about their physician. Not only does a nerve-specialist easily become the object of many of his patients' hostile feelings, whatever method of treatment he employs; he must also

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Vor einigen Tagen erschien in meiner Sprechstunde in Begleitung einer schützenden Freundin eine ältere Dame, die über Angstzustände klagte. Sie war in der zweiten Hälfte der Vierzigerjahre, ziemlich gut erhalten, hatte offenbar mit ihrer Weiblichkeit noch nicht abgeschlossen. Anlass des Ausbruches der Zustände war die Scheidung von ihrem letzten Manne; die Angst hatte aber nach ihrer Angabe eine erhebliche Steigerung erfahren, seitdem sie einen jungen Arzt in ihrer Vorstadt konsultiert hatte; denn dieser hatte ihr auseinandergesetzt, daß die Ursache ihrer Angst ihre sexuelle Bedürftigkeit sei. Sie könnte den Verkehr mit dem Manne nicht entbehren, und darum gebe es für sie nur drei Wege zur Gesundheit, entweder sie kehre zu ihrem Manne zurück, oder sie nehme einen Liebhaber, oder sie befriedige sich selbst. Seitdem sei sie überzeugt, daß sie unheilbar sei, denn zu ihrem Manne zurück wolle sie nicht, und die beiden anderen Mittel widerstreben ihrer Moral und ihrer Religiosität: Zu mir aber sei sie gekommen, weil der Arzt ihr gesagt habe, das sei eine neue Einsicht, die man mir verdanke, und sie solle sich nur von mir die Bestätigung holen, daß es so sei und nicht anders. Die Freundin, eine noch ältere, verkümmerte und ungesund aussehende Frau, beschwor mir dann, der Patientin zu versichern, daß sich der Arzt geirrt habe. Es könne doch nicht so sein, denn sie selbst sei seit langen Jahren Witwe und doch anständig geblieben, ohne an Angst zu leiden.

Ich will nicht bei der schwierigen Situation verweilen, in die ich durch diesen Besuch versetzt wurde, sondern das Verhalten des Kollegen beleuchten, der diese Kranke zu mir geschickt hatte. Vorher will ich einer Verwahrung gedenken, die vielleicht — oder hoffentlich — nicht überflüssig ist. Langjährige Erfahrung hat mich gelehrt — wie sie's auch jeden anderen lehren könnte — nicht lechthin als wahr anzunehmen, was Patienten, insbesondere Nervöse, von ihrem Arzt erzählen. Der Nervenarzt wird nicht nur bei jeder Art von Behandlung leicht das Objekt, nach dem mannigfache feindselige Regungen des Patienten zielen; er muß es sich auch
sometimes resign himself to accepting responsibility, by a kind of projection, for the buried repressed wishes of his nervous patients. It is a melancholy but significant fact that such accusations nowhere find credence more readily than among other physicians.

I therefore have reason to hope that this lady gave me a tendentiously distorted account of what her doctor had said, and that I do a man who is unknown to me an injustice by connecting my remarks about 'wild' psycho-analysis with this incident. But by doing so I may perhaps prevent others from doing harm to their patients.

Let us suppose, therefore, that her doctor spoke to the patient exactly as she reported. Everyone will at once bring up the criticism that if a physician thinks it necessary to discuss the question of sexuality with a woman he must do so with tact and consideration. Compliance with this demand, however, coincides with carrying out certain technical rules of psycho-analysis. Moreover, the physician in question was ignorant of a number of the scientific theories of psycho-analysis or had misapprehended them, and thus showed how little he had penetrated into an understanding of its nature and purposes.

Let us start with the latter, the scientific errors. The doctor's advice to the lady shows clearly in what sense he understands the expression 'sexual life'—in the popular sense, namely, in which by sexual needs nothing is meant but the need for coitus or analogous acts producing orgasm and emission of the sexual substances. He cannot have remained unaware, however, that psycho-analysis is commonly reproached with having extended the concept of what is sexual far beyond its usual range. The fact is undisputed; I shall not discuss here whether it may justly be used as a reproach. In psycho-analysis the concept of what is sexual comprises far more; it goes lower and also higher than its popular sense. This extension is justified genetically; we reckon as belonging to 'sexual life' all the activities of the tender feelings which have primitive sexual impulses as their source, even when those impulses have become inhibited in regard to their original sexual aim or have exchanged this aim for another which is no longer sexual. For this reason we prefer to

1 [An instance of this kind of projection will be found below on p. 236 f., Case B.]

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manchmal gefallen lassen, durch eine Art von Projektion die Verantwortung für die geheimen, verdrängten Wünsche der Nervösen zu übernehmen 1. Es ist dann eine traurige, aber bezeichnende Tatsache, daß solche Anwürfe nirgendwo leichter Glauben finden als bei anderen Ärzten.

Ich habe also das Recht zu hoffen, daß die Dame in meiner Sprechstunde mir einen tendenziös entstellten Bericht von den Äußerungen ihres Arztes gegeben hat und daß ich ein Unrecht an ihm, der mir persönlich unbekannt ist, begehze, wenn ich meine Bemerkungen über „wilde“ Psychoanalyse gerade an diesen Fall anknüpfte. Aber ich halte dadurch vielleicht andere ab, an ihren Kranken unrecht zu tun.

Nehmen wir also an, daß der Arzt genauso gesprochen hat, wie mir die Patientin berichtete.

Es wird dann jeder leicht zu seiner Kritik vorbringen, daß ein Arzt, wenn er es für notwendig hält, mit einer Frau über das Thema der Sexualität zu verhandeln, dies mit Takt und Schönung tun müsse. Aber diese Anforderungen fallen mit der Befolgung gewisser technischer Vorschriften der Psychoanalyse zusammen, und überdies hätte der Arzt eine Reihe von wissenschaftlichen Lehren der Psychoanalyse verkannt oder mißverstanden und dadurch gezeigt, wie wenig weit er zum Verständnis von deren Wesen und Absichten vorgedrungen ist.


1 [Ein Exempel für diese Art von Projektion findet sich im zweiten der «Beispiele des Verrats pathogener Phantasien bei Neurotikern» (Freud, 1910)].]
*WILD* PSYCHO-ANALYSIS

We speak of *psychosexuality*, thus laying stress on the point that the mental factor in sexual life should not be overlooked or underestimated. We use the word 'sexuality' in the same comprehensive sense as that in which the German language uses the word *lieben* ['to love']. We have long known, too, that mental absence of satisfaction with all its consequences can exist where there is no lack of normal sexual intercourse; and as therapists we always bear in mind that the unsatisfied sexual trends (whose substitutive satisfactions in the form of nervous symptoms we combat) can often find only very inadequate outlet in coitus or other sexual acts.

Anyone not sharing this view of psychosexuality has no right to adduce psycho-analytic theses dealing with the aetiological importance of sexuality. By emphasizing exclusively the somatic factor in sexuality he undoubtedly simplifies the problem greatly, but he alone must bear the responsibility for what he does.

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

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

Even if it could be justified scientifically, it is not advice that she can carry out. If she had had no inner resistances against masturbation or against a liaison she would of course have adopted one of these measures long before. Or does the physician think that a woman of over forty is unaware that one can

Wir sprechen darum auch lieber von *Psychosexualität*, legen so Wert darauf, daß man den seelischen Faktor des Sexuallebens nicht übersieht und nicht unterschätzte. Wir gebrauchen das Wort *Sexualität* in demselben umfassenden Sinne wie die deutsche Sprache das Wort *lieben*. Wir wissen auch längst, daß seelische Unbefriedigung mit allen ihren Folgen bestehen kann, wo es an normalem Sexualverkehr nicht mangelt, und halten uns als Therapeuten immer vor, daß von den unbefriedigten Sexualstrebungen, deren Ersatzbefriedigungen in der Form nervöser Symptome wir bekämpfen, oft nur ein geringes Maß durch den Koitus oder andere Sexualakte abzuführen ist.

Wer diese Auffassung der Psychosexualität nicht teilt, hat kein Recht, sich auf die Lehrsätze der Psychoanalyse zu berufen, in denen von der aetiologischen Bedeutung der Sexualität gehandelt wird. Er hat sich durch die ausschließliche Betonung des somatischen Faktors am Sexualleben das Problem gewiß sehr vereinfacht, aber er mag für sein Vorgehen allein die Verantwortung tragen.

Aus den Ratschlägen des Arztes leuchtet noch ein zweites und ebenso arges Mißverständnis hervor.

Es ist richtig, daß die Psychoanalyse angibt, sexuelle Unbefriedigung sei die Ursache der nervösen Leiden. Aber sagt sie nicht noch mehr? Will man als zu kompliziert beiseite lassen, daß sie lehrt, die nervösen Symptome entspringen aus einem Konflikt zwischen zwei Mächten, einer (meist übergroß gewordenen) Libido und einer allzu strengen Sexualablehnung oder Verdrängung? Wer auf diesen zweiten Faktor, dem wirklich nicht der zweite Rang angewiesen wurde, nicht vergißt, wird nie glauben können, daß Sexualbefriedigung an sich ein allgemein verlässliches Heilmittel gegen die Beschwerden der Nervösen sei. Ein guter Teil dieser Menschen ist ja der Befriedigung unter den gegebenen Umständen oder überhaupt nicht fähig. Wären sie dazu fähig, hätten sie nicht ihre inneren Widerstände, so würde die Stärke des Triebes ihnen den Weg zur Befriedigung weisen, auch wenn der Arzt nicht dazu raten würde. Was soll also ein solcher Rat, wie ihn der Arzt angeblich jener Dame erteilt hat?

Selbst wenn er sich wissenschaftlich rechtfertigen läßt, ist er unausführbar für sie. Wenn sie keine inneren Widerstände gegen die Onanie oder gegen ein Liebesverhältnis hätte, würde sie ja längst zu einem von diesen Mitteln gegriffen haben. Oder meint der Arzt, eine Frau von über vierzig Jahren wisse nichts davon, daß man sich einen Liebhaber nehmen

**Über „wilde“ Psychoanalyse**

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take a lover, or does he over-estimate his influence so much as to think that she could never decide upon such a step without medical approval?

All this seems very clear, and yet it must be admitted that there is one factor which often makes it difficult to form a judgement. Some nervous states which we call the 'actual neuroses', such as typical neurasthenia and pure anxiety neurosis, obviously depend on the somatic factor in sexual life, while we have no certain picture as yet of the part played in them by the psychical factor and by repression. In such cases it is natural that the physician should first consider some 'actual' therapy, some alteration in the patient's somatic sexual activity, and he does so with perfect justification if his diagnosis is correct. The lady who consulted the young doctor complained chiefly of anxiety-states, and so he probably assumed that she was suffering from an anxiety neurosis, and felt justified in recommending a somatic therapy to her. Again a convenient misapprehension! A person suffering from anxiety is not for that reason necessarily suffering from anxiety neurosis; such a diagnosis of it cannot be based on the name [of the symptom]; one has to know what signs constitute an anxiety neurosis, and be able to distinguish it from other pathological states which are also manifested by anxiety. My impression was that the lady in question was suffering from anxiety hysteria, and the whole

3 [The 'actual neuroses'—conditions with a purely physical and contemporary causation—were much discussed by Freud during the Breuer period. (The term itself seems to appear first in his paper on 'Sexuality in the Aetiology of the Neuroses' (1895a).) In his later writings they were not often mentioned—another incidental reference to them will be found above on p. 218—apart from a longish passage in his contribution to a discussion on masturbation (1912f) and another at the beginning of Section II of his paper on narcissism (1914d), in which (as in one or two other places) he suggested that hypochondria is to be regarded as a third 'actual neurosis' along with neurasthenia and anxiety neurosis. In the second section of his Autobiographical Study (1925d) he commented on the fact that the topic had dropped out of sight, but asserted that he still thought that his earlier views on it were correct. A little later, indeed, he returned to a consideration of the subject at two or three points in Inhibitions, Symptoms and Anxiety (1926d). See also Lecture XXIV of the Introductory Lectures (1916-17).]

4 [Anxiety hysteria had been introduced by Freud as a clinical entity not long before this, and had been explained by him in connection with the analysis of 'Little Hans' (1909b), Standard Ed., 10, 115 ff.]
value of such nosographical distinctions, one which quite justifies them, lies in the fact that they indicate a different aetiology and a different treatment. No one who took into consideration the possibility of anxiety hysteria in this case would have fallen into the error of neglecting the mental factors, as this physician did with his three alternatives.

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

This brings us to the technical errors which are to be seen in the doctor's procedure in this alleged case. It is a long superseded idea, and one derived from superficial appearances, that the patient suffers from a sort of ignorance, and that if one removes this ignorance by giving him information (about the causal connection of his illness with his life, about his experiences in childhood, and so on) he is bound to recover. The pathological factor is not his ignorance in itself, but the root of this ignorance in his inner resistances; it was they that first called this ignorance into being, and they still maintain it now. The task of the treatment lies in combating these resistances. Informing the patient of what he does not know because he has repressed it is only one of the necessary preliminaries to the treatment. If knowledge about the unconscious were as important for the patient as people inexperienced in psycho-analysis imagine, listening to lectures or reading books would be enough to cure him. Such measures, however, have as much influence on the symptoms of nervous illness as a distribution of menu-cards in a time of famine has upon hunger. The analogy goes even further than its immediate application; for informing the patient of his unconscious regularly results in an intensification of the conflict in him and an exacerbation of his troubles.

Since, however, psycho-analysis cannot dispense with giving

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1 [In the 1910 edition only the following sentence appears at this point: "This may easily be attributed to his lack of knowledge."]

2 [Cf. p. 142 above and Editor's footnote.]
Erstens formed a sufficient attachment (transference) to the physician for impossible.

Only when these conditions have been fulfilled is it possible to recognize and to master the resistances which have led to the repression and the ignorance. Psycho-analytic intervention, therefore, absolutely requires a fairly long period of contact with the patient. Attempts to 'rush' him at first consultation, by brusquely telling him the secrets which have been discovered by the physician, are technically objectionable. And they mostly bring their own punishment by inspiring a hearty enmity towards the physician on the patient's part and cutting him off from having any further influence.

Besides all this, one may sometimes make a wrong surmise, and one is never in a position to discover the whole truth. Psycho-analysis provides these definite technical rules to replace the indefinable 'medical tact' which is looked upon as some special gift.

It is not enough, therefore, for a physician to know a few of the findings of psycho-analysis; he must also have familiarized himself with its technique if he wishes his medical procedure to be guided by a psycho-analytic point of view. This technique cannot yet be learnt from books, and it certainly cannot be discovered independently without great sacrifices of time, labour and success. Like other medical techniques, it is to be learnt from those who are already proficient in it. It is a matter of some significance, therefore, in forming a judgement on the incident which I took as a starting-point for these remarks, that I am not acquainted with the physician who is said to have given the lady such advice and have never heard his name.

Neither I myself nor my friends and co-workers find it agreeable to claim a monopoly in this way in the use of a medical technique. But in face of the dangers to patients and to the cause of psycho-analysis which are inherent in the practice that is to be foreseen of a 'wild' psycho-analysis, we have had no other choice. In the spring of 1910 we founded an International

Over «wilde» Psychoanalyse

Es ist weder mir noch meinen Freunden und Mitarbeitern angenehm, in solcher Weise den Anspruch auf die Ausübung einer ärztlichen Technik zu monopolisieren. Aber angesichts der Gefahren, die die vorherzustehende Übung einer »wilden« Psychoanalyse für die Kranken und für die Sache der Psychoanalyse mit sich bringt, blieb uns nichts anderes übrig. Wir haben im Frühjahr 1910 einen internationalen psychoana-

1 [Vermutlich müsste dieser Teil des Satzes richtig lauten: »Aber angesichts der vorherzustehenden Gefahren, die die Übung einer »wilden« Psychoanalyse...«]

2 [Diese Vereinigung konstituierte sich auf dem Zweiten Psychoanalytischen Kongreß in Nürnberg, Ende März 1910.]
Psycho-Analytical Association, to which its members declare their adherence by the publication of their names, in order to be able to repudiate responsibility for what is done by those who do not belong to us and yet call their medical procedure 'psycho-analysis'. For as a matter of fact 'wild' analysts of this kind do more harm to the cause of psycho-analysis than to individual patients. I have often found that a clumsy procedure like this, even if at first it produced an exacerbation of the patient's condition, led to a recovery in the end. Not always, but still often. When he has abused the physician enough and feels far enough away from his influence, his symptoms give way, or he decides to take some step which leads along the path to recovery. The final improvement then comes about 'of itself', or is ascribed to some totally indifferent treatment by some other doctor to whom the patient has later turned. In the case of the lady whose complaint against her physician we have heard, I should say that, despite everything, the 'wild' psychoanalyst did more for her than some highly respected authority who might have told her she was suffering from a 'vasomotor neurosis'. He forced her attention to the real cause of her trouble, or in that direction, and in spite of all her opposition this intervention of his cannot be without some favourable results. But he has done himself harm and helped to intensify the prejudices which patients feel, owing to their natural affective resistances, against the methods of psycho-analysis. And this can be avoided.

1 [This Association had been founded at the Second Psycho-Analytical Congress, at Nuremberg, at the end of March, 1910.]
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PAPERS ON TECHNIQUE
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Schriften zur Behandlungstechnik
In his contribution to Studies on Hysteria (1895d), Freud gave a very full account of the psychotherapeutic procedure which he had evolved on the basis of Breuer's discoveries. This may be described as the 'pressure' technique and it still included considerable elements of suggestion, though it was advancing rapidly towards what he was soon to call the 'psycho-analytic' method. An examination of the list of Freud's technical writings printed below (p. 172) will show that after this, apart from two very sketchy accounts dating from 1903 and 1904, he published no general description of his technique for more than fifteen years. What little we know of his methods during this period has mainly to be inferred from incidental remarks—for instance, in The Interpretation of Dreams (1900a)—and more particularly from what is revealed in his three major case histories of the period, 'Dora' (1905e [1901]), 'Little Hans' (1909b) and the 'Rat Man' (1909d). (The two last of these, incidentally, fall very near the end of this period of relative silence.) We learn from Dr. Ernest Jones (1955, 258 ff.) that already in 1908 Freud was toying with the idea of writing an Allgemeine Technik der Psychoanalyse (A General Account of Psycho-Analytic Technique). It was intended to run to some fifty pages, and thirty-six of these had already been written by the end of the year. But at this point there was a hold-up, and he decided to put off finishing it until the summer vacation of 1909. But when this arrived, there was the 'Rat Man' paper to complete and the visit to America to prepare for, and the work on technique was once again left on one side. Nevertheless, during that same summer Freud told Dr. Jones that he was planning 'a little memorandum of maxims and rules of technique', which was to be distributed privately among his closest followers only. Thereafter nothing more was heard on the subject until the paper on 'The Future Prospects of Psycho-Analysis', which he read at the end of March of the following year to the Nuremberg Congress (1910d). In that paper, which itself touched on the question of
technique, he announced that he intended "in the near future" to produce an *Allgemeine Methodik der Psychoanalyse* (*A General Methodology of Psycho-Analysis*)—presumably a systematic work on technique (Standard Ed., 11, 142). But once again, except for the critical comment on 'wild' analysis written a few months later (1910k), there was a delay of over eighteen months, and it was not until the end of 1911 that a start was made with the publication of the following six papers.

The first four of them were published in fairly rapid succession over the next fifteen months (between December, 1911, and March, 1913). There was then another pause, and the last two papers of the series appeared in November, 1914, and January, 1915. These two, however, were actually finished by the end of July, 1914—just before the outbreak of the first World War. Although the six papers were thus spread over some two and a half years, Freud seems to have regarded them as forming a series, as will be seen from the footnote to the fourth of them (p. 123) and the fact that the last four originally shared a common title; moreover he reprinted them together in his *Über die Psychoanalyse* (1923c). We have therefore thought it right in this instance to disregard chronology and include the whole series in the present volume.

Though these six papers cover a great number of important subjects, they can scarcely be described as a systematic exposition of the psycho-analytic technique. They nevertheless represent Freud's nearest approach to one, for in the twenty years that followed their publication he made no more than a couple more explicit contributions to the subject: a discussion of 'active' methods of treatment in his Budapest congress paper (1919a [1918]) and a few pieces of practical advice on dream-interpretation (1923c). Beyond these, we have chiefly to rely as before on incidental matter in case histories, in particular in the 'Wolf Man' analysis (1918 [1914]), which was more or less contemporary with the present papers. In addition, there is, of course, the long statement of the principles underlying psycho-analytic therapy in Lectures XXVII and XXVIII of his *Introductory Lectures* (1916-17), though this is perhaps hardly to be regarded as a direct contribution to questions of technique. It was indeed only at the very end of his life, in 1937, that he...
once more returned to that topic in two important papers of an explicitly technical nature (1937c and 1937d).

The relative paucity of Freud's writings on technique, as well as his hesitations and delays over their production, suggests that there was some feeling of reluctance on his part to publishing this kind of material. And this, indeed, seems to have been the case, for a variety of reasons. He certainly disliked the notion of future patients knowing too much about the details of his technique, and he was aware that they would eagerly scan whatever he wrote on the subject. (This feeling is exemplified by his proposal, mentioned above, to restrict the circulation of a work on technique to a limited number of analysts.) But, apart from this, he was highly sceptical as to the value to beginners of what might be described as 'Aids to Young Analysts'. It is only in the third and fourth papers in this series that anything at all resembling that is to be found. This was in part because, as he tells us in the paper 'Or Beginning the Treatment', the psychological factors involved (including the personality of the analyst) are too complex and variable to make any hard and fast rules possible. Such rules could be of value only if the grounds for them were properly understood and digested; and in fact a very large part of these papers is devoted to an exposition of the mechanism of psycho-analytic therapy and, indeed, of psychotherapy in general. Once this mechanism was grasped, it became possible to account for the reactions of the patient (and of the analyst) and to form a judgement upon the probable effects and merits of any particular technical device.

Behind all his discussions of technique, however, Freud never ceased to insist that a proper mastery of the subject could only be acquired from clinical experience and not from books. Clinical experience with patients, no doubt, but, above all, clinical experience from the analyst's own analysis. This, as Freud became more and more convinced, was the fundamental necessity for every practising psycho-analyst. He had put forward this idea rather tentatively at first, e.g. in 'The Future Prospects of Psycho-Analytic Therapy' (1910d), Standard Ed., 11, 145; it is expressed more definitely in one of the present series (p. 116f.); and in one of his very last writings, 'Analysis Terminable and

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1 The absence of any full discussion in his writings of the phenomenon of 'counter-transference' (see below, pp. 160-1 ss.) may perhaps be taken as another example of this feeling.
Interminable’ (1937c), he lays it down that every analyst ought periodically, perhaps every five years, to re-enter analysis. The papers on technique which follow have clearly to be read with a constant sense of this governing condition behind them.

Finally, it may be remarked that in the present series of papers Freud makes no reference to the question of whether the possession of a medical qualification is a no less necessary attribute of every psycho-analyst. In these papers it seems to be taken for granted that the analyst will be a doctor and he is far more often than not spoken of as such: the word ‘Arzt’—‘physician’ or ‘doctor’—is scattered plentifully over them. Freud’s first published approach to the possible emergence of non-medical psycho-analysts was in fact contemporaneous with the last of these papers and will be found below (p. 330 f.) in his introduction to a book by Pfister. His main discussions of the subject came much later, in his brochure on lay analysis (1926e) and his postscript to it (1927a). It may be conjectured that if he had written the present papers later in his career, the word ‘Arzt’ would have occurred less frequently. Indeed, in his last two papers on technique (1937c and 1937d) it does not occur at all: its place is everywhere taken by ‘Analytiker’—‘analyst’.

1 There are, incidentally, considerable borrowings from the present series of papers, sometimes almost word for word, in Chapter V of that work.
THE HANDLING
OF DREAM-INTERPRETATION
IN PSYCHO-ANALYSIS
(1911)

Die Handhabung der Traumdeutung
in der Psychoanalyse
(1911)
DIE HANDHABUNG DER TRAUMDEUTUNG
IN DER PSYCHOANALYSE

(a) German Editions:
1918 S.K.S.N., 4, 378-85. (1922, 2nd ed.)
1924 Technik und Metapsychol., 45-52.
1925 G.S., 6, 45-52.
1943 G.W., 8, 350-7.

(b) English Translation:
'The Employment of Dream-Interpretation in Psychoanalysis'
1924 C.P., 2, 305-11. (Tr. Joan Riviere.)

The present translation is a modified version, with a slightly altered title, of the one published in 1924.

The paper was first published in December, 1911. Its topic, as the title implies, is a restricted one: it is concerned with dreams solely as they appear in a therapeutic analysis. Some further contributions to the same subject will be found in Sections I to VIII of 'Remarks on the Theory and Practice of Dream-Interpretation' (1923c).

EDITORISCHE VORBEMERKUNG

Deutsche Ausgaben:
1918 S.K.S.N., Bd. 4, 378-85. (1922, 2. Aufl.)
1924 Technik und Metapsychol., 45-52.
1925 G.S., Bd. 6, 45-52.
1943 G.W., Bd. 8, 350-7.

THE HANDLING OF
DREAM-INTERPRETATION
IN PSYCHO-ANALYSIS

The Zentralblatt für Psychoanalyse was not designed solely to keep its readers informed of the advances made in psychoanalytic knowledge, and itself to publish comparatively short contributions to the subject; it aims also at accomplishing the further tasks of presenting to the student a clear outline of what is already known, and of economizing the time and efforts of beginners in analytic practice by offering them suitable instructions. Henceforward, therefore, articles of a didactic nature and on technical subjects, not necessarily containing new matter, will appear as well in this journal.

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

Anyone coming from dream-interpretation to analytic practice will retain his interest in the content of dreams, and his inclination will be to interpret as fully as possible every dream related by the patient. But he will soon remark that he is now working under quite different conditions, and that if he attempts to carry out his intention he will come into collision with the most immediate tasks of the treatment. Even if a patient's first dream proves to be admirably suited for the...
introduction of the first explanations to be given, other dreams will promptly appear, so long and so obscure that the full meaning cannot be extracted from them in the limited session of one day's work. If the doctor continues the work of interpretation during the following days, fresh dreams will be produced in the meantime and these will have to be put aside until he can regard the first dream as finally resolved. The production of dreams is at times so copious, and the patient's progress towards comprehension of them so hesitant, that a suspicion will force itself on the analyst that the appearance of the material in this wards comprehension of them so hesitant, that a suspicion such a technique stands the rule that it is of the greatest should be taken as sufficient and it

favour of an interrupted dream-interpretation is to be made to foreground of the patient's thoughts. Thus no exception in the following day, the interpretation of the dream is not to be of dreams is at times so copious, and the patient's progress

ance for the treatment that the analyst should always be aware of dreams is at times so copious, and the patient's progress of the surface of the patient's mind at any given moment, that that the method is unable to master what is so presented. Moreover, the treatment will meanwhile have fallen quite a distance behind the present and have lost touch with actuality. In opposition to such a technique stands the rule that it is of the greatest importance for the treatment that the analyst should always be aware of the surface of the patient's mind at any given moment, that he should know what complexes and resistances are active in him at the time and what conscious reaction to them will govern his behaviour. It is scarcely ever right to sacrifice this therapeutical aim to an interest in dream-interpretation.

What then, if we bear this rule in mind, is to be our attitude to interpreting dreams in analysis? More or less as follows: The amount of interpretation which can be achieved in one session should be taken as sufficient and it is not to be regarded as a loss if the content of the dream is not fully discovered. On the following day, the interpretation of the dream is not to be taken up again as a matter of course, until it has become evident that nothing else has meanwhile forced its way into the foreground of the patient's thoughts. Thus no exception in favour of an interrupted dream-interpretation is to be made to the rule that the first thing that comes into the patient's head is the first thing to be dealt with. If fresh dreams occur before the earlier ones have been disposed of, the more recent productions are to be attended to, and no uneasiness need be felt about neglecting the older ones. If the dreams become altogether too diffuse and voluminous, all hope of completely unravelling them should tacitly be given up from the start. One must in general guard against displaying very special interest in the interpretation of dreams, or arousing an idea in the patient that

Anknüpfung der ersten an den Kranken zu richtenden Aufklärungen, so stellen sich alsbald Träume ein, die so lang und so dunkel sind, daß ihre Deutung in der begrenzten Arbeitsstunde eines Tages nicht zu Ende gebracht werden kann. Setzt der Arzt diese Deutungsarbeit durch die nächsten Tage fort, so wird ihm unterdessen von neuen Träumen berichtet, die zurückgestellt werden müssen, bis er den ersten Traum für erledigt halten kann. Gelegentlich ist die Traumproduktion so reichlich und der Fortschritt des Kranken im Verständnis der Träume dabei so zügig, daß der Analyster sich der Idee nicht erwehren kann, diese Art der Darreichung des Materials sei nur eine Außerung des Widerstandes, welcher sich der Erfahrung bedient, daß die Kur den ihr so gebotenen Stoff nicht bewältigen kann. Unterdessen ist die Kur aber ein ganzes Stück hinter der Gegenwart zurückgeblieben und hat den Kontakt mit der Aktualität eingebüßt. Einer solchen Technik muß man die Regel entgegenhalten, daß es für die Behandlung von grösster Bedeutung ist, die jeweilige psychische Oberfläche des Kranken zu kennen, darüber orientiert zu sein, welche Komplexe und welche Widerstände derzeit bei ihm rege gemacht sind und welche bewußte Reaktion dagegen sein Benehmen leiten wird. Dieses therapeutische Ziel darf kaum jemals zugunsten des Interesses an der Traumdeutung hintangesetzt werden.

Wie soll man es also mit der Traumdeutung in der Analyse halten, wenn man jener Regel eingedenk bleiben will? Etwa so: Man beginne sich jedesmal mit dem Ergebnis an Deutung, welches in einer Stunde zu gewinnen ist, und halte es nicht für einen Verlust, daß man den Inhalt des Träumes nicht vollständig erkannt hat. Am nächsten Tage setze man die Deutungsarbeit nicht wie selbstverständlich fort, sondern erst dann, wenn man merkt, daß inzwischen nichts anderes sich beim Kranken in den Vordergrund gedrängt hat. Man mache also von der Regel, immer das zu nehmen, was dem Kranken zunächst in den Sinn kommt, zugunsten einer unterbrochenen Traumdeutung keine Ausnahme. Haben sich neue Träume eingestellt, ehe man die früheren zu Ende gebracht, so wende man sich diesen rezenten Produktionen zu und mache sich aus der Vernachlässigung der älteren keinen Vorwurf. Sind die Träume gar zu umfänglich und weitschweifig geworden, so verzichte man bei sich von vornherein auf eine vollständige Lösung. Man hüte sich im allgemeinen davor, ein ganz besonderes Interesse für die Deutung der Träume an den Tag zu legen oder im Kranken die Meinung zu erwecken, daß
rule if one breaks off the interpretation of a comparatively old dream and turns to a more recent one. We have found from fine examples of fully analysed dreams that several successive scenes of one dream may have the same content, which may find expression in them with increasing clarity; and we have learnt, too, that several dreams occurring in the same night need be nothing more than attempts, expressed in various forms, to represent one meaning. In general, we may rest assured that every wishful impulse which creates a dream to-day will re-appear in other dreams as long as it has not been understood and withdrawn from the domination of the unconscious. It often happens, therefore, that the best way to complete the interpretation of a dream is to leave it and to devote one's attention to a new dream, which may contain the same material in a possibly more accessible form. I know that it is asking a great deal, not only of the patient but also of the doctor, to expect them to give up their conscious purposeful aims during the treatment, and to abandon themselves to a guidance which, in spite of everything, still seems to us 'accidental'. But I can answer for it that one is rewarded every time one resolves to have faith in one's own theoretical principles, and prevails upon oneself not to dispute the guidance of the unconscious in establishing connecting links.

I submit, therefore, that dream-interpretation should not be pursued in analytic treatment as an art for its own sake, but that its handling should be subject to those technical rules that govern the conduct of the treatment as a whole. Occasionally, of course, one can act otherwise and allow a little free play to one's theoretical interest; but one should always be aware of what one is doing. Another situation to be considered is one which has arisen since we have acquired more confidence in our understanding of dream-symbolism, and know ourselves to be more independent of the patient's associations. An unusually skilful dream-interpreter will sometimes find himself in the position of being able to see through every one of a patient's dreams without requiring him to go through the tedious and time-absorbing process of working over them. Such an analyst is thus exempt from any conflict between the demands of dream-interpretation and those of the treatment. Moreover he will be tempted to make full use of dream-interpretation on


Die behandlungstechnischen Schriften von 1911 bis 1915 [1914]


Ich plädiere also dafür, daß die Traumdeutung in der analytischen Behandlung nicht als Kunst um ihrer selbst willen betrieben werden soll, sondern daß ihre Handhabung jenen technischen Regeln unterworfen werde, welche die Ausführung der Kur überhaupt beherrschen. Natürlich kann man es gelegentlich auch anders machen und seinem theoretischen Interesse ein Stück weit nachgeben. Man muß dabei aber immer wissen, was man tut. Ein anderer Fall ist noch in Betracht zu ziehen, der sich ergeben hat, seitdem wir zu unserem Verständnis der Traumsymbolik größeres Zutrauen haben und uns von den Einfällen der Patienten unabhängig wissen. Ein besonders geschickter Traumdeuter kann sich etwa in der Lage befinden, daß er jeden Traum des Patienten durchschaut, ohne diesen zur mühsamen und zeitraubenden Bearbeitung des Träumes anhalten zu müssen. Für einen solchen Analysten entfallen also alle Konflikte zwischen dem Anforderungen des Traumdeutung und jener der Therapie. Er wird sich auch versucht fühlen, die Traumdeutung jedesmal voll auszunützen.

[1] S. Die Traumdeutung (1900 a), Studienausgabe, Bd. 2, S. 502-3.]
THE DYNAMICS OF TRANSFERENCE
(1912)

Zur Dynamik der Übertragung
(1912)
Though Freud included this paper (published in January, 1912) in the series on technique, it is in fact more in the nature of a theoretical examination of the phenomenon of transference and of the way in which it operates in analytic treatment. Freud had already approached the question in some short remarks at the end of the case history of 'Dora' (1905e [1901]), Standard Ed., 7, 116–17. He dealt with it much more fully in the last half of Lecture XXVII and the first half of Lecture XXVIII of his Introductory Lectures (1916–17); and, near the end of his life, made a number of important comments on the subject in the course of his long paper 'Analysis Terminable and Interminable' (1937e).
THE DYNAMICS OF TRANSFERRENCE

The almost inexhaustible topic of transference has recently been dealt with by Wilhelm Stekel [1911b] in this journal on descriptive lines. I should like in the following pages to add a few remarks to explain how it is that transference is necessarily brought about during a psycho-analytic treatment, and how it comes to play its familiar part in it.

It must be understood that each individual, through the combined operation of his innate disposition and the influences brought to bear on him during his early years, has acquired a specific method of his own in his conduct of his erotic life—that is, in the preconditions to falling in love which he lays down, in the instincts he satisfies and the aims he sets himself in the course of it. This produces what might be described as a

1 [The Zentralblatt für Psychoanalyse, in which the present paper first appeared.]
stereotype plate (or several such), which is constantly repeated—constantly reprinted afresh—in the course of the person's life, so far as external circumstances and the nature of the love-objects accessible to him permit, and which is certainly not entirely insusceptible to change in the face of recent experiences. Now, our observations have shown that only a portion of these impulses which determine the course of erotic life have passed through the full process of psychical development. That portion is directed towards reality, is at the disposal of the conscious personality, and forms a part of it. Another portion of the libidinal impulses has been held up in the course of development; it has been kept away from the conscious personality and from reality, and has either been prevented from further expansion except in phantasy or has remained wholly in the unconscious so that it is unknown to the personality's consciousness. If someone's need for love is not entirely satisfied by reality, he is bound to approach every new person whom he meets with libidinal anticipatory ideas; and it is highly probable that both portions of his libido, the portion that is capable of becoming conscious as well as the unconscious one, have a share in forming that attitude.

Thus it is a perfectly normal and intelligible thing that the libidinal cathexis of someone who is partly unsatisfied, a cathexis which is held ready in anticipation, should be directed as well to the figure of the doctor. It follows from our earlier hypothesis that this cathexis will have recourse to prototypes, will attach itself to one of the stereotype plates which are present in the subject; or, to put the position in another way, the cathexis will introduce the doctor into one of the psychical 'series' which the patient has already formed. If the 'father-imago', to use the apt term introduced by Jung (1911, 164), is the decisive factor in bringing this about, the outcome will tally with the real relations of the subject to his doctor. But the transference is not tied to this particular prototype: it may also come about on the lines of the mother-imago or brother-imago. The peculiarities of the transference to the doctor, thanks to which it exceeds, both in amount and nature, anything that could be justified on sensible or rational grounds, are made intelligible if we bear in mind that this transference has precisely been set up not only by the conscious anticipatory ideas but also by those that have been held back or are unconscious.


Es ist also völlig normal und verständlich, wenn die erwartungsvoll bereitgehaltene Libidobesetzung des teilweise Unbefriedigten sich auch der Person des Arztes zuwendet. Unserer Voraussetzung gemäß wird sich diese Besetzung an Vorbilder halten, an eines der Klischees anknüpfen, die bei der betreffenden Person vorhanden sind, oder, wie wir auch sagen können, sie wird den Arzt in eine der psychischen «Reihen» einfügen, die der Leidende bisher gebildet hat. Es entspricht den realen Beziehungen zum Arzte, wenn für diese Einreichung die Vater-Imago (nach Jungs glücklichem Ausdruck) maßgebend wird. Aber die Übertragung ist an dieses Vorbild nicht gebunden, sie kann auch nach der Mutter- oder Bruder-Imago usw. erfolgen. Die Besonderheiten der Übertragung auf den Arzt, durch welche sie über Maß und Art dessen hinausgeht, was sich nüchtern und rationell rechtfertigen läßt, werden durch die Erwagung verständlich, daß eben nicht nur die bewußten Erwartungsvorstellungen, sondern auch die zurückgehaltenen oder unbewußten diese Übertragung hergestellt haben.

1 Wandlungen und Symbole der Libido (Jung 1911, 164).
There would be nothing more to discuss or worry about in this behaviour of transference, if it were not that two points remain unexplained about it which are of particular interest to psycho-analysis. Firstly, we do not understand why transference is so much more intense with neurotic subjects in analysis than it is with other such people who are not being analysed; and secondly, it remains a puzzle why in analysis the condition of transference emerges as the most powerful resistance to the treatment, whereas outside analysis it must be regarded as the vehicle of cure and the condition of success. For our experience has shown— and the fact can be confirmed as often as we please—that if a patient's free associations fail\(^1\) the stoppage can invariably be removed by an assurance that he is being dominated at the moment by an association which is concerned with the doctor himself or with something connected with him. As soon as this explanation is given, the stoppage is removed, or the situation is changed from one in which the associations fail into one in which they are being kept back. At first sight it appears to be an immense disadvantage in psycho-analysis as a method that what is elsewhere the strongest factor towards success is changed in it into the most powerful medium of resistance. If, however, we examine the situation more closely, we can at least clear away the first of our two problems. It is not a fact that transference emerges with greater intensity and lack of restraint during psycho-analysis than outside it. In institutions in which nerve patients are treated non-analytically, we can observe transference occurring with the greatest intensity and in the most unworthy forms, extending to nothing less than mental bondage, and moreover showing the plainest erotic colouring. Gabriele Reuter, with her sharp powers of observation, described this at a time when there was no such thing as psycho-analysis, in a remarkable book which betrays in every respect the clearest insight into the nature and genesis of neuroses.\(^2\) These characteristics of transference are therefore to be attributed not to psycho-analysis but to neurosis itself.

Our second problem—the problem of why transference appears in psycho-analysis as resistance—has been left for the moment untouched; and we must now approach it more closely.

\(^1\) I mean when they really cease, and not when, for instance, the patient keeps them back owing to ordinary feelings of unpleasure.

\(^2\) Aus guter Familie, Berlin, 1895.
Let us picture the psychological situation during the treatment. An invariable and indispensable precondition of every onset of a psychoneurosis is the process to which Jung has given the appropriate name of 'introversion'. That is to say: the portion of the libido which is capable of becoming conscious and is directed towards reality is diminished, and the portion which is directed away from reality and is unconscious, and which, though it may still feed the subject's phantasies, nevertheless belongs to the unconscious, is proportionately increased. The libido (whether wholly or in part) has entered on a regressive course and has revived the subject's infantile images. The analytic treatment now proceeds to follow it; it seeks to track down the libido, to break out; all the forces which have caused the libido to regress will rise up as 'resistances' against the work of analysis, in order to conserve the new state of things. For if the libido's introversion or regression had not been justified by a particular relation

1 Even though some of Jung's remarks give the impression that he regards this introversion as something which is characteristic of dementia praecox and does not come into account in the same way in other neuroses.—[This seems to be the first published occasion of Freud's use of 'introversion'. The term was first introduced in Jung, 1910b, 38; but Freud is probably criticizing Jung, 1911, 135-6 n. (English translation, 1916, 487). Some further comment on Jung's use of the term will be found in a footnote to a later technical paper (1913e, p. 125 below) as well as in Freud's paper on narcissism (1914e, Standard Ed., 14, 74) and in a passage towards the end of Lecture XXIII of the Introductory Lectures (1916-17). Freud used the term extremely seldom in his later writings.]

2 It would be convenient if we could say 'it has recapitulated his infantile complexes'. But this would be incorrect: the only justifiable way of putting it would be 'the unconscious portions of those complexes'.—The topics dealt with in this paper are so extraordinarily involved that it is tempting to embark on a number of contiguous problems whose clarification would in point of fact be necessary before it would be possible to speak in unambiguous terms of the psychical processes that are to be described here. These problems include the drawing of a line of distinction between introversion and regression, the fitting of the theory of complexes into the libido theory, the relations of phantasying to the conscious and the unconscious as well as to reality—and others besides. I need not apologize for having resisted this temptation in the present paper.

Vergegenwärtigen wir uns die psychologische Situation der Behandlung: Eine regelmäßige und unentbehrliche Vorbedingung jeder Erkrankung an einer Psychoneurose ist der Vorgang, den Jung treffend als Introversion der Libido bezeichnet hat. Das heißt: Der Anteil der bewußtseinsfähigen, der Realität zugewendeten Libido wird verringert, der Anteil der von der Realität abgewendeten, unbewußten, welche etwa noch die Phantasien der Person speisen darf, aber dem Bewußten angehört, um so viel vermehrt. Die Libido hat sich (ganz oder teils) in die Regression begeben und die infantilen Imagines wiederbelebt. Dorthin folgt ihr nun die analytische Kur nach, welche die Libido aufsuchen, wieder dem Bewußtsein zugänglich und endlich der Realität dienstbar machen will. Wo die analytische Forschung auf die in ihre Verstecke zurückgezogene Libido stößt, muß ein Kampf ausbrechen; alle die Kräfte, welche die Regression der Libido verursacht haben, werden sich als »Widerstände« gegen die Arbeit erheben, um diesen neuen Zustand zu konservieren. Wenn nämlich die Introversion oder Regression der Libido nicht durch eine bestimmte Relation

3 Wenngleich manche Äußerungen Jungs den Eindruck machen, als sehe er in dieser Introversion etwas für die Dementia praecox Charakteristisches, was bei anderen Neurosen nicht ebenso in Betracht kommt. [Hier scheint Freud »Introversion« erstmalig in einer Veröffentlichung zu benutzen, der Terminus war von Jung (1910, 38) eingeführt worden; aber Freuds Kritik bezieht sich wohl auf Jung (1911, 135-6, Anm.).] Einige weitere Bemerkungen über Jungs Verwendung des Ausdrucks finden sich in einer Anmerkung zu einer späteren technischen Abhandlung (Freud, 1913c, im vorliegenden Band S. 185) sowie in einer Passage gegen Ende der 23. der Vorlesungen zur Einführung (1916-17). Freud benutzte den Terminus in seinen spätesten Werken äußerst selten.]

between the subject and the external world—stated in the most general terms, by the frustration of satisfaction—and if it had not for the moment even become expedient, it could never have taken place at all. But the resistances from this source are not the only ones or indeed the most powerful. The libido at the disposal of the subject’s personality had always been under the influence of the attraction of his unconscious complexes (or, more correctly, of the portions of those complexes belonging to the unconscious), and it entered on a regressive course because the attraction of reality had diminished. In order to liberate it, this attraction of the unconscious has to be overcome; that is, the repression of the unconscious instincts and of their productions, which has meanwhile been set up in the subject, must be removed. This is responsible for by far the largest part of the resistance, which so often causes the illness to persist even after the turning away from reality has lost its temporary justifications, which has meanwhile been set up. The resistance accompanies the treatment step by step. Every single association, every act of the person under treatment must reckon with the resistance and represents a compromise between the forces that are striving towards recovery and the opposing ones which I have described.

If now we follow a pathogenic complex from its representation in the conscious (whether this is an obvious one in the form of a symptom or something quite inconspicuous) to its root in the unconscious, we shall soon enter a region in which the resistance makes itself felt so clearly that the next association must take account of it and appear as a compromise between its demands and those of the work of investigation. It is at this point, on the evidence of our experience, that transference enters on the scene. When anything in the complexive material (in the subject-matter of the complex) is suitable for being transferred on to the figure of the doctor, that transference is carried out; it produces the next association, and announces itself by indications of a resistance—by a stoppage, for instance. We infer from this experience that the transference-idea has penetrated into consciousness in front of any other possible associations because it satisfies the resistance. An event of this kind

zur Außenwelt (im allgemeinsten: durch die Versagung der Befriedigung*) berechtigt und selbst für den Augenblick zweiseitig gewesen wäre, hätte sie überhaupt nicht zustande kommen können. Die Widerstände dieser Herkunft sind aber nicht die einzigen, nicht einmal die stärksten. Die der Persönlichkeit verfügbare Libido hatte immer unter der Anziehung der unbewußten Komplexe (richtiger der dem Unbewußten angehörenden Anteile dieser Komplexe*) gestanden und war in die Regression geraten, weil die Anziehung der Realität nachgelassen hatte. Um sie frei zu machen, muß nun diese Anziehung des Unbewußten überwunden, also die seither in dem Individuum konstituierte Verdrängung der unbewußten Triebe und ihrer Produktionen aufgehoben werden. Dies ergibt den bei weitem größtarigen Anteil des Widerstandes, der ja so häufig die Krankheit fortbestehen läßt, auch wenn die Abwendung von der Realität die zeitweilige Begründung wieder verloren hat. Mit den Widerständen aus beiden Quellen hat die Analyse zu kämpfen. Der Widerstand begleitet die Behandlung auf jedem Schritt; jeder einzelne Einfall, jeder Akt des Behandelten muß dem Widerstande Rechnung tragen, stellt sich als ein Kompromiß aus den zur Genesung zielenden Kräften und den angeführten, ihr widerstreitenden, dar.


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[a] [See the full discussion of this in the paper on 'Types of Onset of Neurosis' (1912c), p. 231 ff. below.]
[b] [Cf. the beginning of footnote 2, on the previous page.]
[c] [S. dazu die ausführliche Diskussion in der Arbeit: Über neurotische Erkrankungen, type (1912c), Studienausgabe, Bd. 6, S. 219 f.]
[d] [Vgl. den Beginn der Anm. 1 auf der vorliegenden Seite.]
sort is repeated on countless occasions in the course of an analysis. Over and over again, when we come near to a pathogenic complex, the portion of that complex which is capable of transference is first pushed forward into consciousness and defended with the greatest obstinacy.

After it has been overcome, the overcoming of the other portions of the complex raises few further difficulties. The longer an analytic treatment lasts and the more clearly the patient realizes that distortions of the pathogenic material cannot by themselves offer any protection against its being uncovered, the more consistently does he make use of the one sort of distortion which obviously affords him the greatest advantages—distortion through transference. These circumstances tend towards a situation in which finally every conflict has to be fought out in the sphere of transference.

Thus transference in the analytic treatment invariably appears to us in the first instance as the strongest weapon of the resistance, and we may conclude that the intensity and persistence of the transference are an effect and an expression of the resistance. The mechanism of transference is, it is true, dealt with when we have traced it back to the state of readiness of the libido, which has remained in possession of infantile imago; but the part transference plays in the treatment can only be explained if we enter into its relations with resistance.

How does it come about that transference is so admirably suited to be a means of resistance? It might be thought that the answer can be given without difficulty. For it is evident that it becomes particularly hard to admit to any proscribed wishful impulse if it has to be revealed in front of the very person to whom the impulse relates. Such a necessity gives rise to situations which in the real world seem scarcely possible. But it is precisely this that the patient is aiming at when he makes the object of his emotional impulses coincide with the doctor. Further consideration, however, shows that this apparent gain...

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1 This, however, should not lead us to conclude in general that the element selected for transference-resistance is of peculiar pathogenic importance. If in the course of a battle there is a particularly embittered struggle over the possession of some little church or some individual farm, there is no need to suppose that the church is a national shrine, perhaps, or that the house shelters the army's pay-chest. The value of the object may be a purely tactical one and may perhaps emerge only in this one battle. [On transference resistance, see also p. 193.]
cannot provide the solution of the problem. Indeed, a relation of affectionate and devoted dependence can, on the contrary, help a person over all the difficulties of making an admission. In analogous real situations people will usually say: 'I feel no shame in front of you: I can say anything to you.' Thus the transference to the doctor might just as easily serve to facilitate admissions, and it is not clear why it should make things more difficult.

The answer to the question which has been repeated so often in these pages is not to be reached by further reflection but by what we discover when we examine individual transference-resistances occurring during treatment. We find in the end that we cannot understand the employment of transference as resistance so long as we think simply of 'transference'. We must make up our minds to distinguish a 'positive' transference from a 'negative' one, the transference of affectionate feelings from that of hostile ones, and to treat the two sorts of transference to the doctor separately. Positive transference is then further divisible into transference of friendly or affectionate feelings which are admissible to consciousness and transference of prolongations of those feelings into the unconscious. As regards the latter, analysis shows that they invariably go back to erotic sources. And we are thus led to the discovery that all the emotional relations of sympathy, friendship, trust, and the like, which can be turned to good account in our lives, are genetically linked with sexuality and have developed from purely sexual desires through a softening of their sexual aim, however pure and unsensual they may appear to our conscious self-perception. Originally we knew only sexual objects; and psychoanalysis shows us that people who in our real life are merely admired or respected may still be sexual objects for our unconscious.

Thus the solution of the puzzle is that transference to the doctor is suitable for resistance to the treatment only in so far as it is a negative transference or a positive transference of repressed erotic impulses. If we 'remove' the transference by making it conscious, we are detaching only these two components of the emotional act from the person of the doctor; the other component, which is admissible to consciousness and unobjectionable, persists and is the vehicle of success in psychoanalysis exactly as it is in other methods of treatment. To this


Die Antwort auf diese hier wiederholt gestellte Frage wird nicht durch weitere Überlegung gewonnen, sondern durch die Erfahrung gegeben, die man bei der Untersuchung der einzelnen Übertragungswiderstände in der Kur macht. Man merkt endlich, daß man die Verwendung der Übertragung zum Widerstande nicht verstehen kann, solange man an Übertragung schlechthin denkt. Man muß sich entschließen, eine positive Übertragung von einer negativen zu sondern, die Übertragung zärtlicher Gefühle von der feindeliger, und beide Arten der Übertragung auf den Arzt gesondert zu behandeln. Die positive Übertragung zeichnet sich dann noch in die solcher freundlicher oder zärtlicher Gefühle, welche bewußtseinsfähig sind, und in die ihrer Fortsetzungen ins Unbewußte. Von den letzteren weist die Analyse nach, daß sie regelmäßige auf erotische Quellen zurückgehen, so daß wir zur Einsicht gelangen müssen, alle unsere im Leben verwertbaren Gefühlsbeziehungen von Sympathie, Freundschaft, Zutrauen und dergleichen seien genetisch mit der Sexualität verknüpft und haben sich durch Abschwächung des Sexualzuges aus rein sexuellen Begehren entwickelt, so rein und unsinnlich sie sich auch unserer bewußten Selbstwahrnehmung darstellen mögen. Ursprünglich haben wir nur Sexualobjekte gekannt; die Psychoanalyse zeigt uns, daß die bloß geschätzten oder verehrten Personen unserer Realität für das Unbewußte in uns immer noch Sexualobjekte sein können.

Die Lösung des Rätsels ist also, daß die Übertragung auf den Arzt sich nur insofern zum Widerstande in der Kur eignet, als sie negative Übertragung oder positive von verdrängten erotischen Regungen ist. Wenn wir durch Bewußtmachen die Übertragung aufheben, so lösen wir nur diese beiden Komponenten des Gefühlssaktes von der Person des Arztes ab; die andere, bewußtseinsfähige und unanständige Komponente bleibt bestehen und ist in der Psychoanalyse genau ebenso die Trägerin des Erfolges wie bei anderen Behandlungsmethoden. Insofern gestehen

1 [Dies scheint Freuds erste veröffentlichte explizite Erörterung der Unterscheidung zwischen positiver und negativer Übertragung zu sein.]
extent we readily admit that the results of psycho-analysis rest upon suggestion; by suggestion, however, we must understand, as Ferenczi (1909) does, the influencing of a person by means of the transference phenomena which are possible in his case. We take care of the patient's final independence by employing suggestion in order to get him to accomplish a piece of psychical work which has as its necessary result a permanent improvement in his psychical situation.

The further question may be raised of why it is that the resistance phenomena of transference only appear in psycho-analysis and not in indifferent forms of treatment (e.g. in institutions) as well. The reply is that they do show themselves in these other situations too, but they have to be recognized as such. The breaking out of a negative transference is actually quite a common event in institutions. As soon as a patient comes under the dominance of the negative transference he leaves the institution in an unchanged or relapsed condition. The erotic transference does not have such an inhibiting effect in institutions, since in them, just as in ordinary life, it is glossed over instead of being uncovered. But it is manifested quite clearly as a resistance to recovery, not, it is true, by driving the patient out of the institution—on the contrary, it holds him back in it—but by keeping him at a distance from life. For, from the point of view of recovery, it is a matter of complete indifference whether the patient overcomes this or that anxiety or inhibition in the institution; what matters is that he shall be free of it in his real life as well.

The negative transference deserves a detailed examination, which it cannot be given within the limits of the present paper. In the curable forms of psychoneurosis it is found side by side with the affectionate transference, often directed simultaneously towards the same person. Bleuler has coined the excellent term 'ambivalence' to describe this phenomenon.1 Up to a point, ambivalence of feeling of this sort seems to be normal; but a high degree of it is certainly a special peculiarity of

1 Bleuler, 1911, 43-4 and 305-6.—Cf. a lecture on ambivalence delivered by him in Berne in 1910, reported in the Zentralblatt für Psychoanalyse, 1, 266.—Stekel has proposed the term 'bipolarity' for the same phenomenon. [This appears to have been Freud's first mention of the word 'ambivalence'. He occasionally used it in a sense other than Bleuler's, to describe the simultaneous presence of active and passive impulses. See an Editor's footnote, Standard Ed., 14, 131.]

we gerne zu, die Resultate der Psychoanalyse beruhen auf Suggestion; nur muß man unter Suggestion das verstehen, was wir mit Ferenczi (1909) darin finden: die Beeinflussung eines Menschen vermittels der bei ihm möglichen Ubertragungsphänomene. Für die endliche Selbständigkeit des Kranken sorgen wir, indem wir die Suggestion dazu benützen, ihm eine psychische Arbeit vollziehen zu lassen, die eine dauernde Verbesserung seiner psychischen Situation zur notwendigen Folge hat.

Es kann noch gefragt werden, warum die Widerstandsphänomene der Übertragung nur in der Psychoanalyse, nicht auch bei indifferenten Behandlungen, z. B. in Anstalten, zum Vorschein kommen. Die Antwort lautet: sie zeigen sich auch dort, nur müssen sie als solche gewürdigt werden. Das Hervorbrechen der negativen Übertragung ist in Anstalten sogar recht häufig. Der Kranke verläßt eben die Anstalt ungesehrt oder rückfällig, sobald er unter die Herrschaft der negativen Übertragung gerät. Die erotische Übertragung wirkt in Anstalten nicht so hemmend, da sie dort wie im Leben beschönigt: der Patient wird; sie äußert sich aber ganz deutlich als Widerstand gegen die Genesung, zwar nicht, indem sie den Kranken aus der Anstalt treibt. Die negative Übertragung gerät nicht in die Anstalt zurück, wohl aber dadurch, daß sie ihn vom Leben fernhält. Für die Genesung ist es nämlich recht gleichgültig, ob der Kranke in der Anstalt diese oder jene Angst oder Hemmung überwirkt; es kommt vielmehr darauf an, daß er auch in der Realität seines Lebens davon frei wird.

Die negative Übertragung verdiente eine eingehende Würdigung, die ihr im Rahmen dieser Ausführungen nicht zuteil werden kann. Bei den heilbaren Formen von Psychoneurosen findet sie sich neben der zärtlichen Übertragung, oft gleichzeitig auf die nämliche Person gerichtet, für welchen Sachverhalt Bleuler den guten Ausdruck Ambivalenz geprägt hat. Eine solche Ambivalenz der Gefühle scheint bis zu einem gewissen Maße normal zu sein, aber ein hoher Grad von Ambivalenz der Gefühle ist gewiß eine besondere Auszeichnung neurotischer Persönlichkeiten.

1 E. Bleuler (1911 [43-4 and 305-6]). Vortrag über Ambivalenz in Bern 1910, referiert im Zentralblatt für Psychoanalyse, [1910], S. 266. — Für die gleichen Phänomene hatte W. Stekel die Bezeichnung 'Bipolarität' vorgeschlagen. [Hier scheint Freud erstmals das Wort 'Ambivalenz' zu erwähnen. Er benutzte es gelegentlich in einem anderen Sinne als Bleuler, nämlich um das gleichzeitige Auftreten aktiver und passiver Impulse zu bezeichnen. S. die editorische Anmerkung zu 'Trieben und Triebshäcksel'(1915 c), Studienausgabe, Bd. 3, S. 94, Anm. 1.]
neurotic people. In obsessional neurotics an early separation of the 'pairs of opposites' seems to be characteristic of their instinctual life and to be one of their constitutional preconditions. Ambivalence in the emotional trends of neurotics is the best explanation of their ability to enlist their transferences in the service of resistance. Where the capacity for transference has become essentially limited to a negative one, as is the case with paranoids, there ceases to be any possibility of influence or cure.

In all these reflections, however, we have hitherto dealt only with one side of the phenomenon of transference; we must turn our attention to another aspect of the same subject. Anyone who forms a correct appreciation of the way in which a person in analysis, as soon as he comes under the dominance of any considerable transference-resistance, is flung out of his real relation to the doctor, how he feels at liberty then to disregard the fundamental rule of psycho-analysis which lays it down that whatever comes into one's head must be reported without criticizing it, how he forgets the intentions with which he started the treatment, and how he regards with indifference logical arguments and conclusions which only a short time before had made a great impression on him—anyone who has observed all this will feel it necessary to look for an explanation of his impression in other factors besides those that have already been adduced. Nor are such factors far to seek: they arise once again from the psychological situation in which the treatment places the patient.

In the process of seeking out the libido which has escaped from the patient's conscious, we have penetrated into the realm of the unconscious. The reactions which we bring about reveal

[1] [The pairs of opposite instincts were first described by Freud in his Three Essays (1905d), Standard Ed., 7, 150 and 166–7, and later on in 'Instincts and their Vicissitudes' (1915c), Standard Ed., 14, 127 ff. Their importance in obsessional neurosis was discussed in the 'Rat Man' case history (1909d), Standard Ed., 10, 237 ff.]

[2] [This seems to be the first use of what was henceforward to become the regular description of the essential technical rule. A very similar phrase ('the main rule of psycho-analysis') had, however, been used already in the third of Freud's Clark University Lectures (1910a), Standard Ed., 11, 33. The idea itself, of course, goes back a long way; it is expressed, for instance, in Chapter II of The Interpretation of Dreams (1900a), Standard Ed., 4, 101, in essentially the same terms as in the paper 'On Beginning the Treatment' (1913c), p. 134 below, where, incidentally, the subject will be found discussed in a long footnote.]
at the same time some of the characteristics which we have come to know from the study of dreams. The unconscious impulses do not want to be remembered in the way the treatment desires them to be, but endeavour to reproduce themselves in accordance with the timelessness of the unconscious and its capacity for hallucination. Just as happens in dreams, the patient regards the products of the awakening of his unconscious impulses as contemporaneous and real; he seeks to put his passions into action without taking any account of the real situation. The doctor tries to compel him to fit these emotional impulses into the nexus of the treatment and of his life-history, to submit them to intellectual consideration and to understand them in the light of their psychical value. This struggle between the doctor and the patient, between intellect and instinctual life, between understanding and seeking to act, is played out almost exclusively in the phenomena of transference. It is on that field that the victory must be won—the victory whose expression is the permanent cure of the neurosis. It cannot be disputed that controlling the phenomena of transference presents the psycho-analyst with the greatest difficulties. But it should not be forgotten that it is precisely they that do us the inestimable service of making the patient's hidden and forgotten erotic impulses immediate and manifest. For when all is said and done, it is impossible to destroy anyone in absentia or in effigie.

[This is elaborated in a later technical paper 'Recollecting, Repeating and Working-Through' (1914q), p. 150 ff. below.]

[Cf. the similar remark near the bottom of p. 152 below.]
RECOMMENDATIONS TO PHYSICIANS PRACTISING PSYCHO-ANALYSIS
(1912)

Ratschläge für den Arzt
bei der psychoanalytischen Behandlung
(1912)
RATSLAGE FÜR DEN ARZT
BEI DER PSYCHOANALYTISCHEN BEHANDLUNG

(a) GERMAN EDITIONS:
1918 S. K. S. N., 4, 399–411. (1922, 2nd ed.)
1924 Technik und Metapsychol., 64–75.
1925 G. S., 6, 64–75.
1931 Neurosenlehre und Technik, 340–51.
1943 G. W., 8, 376–87.

(b) ENGLISH TRANSLATION:
'Recommendations for Physicians on the Psycho-Analytic
Method of Treatment'
1924 C.P., 2, 323–33. (Tr. Joan Riviere.)

The present translation, with a changed title, is a modified
version of the one published in 1924.

This paper first appeared in June, 1912.

EDITORISCHE VORBEMERKUNG

Deutsche Ausgaben:
1924 Technik und Metapsychol., 64–75.
1925 G. S., Bd. 6, 64–75.
1931 Neurosenlehre und Technik, 340–51.
1943 G. W., Bd. 8, 376–87.

Diese Abhandlung erschien erstmals im Juni 1912.
Sie behandelt die Frage, welche seelische Einstellung der Analytiker während
der Arbeit einnehmen soll – ein Thema, zu dem Freud, wie Ernest Jones
uns mitteilt (1962 a, 279), von Ferenczi angeregt worden war. Erstmalserwähnt
der Terminus „gleichschwebende Aufmerksamkeit“ (S. 171) auf, das „notwen-
dige Gegenstück zu der Anforderung an den Analysierten, ohne Kritik und
Auswahl alles zu erzählen, was ihm einfällt“ (S. 172). Wieder wird die Wicht-
tigkei der eigenen Analyse des Analytikers betont. Freud rät davon ab, dem
Kranken zuviel von der eigenen Person preiszugeben, und warnt vor zu gro-
bem therapeutischem Ehrgeiz.
RECOMMENDATIONS TO PHYSICIANS PRACTISING PSYCHO-ANALYSIS

The technical rules which I am putting forward here have been arrived at from my own experience in the course of many years, after unfortunate results had led me to abandon other methods. It will easily be seen that they (or at least many of them) may be summed up in a single precept. [Cf. p. 115.] My hope is that observance of them will spare physicians practising analysis much unnecessary effort and guard them against some oversights. I must however make it clear that what I am asserting is that this technique is the only one suited to my individuality; I do not venture to deny that a physician quite differently constituted might find himself driven to adopt a different attitude to his patients and to the task before him.

(a) The first problem confronting an analyst who is treating more than one patient in the day will seem to him the hardest. It is the task of keeping in mind all the innumerable names, dates, detailed memories and pathological products which each patient communicates in the course of months and years of treatment, and of not confusing them with similar material produced by other patients under treatment simultaneously or previously. If one is required to analyse six, eight, or even more patients daily, the feat of memory involved in achieving this will provoke incredulity, astonishment or even commissication in uninformed observers. Curiosity will in any case be felt about the technique which makes it possible to master such an abundance of material, and the expectation will be that some special expedients are required for the purpose.

The technique, however, is a very simple one. As we shall see, it rejects the use of any special expedient (even that of taking notes). It consists simply in not directing one's notice to anything in particular and in maintaining the same 'evenly-suspended attention' (as I have called it)1 in the face of all that

1 [The reference seems to be to a sentence in the case history of 'Little Hans' (1909b), Standard Ed., 10, 23, though the wording there is slightly

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(a) Die nächste Aufgabe, vor die sich der Analytiker gestellt sieht, der mehr als einen Kranken im Tage zu behandeln, wird ihm auch als die schwierigste erscheinen. Sie besteht ja darin, alle die unzähligen Namen, Daten, Einzelheiten der Erinnerung, Einfälle und Krankheitsproduktionen während der Kur, die ein Patient im Laufe von Monaten und Jahren vorbringt, im Gedächtnis zu behalten und sie nicht mit ähnlichen Material zu verwechseln, das von anderen gleichzeitig oder früher analysierten Patienten herrührt. Ist man gar genötigt, täglich, sechs, acht Kranken oder selbst mehr zu analysieren, so wird eine Gedächtnisleistung, der solches gelingt, bei Außenstehenden Unglauben, Bewunderung oder selbst Bedauern wecken. In jedem Falle wird man auf die Technik neugierig sein, welche die Bewältigung einer solchen Fülle gestattet, und wird erwarten, daß dieselbe sich besonderer Hilfe mittel bediene.

Indes ist diese Technik eine sehr einfache. Sie lehrt alle Hilfsmittel; wie wir hören werden, selbst das Niederschreiben ab und besteht: einfach darin, sich nichts besonders merken zu wollen und allem, was man zu hören bekommt, die nämliche »gleichschwebende Aufmerksamkeit«, wie ich es schon einmal genannt habe, entgegenzubringen 1.

1 [Hier taucht der Terminus »gleichschwebende Aufmerksamkeit« erstmals in Freuds Werken auf. - Der Verweis bezieht sich wohl auf einen Satz in der Falldarstellung des »kleinen Hans« (1909b), Studienausgabe, Bd. 8, S. 26; allerdings ist der Wortlaut dort
one hears. In this way we spare ourselves a strain on our attention which could not in any case be kept up for several hours daily, and we avoid a danger which is inseparable from the exercise of deliberate attention. For as soon as anyone deliberately concentrates his attention to a certain degree, he begins to select from the material before him; one point will be fixed in his mind with particular clearness and some other will be correspondingly disregarded, and in making this selection he will be following his expectations or inclinations. This, however, is precisely what must not be done. In making the selection, if he follows his expectations he is in danger of never finding anything but what he already knows; and if he follows his inclinations he will certainly falsify what he may perceive. It must not be forgotten that the things one hears are for the most part things whose meaning is only recognized later on.

It will be seen that the rule of giving equal notice to everything is the necessary counterpart to the demand made on the patient that he should communicate everything that occurs to him without criticism or selection. If the doctor behaves otherwise, he is throwing away most of the advantage which results from the patient's obeying the 'fundamental rule of psycho-analysis.' The rule for the doctor may be expressed: 'He should withhold all conscious influences from his capacity to attend, and give himself over completely to his "unconscious memory."' Or, to put it purely in terms of technique: 'He should simply listen, and not bother about whether he is keeping anything in mind.'

What is achieved in this manner will be sufficient for all requirements during the treatment. Those elements of the material which already form a connected context will be at the doctor's conscious disposal; the rest, as yet unconnected and in chaotic disorder, seems at first to be submerged, but rises readily into recollection as soon as the patient brings up something new to which it can be related and by which it can be continued. The undeserved compliment of having 'a remarkably good memory' which the patient pays one when one reproduces some detail after a year and a day can then be accepted with a smile, different. The present phrase occurs again later, in 'Two Encyclopaedia Articles' (1923a), Standard Ed., 18, 239.]

[1] [See footnote 2, above, p. 107.]

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Man erspart sich auf diese Weise eine Anstrengung der Aufmerksamkeit, die man doch nicht durch viele Stunden täglich festhalten könnte, und vermeidet eine Gefahr, die von dem absichtlichen Aufmerken unzertrennlich ist. Sowie man nämlich seine Aufmerksamkeit absichtlich bis zu einer gewissen Höhe anspannt, beginnt man auch unter dem dargebotenen Material auszuwählen; man fixiert das eine Stück besonders scharf, eliminiert dafür ein anderes und folgt bei dieser Auswahl seinen Erwartungen oder seinen Neigungen. Gerade dies darf man aber nicht; folgt man bei der Auswahl seinen Erwartungen, so ist man in Gefahr, niemals etwas anderes zu finden, als was man bereits weiß; folgt man seinen Neigungen, so wird man sicherlich die mögliche Wahrnehmung falschen. Man darf nicht darauf vergessen, daß man ja zumeist Dinge zu hören bekommt, deren Bedeutung erst nachträglich erkannt wird.

Wie man sieht, ist die Vorschrift, sich alles gleichmäßig zu merken, das notwendige Gegenstück zu der Anforderung an den Analysierten, ohne Kritik und Auswahl alles zu erzählen, was ihm einfällt. Benimmt sich der Arzt anders, so macht er zum großen Teile den Gewinn zunächst, der aus der Befolgung der 'psychoanalytischen Grundregel' von seitens des Patienten resultiert. Die Regel für den Arzt läßt sich so aussprechen: Man halte alle bewußten Einwirkungen von seiner Merkfähigkeit ferne und überlasse sich völlig seinem 'unbewußten Gedächtnisse,' oder rein technisch ausgedrückt: Man höre zu und kümmere sich nicht darum, ob man sich etwas merke.

Was man auf diese Weise bei sich erreicht, genügt allen Anforderungen während der Behandlung. Jene Bestandteile des Materials, die sich bereits zu einem Zusammenhange fügen, werden für den Arzt auch bewußt verfügbar; das andere, noch zusammenhanglose, chaotisch ungeordnete, scheint zunächst versunken, taucht aber bereitwillig im Gedächtnisse auf, sobald der Analysierte etwas Neues vorbringt, womit es sich in Beziehung bringen und wodurch es sich fortsetzen kann. Man nimmt dann lächelnd das unverdiente Kompliment des Analysierten wegen eines 'besonders guten Gedächtnisses' entgegen, wenn man nach Jahr und Tag eine Einzelheit reproduziert,

etwas anders. Die vorliegende Formulierung erscheint später noch einmal, und zwar in der ersten Hälfte des Artikels 'psychoanalyse' in 'Psychoanalyse' und 'Libido theories' (1923 a).]

[2] [S. Anm. 1, oben, S. 167.]
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whereas a conscious determination to recollect the point would probably have resulted in failure.

Mistakes in this process of remembering occur only at times and places at which one is disturbed by some personal consideration (see below [p. 116])—that is, when one has fallen seriously below the standard of an ideal analyst. Confusion with material brought up by other patients occurs very rarely. Where there is a dispute with the patient as to whether or how he has said some particular thing, the doctor is usually in the right. 1

(b) I cannot advise the taking of full notes, the keeping of a shorthand record, etc., during analytic sessions. Apart from the unfavourable impression which this makes on some patients, the same considerations as have been advanced with regard to attention apply here too. A detrimental selection from the material will necessarily be made as one writes the notes or shorthand, and part of one's own mental activity is tied up in this way, which would be better employed in interpreting what one has heard. No objection can be raised to making exceptions to this rule in the case of dates, the text of dreams, or particular noteworthy events which can easily be detached from their context and are suitable for independent use as instances. 2 But I am not in the habit of doing this either. As regards instances, I write them down from memory in the evening after work is over; as regards texts of dreams to which I attach importance, I get the patient to repeat them to me after he has related them so that I can fix them in my mind.

(c) Taking notes during the session with the patient might

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1 A patient will often assert that he has already told the doctor something on a previous occasion, while the doctor can assure him with a quiet feeling of superiority that it has come up now for the first time. It then turns out that the patient had previously had the intention of saying it, but had been prevented from performing his intention by a resistance which was still present. His recollection of his intention is indistinguishable to him from a recollection of its performance. [Freud enlarged on this point not long afterwards in a short paper on 'Fausse Reconnaissance' occurring during analysis (1914a), Standard Ed., 13, 201.]

2 A footnote to the same effect had been inserted by Freud in his 'Rat Man' case history (1909d), Standard Ed., 10, 199.

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(c) Die Niederschrift während der Sitzung mit dem Patienten könnte

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1 Der Analysierte behauptet oft, eine gewisse Mitteilung bereits früher gemacht zu haben, während man ihm mit ruhiger Oberlegenheit versichert kann, sie erfolge jetzt zum erstenmal. Es stellt sich dann heraus, daß der Analysierte früher einmal die Intention zu dieser Mitteilung gehabt hat, an ihrer Ausführung aber durch einen noch bestehenden Widerstand gehindert wurde. Die Erinnerung an diese Intention ist für ihn ununterscheidbar von der Erinnerung an deren Ausführung. [Freud verweist sich über diesen Punkt wenig später in der kurzen Arbeit 'Über fälsche rekonnaissances (1914a), im vorliegenden Band S. 233-4.1]

2 [Eine Anmerkung über die Folgen des Misehrbildens hat Freud seiner Falldarstellung des 'Rattenmannes' (1909d) angeschlossen, Studienausgabe, Bd. 7, S. 39, Anm. 1.]

3 [Wohl für wissenschaftliche Zwecke.]

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be justified by an intention of publishing a scientific study of the case. On general grounds this can scarcely be denied. Nevertheless it must be borne in mind that exact reports of analytic case histories are of less value than might be expected. Strictly speaking, they only possess the "ostensible" exactness of which 'modern' psychiatry affords us some striking examples. They are; as a rule, fatiguing to the reader and yet do not succeed in being a substitute for his actual presence at an analysis. Experience invariably shows that if readers are willing to believe an analyst they will have confidence in any slight revision to which he has submitted his material; if, on the other hand, they are unwilling to take analysis and the analyst seriously, they will pay no attention to accurate verbatim records of the treatment either. This is not the way, it seems, to remedy the lack of convincing evidence to be found in psychoanalytic reports.

(d) One of the claims of psycho-analysis to distinction is, no doubt, that in its execution research and treatment coincide; nevertheless, after a certain point, the technique required for the one opposes that required for the other. It is not a good thing to work on a case scientifically while treatment is still proceeding—to piece together its structure, to try to foretell its further progress, and to get a picture from time to time of the current state of affairs, as scientific interest would demand. Cases which are devoted from the first to scientific purposes and are treated accordingly suffer in their outcome; while the most successful cases are those in which one proceeds, as it were, without any purpose in view, allows oneself to be taken by surprise by any new turn in them, and always meets them with an open mind, free from any presuppositions. The correct behaviour for an analyst lies in swinging over according to need from the one mental attitude to the other, in avoiding speculation or brooding over cases while they are in analysis, and in submitting the material obtained to a synthetic process of thought only after the analysis is concluded. The distinction between the two attitudes would be meaningless if we already possessed all the knowledge (or at least the essential knowledge) about the psychology of the unconscious and about the structure of the neuroses that we can obtain from psychoanalytic work. At present we are still far from that goal and

(d) Es ist zwar einer der Ruhmestitel der analytischen Arbeit, daß Forschung und Behandlung bei ihr zusammenfallen, aber die Technik, die der einen dient, widersetzt sich von einem gewissen Punkte an doch der anderen. Es ist nicht gut, einen Fall wissenschaftlich zu bearbeiten, solange seine Behandlung noch nicht abgeschlossen ist, seinen Aufbau zusammenzusetzen, seinen Fortgang erraten zu wollen, von Zeit zu Zeit Aufnahmen des gegenwärtigen Status zu machen, wie das wissenschaftliche Interesse es fordern würde. Der Erfolg leidet in solchen Fällen, die man von vornherein der wissenschaftlichen Verwertung bestimmt und nach deren Bedürfnissen behandelt; dagegen gelingen jene Fälle am besten, bei denen man wie absichtlos verfährt, sich von jeder Wendung überraschen läßt, und denen man immer wieder unbefangen und vorhergesehen, sondern analysiert, und erst dann das gewonnene Material der synthetischen Denkarbeit zu unterziehen, nachdem die Analyse abgeschlossen ist. Die Unterscheidung der beiden Einstellungen würde bedeutungslos, wenn wir bereits im Besitze aller oder doch der wesentlichen Erkenntnisse über die Psychologie des Unbewußten und über die Struktur der Neurosen wären, die wir aus der psychoanalytischen Arbeit gewinnen können. Gegenwärzig sind wir von diesem Ziele noch weit ent-
we ought not to cut ourselves off from the possibility of testing what we have already learnt and of extending our knowledge further.

(e) I cannot advise my colleagues too urgently to model themselves during psycho-analytic treatment on the surgeon, who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skilfully as possible. Under present-day conditions the feeling that is most dangerous to a psycho-analyst is the therapeutic ambition to achieve by this novel and much disputed method something that will produce a convincing effect upon other people. This will not only put him into a state of mind which is unfavourable for his work, but will make him helpless against certain resistances of the patient, whose recovery, as we know, primarily depends on the interplay of forces in him. The justification for requiring this emotional coldness in the analyst is that it creates the most advantageous conditions for both parties: for the doctor a desirable protection for his own emotional life and for the patient the largest amount of help that we can give him to-day. A surgeon of earlier times took as his motto the words: 'Je le pansai, Dieu le guerit.' The analyst should be content with something similar.

(f) It is easy to see upon what aim the different rules I have brought forward converge. [See p. 111.] They are all intended to create for the doctor a counterpart to the 'fundamental rule of psycho-analysis' which is laid down for the patient. Just as the patient must relate everything that his self-observation can detect, and keep back all the logical and affective objections that seek to induce him to make a selection from among them, so the doctor must put himself in a position to make use of everything he is told for the purposes of interpretation and of recognizing the concealed unconscious material without substituting a censorship of his own for the selection that the patient has forgone. To put it in a formula: he must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting

1 ['I dressed his wounds, God cured him.' The saying is attributed to the French surgeon, Ambroise Paré (c. 1517–1590).]

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(e) Ich kann den Kollegen nicht dringend genug empfehlen, sich während der psychoanalytischen Behandlung den Chirurgen zum Vorbild zu nehmen, der alle seine Affekte und selbst sein menschliches Mitleid beiseite drängt und seinen geistigen Kräften ein einziges Ziel setzt: die Operation so kunstgerecht als möglich zu vollziehen. Für den Psychoanalytiker wird unter den heute waltenden Umständen eine Affekttstrebung am gefährlichsten, der therapeutische Ehrgeiz, mit seinem neuen und viel angefochtenen Mittel etwas zu leisten, was überzeugend auf andere wirken kann. Damit bringt er nicht nur sich selbst in eine für die Arbeit ungünstige Verfassung; er setzt sich auch wehrlos gewissen Widerständen des Patienten aus, von dessen Kräftezustand ja die Gegenwart der heute abhängt. Die Freude an dieser vom Analysten zu fordernden Gefühlskälte liegt darin, daß sie für beide Teile die vor­teilhaftesten Bedingungen schafft, für den Arzt die wünschenswerte Schonung seines eigenen Affektlebens, für den Kranken das größte Ausmaß von Hilfeleistung, das uns heute möglich ist. Ein alter Chirurg hatte zu seinem Wahlspruch die Worte genommen: 'Je le pansai, Dieu le guerit.' Mit etwas Ähnlichem sollte sich der Analyster zufrieden geben.

(f) Es ist leicht zu erraten, in welchem Ziele diese einzelnen vorgebrachten Regeln zusammen treffen. [S. oben, S. 171.] Sie wollen alle beim Arzte das Gegenstück zu der für den Analysierten aufgestellten psychoanalytischen Grundregel schaffen. Wie der Analysierte alles mitteilen soll, was er in seiner Selbstbeobachtung erhascht, mit Hinterhaltung aller logischen und affektiven Einwendungen, die ihn bewegen wollen, eine Auswahl zu treffen, so soll sich der Arzt in den Stand setzen, alles ihm Mitgeteilte für die Zwecke der Deutung, der Erkennung des verborgenen Unbewussten zu verwerten, ohne die vom Kranken aufgegebene Auswahl durch eine eigene Zensur zu ersetzen, in einer Formel gefaßt: er soll dem gebenden Unbewussten des Kranken sein eigenes Unbewusstes als empfangendes Organ zuwenden, sich auf den Analysierten einstellen wie der Receiver des Telefons zum Teller eingestellt ist.

1 ['Ich versorgte seine Wunden, Gott heilte ihn.' Der Ausdruck wird dem französischen Chirurgen Ambroise Paré (1510–1590) zugeschrieben.]

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microphone. Just as the receiver converts back into soundwaves the electric oscillations in the telephone line which were set up by sound waves, so the doctor’s unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient’s free associations.

But if the doctor is to be in a position to use his unconscious in this way as an instrument in the analysis, he must himself fulfill one psychological condition to a high degree. He may not tolerate any resistances in himself which hold back from his consciousness what has been perceived by his unconscious; otherwise he would introduce into the analysis a new species of selection and distortion which would be far more detrimental than that resulting from concentration of conscious attention.

It is not enough for this that he himself should be an approximately normal person. It may be insisted, rather, that he should have undergone a psycho-analytic purification and have become aware of those complexes of his own which would be apt to interfere with his grasp of what the patient tells him. There can be no reasonable doubt about the disqualifying effect of such defects in the doctor; every unresolved repression in him constitutes what has been aptly described by Stekel as a ‘blind spot’ in his analytic perception.

Some years ago I gave as an answer to the question of how one can become an analyst: ‘By analysing one’s own dreams.’ This preparation is no doubt enough for many people, but not for everyone who wishes to learn analysis. Nor can everyone succeed in interpreting his own dreams without outside help. I count it as one of the many merits of the Zurich school of analysis that they have laid increased emphasis on this requirement, and have embodied it in the demand that everyone who wishes to carry out analyses on other people shall first himself undergo an analysis by someone with expert knowledge. Anyone who takes up the work seriously should choose this course, which offers more than one advantage; the sacrifice involved in laying oneself open to another person without being driven to

1 [Stekel, 1911a, 532.]
2 [The reference is to the third of Freud’s Clark University lectures (1910a [1909]), Standard Ed., 11, 33. Some account of his varying views on the subject will be found in an Editor’s footnote to the ‘History of the Psycho-Analytic Movement’ (1914d), ibid., 14, 20–1.]

[Der Verweis bezieht sich auf die dritte von Freuds Vorlesungen an der Clark University (1910a). Freud hat die Möglichkeiten der Selbstanalyse nicht immer so günstig eingeschätzt. — Berichte von wichtigen Teilen seiner eigenen Selbstanalyse finden sich in den Fließ-Briefen (1950a), vor allem in Brief Nr. 70 und 71, beide im Oktober 1897 gedruckt. In einem Brief an Fließ vom 14. November 1897 (1950a, Brief Nr. 75, S. 302) schreibt er: ‘Meine Selbstanalyse bleibt unterbrochen. Ich habe’ Footnote is continued on page 120 (at the end of this article)]
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It by illness is amply rewarded. Not only is one's aim of learning to know what is hidden in one's own mind far more rapidly attained and with less expense of affect, but impressions and convictions will be gained in relation to oneself which will be sought in vain from studying books and attending lectures. And lastly, we must not under-estimate the advantage to be derived from the lasting mental contact that is as a rule established between the student and his guide.1

An analysis such as this of someone who is practically healthy will, as may be imagined, remain incomplete. Anyone who can appreciate the high value of the self-knowledge and increase in self-control thus acquired will, when it is over, continue the analytic examination of his personality in the form of a self-analysis, and be content to realize that, within himself as well as in the external world, he must always expect to find something new. But anyone who has scorned to take the precaution of being analysed himself will not merely be punished by being incapable of learning more than a certain amount from his patients, he will risk a more serious danger and one which may become a danger to others. He will easily fall into the temptation of projecting outwards some of the peculiarities of his own personality, which he has dimly perceived, into the field of science, as a theory having universal validity; he will bring the psycho-analytic method into discredit, and lead the inexperienced astray.

(g) I shall now add a few other rules, that will serve as a transition from the attitude of the doctor to the treatment of the patient.

Young and eager psycho-analysts will no doubt be tempted to bring their own individuality freely into the discussion, in order to carry the patient along with them and lift him over the barriers of his own narrow personality. It might be expected that it would be quite allowable and indeed useful, with a view to overcoming the patient's existing resistances, for the doctor to afford him a glimpse of his own mental defects and conflicts and, by giving him intimate information about his own life,

1 [See, however, a less optimistic view expressed in Section II of 'Analysis Terminable and Interminable' (1937c). That paper, one of the very last of Freud's writings, touches at many other points (especially in Section VII) on the subject discussed in this and the next paragraph.]
enable him to put himself on an equal footing. One confidence deserves another, and anyone who demands intimacy from someone else must be prepared to give it in return.

But in psycho-analytic relations things often happen differently from what the psychology of consciousness might lead us to expect. Experience does not speak in favour of an affective technique of this kind. Nor is it hard to see that it involves a departure from psycho-analytic principles and verges upon the uncovering of what is unconscious to the patient. It makes him even more incapable of overcoming his deeper resistances, and in severer cases it invariably fails by encouraging the patient to be insatiable: he would like to reverse the situation, to put himself on an equal footing. The resolution of the transference, too—one of the main tasks of the treatment—is made more difficult by an intimate attitude on the doctor's part, so that any gain there may be at the beginning is more than outweighed at the end. I have no hesitation, therefore, in condemning this kind of technique as incorrect. The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him. In practice, it is true, there is nothing to be said against a psychotherapist combining a certain amount of analysis with some suggestive influence in order to achieve a perceptible result in a shorter time—as is necessary, for instance, in institutions. But one has a right to insist that he himself should be in no doubt about what he is doing and should know that his method is that of true psycho-analysis.

Another temptation arises out of the educative activity which, in psycho-analytic treatment, devolves on the doctor without any deliberate intention on his part. When the developmental inhibitions are resolved, it happens of itself that the doctor finds himself in a position to indicate new aims for the trends that have been liberated. It is then no more than a natural ambition if he endeavours to make something specially excellent of a person whom he has been at such pains to free from his neurosis and if he prescribes high aims for his wishes.

(b) Eine andere Versuchung ergibt sich aus der erzieherischen Tätigkeit, die dem Arzte bei der psychoanalytischen Behandlung ohne besonderen Vorsatz zufällt. Bei der Lösung von Entwicklungshemmungen macht er sich von selbst, daß der Arzt in die Lage kommt, den freigewordenen Streubungen neue Ziele anzuweisen. Es ist dann nur ein begreiflicher Ehrgeiz, wenn er sich bemüht, die Person, auf deren Befreiung von der Neurose er soviel Mühe aufgewendet hat, auch zu etwas besonders Werts, wie beispielsweise in seinem Berufe, zu erheben. Aber...
But here again the doctor should hold himself in check, and take the patient's capacities rather than his own desires as guide. Not every neurotic has a high talent for sublimation; one can assume of many of them that they would not have fallen ill at all if they had possessed the art of sublimating their instincts. If we press them unduly towards sublimation and cut them off from the most accessible and convenient instinctual satisfactions, we shall usually make life even harder for them than they feel it in any case. As a doctor, one must above all be tolerant to the weakness of a patient, and must be content if one has won back some degree of capacity for work and enjoyment for a person even of only moderate worth. Educative ambition is of as little use as therapeutic ambition. It must further be borne in mind that many people fall ill precisely from an attempt to sublimate their instincts beyond the degree permitted by their organization and that in those who have a capacity for sublimation the process usually takes place of itself as soon as their inhibitions have been overcome by analysis. In my opinion, therefore, efforts invariably to make use of the analytic treatment to bring about sublimation of instinct are, though no doubt always laudable, far from being in every case advisable.

(i) To what extent should the patient's intellectual co-operation be sought for in the treatment? It is difficult to say anything of general applicability on this point: the patient's personality is the determining factor. But in any case caution and self-restraint must be observed in this connection. It is wrong to set a patient tasks, such as collecting his memories or thinking over some particular period of his life. On the contrary, he has to learn above all—what never comes easily to anyone—that mental activities such as thinking something over or concentrating the attention solve none of the riddles of a neurosis; that can only be done by patiently obeying the psycho-analytic rule, which enjoins the exclusion of all criticism of the unconscious or of its derivatives. One must be especially unyielding about obedience to that rule with patients who practise the art of sheering off into intellectual discussion during their treatment, who speculate a great deal and often very wisely about their condition and in that way avoid doing anything to overcome it. For this reason I dislike making use of analytic

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writings as an assistance to my patients; I require them to learn by personal experience, and I assure them that they will acquire wider and more valuable knowledge than the whole literature of psycho-analysis could teach them. I recognize, however, that under institutional conditions it may be of great advantage to employ reading as a preparation for patients in analysis and as a means of creating an atmosphere of influence.

I must give a most earnest warning against any attempt to gain the confidence or support of parents or relatives by giving them psycho-analytic books to read, whether of an introductory or an advanced kind. This well-meant step usually has the effect of bringing on prematurely the natural opposition of the relatives to the treatment—an opposition which is bound to appear sooner or later—so that the treatment is never even begun.

Let me express a hope that the increasing experience of psycho-analysts will soon lead to agreement on questions of technique and on the most effective method of treating neurotic patients. As regards the treatment of their relatives I must confess myself utterly at a loss, and I have in general little faith in any individual treatment of them.

Die behandlungstechnischen Schriften von 1911 bis 1915 [1914]

Die behandlungstechnischen Schriften von 1911 bis 1915 [1914]

Footnote continued from page 116
ON BEGINNING THE TREATMENT
(FURTHER RECOMMENDATIONS ON THE TECHNIQUE OF PSYCHO-ANALYSIS I)
(1913)

Zur Einleitung der Behandlung
Weitere Ratschläge
dezur Technik der Psychoanalyse I
(1913)
ZUR EINLEITUNG DER BEHANDLUNG

(a) German Editions:
1913 Int. Z. Psychoanal., 1 (1), 1-10 and (2), 139–46.
1924 Technik und Metapsychol., 84–108.
1925 G. S., 6, 84–108.
1931 Neurosenlehre und Technik, 359–85.
1943 G. W., 8, 454–78.

(b) English Translation:
'Further Recommendations in the Technique of Psycho-analysis: On Beginning the Treatment. The Question of the First Communications. The Dynamics of the Cure'
1924 C. P., 2, 342–65. (Tr. Joan Riviere.)

The present translation, with a changed title, is a modified version of the one published in 1924.

This paper was published in two instalments, in January and March, 1913. The first instalment, ending with the words 'with what material is the treatment to begin?' (on p. 134 below), bore the title 'Weitere Ratschläge zur Technik der Psychoanalyse: I. Zur Einleitung der Behandlung'. The second instalment bore the same title, but with the additional words: '—Die Frage der ersten Mitteilungen—Die Dynamik der Heilung.' This full title is the one rendered in the first English translation as given above. All the German editions from 1924 onwards adopted the short title 'Zur Einleitung der Behandlung', without any additions. In the author's original view (as is shown by his manuscript) the paper fell into three sections, corresponding to the title. The first of these, 'On Beginning the Treatment', ends on p. 139, the second, 'The Question of the First Communications', on p. 141, where the third, 'The Dynamics of the Cure', begins.
ON BEGINNING THE TREATMENT
(FURTHER RECOMMENDATIONS ON THE TECHNIQUE OF PSYCHO-ANALYSIS I)

Anyone who hopes to learn the noble game of chess from books will soon discover that only the openings and end-games admit of an exhaustive systematic presentation and that the infinite variety of moves which develop after the opening defy any such description. This gap in instruction can only be filled by a diligent study of games fought out by masters. The rules which can be laid down for the practice of psycho-analytic treatment are subject to similar limitations.

In what follows I shall endeavour to collect together for the use of practising analysts some of the rules for the beginning of the treatment. Among these there are some which may seem to be petty details, as, indeed, they are. Their justification is that they are simply rules of the game which acquire their importance from their relation to the general plan of the game. I think I am well-advised, however, to call these rules 'recommendations' and not to claim any unconditional acceptance for them. The extraordinary diversity of the psychical constellations concerned, the plasticity of all mental processes and the wealth of determining factors oppose any mechanization of the technique; and they bring it about that a course of action that is as a rule justified may at times prove ineffective, whilst one that is usually mistaken may once in a while lead to the desired end. These circumstances, however, do not prevent us from laying down a procedure for the physician which is effective on the average.

Some years ago I set out the most important indications for selecting patients and I shall therefore not repeat them here. They have in the meantime been approved by other psycho-analysts. But I may add that since then I have made it my

1 [In the first edition only, the following footnote appeared at this point: 'Continuation of a series of papers which were published in the Zentralblatt für Psychoanalyse, 2 (3, 4 and 9), ("The Handling of Dream-Interpretation in Psycho-Analysis", "The Dynamics of Transference", and "Recommendations to Physicians Practising Psycho-Analysis.").]

2 'On Psychotherapy' (1905a).

Zur Einleitung der Behandlung
Weitere Ratschläge
zur Technik der Psychoanalyse I

Wer das edle Schachspiel aus Büchern erlernen will, der wird bald erfahren, daß nur die Eröffnungen und Endspiele eine erschöpfende systematische Darstellung gestatten, während die unübersehbaren Mannigfaltigkeit der nach der Eröffnung beginnenden Spiele sich einer solchen versagt. Eifriges Studium von Partien, in denen Meister miteinander gekämpft haben, kann allein die Lücke in der Unterweisung ausfüllen. Ähnlichen Einschränkungen unterliegen wohl die Regeln, die man für die Ausübung der psychoanalytischen Behandlung geben kann.


Die wichtigsten Indikationen für die 'Auswahl den Kranken' habe ich bereits vor Jahren an anderer Stelle angegeben; ich wiederhole sie darum hier nicht; sie haben unterdesselben dem Ärztlichen der Psychoanalytiker gefunden. Ich füge aber hinzu, daß sich mich seither gewöhnt

[Nur in der Erstausgabe findet sich die folgende Anmerkung zum Titel: "Fortsetzung einer Reihe von Abhandlungen, welche im Zentralblatt für Psychoanalyse, II, in Heft 3, 4 und 9 veröffentlicht worden sind; (Die Handhabung der Traumdeutung in der Psychoanalyse. - Zur Dynamik der Übertragung. - Ratschläge für den Arzt bei der psychoanalytischen Behandlung)."

3 Über Psychotherapie, 1905 [e]. [S. im vorliegenden Band S. 115-7]
habit, when I know little about a patient, only to take him on at first provisionally, for a period of one to two weeks. If one breaks off within this period one spares the patient the distressing impression of an attempted cure having failed. One has only been undertaking a ‘sounding’ in order to get to know the case and to decide whether it is a suitable one for psycho-analysis. No other kind of preliminary examination but this procedure is at our disposal; the most lengthy discussions and questionings in ordinary consultations would offer no substitute. This preliminary experiment, however, is itself the beginning of a psycho-analysis and must conform to its rules. There may perhaps be this distinction made, that in it one lets the patient do nearly all the talking and explains nothing more than what is absolutely necessary to get him to go on with what he is saying.

There are also diagnostic reasons for beginning the treatment with a trial period of this sort lasting for one or two weeks. Often enough, when one sees a neurosis with hysterical or obsessional symptoms, which is not excessively marked and has not been in existence for long—just the type of case, that is, that one would regard as suitable for treatment—one has to reckon with the possibility that it may be a preliminary stage of what is known as dementia praecox (‘schizophrenia’, in Bleuler’s terminology; ‘paraphrenia’, as I have proposed to call it), and that sooner or later it will show a well-marked picture of that affection. I do not agree that it is always possible to make the distinction so easily. I am aware that there are psychiatrists who hesitate less often in their differential diagnosis, but I have become convinced that just as often they make mistakes. To make a mistake, moreover, is of far greater moment for the psycho-analyst than it is for the clinical psychiatrist, as he is called. For the latter is not attempting to do anything that will be of use, whichever kind of case it may be. He merely runs the risk of making a theoretical mistake, and his diagnosis is of no more than academic interest. Where the psycho-analyst is concerned, however, if the case is unfavourable he has committed a practical error; he has been responsible for wasted expenditure and has discredited his method of treatment. He cannot fulfil his promise of cure if the patient is suffering, not from hysteria or obsessional neurosis, but from paraphrenia, and he therefore has particularly strong

1 [See above, footnote 1, p. 76.]
motives for avoiding mistakes in diagnosis. In an experimental treatment of a few weeks he will often observe suspicious signs which may determine him not to pursue the attempt any further. Unfortunately I cannot assert that an attempt of this kind always enables us to arrive at a certain decision; it is only one wise precaution the more.\(^1\)

Lengthy preliminary discussions before the beginning of the analytic treatment, previous treatment by another method and also previous acquaintance between the doctor and the patient who is to be analysed, have special disadvantageous consequences for which one must be prepared. They result in the patient's meeting the doctor with a transference attitude which is already established and which the doctor must first slowly uncover instead of having the opportunity to observe the growth and development of the transference from the outset. In this way the patient gains a temporary start upon us which we do not willingly grant him in the treatment.

One must mistrust all prospective patients who want to make a delay before beginning their treatment. Experience shows that when the time agreed upon has arrived they fail to put in an appearance, even though the motive for the delay—i.e. their rationalization of their intention—seems to the uninitiated to be above suspicion.

Special difficulties arise when the analyst and his new patient or their families are on terms of friendship or have social ties with one another. The psycho-analyist who is asked to undertake the treatment of the wife or child of a friend must be prepared for it to cost him that friendship, no matter what the outcome of the treatment may be: nevertheless he must make the sacrifice if he cannot find a trustworthy substitute.

Both lay public and doctors—still ready to confuse psychoanalysis with treatment by suggestion—are inclined to attribute
\(^1\) There is a great deal to be said about this uncertainty in diagnosis, about the prospects of success in analysing mild forms of paraphrenia and about the reasons for the similarity between the two disorders; but I cannot enlarge on these subjects in the present context. I should be glad to follow Jung in contrasting hysteria and obsessional neurosis as 'transference neuroses' with the paraphrenic affections as 'introversion neuroses', if it were not that such a usage would deprive the concept of 'introversion' (of the libido) of its sole legitimate meaning. [C.f. footnote 1, p. 102.]

ors starke Motive, den diagnostischen Irrtum zu vermeiden. In einer Probebehandlung von einigen Wochen wird er oft verdächtige Wahrnehmungen machen, die ihn bestimmen, können, den Versuch nicht weiter fortzusetzen. Ich kann leider nicht behaupten, daß ein solcher Versuch regelmäßig eine sichere Entscheidung ermöglicht; es ist nur eine gute Vorsicht mehr.\(^1\)


Gegen alle die, welche die Kur mit einem Aufschub beginnen wollen, sei man misstrauisch. Die Erfahrung zeigt, daß sie nach Ablauf der vereinbarten Frist nicht eintreffen, auch wenn die Motivation dieses Aufschubes, also die Rationalisierung des Vorsatzes, dem Uneingeweihten tadelloserweise ergebe.\(^1\)

Besondere Schwierigkeiten ergeben sich, wenn zwischen dem Arzte und dem in die Analyse eintretenden Patienten, oder deren Familienfreundschaftliche oder gesellschaftliche Beziehungen bestanden haben. Der Psychoanalytiker, von dem verlangt wird, daß er die Ehefrau oder das Kind eines Freundes in Behandlung nehme, darf sich darauf vorbereiten, daß ihm das Unternehmen, wie immer es ausgehe, die Freundschaft kosten wird. Er muß doch das Opfer bringen, wenn er nicht einen traurigen Vertrager stellen kann.

Laien wie Ärzte, welche die Psychoanalyse immer noch gemäß einer Suggestivbehandlung verwechseln, pflegen hohen Wurf auf die Erwar-\(^1\) Über das Thema dieser diagnostischen Unsicherheit, über die Chancen der Analyse bei leichten Formen von Paraphrenie und über die Begründung der Ähnlichkeit beider Affektionen wäre sehr viel zu sagen, was ich in diesem Zusammenhang nicht ausführen kann. Gern würde ich nach Jung Vorgang Hysterie und Zwangsnervose als Übertragungsreaktion, den paraphrenischen Affektionen als Interintroversionen gegenüberstellen, wenn bei diesem Gebrauch der Begriff der Interintroversion (der Libido) nicht seinem einzig berechtigten Sinne entsprechen würde. [Vgl. Zur Dynamik der Übertragung (1912 b), oben, S. 361, Anm. 3.]}
great importance to the expectations which the patient brings to the new treatment. They often believe in the case of one patient that he will not give much trouble, because he has great confidence in psycho-analysis and is fully convinced of its truth and efficacy; whereas in the case of another, they think that he will undoubtedly prove more difficult, because he has a sceptical outlook and will not believe anything until he has experienced its successful results on his own person. Actually, however, this attitude on the part of the patient has very little importance. His initial trust or distrust is almost negligible compared with the internal resistances which hold the neurosis firmly in place. It is true that the patient’s happy trustfulness makes our earliest relationship with him a very pleasant one; we are grateful to him for that, but we warn him that his favourable prepossessions will be shattered by the first difficulty that arises in the analysis. To the sceptic we say that the analysis requires no faith, that he may be as critical and suspicious as he pleases and that we do not regard his attitude as the effect of his judgement at all, for he is not in a position to form a reliable judgement on these matters; his distrust is only a symptom like his other symptoms and it will not be an interference, provided he conscientiously carries out what the rule of the treatment requires of him.

No one who is familiar with the nature of neurosis will be astonished to hear that even a man who is very well able to carry out an analysis on other people can behave like any other mortal and be capable of producing the most intense resistances as soon as he himself becomes the object of analytic investigation. When this happens we are once again reminded of the dimension of depth in the mind, and it does not surprise us to find that the neurosis has its roots in psychical strata to which an intellectual knowledge of analysis has not penetrated.

Points of importance at the beginning of the analysis are arrangements about time and money.

In regard to time, I adhere strictly to the principle of leasing a definite hour. Each patient is allotted a particular hour of my available working day; it belongs to him and he is liable for it, even if he does not make use of it. This arrangement, which is taken as a matter of course for teachers of music or languages in good society, may perhaps seem too rigorous in a doctor, or even unworthy of his profession. There
will be an inclination to point to the many accidents which
may prevent the patient from attending every day at the same
hour and it will be expected that some allowance shall be made
for the numerous intercurrent ailments which may occur in the
course of a longish analytic treatment. But my answer is: no
other way is practicable. Under a less stringent régime the
‗occasional‘ non-attendances increase so greatly that the doctor
finds his material existence threatened; whereas when the
arrangement is adhered to, it turns out that accidental hindrances
do not occur at all and intercurrent illnesses only very
seldom. The analyst is hardly ever put in the position of enjoying
a leisure hour which he is paid for and would be ashamed of;
and he can continue his work without interruptions, and is
spared the distressing and bewildering experience of finding
that a break for which he cannot blame himself is always bound
to happen just when the work promises to be especially im-
portant and rich in content. Nothing brings home to one so
strongly the significance of the psychogenic factor in the daily
life of men, the frequency of malingering and the non-existence
of chance, as a few years‘ practice of psycho-analysis on the
strict principle of leasing by the hour. In cases of undoubted
organic illnesses, which, after all, cannot be excluded by the
patient‘ s having a psychical interest in attending, I break off
the treatment, consider myself entitled to dispose elsewhere of
the hour which becomes free, and take the patient back again
as soon as he has recovered and I have another hour vacant.

I work with my patients every day except on Sundays and
public holidays—that is, as a rule, six days a week. For slight
cases or the continuation of a treatment which is already well
advanced, three days a week will be enough. Any restrictions
of time beyond this bring no advantage either to the doctor or
the patient; and at the beginning of an analysis they are quite
out of the question. Even short interruptions have a slightly
obscuring effect on the work. We used to speak jokingly of the
‗Monday crust‘ when we began work again after the rest on
Sunday. When the hours of work are less frequent, there is a
risk of not being able to keep pace with the patient‘ s real life
and of the treatment losing contact with the present and being
forced into by-paths. Occasionally, too, one comes across
patients to whom one must give more than the average time of
one hour a day, because the best part of an hour is gone

\begin{align*}
\text{(1) On Beginning the Treatment} &
\end{align*}
before they begin to open up and to become communicative at all.

An unwelcome question which the patient asks the doctor at the outset is: 'How long will the treatment take? How much time will you need to relieve me of my trouble?' If one has proposed a trial treatment of a few weeks one can avoid giving a direct answer to this question by promising to make a more reliable pronouncement at the end of the trial period. Our answer is like the answer given by the Philosopher to the Wayfarer in Aesop's fable. When the Wayfarer asked how long a journey lay ahead, the Philosopher merely answered 'Walk!' and afterwards explained his apparently unhelpful reply on the ground that he must know the length of the Wayfarer's stride before he could tell how long his journey would take. This expedient helps one over the first difficulties; but the comparison is not a good one, for the neurotic can easily alter his pace and may at times make only very slow progress. In point of fact, the question as to the probable duration of a treatment is almost unanswerable.

As the combined result of lack of insight on the part of patients and disingenuousness on the part of doctors, analysis finds itself expected to fulfil the most boundless demands, and that in the shortest time. Let me, as an example, give some details from a letter which I received a few days ago from a lady in Russia. She is 53 years old, her illness began twenty-three years ago and for the last ten years she has no longer been able to do any continuous work. 'Treatment in a number of institutions for nervous cases' have not succeeded in making an 'active life' possible for her. She hopes to be completely cured by psycho-analysis, which she has read about, but her illness has already cost her family so much money that she cannot manage to come to Vienna for longer than six weeks or two months. Another added difficulty is that she wishes from the very start to 'explain' herself in writing only, since any discussion of her complexes would cause an explosion of feeling in her or 'render her temporarily unable to speak'.—No one would expect a man to lift a heavy table with two fingers as if it were a light stool, or to build a large house in the time it

1. [This sentence has been slightly expanded in translation for the sake of clarity.]
2. [In the editions before 1925 this read '33'.]

1. [In den Ausgaben vor 1925 steht hier '33'.]
would take to put up a wooden hut; but as soon as it becomes a question of the neuroses—which do not seem so far to have found a proper place in human thought—even intelligent people forget that a necessary proportion must be observed between time, work and success. This, incidentally, is an understandable result of the deep ignorance which prevails about the aetiology of the neuroses. Thanks to this ignorance, neurosis is looked on as a kind of 'maiden from afar'.

Doctors lend support to these fond hopes. Even the informed among them often fail to estimate properly the severity of nervous disorders. A friend and colleague of mine, to whose great credit I account it that after several decades of scientific work on other principles he became converted to the merits of psycho-analysis, once wrote to me: 'What we need is a short, convenient, out-patient treatment for obsessionnal neurosis.' I could not supply him with it and felt ashamed; so I tried to excuse myself with the remark that specialists in internal diseases, too, would probably be very glad of a treatment for tuberculosis or carcinoma which combined these advantages.

To speak more plainly, psycho-analysis is always a matter of long periods of time, of half a year or whole years—of longer periods than the patient expects. It is therefore our duty to tell the patient this before he finally decides upon the treatment. I consider it altogether more honourable, and also more expedient, to draw his attention—without trying to frighten him off, but at the very beginning—to the difficulties and sacrifices which analytic treatment involves, and in this way to deprive him of any right to say later on that he has been inveigled into a treatment whose extent and implications he did not realize. A patient who lets himself be dissuaded by this information would in any case have shown himself unsuitable later on. It is a good thing to institute a selection of this kind before the beginning of the treatment. With the progress of understanding among patients the number of those who successfully meet this first test increases.

I do not bind patients to continue the treatment for a certain length of time; I allow each one to break off whenever he likes. But I do not hide it from him that if the treatment is stopped after only a small amount of work has been done it will not be

1 [An allusion to Schiller's poem 'Das Mädchen aus der Fremde'.]

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Zur Einleitung der Behandlung:

bauen könne wie ein Holzhütchen, doch sowie es sich um die Neurosen handelt, die in den Zusammenhang des menschlichen Denkens derzeit noch nicht eingereiht scheinen, ver- gessen selbst intelligente Personen an die notwendige Proportionalität zwischen Zeit, Arbeit und Erfolg. Übrigens eine begreifliche Folge der tiefen Unwissenheit über die Aetiology der Neurosen. Dank dieser Ignoranz ist ihnen die Neurose eine Art 'Mädchen aus der Fremde'. Man wußte nicht, woher sie kam, und darum erwartet man, daß sie eines Tages verschwinden sein wird.


Um es direkter zu sagen, es handelt sich bei der Psychoanalyse immer um lange Zeiträume, halbe oder ganze Jahre, um längere, als der Er- warten des Kranken entspricht. Man hat daher die Verpflichtung, dem Kranken diesen Sachverhalt zu eröffnen, ehe er sich endgültig für die Behandlung entschließt: Ich halte es überhaupt für würdiger, aber auch für zweckmäßiger, wenn man ihn, ohne gerade auf seine Abschreckung, hinzuarbeiten, doch von vornherein auf die Schwierigkeiten und Opfer, der analytischen Therapie aufmerksam macht und ihm so jede Berech- nung nimmt, später einmal zu behaupten, man habe ihn in die Behand- lung, deren Umfang und Bedeutung er nicht gekannt habe, gelockt. Wer sich durch solche Mitteilungen abhält, der hätte sich später doch als unbrauchbar erwiesen: Es ist gut, eine derartige Auswahl vor dem Beginne der Behandlung vorzunehmen: Mit dem Fortschritte der Auf- klärung unter den Kranken wächst doch die Zahl derjenigen, welche diese erste Probe bestehen.

Ich lehne es ab, die Patienten auf eine gewisse Dauer des Ausharrens in der Behandlung zu verpflichten, gestatte jedem... die Kur abzubrechen, wenn es ihm beliebt, verhehle ihm aber nicht, daß ein Abruß nach kurzer Arbeit keinen Erfolg zurücklassen wird und ihn leicht, wie eine

1 [Anspielung auf Schiller's Gedicht 'Das Mädchen aus der Fremde.']
unvollendete Operation in einen unbefriedigenden Zustand versetzen kann. In den ersten Jahren meiner psychoanalytischen Tätigkeit fand ich die größte Schwierigkeit, die Kranken zum Verbleiben zu bewegen; diese Schwierigkeit hat sich längst verschoben, ich muß jetzt ängstlich bemüht sein, sie auch zum Aufhören zu nötigen.

Die Abkürzung der analytischen Kur bleibt ein berechtigter Wunsch, dessen Erfüllung, wie wir hören werden, auf verschiedenen Wegen angestrebt wird. Es steht ihr leider ein sehr bedeutendes Moment entgegen; die Langsamkeit, mit der sich tiefgreifende seelische Veränderungen vollziehen, in letzter Linie wohl die ›Zeitlosigkeit‹ unserer unbehinderten Vorgänge. Wenn die Kranken vor die Schwierigkeit des großen Zeitaufwandes für die Analyse gestellt werden, so wissen sie nicht selten ein gewisses Auskunftsmittel vorzuschlagen. Sie teilen ihre Beschwerden in solche ein, die sie als unerträglich, und andere, die sie als nebensächlich beschreiben, und sagen: »Wenn Sie mich nur von dem einen (zum Beispiel dem Kopfschmerz, der bestimmten Angriff) befreien, dem anderen will ich schon selbst im Leben fertig werden.« Sie übersehen dabei aber die elektive Macht der Analyse. Gewiß vermag der analytische Arzt viel, aber er kann nicht genau bestimmen, was er zustande bringen wird. Er leitet einen Prozeß ein, den der Ablauf der bestehenden Verdrängungen, er kann ihn überwachen, fördern, Hinderungen aus dem Wege räumen, gewiß auch viel an ihm verändern. Im ganzen aber geht der einmal eingeleitete Prozeß seinen eigenen Weg und läßt sich weder seine Richtung noch die Reihenfolge der Punkte, die er angreift, vorsprechen. Mit der Macht des Analytikers über die Krankheitserscheinungen steht es also ungefähr so wie mit der mündlichen Potenz. Der kräftigste Mann kann zwar ein ganzes Kind zeugen, aber nicht im weiblichen Organismus einen Kopf allein, einen Arm oder ein Bein entstehen lassen; er kann nicht einmal über das Geschlecht des Kindes bestimmen. Er leitet eben auch nur einen höchst verwirklichten und durch alte Geschehnisse determinierten Prozeß ein, der mit der Lösung des Kindes von der Mutter endet. Auch die Neurose eines Menschen besitzt die Charaktere eines Organismus, ihre Erscheinungen sind nicht unabhängig voneinander, sie bedingen einander, pflegen sich gegenseitig zu stützen; man leidet immer nur an einer Neurose, nicht an mehreren, die zufällig in einem Individuum zusammengetroffen sind. Der Kranke, den man nach seinem Wunsche von dem einen unerträg-

1 [Vgl. ›Das Unbewusste‹ (1915), Studienausgabe, Bd. 3, S. 146 und Anm. 1.

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The next point that must be decided at the beginning of the treatment is the one of money, of the doctor's fee. An analyst does not dispute that money is to be regarded in the first instance as a medium for self-preservation and for obtaining power; but he maintains that, besides this, powerful sexual factors are involved in the value set upon it. He can point out that money matters are treated by civilized people in the same way as sexual matters—with the same inconsistency, prudishness and hypocrisy. The analyst is therefore determined from the beginning not to allow large sums of money to accumulate, but to ask for payment at fairly short regular intervals—monthly, perhaps. (It is a familiar fact that the value of the treatment is not enhanced in the patient's eyes if a very low fee is asked.) This is, of course, not the usual practice of nerve specialists or other physicians in our European society. But the psycho-analyst may put himself in the position of a surgeon, who is frank and expensive because he has at his disposal methods of treatment which can be of use. It seems to me more respectable and ethically less objectionable to acknowledge one's actual claims and needs rather than, as is still the practice among physicians, to act the part of the disinterested philanthropist—a position which one is not, in fact, able to fill, with

the result that one is secretly aggrieved, or complains aloud, at
the lack of consideration and the desire for exploitation evinced
by one's patients. In fixing his fee the analyst must also allow
for the fact that, hard as he may work, he can never earn as
much as other medical specialists.

For the same reason he should also refrain from giving treat-
ment free, and make no exceptions to this in favour of his
colleagues or their families. This last recommendation will seem
to offend against professional amenities. It must be remembered,
however, that a gratuitous treatment means much more to a
psycho-analyst than to any other medical man; it means the
sacrifice of a considerable portion—an eighth or a seventh part,
perhaps—of the working time available to him for earning his
living, over a period of many months. A second free treatment
carried on at the same time would already deprive him of a
quarter or a third of his earning capacity, and this would be
comparable to the damage inflicted by a severe accident.

The question then arises whether the advantage gained by
the patient would not to some extent counterbalance the
sacrifice made by the physician. I may venture to form a
judgement about this, since for ten years or so I set aside one
hour a day, and sometimes two, for gratuitous treatments,
because I wanted, in order to find my way about in the
neuroses, to work in the face of as little resistance as possible.
The advantages I sought by this means were not forthcoming.
Free treatment enormously increases some of a neurotic's
resistances—in young women, for instance, the temptation
which is inherent in their transference-relation, and in young
men, their opposition to an obligation to feel grateful, an
opposition which arises from their father-complex and which
presents one of the most troublesome hindrances to the accep-
tance of medical help. The absence of the regulating effect
offered by the payment of a fee to the doctor makes itself very
painfully felt; the whole relationship is removed from the real
world, and the patient is deprived of a strong motive for
endeavouring to bring the treatment to an end.

One may be very far from the ascetic view of money as a
curse and yet regret that analytic therapy is almost inaccessible
to poor people, both for external and internal reasons. Little
can be done to remedy this. Perhaps there is truth in the wide-
spread belief that those who are forced by necessity to a life of
doch versagt ist, und sich dafür im stillen über die Rücksichtslosigkeit
und die Ausbeutungssucht der Patienten zu grümen oder laut darüber
zu schimpfen. Der Analytiker wird für seinen Anspruch auf Bezahlung
noch geltend machen, daß er bei schwerer Arbeit so viel erwerben
kann wie andere medizinische Spezialisten.

Auch aus denselben Gründen wird es ihm auch ablehnen dürfen, ohne Honorar
zu behandeln, und auch zugunsten der Kollegen oder ihrer Angehörigen
keine Ausnahme machen. Die letzte Forderung scheint gegen die ärzt-
liche Kollegialität zu verstossen; man halte sich aber vor, daß eine Gra-
tisbehandlung für den Psychoanalytiker weit mehr bedeutet als für
den anderen, nämlich die Entziehung eines ansehnlichen Bruchteils
seiner für den Erwerb verfügbaren Arbeitszeit (eines Achttels, Sieben-
tels u. dgl.) auf die Dauer von vielen Monaten. Eine gleichzeitige zweite
Gratistherapie raubt ihm bereits ein Viertel oder Drittel seiner
Erwerbsfähigkeit, was der Wirkung eines schweren traumatischen Unfalles
gleichzusetzen wäre.

Es fragt sich dann, ob der Vorteil für den Kranken das Opfer des Arztes
einermaßen aufgewogen. Ich darf mir wohl ein Urteil darüber zuutrauen,
denn ich habe durch etwa zehn Jahre täglich eine Stunde, zeitweise auch
zwei, Gratistherapien gewidmet, weil ich zum Zwecke der Orientie-
rung in der Neurose möglichst, widerstandslos arbeiten wollte. Ich
fand dabei die Vorteile nicht, die ich suchte. Manche der Widerstände
des Neurotikers werden durch die Gratistherapie enorm gesteigert,
so beim jungen Weihe die Versuchung, die in der Übertragungsbezie-
hung enthalten ist, beim jungen Manne das aus dem Vaterkomplex
stammende Sträuben gegen die Verpflanzung der Dankbarkeit, das zu
den widrigsten Erschwerungen der ärztlichen Hilfeleistung gehört. Der
Wegfall der Regulierung, die doch durch die Bezahlung an den Arzt
gegangen ist, macht sich sehr peinlich fühlerbar; das ganze Verhältnis rückt
aus der realen Welt heraus; ein gutes Motiv, die Beendigung der Kur
anzutreiben, wird dem Patienten entzogen.

Man kann der asketischen Verdammung des Geldes ganz fernestehen
und darf es doch bedauern, daß die analytische Therapie aus äußerer
wie aus inneren Gründen den Armen fast unzugänglich ist. Es ist wenig
dagegen zu tun. Vielleicht hat die viel verbreitete Behauptung recht,
dafür der weniger leicht der Neurose verfällt, wer durch die Not des
ON BEGINNING THE TREATMENT

(1) hard toil are less easily overtaken by neurosis. But on the other hand experience shows without a doubt that when once a poor man has produced a neurosis it is only with difficulty that he lets it be taken from him. It renders him too good a service in the struggle for existence; the secondary gain from illness which it brings him is much too important. He now claims by right of his neurosis the pity which the world has refused to his material distress, and he can now absolve himself from the obligation of combating his poverty by working. Anyone therefore who tries to deal with the neurosis of a poor person by psychotherapy usually discovers that what is here required of him is a practical therapy of a very different kind—the kind which, according to our local tradition, used to be dispensed by the Emperor Joseph II. Naturally, one does occasionally come across deserving people who are helpless from no fault of their own, in whom unpaid treatment does not meet with any of the obstacles that I have mentioned and in whom it leads to excellent results.

As far as the middle classes are concerned, the expense involved in psycho-analysis is excessive only in appearance. Quite apart from the fact that no comparison is possible between restored health and efficiency on the one hand and a moderate financial outlay on the other, when we add up the unceasing costs of nursing-homes and medical treatment and contrast them with the increase of efficiency and earning capacity which results from a successfully completed analysis, we are entitled to say that the patients have made a good bargain. Nothing in life is so expensive as illness—and stupidity.

Before I wind up these remarks on beginning analytic treatment, I must say a word about a certain ceremonial which concerns the position in which the treatment is carried out. I hold to the plan of getting the patient to lie on a sofa while I sit behind him out of his sight. This arrangement has a historical basis; it is the remnant of the hypnotic method out of which psycho-analysis was evolved. But it deserves to be maintained


Ehe ich diese Bemerkungen zur Einleitung der analytischen Behandlung beschließe, noch ein Wort über ein gewisses Zeremoniell der Situation, in welcher die Kur ausgeführt wird. Ich halte an dem Rause fest, den Kranken auf einem Ruhbetten lagern zu lassen, während man hinter ihm, von ihm ungeschienen, Platz nimmt. Diese Veranstaltung hat einen historischen Sinn; sie ist der Rest der hypnotischen Behandlung, aus welcher sich die Psychoanalyse entwickelt hat. Sie verdient aber aus mehreren Gründen die Beachtung.

[The idea of a secondary gain from illness occurs in Section B of the paper on hysterical attacks (1909a), though the actual phrase seems to be used for the first time here. For a fuller discussion see a footnote added by Freud in 1923 to the 'Dora' case history (1905a), Standard Ed., 7, 43.]

[1] [Der Gedanke des sekundären Krankheitsgewinns taucht bereits in Abschnitt B der Schrift über den hysterischen Anfall (1909a), Studiengänge, Bd. 6, S. 201, auf; der Ausdruck selbst scheint aber erstmal hier benutzt zu werden. Für eine ausführlichere Diskussion einer Anmerkung, die Freud 1923 der Falldarstellung der 'Dora' (1905a), Studiengänge, Bd. 6, S. 118-9, Anm. 1, hinzugefügt hat.]

[1] [Vgl. eine editorische Anmerkung zu 'Weg der psychoanalytischen Therapie' (1919a), S. 249, Anm. 2, unten.]
for many reasons. The first is a personal motive, but one which others may share with me. I cannot put up with being stared at by other people for eight hours a day (or more). Since, while I am listening to the patient, I, too, give myself over to the current of my unconscious thoughts, I do not wish my expressions of face to give the patient material for interpretations or to influence him in what he tells me. The patient usually regards the material as the patient's life-history or the history of his illness or his recollections of childhood. But in any case the patient must be left to do the talking and must be free to choose at what point he shall begin. We therefore say to him: 'Before I can say anything to you I must know a great deal about you; please tell me what you know about yourself.'

The only exception to this is in regard to the fundamental rule of psycho-analytic technique which the patient has to observe. This must be imparted to him at the very beginning: 'One more thing before you start. What you tell me must differ in one respect from an ordinary conversation. Ordinarily you rightly try to keep a connecting thread running through your remarks and you exclude any intrusive ideas that may occur to you and any side-issues, so as not to wander too far from the point. But in this case you must proceed differently. You will

1 [See footnote 2, p. 107.]

Es ist im ganzen gleichgültig, mit welchem Stoffe man die Behandlung beginnt, ob mit der Lebensgeschichte, der Krankengeschichte oder den Kindheitserinnerungen des Patienten. Jedenfalls aber so, daß man den Patienten erzählen läßt und ihm die Wahl des Anfangspunktes freistellt. Man sagt ihm also: Ehe ich Ihnen etwas sagen kann, muß ich viel über Sie erfahren haben; bitte, teilen Sie mir mit, was Sie von sich wissen.»


1 [S. Anm. 1, S. 167, oben.]
notice that as you relate things various thoughts will occur to you which you would like to put aside on the ground of certain criticisms and objections. You will be tempted to say to yourself that this or that is irrelevant here, or is quite unimportant, or nonsensical, so that there is no need to say it. You must never give in to these criticisms, but must say it in spite of them—indeed, you must say it precisely because you feel an aversion to doing so. Later on you will find out and learn to understand the reason for this injunction, which is really the only one you have to follow. So say whatever goes through your mind. Act as though, for instance, you were a traveller sitting next to the window of a railway carriage and describing to someone inside the carriage the changing views which you see outside. Finally, never forget that you have promised to be absolutely honest, and never leave anything out because, for some reason or other, it is unpleasant to tell it.  

1 Much might be said about our experiences with the fundamental rule of psycho-analysis. One occasionally comes across people who behave as if they had made this rule for themselves. Others offend against it from the very beginning. It is indispensable, and also advantageous, to lay down the rule in the first stages of the treatment. Later, under the dominance of the resistances, obedience to it weakens, and there comes a time in every analysis when the patient disregards it. We must remember from our own self-analysis how irresistible the temptation is to yield to these pretexts put forward by critical judgement for rejecting certain ideas. How small is the effect of such agreements as one makes with the patient in laying down the fundamental rule is regularly demonstrated when something intimate about a third person comes up in his mind for the first time. He knows that he is supposed to say everything, but he turns discretion about other people into a new obstacle. 'Must I really say everything? I thought that only applied to things that concern myself.' It is naturally impossible to carry out analysis if the patient's relations with other people and his thoughts about them are excluded. *Pour faire une omelette il faut casser des œufs.* An honourable man readily forgets such of the private affairs of strangers as do not seem to him important to know. Nor can an exception be made in the case of names. Otherwise the patient's narratives became a little shadowy, like the scenes in Goethe's play *Die natürliche Tochter* [*The Natural Daughter*], and do not lodge in the doctor's memory. Moreover, the names that are withheld screen the approach to all sorts of important connections. But one may perhaps allow names to be left on one side until the patient has become more familiar with the doctor and the procedure of analysis. It is very remarkable how the whole task becomes impossible if a reservation is allowed at any single place. But we have only to reflect what would happen if the right of asylum existed at any one point in a town;
Patients who date their illness from a particular moment usually concentrate upon its precipitating cause. Others, who themselves recognize the connection between their neurosis and their childhood, often begin with an account of their whole life-history. A systematic narrative should never be expected and nothing should be done to encourage it. Every detail of the story will have to be told afresh later on, and it is only with these repetitions that additional material will appear which will supply the important connections that are unknown to the patient.

There are patients who from the very first hours carefully prepare what they are going to communicate, ostensibly so as to be sure of making better use of the time devoted to the treatment. What is thus disguising itself as eagerness is resistance. Any preparation of this sort should be disrecommended, for it is only employed to guard against unwelcome thoughts cropping up. However genuinely the patient may believe in his excellent intentions, the resistance will play its part in this deliberate method of preparation and will see to it that the most valuable material escapes communication. One will soon find that the patient devises yet other means by which what is required may be withheld from the treatment. He may talk over the treatment every day with some intimate friend, and bring into this discussion all the thoughts which should come forward in the presence of the doctor. The treatment thus has a leak which lets through precisely what is most valuable. When this happens, the patient must, without much delay, be advised to treat his analysis as a matter between himself and his doctor and to exclude everyone else from sharing in the knowledge of it, no matter how close to him they may be, or how inquisitive. In later stages of the treatment the patient is usually not subject to temptations of this sort.

Certain patients want their treatment to be kept secret, often because they have kept their neurosis secret; and I put no how long would it be before all the riff-raff of the town had collected there? I once treated a high official who was bound by his oath of office not to communicate certain things because they were state secrets, and the analysis came to grief as a consequence of this restriction. Psychoanalytic treatment must have no regard for any consideration, because the neurosis and its resistances are themselves without any such regard.

1 Exceptions may be made only for such data as family relationships, times and places of residence, operations, and so on.
obstacle in their way. That in consequence the world hears nothing of some of the most successful cures is, of course, a consideration that cannot be taken into account. It is obvious that a patient’s decision in favour of secrecy already reveals a feature of his secret history.

In advising the patient at the beginning of the treatment to tell as few people as possible about it, we also protect him to some extent from the many hostile influences that will seek to entice him away from analysis. Such influences may be very mischievous at the outset of the treatment; later, they are usually immaterial, or even useful in bringing to the fore resistances which are trying to conceal themselves.

If during the course of the analysis the patient should temporarily need some other medical or specialist treatment, it is far wiser to call in a non-analytic colleague than to give this other treatment oneself. Combined treatments for neurotic disorders which have a powerful organic basis are nearly always impracticable. The patients withdraw their interest from analysis as soon as they are shown more than one path that promises to lead them to health. The best plan is to postpone the organic treatment until the psychical treatment is finished; if the former were tried first it would in most cases meet with no success.

To return to the beginning of the treatment. Patients are occasionally met with who start the treatment by assuring us that they cannot think of anything to say, although the whole field of their life-history and the story of their illness is open to them to choose from. Their request that we should tell them what to talk about must not be granted on this first occasion if we wish to take the patient's interest from analysis and assure us of the reality of the process. Energetic and repeated assurances to the patient that it is impossible for no ideas at all to occur to him at the beginning, and that what is in

1 [Compare this with Freud’s own experiences in his very earliest cases as described in Studies on Hysteria (1895d), e.g. Standard Ed., 2, 50 and 138.]

2 [This technical problem is already discussed by Freud in the last pages of his contribution to Studies on Hysteria, ibid., 301–4.]

3 F. XII—K


Wenn man den Kranken einschärft, zu Beginn ihrer Behandlung möglichst wenig Personen zu Mitwissern zu machen, so schützt man sie dadurch auch einigermassen vor den vielen feindseligen Einflüssen, die es versuchen werden, sie der Analyse abzuprobieren. Solche Beeinflussungen können zu Anfang der Kur verderblich werden. Späterhin sind sie meist gleichgültig oder selbst nützlich, um Widerstände, die sich verbergen wollen, zum Vorschein zu bringen.

Bedarf der Patienten während der analytischen Behandlung vorübergehend einer anderen, internen oder spezialistischen Therapie, so ist es vorteilhaft, eine nicht-analytische Kollegen in Anspruch zu nehmen, als diese andere Hilfeleistung selbst zu besorgen. Kombinierte Behandlungen wegen neurotischer Leiden mit starker organischer Anlehnung sind meist unbedingt erforderlich. Die Patienten lenken ihr Interesse von der Analyse ab, so man ihnen mehr als einen Weg zeigt, der zur Heilung führen soll. Am besten schiebt man die organische Behandlung bis nach Abschluß der psychischen auf; würde man die erstere voranschicken, so bliebe sie in den meisten Fällen erfolglos.

Kehren wir zur Einleitung der Behandlung zurück. Man wird gelegentlich Patienten begegnen, die ihre Kur mit der ablehnenden Versicherung eingeleiten beginnen, daß ihnen nichts einfalle, was sie erzählen könnten, obwohl das ganze Gebiet der Lebens- und Krankheitsgeschichte unberührt vor ihnen liegt. Auf die Bitte, ihnen doch anzugeben, worauf sie sprechen sollen, gehe man nicht ein, dieses erste Mal sowenig wie später. Man halte sich vor, womit man es in solchen Fällen zu tun hätte. Ein starker Widerstand ist da in der Kur gerügt, um die Neurose zu verteidigen; man nehme die Herausforderung sofort an und richte ihm an dem Leib. Die energisch wiederholte Versicherung, daß es solches Ausbleiben aller Einfälle zu Anfang nicht gibt und daß es sich um einen
question is a resistance against the analysis, soon oblige him to make the expected admissions or to uncover a first piece of his complexes. It is a bad sign if he has to confess that while he was listening to the fundamental rule of analysis he made a mental reservation that he would nevertheless keep this or that to himself; it is not so serious if all he has to tell us is how mistrustful he is of analysis or the horrifying things he has heard about it. If he denies these and similar possibilities when they are put before him, he can be driven by our insistence to acknowledge that he has nevertheless overlooked certain thoughts which were occupying his mind. He had thought of the treatment itself, though nothing definite about it, or he had been occupied with the picture of the room in which he was, or he could not help thinking of the objects in the consulting room and of the fact that he was lying here on a sofa—all of which he has replaced by the word 'nothing'. These indications are intelligible enough: everything connected with the present situation represents a transference to the doctor, which proves suitable to serve as a first resistance. We are thus obliged to begin by uncovering this transference; and a path from it will give rapid access to the patient's pathogenic material. Women who are the most apt thus to withhold the ideas that occur to them with exquisite aesthetic sensibilities will with greatest interest and may betray a resistance against the treatment itself; it is not so serious if all he has to tell us is how

The patient's first symptoms or chance actions, like his first resistance, may possess a special interest and may betray a complex which governs his neurosis. A clever young philosopher with exquisite aesthetic sensibilities will hasten to put the creases of his trousers straight before lying down for his first hour; he is revealing himself as a former coprophile of the highest refinement—which was to be expected from the later aesthete. A young girl will at the same juncture hurriedly pull the hem of her skirt over her exposed ankles; in doing this she is giving away the gist of what her analysis will uncover later: her narcissistic pride in her physical beauty and her inclinations to exhibitionism.

1 [Cf. 'The Dynamics of Transference', p. 101 f. above.—In a footnote to Chapter X of Group Psychology (1921a), Standard Ed., 18, 126, Freud draws attention to the similarity between this situation and certain hypnotic techniques.]
A particularly large number of patients object to being asked to lie down, while the doctor sits out of sight behind them. They ask to be allowed to go through the treatment in some other position, for the most part because they are anxious not to be deprived of a view of the doctor. Permission is regularly refused, but one cannot prevent them from contriving to say a few sentences before the beginning of the actual 'session' or after one has signified that it is finished and they have got up from the sofa. In this way they divide the treatment in their own view into an official portion, in which they mostly behave in a very inhibited manner, and an informal 'friendly' portion, in which they speak really freely and say all sorts of things which they themselves do not regard as being part of the treatment. The doctor does not accept this division for long. He takes note of what is said before or after the session and he brings it forward at the first opportunity, thus pulling down the position, for the most part because they are anxious not to be deprived of a view of the doctor.

The next question with which we are faced raises a matter of principle. It is this: When are we to begin making our communications to the patient? When is the moment for disclosing to him the hidden meaning of the ideas that occur to him, and for initiating him into the postulates and technical procedures of analysis?

The answer to this can only be: Not until an effective transference has been established in the patient, a proper rapport with him. It remains the first aim of the treatment to attach him to it and to the person of the doctor. To ensure this, nothing need be done but to give him time. If one exhibits a serious interest in him, carefully clears away the resistances that crop up at the beginning and avoids making certain mistakes, he will of himself form such an attachment and link the doctor up with one of the imagos of the people by whom he was accustomed.

1 [Cf. above, p. 133 f.]

Zur Einleitung der Behandlung

Besonders viele Patienten sträuben sich gegen die ihnen vorgeschlagene Lagerung, während der Arzt ungesehen hinter ihnen sitzt, und bitten um die Erlaubnis, die Behandlung in anderer Position durchzumachen, zumeist, weil sie den Anblick des Arztes nicht entbehren wollen. Es wird ihnen regelmäßig verweigert; man kann sie aber nicht daran hindern, daß sie sich's einrichten, einige Sätze vor Beginn der «Sitzung» zu sprechen oder nach der angekündigten Beendigung derselben, wenn sie sich vom Lager erhoben haben. Sie teilen sich so die Behandlung in einen offiziellen Abschnitt, während dessen sie sich meist sehr gehemmt benehmen, und in einen «gemütlichen», in dem sie wirklich frei sprechen und allerlei mitteilen, was sie selbst nicht zur Behandlung rechnen. Der Arzt läßt sich diese Scheidung nicht lange gefallen, er merkt auf das vor oder nach der Sitzung Gesprochene, und indem er es bei nächster Gelegenheit verwertet, reißt er die Scheidewand nieder, die der Patient aufrichten wollte. Dieselbe wird wiederum aus dem Material eines Übertragungswiderstandes gezimmert sein.

Solange nun die Mitteilungen und Einfälle des Patienten ohne Störung erfolgen, lasse man das Thema der Übertragung unberührt. Man warte mit dieser heiksten aller Prozeduren, bis die Übertragung zum Widerstande geworden ist.

Die nächste Frage, vor die wir uns gestellt finden, ist eine prinzipielle. Sie lautet: Wann sollen wir mit den Mitteilungen an den Analyse­risen­tern beginnen? Wann ist es Zeit, ihm die geheime Bedeutung seiner Einfälle zu enthüllen, ihn in die Voraussetzungen und technischen Prozeduren der Analyse einzuweihen?

Die Antwort hierauf kann nur lauten: Nicht eher, als bis sich eine leistungsfähige Übertragung, ein ordentlicher Rapport, bei dem Patienten hergestellt hat. Das erste Ziel der Behandlung bleibt, ihn an die Kur und an die Person des Arztes zu attachieren. Man braucht nichts anderes dazu zu tun, als ihm Zeit zu lassen. Wenn man ihm ernstes Interesse bezeugt, die anfangs auftauchenden Widerstände sorgfältig beseitigt, und gewisse Mißerfolge vermeidet, stellt der Patient ein solches Attache­ment von selbst her und reihet den Arzt an eine der Imagines jener Personen an, von denen er

2 [Vgl. oben, S. 193 f.]

[Image 0x0 to 793x614]
to be treated with affection. It is certainly possible to forfeit this first success if from the start one takes up any standpoint other than one of sympathetic understanding, such as a moralizing one, or if one behaves like a representative or advocate of some contending party—of the other member of a married couple, for instance.¹

This answer of course involves a condemnation of any line of behaviour which would lead us to give the patient a translation of his symptoms as soon as we have guessed it ourselves, or would even lead us to regard it as a special triumph to fling these 'solutions' in his face at the first interview. It is not difficult for a skilled analyst to read the patient's secret wishes plainly between the lines of his complaints and the story of his illness; but what a measure of self-complacency and thoughtlessness must be possessed by anyone who can, on the shortest acquaintance, inform a stranger who is entirely ignorant of all the tenets of analysis that he is attached to his mother by incestuous ties, that he harbours wishes for the death of his wife whom he appears to love, that he conceals an intention of betraying his superior, and so on! I have heard that there are analysts who plume themselves upon these kinds of lightning diagnoses and 'express' treatments, but I must warn everyone against following such examples. Behaviour of this sort will completely discredit oneself and the treatment in the patient's eyes and will arouse the most violent opposition in him, whether one's guess has been true or not; indeed, the truer the more violent will be the resistance. As a rule the therapeutic effect will be nil; but the deterring of the patient from analysis will be final. Even in the later stages of analysis one must be careful not to give a patient the solution of a symptom or the translation of a wish until he is already so close to it that he has only one short step more to make in order to get hold of the explanation for himself. In former years I often had occasion to find that the premature communication of a solution brought the treatment to an untimely end, on account not only of the

¹ [In the first edition only, the latter part of this sentence read: '... if one behaves like a representative or advocate of some contending party with whom the patient is engaged in a conflict—of his parents, for instance, or the other member of a married couple.']

² [Cf. the detailed example of this which Freud had already given in his paper on "Wild" Psycho-Analysis' (1910)].
resistances which it thus suddenly awakened but also of the relief which the solution brought with it.

But at this point an objection will be raised. Is it, then, our task to lengthen the treatment and not, rather, to bring it to an end as rapidly as possible? Are not the patient's ailments due to his lack of knowledge and understanding and is it not a duty to enlighten him as soon as possible—that is, as soon as the doctor himself knows the explanations? The answer to this question calls for a short digression on the meaning of knowledge and the mechanism of cure in analysis.

It is true that in the earliest days of analytic technique we took an intellectualist view of the situation. We set a high value on the patient's knowledge of what he had forgotten, and in this we made hardly any distinction between our knowledge of it and his. We thought it a special piece of good luck if we were able to obtain information about the forgotten childhood trauma from other sources—for instance, from parents or nurses or the seducer himself—as in some cases it was possible to do; and we hastened to convey the information and the proofs of its correctness to the patient, in the certain expectation of thus bringing the neurosis and the treatment to a rapid end. It was a severe disappointment when the expected success was not forthcoming. How could it be that the patient, who now knew about his traumatic experience, nevertheless still behaved as if he knew no more about it than before? Indeed, telling and describing his repressed trauma to him did not even result in any recollection of it coming into his mind.

In one particular case the mother of a hysterical girl had confided to me the homosexual experience which had greatly contributed to the fixation of the girl's attacks. The mother had herself surprised the scene; but the patient had completely forgotten it, though it had occurred when she was already approaching puberty. I was now able to make a most instructive observation. Every time I repeated her mother's story to the girl she reacted with a hysterical attack, and after this she forgot the story once more. There is no doubt that the patient was expressing a violent resistance against the knowledge that was being forced upon her. Finally she simulated feeble-mindedness and a complete loss of memory in order to protect herself against
what I had told her. After this, there was no choice but to cease attributing to the fact of knowing, in itself, the importance that had previously been given to it and to place the emphasis on the resistances which had in the past brought about the state of not knowing and which were still ready to defend that state. Conscious knowledge, even if it was not subsequently driven out again, was powerless against those resistances. The phenomenon we have described, moreover, provides some of the best support for a view which approaches mental processes from the angle of topographical differentiation. The patients now know of the repressed experience in their conscious thought, but this thought lacks any connection with the place where the repressed recollection is in some way or other contained. No change is possible until the conscious thought-process has penetrated to that place and has overcome the resistances of repression there. It is just as though a decree were promulgated by the Ministry of Justice to the effect that juvenile delinquencies should be dealt with in a certain lenient manner. As long as this decree has not come to the knowledge of the local magistrates, or in the event of their not intending to obey it but preferring to administer justice by their own lights, no change can occur in the treatment of particular youthful delinquents. For the sake of complete accuracy, however, it should be added that the communication of repressed material to the patient's consciousness is nevertheless not without effect. It does not produce the hoped-for result of putting an end to the symptoms; but it has other consequences. At first it arouses resistances, but then, when these have been overcome, it sets up a process of thought in the course of which the expected influencing of the unconscious recollection eventually takes place.

It is now time for us to take a survey of the play of forces lungen zu schützen. So mußte man sich denn entschließen, dem Wissen an sich die ihm vorgeschriebene Bedeutung zu entziehen und den Akzent auf die Widerstände zu legen, welche das Nichtwissen seinerzeit verursacht hatten und jetzt noch bereit waren, es zu vertheidigen. Das bewußte Wissen aber war gegen diese Widerstände, auch wenn es nicht wieder ausgestoßen wurde, ohnmächtig 4.


Es ist jetzt an der Zeit, eine Übersicht des Kräftespieles zu gewinnen,

1 [The very different views on this subject held by Freud during the Breuer period are clearly shown in the account he gives of a similar case in Studies on Hysteria (1895d), Standard Ed., 2, 274-5.]
2 [Das topographische Bild des Unterschieds zwischen unbewußten und bewußten Vor-

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1 [Die ganz andere Auffassungen, die Freud während der Breuer-Periode über dieses Thema hegte, gehen klar aus dem Bericht hervor, den er in den Studien über Hysteria von einem ähnlichen Fall gibt (1895d), oben, S. 68-9.]
which is set in motion by the treatment. The primary motive force in the therapy is the patient's suffering and the wish to be cured that arises from it. The strength of this motive force is subtracted from by various factors—which are not discovered till the analysis is in progress—above all, by what we have called the 'secondary gain from illness'; but it must be maintained till the end of the treatment. Every improvement effects a diminution of it. By its elf, however, this motive force is not sufficient to get rid of the illness. Two things are lacking in this: it does not know what paths to follow to reach this end; and it does not possess the necessary quota of energy with which to oppose the resistances. The analytic treatment helps to remedy both these deficiencies. It supplies the amounts of energy that are needed for overcoming the resistances by making mobile the energies which lie ready for the transference; and, by giving the patient information at the right time, it shows him the paths along which he should direct those energies. Often enough the transference is able to remove the symptoms of the disease by itself, but only for a while—only for as long as it itself lasts. In this case the treatment is a treatment by suggestion, and not a psycho-analysis at all. It only deserves the latter name if the intensity of the transference has been utilized for the overcoming of resistances. Only then has being ill become impossible, even when the transference has once more been dissolved, which is its destined end.

In the course of the treatment yet another helpful factor is aroused. This is the patient's intellectual interest and understanding. But this alone hardly comes into consideration in comparison with the other forces that are engaged in the struggle; for it is always in danger of losing its value, as a result of the clouding of judgement that arises from the resistances. Thus the new sources of strength for which the patient is indebted to his analyst are reducible to transference and instruction and conscious ideas that have been discussed by Freud already in the case history of 'Little Hans' (1909b), Standard Ed., 10, 120-1, and he had referred to it again by implication in his paper on 'wild' analysis (1910b), Standard Ed., 11, 225. The difficulties and insufficiencies of the picture were pointed out some two years after the publication of the present work in Sections II and VII of the metapsychological paper on 'The Unconscious' (1915a), where a more deep-going account of the distinction was propounded.

1 [See footnote above, p. 133.]

Zur Einleitung der Behandlung

welches wir durch die Behandlung in Gang bringen. Der nächste Motor der Therapie ist das Leiden des Patienten und sein daraus entspringender Heilungswunsch. Von der Größe dieser Triebkraft zieht sich mandeili ab, was erst im Laufe der Analyse aufgedeckt wird, vor allem der sekundäre Krankheitsgewinn, aber die Triebkraft selbst muß bis zum Ende der Behandlung erhalten bleiben; jede Besserung ruft eine Verringerung derselben hervor. Für sich allein ist sie aber unfähig, die Krankheit zu beseitigen; es fehlt ihr zweierlei dazu: Sie kennt die Wege nicht, die zu diesem Ende einzuschlagen sind, und sie bringt die notwendigen Energiebeträge gegen die Widerstände nicht auf. Beiden Mängeln hilft die analytische Behandlung ab. Die zur Überwindung der Widerstände erforderten Affekträume stellt sie durch die Mobilisierung der Energien bei, welche für die Übertragung bereitliegen; durch die rechtzeitigen Mitteilungen zeigt sie dem Kranken die Wege, auf welche er diese Energien leiten soll. Die Übertragung kann häufig genug die Leidenssymptome allein beseitigen, aber dann nur vorübergehend, solange sie eben selbst Bestand hat. Das ist dann eine Suggestivbehandlung, eine Psychoanalyse. Den letzteren Namen verdient die Behandlung nur dann, wenn die Übertragung ihre Intensität zur Überwindung der Widerstände verwendet hat. Dann allein ist das Kranksein unmöglich geworden, auch wenn die Übertragung wieder aufgelöst worden ist, wie ihre Bestimmung es verlangt.

Im Laufe der Behandlung wird noch ein anderes förderndes Moment wachgerufen, das intellektuelle Interesse und Verständnis des Kranken. Allein dies kommt gegen die anderen miteinander ringenden Kräfte kaum in Betracht; es droht ihm beständig die Entwertung infolge der Urteilsprüfung, welche von den Widerständen ausgeht. Somit erübrigen Übertragung und Unterweisung.
FURTHER RECOMMENDATIONS ON TECHNIQUE

(through the communications made to him). The patient, however, only makes use of the instruction in so far as he is induced to do so by the transference; and it is for this reason that our first communication should be withheld until a strong transference has been established. And this, we may add, holds good of every subsequent communication. In each case we must wait until the disturbance of the transference by the successive emergence of transference-resistances has been removed.¹

¹ [The whole question of the mechanism of psycho-analytic therapy and in particular of the transference was discussed at greater length in *Lectures XXVII and XXVIII of the Introductory Lectures* (1916–17).—Freud makes some interesting comments on the difficulty of carrying out the ‘fundamental rule of psycho-analysis’ (p. 134 ff. above) in Chapter VI of *Inhibitions, Symptoms and Anxiety* (1926d).]

Die behandlungstechnischen Schriften von 1911 bis 1913 [1914]

(durch Mitteilung) als die neuen Kraftquellen, welche der Kranke dem Analytiker verdankt. Der Unterweisung bedient er sich aber nur, insofern er durch die Übertragung dazu bewogen wird, und darum soll die erste Mitteilung abwarten, bis sich eine starke Übertragung hergestellt hat, und fügen wir hinzu, jede spätere, bis die Störung der Übertragung durch die der Reihe nach aufstauenden Übertragungswiderstände beseitigt ist.¹

¹ [Die ganze Frage der Wirkungsweise der psychoanalytischen Therapie sowie insbesondere der Übertragung wird sehr ausführlich in der 27. und 28. der Vorlesungen zur Einführung (1916–17) erörtert. — Einige interessante Bemerkungen über die Schwierigkeiten bei der Einhaltung der Grundregel macht Freud in Kapitel VI von Hemmung, Symptom und Angst (1926 d), Studienausgabe, Bd. 6, S. 265–6.]
REMEMBERING, REPEATING
AND WORKING-THROUGH
(FURTHER RECOMMENDATIONS ON THE TECHNIQUE
OF PSYCHO-ANALYSIS II)
(1914)

Erinnern, Wiederholen und Durcharbeiten
Weitere Ratschläge
zur Technik der Psychoanalyse II
(1914)
ERINNERN, WIEDERHOLEN UND DURCHARBEITEN

(a) GERMAN EDITIONS:
1914 Int. Z. Psychoanal., 2 (6), 485-91.
1918 S. K. S. N., 4, 441-52. (1922, 2nd ed.)
1925 G. S., 6, 109-19.
1931 Neurosenlehre und Technik, 385-96.
1946 G. W., 10, 126-36.

(b) ENGLISH TRANSLATION:
'Further Recommendations in the Technique of Psychoanalysis: Recollection, Repetition, and Working-Through'
1924 C.P., 2, 366-76. (Tr. Joan Riviere.)

The present translation, with a changed title, is a modified version of the one published in 1924.

At its original appearance (which was at the end of 1914) the title of this paper ran: 'Weitere Ratschläge zur Technik der Psychoanalyse (II): Erinnern, Wiederholen und Durcharbeiten.' The title of the English translation of 1924, quoted above, is a rendering of this. From 1924 onwards the German editions adopted the shorter title.

This paper is noteworthy, apart from its technical interest, for containing the first appearance of the concepts of the 'compulsion to repeat' (p. 150) and of 'working-through' (p. 155).

EDITORISCHE VORBEMERKUNG

Deutsche Ausgaben:
1914 Int. Z. ärztl. Psychoanal., Bd. 2 (6), 485-91
1918 S. K. S. N., Bd. 4, 441-52. (1922, 2. Aufl.)
1925 G. S., Bd. 6, 109-19.
1931 Neurosenlehre und Technik, 385-96.
1946 G. W., Bd. 10, 126-36.


REMEMBERING, REPEATING AND WORKING-THROUGH
(FURTHER RECOMMENDATIONS ON THE TECHNIQUE OF PSYCHO-ANALYSIS II)

It seems to me not unnecessary to keep on reminding students of the far-reaching changes which psycho-analytic technique has undergone since its first beginnings. In its first phase—that of Breuer's catharsis—it consisted in bringing directly into focus the moment at which the symptom was formed, and in persistently endeavouring to reproduce the mental processes involved in that situation, in order to direct their discharge along the path of conscious activity. Remembering and abreacting, with the help of the hypnotic state, were what was at that time aimed at. Next, when hypnosis had been given up, the task became one of discovering from the patient's free associations what he failed to remember. The resistance was to be circumvented by the work of interpretation and by making its results known to the patient. The situations which had given rise to the formation of the symptom and the other situations which lay behind the moment at which the illness broke out retained their place as the focus of interest; but the element of abreaction receded into the background and seemed to be replaced by the expenditure of work which the patient had to make in being obliged to overcome his criticism of his free associations, in accordance with the fundamental rule of psycho-analysis. Finally, there was evolved the consistent technique used today, in which the analyst gives up the attempt to bring a particular moment or problem into focus. He contents himself with studying whatever is present for the time being on the surface of the patient's mind, and he employs the art of interpretation mainly for the purpose of recognizing the resistances which appear there, and making them conscious to the patient. From this there results a new sort of division of labour: the doctor uncovers the resistances which are unknown to the patient; when these have been got the better of, the patient often relates the forgotten situations and connections without any difficulty. The aim of these different techniques has, of course,
remained the same. Descriptively speaking, it is to fill in gaps in memory; dynamically speaking, it is to overcome resistances due to repression.

We must still be grateful to the old hypnotic technique for having brought before us single psychical processes of analysis in an isolated or schematic form. Only this could have given us the courage ourselves to create more complicated situations in the analytic treatment and to keep them clear before us.

In these hypnotic treatments the process of remembering took a very simple form. The patient put himself back into an earlier situation, which he seemed never to confuse with the present one, and gave an account of the mental processes belonging to it, in so far as they had remained normal; he then added to this whatever was able to emerge as a result of transforming the processes that had at the time been unconscious into conscious ones.

At this point I will interpolate a few remarks which every analyst has found confirmed in his observations.\(^1\) Forgetting impressions, scenes or experiences nearly always reduces itself to shutting them off. When the patient talks about these 'forgotten' things he seldom fails to add: 'As a matter of fact I've always known it; only I've never thought of it.' He often expresses disappointment at the fact that not enough things come into his head that he can call 'forgotten'—that he has never thought of since they happened. Nevertheless, even this desire is fulfilled, especially in the case of conversion hysterias. 'Forgetting' becomes still further restricted when we assess at their true value the screen memories which are so generally present. In some cases I have had an impression that the familiar childhood amnesia, which is theoretically so important to us, is completely counterbalanced by screen memories. Not only some but all of what is essential from childhood has been retained in these memories. It is simply a question of knowing how to extract it out of them by analysis. They represent the forgotten years of childhood as adequately as the manifest content of a dream represents the dream-thoughts.

The other group of psychical processes—phantasies, processes of reference, emotional impulses, thought-connections—

\(^{1}\)[In the first edition only, this and the following three paragraphs (which make up the 'interpolation') were printed in smaller type.]

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Die behandlungstechnischen Schriften von 1911 bis 1915 [1914]


Das Erinnern gestaltete sich nun in jenen hypnotischen Behandlungen sehr einfach. Der Patient versetzte sich in eine frühere Situation, die er mit der gegenwärtigen niemals zu verwechseln schien, teilte die psychischen Vorgänge derselben mit, soweit sie normal geblieben waren, und fügte daraus, was sich durch die Umsetzung der damals unbewußten Vorgänge in bewußte ergeben konnte.

Ich schließe hier einige Bemerkungen an, die jeder Analytiker in seiner Erfahrung bestätigt gefunden hat.\(^1\) Das Vergessen von Eindrücken, Szenen, Erlebnissen reduziert sich meist auf eine >Abspernung< derselben. Wenn der Patient von diesem >Vergessen< spricht, versäumt er selten hinzuzufügen: >Das habe ich eigentlich immer gewußt, nur nicht daran gedacht.> Er äußert nicht selten seine Enttäuschung darüber, daß ihm nicht genug Dinge einfallen wollen, die er als >vergessen< anerkennen kann, an die er nie wieder gedacht, seitdem sie vorgefallen sind. Indes findet auch diese Sehnsucht, zumal bei Konversionshysterien, ihre Befriedigung. Das >Vergessen< erfährt eine weitere Einschränkung durch die Würdigung der so allgemein vorhandenen Deckerinnerungen. In manchen Fällen habe ich den Eindruck empfunden, daß die bekannte, für uns theoretisch so bedeutsame Kindheitsamnesie durch die Deckerinnerungen vollkommen aufgewogen wird. In diesen ist nicht nur einiges Wesentliche aus dem Kindheitsleben erhalten, sondern eigentlich alles Wesentliche. Man muß nur verstehen, es durch die Analyse aus ihnen zu entwickeln. Sie repräsentieren die vergessenen Kinderjahre so zureichend wie der manifeste Trauminhalt die Traumgedanken.

Die andere Gruppe von psychischen Vorgängen, die man als rein interne Akte den Eindrücken und Erlebnissen entgegenstellen kann, Phanta-

\(^{1}\)[Nur in der Erstausgabe sind dieser sowie die drei folgenden Absätze, in denen die eingefügten Bemerkungen formuliert sind, petit gesetzt.]
which, as purely internal acts, can be contrasted with impressions and experiences, must, in their relation to forgetting and remembering, be considered separately. In these processes it particularly often happens that something is 'remembered' which could never have been 'forgotten' because it was never at any time noticed—was never conscious. As regards the course taken by psychical events it seems to make no difference whatever whether such a 'thought-connection' was conscious and ever whether such a 'thought-connection' was conscious and then forgotten or whether it never managed to become conscious at all. The conviction which the patient obtains in the course of his analysis is quite independent of this kind of memory.

In the many different forms of obsessional neurosis in particular, forgetting is mostly restricted to dissolving thought-connections, failing to draw the right conclusions and isolating memories.

There is one special class of experiences of the utmost importance for which no memory can as a rule be recovered. These are experiences which occurred in very early childhood and were not understood at the time but which were subsequently understood and interpreted. One gains a knowledge of them through dreams and one is obliged to believe in them on the most compelling evidence provided by the fabric of the neurosis. Moreover, we can ascertain for ourselves that the patient, after his resistances have been overcome, no longer invokes the absence of any memory of them (any sense of familiarity with them) as a ground for refusing to accept them. This matter, however, calls for so much critical caution and introduces so much that is novel and startling that I shall reserve it for a separate discussion in connection with suitable material.1

Under the new technique very little, and often nothing, is left of this delightfully smooth course of events.2 There are some

1 This is, of course, a reference to the 'Wolf Man' and his dream at the age of four. Freud had only recently completed his analysis, and he was probably engaged in writing the case history more or less simultaneously with the present paper, though it was only published some four years later (1918). Before that time, however, Freud entered into a discussion of this special class of childhood memories in the later part of Lecture XXIII of his Introductory Lectures (1916-17].

2 [Freud picks up his argument from where he left it at the beginning of the 'interpolation' on the previous page.]

Erinnern, Wiederholen und Durcharbeiten

Eins, Beziehungsvorgänge, Gefühlshorungen, Zusammenhänge, muß in ihrem Verhältnis zum Vergessen und Erinnern gesondert betrachtet werden. Hier ereignet es sich besonders häufig, daß etwas erinnert wird, was nie vergessen werden konnte, weil es zu keiner Zeit gemerkt wurde, niemals bewußt war, und es scheint überraschend gleichgültig für den psychischen Ablauf, ob ein solcher Zusammenhang bewußt war und dann vergessen wurde oder ob er es niemals zum Bewußtsein gebracht hat. Die Überzeugung, die der Kranke im Laufe der Analyse erzielt, ist von einer solchen Erinnerung ganz unabhängig.

Besonders bei den mannigfachen Formen der Zwangssyndrome schränkt sich das Vergessene meist auf die Auflösung von Zusammenhängen, Verkennung von Abfolgen, Isolierung von Erinnerungen ein.

Für eine besondere Art von überaus wichtigen Erlebnissen, die in sehr frühe Zeiten der Kindheit fallen und seinerzeit ohne Verständnis erlebt worden sind, nachträglich aber Verständnis und Deutung gefunden haben, läßt sich eine Erinnerung meist nicht erwecken. Man gelangt durch Träume zu ihrer Kenntnis und wird durch die zwingendsten Motive aus dem Gefüge der Neurose genötigt, an sie zu glauben, kann sich auch überzeugen, daß der Analytierte nach Überwindung seiner Widerstände das Ausbleiben des Erinnerungsgefühles (Bekanntschaftsempfindung) nicht gegen deren Annahme verwertet. Immerhin erfordert dieser Gegenstand so viel kritische Vorsicht und bringt so viel Neues und Befremdendes, daß ich ihn einer gesonderten Behandlung an geeignetem Material vorbehalte.3

Von diesem erfreulich glatten Ablauf ist nun bei Anwendung der neuen Technik sehr wenig, oft nichts übriggeblieben. Es kommen auch

3 [Der Hinweis bezieht sich auf den 'Wolfsmann' und seinen Traum aus dem fünften Lebensjahr. Freud hatte diese Analyse gerade abgeschlossen und war möglicherweise dabei, etwa gleichzeitig mit der vorliegenden Arbeit, die Krankengeschichte niedergeschrieben, obgleich diese dann erst rund vier Jahre später veröffentlicht wurde (1918). Davor hat Freud sich indessen in der zweiten Hälfte der 23. der Vorlesungen zur Einführung (1916-17) mit dieser besonderen Klasse von Kindheitserinnerungen auseinandergesetzt.]
cases which behave like those under the hypnotic technique up to a point and only later cease to do so; but others behave differently from the beginning. If we confine ourselves to this second type in order to bring out the difference, we may say that the patient does not remember anything of what he has forgotten and repressed, but acts it out. He reproduces it not as a memory but as an action; he repeats it, without, of course, knowing that he is repeating it.

For instance, the patient does not say that he remembers that he used to be defiant and critical towards his parents' authority; instead, he behaves in that way to the doctor. He does not remember how he came to a helpless and hopeless deadlock in his infantile sexual researches; but he produces a mass of confused dreams and associations, complaints that he cannot succeed in anything and asserts that he is ashamed of their being found out; but he makes it clear that he is ashamed of the treatment on which he is now embarked and tries to keep it secret from everybody. And so on.

Above all, the patient will begin his treatment with a repetition of this kind. When one has announced the fundamental rule of psycho-analysis to a patient with an eventful life-history and a long story of illness and has then asked him to say what occurs to his mind, one expects him to pour out a flood of information; but often the first thing that happens is that he has nothing to say. He is silent and declares that nothing occurs to him. This, of course, is merely a repetition of a homosexual attitude which comes to the fore as a resistance against remembering anything [p. 138]. As long as the patient is in the treatment he cannot escape from this compulsion to repeat; and in the end we understand that this is his way of remembering.

1 [This had been made plain by Freud very much earlier, in his postscript to his analysis of 'Dora' (1905), Standard Ed., 7, 119, where the topic of transference is under discussion.]

2 [This seems to be the first appearance of the idea, which, in a much more generalized form, was to play such an important part in Freud's later theory of the instincts. In its present clinical application, it reappears in the paper on 'The Uncanny' (1919h), Standard Ed., 17, 238, and is used as part of the evidence in support of the general thesis in Chapter III of Beyond the Pleasure Principle (1920g), Standard Ed., 18, 18 ff., where this is a reference back to the present paper.]

hier Fälle vor, die sich ein Stück weit verhalten wie bei der hypnotischen Technik und erst später versagen; andere Fälle behmen sich abo von vornherein anders. Halten wir uns zur Kennzeichnung des Unterschiedes an den letzteren Typus, so dürfen wir sagen, der Analytierte erwirnt überhaupt nichts von dem Vergessenen und Verdräng­ten, sondern er agiert es. Er reproduziert es nicht als Erinnerung, sondern als Tat, er wiederholt es, ohne natürlich zu wissen, daß er es wiederholt.

Zum Beispiel: Der Analytierte erzählt nicht, er erinnere sich, daß er trotzig und unglaublich gegen die Autorität der Eltern gewesen sei, sondern er benennt sich in solcher Weise gegen den Arzt. Er erinnert nicht, daß er in seiner infantilen Sexualforschung rat- und hilflos stecken­geblieben ist, sondern er bringt einen Haufen verworrner Träume und Einfälle vor, jammert, daß ihm nichts gelinge, und stellt es als sein Schicksal hin, niemals eine Unternehmung zu Ende zu führen. Er erinnert nicht, daß er sich gewisser Sexualbetätigungen intensiv geschämt und ihre Entdeckung gefürchtet hat, sondern er zeigt, daß er sich der Behandlung schämt, der er sich jetzt unterzogen hat, und sucht diese vor allem geheimzuhalten usw.

Vor allem beginnt er die Kur mit einer solchen Wiederholung. Oft, wenn man einem Patienten mit wechselvoller Lebengeschichte und langer Krankheitsgeschichte die psychoanalytische Grundregel mitgeteilt und ihn dann aufgefordert hat zu sagen, was ihm einfallte, und nun erwartet, daß sich seine Mitteilungen im Strom ergießen werden, erfährt man zunächst, daß er nichts zu sagen weiß. Er schweigt und behauptet, daß ihm nichts eintreffen will. Das ist natürlich nichts anderes als die Wiederholung einer homosexuellen Einstellung, die sich als Widerstand gegen jedes Erinnern vor­drängt [S. 198]. Solange er in Behandlung verbleibt, wird er von diesem Zwange zur Wiederholung nicht mehr frei; man versteht endlich, dies ist seine Art zu erinnern.

[Dies hatte Freud schon sehr viel früher klarge stellt, nämlich in seinem Nachwort zur Krankengeschichte der «Dora» (1905), Studiengesellschaft, Bd. 6, S. 183, wo das Thema der Übertragung diskutiert wird.]

1 [Hier scheint der Gedanke des Wiederholungszwangs zum ersten Mal aufzutaue­den, der, in einer viel allgemeineren Form, in Freuds späterer Triebtheorie eine so bedeutsame Rolle spielen sollte. In der vorliegenden klinischen Verwendung findet er sich auch in der Arbeit «Das Unheimliche» (1919h), Studiengesellschaft, Bd. 4, S. 251, und wird zur Unterstützung der allgemeinen These in Kapitel III von «Jenseits der Lust­prinzip» (1920g), Studiengesellschaft, Bd. 5, S. 228 ff., herangezogen, wo Freud auf die vorliegende Arbeit rückverweist.]
What interests us most of all is naturally the relation of this compulsion to repeat to the transference and to resistance. We soon perceive that the transference is itself only a piece of repetition, and that the repetition is a transference of the forgotten past not only on to the doctor but also on to all the other aspects of the current situation. We must be prepared to find, therefore, that the patient yields to the compulsion to repeat, which now replaces the impulse to remember, not only in his personal attitude to his doctor but also in every other activity and relationship which may occupy his life at the time—if, for instance, he falls in love or undertakes a task or starts an enterprise during the treatment. The part played by resistance, too, is easily recognized. The greater the resistance, the more extensively will acting out (repetition) replace remembering. For the ideal remembering of what has been forgotten which occurs in hypnosis corresponds to a state in which resistance has been put completely on one side. If the patient starts his treatment under the auspices of a mild and unpronounced positive transference, it makes it possible at first for him to unearth his memories just as he would under hypnosis, and during this time his pathological symptoms themselves are quiescent. But if, as the analysis proceeds, the transference becomes hostile or unduly intense and therefore in need of repression, remembering at once gives way to acting out. From then onwards the resistances determine the sequence of the material which is to be repeated. The patient brings out of the armoury of the past the weapons with which he defends himself against the progress of the treatment—weapons which we must wrest from him one by one.

We have learnt that the patient repeats instead of remembering, and repeats under the conditions of resistance. We may now ask what it is that he in fact repeats or acts out. The answer is that he repeats everything that has already made its way from the sources of the repressed into his manifest personality—his inhibitions and unserviceable attitudes and his pathological character-traits. He also repeats all his symptoms in the course of the treatment. And now we can see that in drawing attention to the compulsion to repeat we have acquired no new fact but only a more comprehensive view. We have only made it clear to ourselves that the patient’s state of being ill cannot cease with the beginning of his analysis, and that we must treat his illness, not as an event of the past, but as a present-day force. This state

Erinnern, Wiederholen und Durcharbeiten


Wir haben nun gehört, der Analysierte wiederholt, anstatt zu erinnern, er wiederholt unter den Bedingungen des Widerstandes; wir dürfen jetzt fragen, was wiederholt oder agiert er eigentlich? Die Antwort lautet, er wiederholt alles, was sich aus den Quellen seines Verdrängten bereits in seinem offenkundigen Wesen durchgesetzt hat, seine Hemmungen und unbrauchbaren Einstellungen, seine pathologischen Charakterzüge. Er wiederholt ja auch während der Behandlung alle seine Symptome. Und nun können wir merken, daß wir mit der Hervorhebung des Zwanges zur Wiederholung keine neue Tatsache, sondern nur eine einheitlichere Auffassung gewonnen haben. Wir machen uns nun klar, daß das Kranksein des Analysierten nicht mit dem Beginne seiner Analyse aufhören kann, daß wir seine Krankheit nicht als eine historische Angelegenheit, sondern als eine aktuelle Macht zu behandeln haben.
of illness is brought, piece by piece, within the field and range of operation of the treatment, and while the patient experiences it as something real and contemporary, we have to do our therapeutic work on it, which consists in a large measure in tracing it back to the past.

Remembering, as it was induced in hypnosis, could not but give the impression of an experiment carried out in the laboratory. Repeating, as it is induced in analytic treatment according to the newer technique, on the other hand, implies conjuring up a piece of real life; and for that reason it cannot always be harmless and unobjectionable. This consideration opens up the whole problem of what is so often unavoidable—'deterioration during treatment'.

First and foremost, the initiation of the treatment in itself brings about a change in the patient's conscious attitude to his illness. He has usually been content with lamenting it, despising it as nonsensical and under-estimating its importance; for the rest, he has extended to its manifestations the ostrich-like policy of repression which he adopted towards its origins. Thus it can happen that he does not properly know under what conditions his phobia breaks out or does not listen to the precise wording of his obsessional ideas or does not grasp the actual purpose of his obsessional impulse.1 The treatment, of course, is not helped by this. He must find the courage to direct his attention to the phenomena of his illness. His illness itself must no longer seem to him contemptible, but must become an enemy worthy of his mettle, a piece of his personality, which has solid ground for its existence and out of which things of value for his future life have to be derived. The way is thus paved from the beginning for a reconciliation with the repressed material which is coming to expression in his symptoms, while at the same time place is found for a certain tolerance for the state of being ill. If this new attitude towards the illness intensifies the conflicts and brings to the fore symptoms which till then had been indistinct, one can easily console the patient by pointing out that these are only necessary and temporary aggravations and that one cannot overcome an enemy who is absent or not within range. The resistance, however, may exploit the situation for its own ends and abuse the licence to be ill. It seems to say: 'See what happens

1 [See examples of this in the case histories of 'Little Hans' (1909b), Standard Ed., 10, 124, and of the 'Rat Man' (1909d), ibid., 223.]
if I really give way to such things. Was I not right to consign them to repression?" Young and childish people in particular are inclined to make the necessity imposed by the treatment for paying attention to their illness a welcome excuse for luxuriating in their symptoms.

Further dangers arise from the fact that in the course of the treatment new and deeper-lying instinctual impulses, which had not hitherto made themselves felt, may come to be 'repeated'. Finally, it is possible that the patient's actions outside the transference may do him temporary harm in his ordinary life, or even have been so chosen as permanently to invalidate his prospects of recovery.

The tactics to be adopted by the physician in this situation are easily justified. For him, remembering in the old manner—reproduction in the psychical field—is the aim to which he adheres, even though he knows that such an aim cannot be achieved in the new technique. He is prepared for a perpetual struggle with his patient to keep in the psychical sphere all the impulses which the patient would like to direct into the motor sphere; and he celebrates it as a triumph for the treatment if he can bring it about that something that the patient wishes to discharge in action is disposed of through the work of remembering. If the attachment through transference has grown into something at all serviceable, the treatment is able to prevent the patient from executing any of the more important repetitive actions and to utilize his intention to do so in statu nascendi as material for the therapeutic work. One best protects the patient from injuries brought about through carrying out one of his impulses by making him promise not to take any important decisions affecting his life during the time of his treatment—for instance, not to choose any profession or definitive love-object—but to postpone all such plans until after his recovery.

At the same time one willingly leaves untouched as much of the patient's personal freedom as is compatible with these restrictions, nor does he hinder him from carrying out unimportant intentions, even if they are foolish; one does not forget that it is in fact only through his own experience and mishaps that a person learns sense. There are also people whom one cannot restrain from plunging into some quite undesirable project during the treatment and who only afterwards become ready for, and accessible to, analysis. Occasionally, too, it is bound to

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At the same time one willingly leaves untouched as much of the patient's personal freedom as is compatible with these restrictions, nor does he hinder him from carrying out unimportant intentions, even if they are foolish; one does not forget that it is in fact only through his own experience and mishaps that a person learns sense. There are also people whom one cannot restrain from plunging into some quite undesirable project during the treatment and who only afterwards become ready for, and accessible to, analysis. Occasionally, too, it is bound to
happen that the untamed instincts assert themselves before there is time to put the reins of the transference on them, or that the bonds which attach the patient to the treatment are broken by him in a repetitive action. As an extreme example of this, I may cite the case of an elderly lady who had repeatedly fled from her house and her husband in a twilight state and gone no one knew where, without ever having become conscious of her motive for decamping in this way. She came to treatment with a marked affectionate transference which grew in intensity with uncanny rapidity in the first few days; by the end of the week she had decamped from me, too, before I had had time to say anything to her which might have prevented this repetition.

The main instrument, however, for curbing the patient's compulsion to repeat and for turning it into a motive for remembering lies in the handling of the transference. We render the compulsion harmless, and indeed useful, by giving it the right to assert itself in a definite field. We admit it into the transference as a playground in which it is allowed to expand in almost complete freedom and in which it is expected to display to us everything in the way of pathogenic instincts that is hidden in the patient's mind. Provided only that the patient shows compliance enough to respect the necessary conditions of the analysis, we regularly succeed in giving all the symptoms of the illness a new transference meaning and in replacing his ordinary neurosis by a 'transference-neurosis' of which he can be cured by the therapeutic work. The transference thus creates an intermediate region between illness and real life through which the transition from the one to the other is made. The new condition has taken over all the features of the illness; but it represents an artificial illness which is at every point accessible to our intervention. It is a piece of real experience, but one which has been made possible by especially favourable conditions, and it is of a provisional nature. From the repetitive reactions which are exhibited in the transference we are led along the familiar paths to the

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1 ['Übertragungsbedeutung.' In the editions before 1924 this read 'Übertragungsbildung' (transference-determinant).

2 [The connection between this special use of the term and the usual one (to denote the hysterias and obsessional neurosis) is indicated in Lecture XXVII of the Introductory Lectures (1916-17).]

3 [In the first edition only, this read 'repetitive actions'.]
awakening of the memories, which appear without difficulty, as it were, after the resistance has been overcome.

I might break off at this point but for the title of this paper, which obliges me to discuss a further point in analytic technique. The first step in overcoming the resistances is made, as we know, by the analyst's uncovering the resistance, which is never recognized by the patient, and acquainting him with it. Now it seems that beginners in analytic practice are inclined to look on this introductory step as constituting the whole of their work. I have often been asked to advise upon cases in which the doctor complained that he had pointed out his resistance to the patient and that nevertheless no change had set in; indeed, the resistance had become all the stronger, and the whole situation was more obscure than ever. The treatment seemed to make no headway. This gloomy foreboding always proved mistaken. The analyst had merely forgotten that giving the resistance a name could not result in its immediate cessation.

Thus in the first edition only. In all the later German editions 'nun bekannten' was altered to 'unbekannten'. This, however, seems to make less good sense: 'to become more conversant with the resistance that is unknown to him.'
suggestion. From a theoretical point of view one may correlate it with the 'abreacting' of the quotas of affect strangulated by repression—an abreaction without which hypnotic treatment remained ineffective.¹

¹ [The concept of 'working-through', introduced in the present paper, is evidently related to the 'psychical inertia' which Freud discusses in several passages. Some of these are enumerated in an Editor's footnote to a paper on a case of paranoia (1915f), Standard Ed., 14, 272. In Chapter XI, Section A (a) of Inhibitions, Symptoms and Anxiety (1926d), Freud attributes the necessity for 'working-through' to the resistance of the unconscious (or of the id), a subject to which he returns in Section VI of 'Analysis Terminable and Interminable' (1937c).]

jeder Suggestionsbeeinflussung unterscheidet. Theoretisch kann man es dem »Abreagieren« der durch die Verdrängung eingeklemmten Affektbeträge gleichstellen, ohne welches die hypnotische Behandlung einflußlos blieb.² 

² [Das Konzept des »Durcharbeiten«, das in der vorliegenden Arbeit eingeführt wird, hat offensichtlich etwas mit der psychischen Trägheit zu tun, einer Eigenschaft des Seelenlebens, auf die Freud wiederholt hingewiesen hat. Einige dieser Stellen sind in einer editorischen Fußnote zur Arbeit über einen Fall von Paranoia (1915f), Studienausgabe, Bd. 7, S. 216, Anm. 1, erwähnt. In Kapitel XI, Abschnitt A(a) von Hemmung, Symptome und Angst (1926d), Studienausgabe, Bd. 6, S. 297-8) führt Freud die Notwendigkeit des »Durcharbeitens« auf den Widerstand des Unbewussten (oder des Es) zurück, ein Thema, das er in Abschnitt VI von »Die endliche und die unendliche Analyse« (1937c), im vorliegenden Band S. 381 f., noch einmal aufgreift.]
OBSERVATIONS ON TRANSFERENCE-LOVE
(FURTHER RECOMMENDATIONS ON THE TECHNIQUE OF PSYCHO-ANALYSIS III)
(1915 [1914])

BEMERKUNGEN ÜBER DIE ÜBERTRAGUNGSLIEBE
WEITERE RATSCHLÄGE ZUR TECHNIK DER PSYCHOANALYSE III
(1915 [1914])
BEMERKUNGEN ÜBER DIE ÜBERTRAGUNGSLIEBE

(a) German Editions:
1915 Int. J. Psychoanal., 3 (1), 1–11.
1924 Technik und Metapsychol., 120–35.
1925 G.S., 6, 120–35.
1946 G.W., 10, 306–21.

(b) English Translation:
'Further Recommendations in the Technique of Psychoanalysis: Observations on Transference-Love'
1924 C.P., 2, 377–91. (Tr. Joan Riviere.)

The present translation, with a changed title, is a modified version of the one published in 1924.

When this paper was first published (early in 1915), its title ran: 'Weitere Ratschläge zur Technik der Psychoanalyse (III): Bemerkungen über die Übertragungsliebe.' The title of the English translation of 1924, as given above, is a rendering of this. The German editions from 1924 onwards adopted the shorter title.

Dr. Ernest Jones tells us (1955, 266) that Freud considered this the best of the present series of technical papers. A letter written by Freud to Ferenczi on December 13, 1931, in connection with the technical innovations introduced by the latter, forms an interesting postscript to this paper. It was published by Dr. Jones towards the end of Chapter IV of his third volume of Freud’s biography (1957, 174 ff.).
Every beginner in psycho-analysis probably feels alarmed at first at the difficulties in store for him when he comes to interpret the patient’s associations and to deal with the reproduction of the repressed. When the time comes, however, he soon learns to look upon these difficulties as insignificant, and instead becomes convinced that the only really serious difficulties he has to meet lie in the management of the transference.

Among the situations which arise in this connection I shall select one which is very sharply circumscribed; and I shall select it, partly because it occurs so often and is so important in its real aspects and partly because of its theoretical interest. What I have in mind is the case in which a woman patient shows by unmistakable indications, or openly declares, that she has fallen in love, as any other mortal woman might, with the doctor who is analysing her. This situation has its distressing and comical aspects, as well as its serious ones. It is also determined by so many and such complicated factors, it is so unavoidable and so difficult to clear up, that a discussion of it to meet a vital need of analytic technique has long been overdue.

But since we who laugh at other people’s failings are not always free from them ourselves, we have not so far been precisely in a hurry to fulfil this task. We are constantly coming up against the obligation to professional discretion—a discretion which cannot be dispensed with in real life, but which is of no service in our science. In so far as psycho-analytic publications are a part of real life, too, we have here an insoluble contradiction. I have recently disregarded this matter of discretion at one point,1 and shown how this same transference situation held back the development of psycho-analytic therapy during its first decade.

1 In the first section of my contribution to the history of the psycho-analytic movement (1914 d). [This refers to Breuer’s difficulties over the transference in the case of Anna O. (Standard Ed., 14, 12).]
To a well-educated layman (for that is what the ideal civilized person is in regard to psycho-analysis) things that have to do with love are incommensurable with everything else; they are, as it were, written on a special page on which no other writing is tolerated. If a woman patient has fallen in love with her doctor it seems to such a layman that only two outcomes are possible. One, which happens comparatively rarely, is that all the circumstances allow of a permanent legal union between them; the other, which is more frequent, is that the doctor and the patient part and give up the work they have begun which was to have led to her recovery, as though it had been interrupted by some elemental phenomenon. There is, to be sure, a third conceivable outcome, which even seems compatible with a continuation of the treatment. This is that they should enter into a love-relationship which is illicit and which is not intended to last for ever. But such a course is made impossible by conventional morality and professional standards. Nevertheless, our layman will beg the analyst to reassure him as unambiguously as possible that this third alternative is excluded.

It is clear that a psycho-analyst must look at things from a different point of view.

Let us take the case of the second outcome of the situation we are considering. After the patient has fallen in love with her doctor, they part; the treatment is given up. But soon the patient's condition necessitates her making a second attempt at analysis, with another doctor. The next thing that happens is that she feels she has fallen in love with this second doctor too; and if she breaks off with him and begins yet again, the same thing will happen with the third doctor, and so on. This phenomenon, which occurs without fail and which is, as we know, one of the foundations of the psycho-analytic theory, may be evaluated from two points of view, that of the doctor who is carrying out the analysis and that of the patient who is in need of it.

For the doctor the phenomenon signifies a valuable piece of enlightenment and a useful warning against any tendency to a counter-transference which may be present in his own mind. He must recognize that the patient's falling in love is induced

[The question of the 'counter-transference' had already been raised by Freud in his Nuremberg Congress paper (1910d), Standard Ed., 11,]

Es ist evident, daß der Standpunkt des Psychoanalytikers ein anderer sein muß.

Setzen wir den Fall des zweiten Ausgangs der Situation, die wir besprechen, Arzt und Patientin gehen auseinander, nachdem sich die Patientin in den Arzt verliebt hat; die Kur wird aufgegeben. Aber der Zustand der Patientin macht bald einen zweiten analytischen Versuch bei einem anderen Arzte notwendig; da stellt es sich denn ein, daß sich die Patientin auch in diesen zweiten Arzt verliebt fühlt, und ebenso, wenn sie wieder abbricht und von neuem anfängt, in den dritten usw. Diese mit Sicherheit eintreffende Tatsache, bekanntlich eine der Grundlagen der psychoanalytischen Theorie, gestattet zwei Verwertungen; eine für den analysierenden Arzt, die andere für die der Analyse bedürftige Patientin.

Für den Arzt bedeutet sie eine kostbare Aufklärung und eine gute Warnung vor einer etwa bei ihm bereitliegenden Gegenübertragung. Er muß erkennen, daß das Verlieben der Patientin durch die analytische
by the analytic situation and is not to be attributed to the charms of his own person; so that he has no grounds whatever for being proud of such a 'conquest', as it would be called outside analysis. And it is always well to be reminded of this. For the patient, however, there are two alternatives: either she must relinquish psycho-analytic treatment or she must accept falling in love with her doctor as an inescapable fate. I have no doubt that the patient's relatives and friends will decide as emphatically for the first of these two alternatives as the analyst will for the second. But I think that here is a case in which the decision cannot be left to the tender—or rather, the egoistic and jealous—concern of her relatives. The welfare of the patient alone should be the touchstone; her relatives' love cannot cure her neurosis. The analyst need not push himself forward, but he may insist that he is indispensable for the achievement of certain ends. Any relative who adopts Tolstoy's attitude to this problem can remain in undisturbed possession of his wife or daughter; but he will have to try to put up with the fact that she, for her part, retains her neurosis and the interference with her capacity for love which it involves. The situation, after all, is similar to that in a gynaecological treatment. Moreover, the jealous father or husband is greatly mistaken if he thinks that the patient will escape falling in love with her doctor if he hands her over to some kind of treatment other than analysis for combating her neurosis. The difference, on the contrary, will only be that a love of this kind, which is bound to remain unexpressed and unanalysed, cannot make the contribution to the patient's recovery which analysis would have extracted from it.

It has come to my knowledge that some doctors who practise analysis frequently prepare their patients for the emergence of the erotic transference or even urge them to 'go ahead and fall in love with the doctor so that the treatment may make progress'. I can hardly imagine a more senseless proceeding.

We know that the transference can manifest itself in other, less tender feelings, but I do not propose to go into that side of the matter here. [See the paper 'The Dynamics of Transference' (1912b), p. 105 above.]

Bemerkungen über die Übergangsjerbe.

Situation erzwungen wird und nicht etwa den Vorzügen seiner Person zugeschrieben werden kann, daß er also gar keinen Grund hat, auf eine solche >Eroberung<, wie man sie außerhalb der Analyse heissen würde, stolz zu sein. Und es ist immer gut, daran gemahnt zu werden: Für die Patientin ergibt sich aber eine Alternative: entweder sie muß auf eine psychoanalytische Behandlung verzichten, oder sie muß sich die Verliebtheit in den Arzt als unausweichliches Schicksal gefallen lassen.


Es ist mir bekanntgeworden, daß einzelne Ärzte, welche die Analyse ausüben, die Patienten häufig auf das Erscheinen der Liebesträume vorbereiten oder sie sogar auffordern, sich nur in den Arzt zu verlieben, damit die Analyse vorwärtsgehe. Ich kann mir nicht leicht er kommen weiter unten, S. 225 und S. 228-9, noch einmal davon zurück. Von diesen Passagen abgesehen, findet man kaum eine weitere explizite Diskussion des Problems in Freud's veröffentlichten Werken.

1. Daß die Übergangsjerbe sich in anderen und minder zärtlichen Gefühlen äußern kann, ist bekannt und soll in diesem Aufsatz nicht behandelt werden. [S. die Arbeit Zur Dynamik der Übergangsjerbe (1912b), S. 164-5; oben.]

2. [An Stelle dieses Wortes steht nur in der Erstausgabe: frühzeitige.]
In doing so, an analyst robs the phenomenon of the element of spontaneity which is so convincing and lays up obstacles for himself in the future which are hard to overcome. At first glance it certainly does not look as if the patient's falling in love in the transference could result in any advantage to the treatment. No matter how amenable she has been up till then, she suddenly loses all understanding of the treatment and all interest in it, and will not speak or hear about anything but her love, which she demands to have returned. She gives up her symptoms or pays no attention to them; indeed, she declares that she is well. There is a complete change of scene; it is as though some piece of make-believe had been stopped by the sudden irruption of reality—as when, for instance, a cry of fire is raised during a theatrical performance. No doctor who experiences this for the first time will find it easy to retain his grasp on the analytic situation and to keep clear of the illusion that the treatment is really at an end.

A little reflection enables one to find one's bearings. First and foremost, one keeps in mind the suspicion that anything that interferes with the continuation of the treatment may be an expression of resistance. There can be no doubt that the outbreak of a passionate demand for love is largely the work of resistance. One will have long since noticed in the patient the signs of an affectionate transference, and one will have been able to feel certain that her docility, her acceptance of the analytic explanations, her remarkable comprehension and the high degree of intelligence she showed were to be attributed to this attitude towards her doctor. Now all this is swept away. She has become quite without insight and seems to be swallowed up in her love. Moreover, this change quite regularly occurs precisely at a point of time when one is having to try to bring her to admit or remember some particularly distressing and heavily repressed piece of her life-history. She has been in love, therefore, for a long time; but now the resistance is beginning to make use of her love in order to hinder the continuation of the treatment.

Mit etwas Besinnung findet man sich dann zurecht. Vor allem gedenkt man des Verdachtes, daß alles, was die Fortsetzung der Kur stört, eine Widerstandsäußerung sein mag. An dem Auftreten der stürmischen Liebesforderung hat der Widerstand unzweifelhaft einen großen Anteil. Man hatte ja die Anzeichen einer zärtlichen Übertragung bei der Patientin längst bemerkt und durfte ihre Gefühligkeit, ihr Eingehen auf die Erklärungen der Analyse, ihr ausgezeichnetes Verständnis und die hohe Intelligenz, die sie dabei erwies, gewiß auf Rechnung einer solchen Einstellung gegen den Arzt schreiben. Nun ist das alles wie weggeefgt, die Kranke ist ganz einsichtslos geworden, sie scheint in ihrer Verliebtheit aufzugehen, und diese Wandlung ist ganz regelmäßig in einem Zeitpunkte aufgetreten, da man ihr gerade zumuten müßte; ein besonders peinliches und schwer verdrängtes Stück ihrer Lebensgeschichte zuzugestehen oder zu erinnern. Die Verliebtheit ist also längst davongewesen, aber jetzt beginnt der Widerstand sich ihrer zu bedienen, um die Fortsetzung

\[\text{[In the first edition only, this paragraph (which is in the nature of a parenthesis) was printed in small type.]}\]

\[\text{[Freud had already stated this still more categorically in the first edition of The Interpretation of Dreams (1900a), Standard Ed., 5, 517. But in 1925 he added a long footnote to the passage, explaining its sense and qualifying the terms in which he had expressed himself.]}\]
the treatment, to deflect all her interest from the work and to put the analyst in an awkward position.

If one looks into the situation more closely one recognizes the influence of motives which further complicate things—of which some are connected with being in love and others are particular expressions of resistance. Of the first kind are the patient's endeavour to assure herself of her irresistibility, to destroy the doctor's authority by bringing him down to the level of a lover and to gain all the other promised advantages incidental to the satisfaction of love. We may suspect that on occasion it makes use of a declaration of love on the patient's part as a means of putting her analyst's readiness for sexual surrender in order one gets an impression that the resistance is acting as an agent provocateur; it heightens the patient's state of being in love and exaggerates her readiness for sexual surrender in order to justify the workings of repression all the more emphatically, by pointing to the dangers of such licentiousness. All these accessory motives, which in simpler cases may not be present, have, as we know, been regarded by Adler as the essential part of the whole process.

But how is the analyst to behave in order not to come to grief over this situation, supposing he is convinced that the treatment should be carried on in spite of this erotic transference and should take it in its stride?

It would be easy for me to lay stress on the universally accepted standards of morality and to insist that the analyst must never under any circumstances accept or return the tender feelings that are offered him; that, instead, he must consider that the time has come for him to put before the woman who is in love with him the demands of social morality and the necessity for renunciation, and to succeed in making her give up her desires, and, having surmounted the animal side of herself, go on with the work of analysis.

I shall not, however, fulfil these expectations—not the first nor the second of them. Not the first, because I am writing not for patients but for doctors who have serious difficulties to contend with, and also because in this instance I am able to trace the moral prescription back to its source, namely to

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1 [Cf. pp. 152-3.]
FURTHER RECOMMENDATIONS ON TECHNIQUE

expediency. I am on this occasion in the happy position of being able to replace the moral embargo by considerations of analytic technique, without any alteration in the outcome.

Even more decidedly, however, do I decline to fulfil the second of the expectations I have mentioned. To urge the patient to suppress, renounce or sublimate her instincts the moment she has admitted her erotic transference would be, not an analytic way of dealing with them, but a senseless one. It would be just as though, after summoning up a spirit from the underworld by cunning spells, one were to send him down again without having asked him a single question. One would have brought the repressed into consciousness, only to repress it once more in a fright. Nor should we deceive ourselves about the success of any such proceeding. As we know, the passions are little affected by sublime speeches. The patient will feel only the humiliation, and she will not fail to take her revenge for it.

Just as little can I advocate a middle course, which would recommend itself to some people as being specially ingenious. This would consist in declaring that one returns the patient's fond feelings but at the same time in avoiding any physical implementation of this fondness until one is able to guide the relationship into calmer channels and raise it to a higher level. My objection to this expedient is that psycho-analytic treatment is founded on truthfulness. In this fact lies a great part of its educative effect and its ethical value. It is dangerous to depart from this foundation. Anyone who has become saturated in the analytic technique will no longer be able to make use of the lies and pretences which a doctor normally finds unavoidable; and if, with the best intentions, he does attempt to do so, he is very likely to betray himself. Since we demand strict truthfulness from our patients, we jeopardize our whole authority if we let ourselves be caught out by them in a departure from the truth. Besides, the experiment of letting oneself go a little way in tender feelings for the patient is not altogether without danger. Our control over ourselves is not so complete that we may not suddenly one day go further than we had intended. In my opinion, therefore, we ought not to give up the neutrality towards the patient, which we have acquired through keeping the counter-transference in check.

I have already let it be understood that analytic technique

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... bin diesmal in der glücklichen Lage, das moralische Oktroi ohne Veränderung des Ergebnisses, durch Rücksichten der analytischen Technik zu ersetzen.


Ich habe auch bereits erraten lassen, daß die analytische Technik es dem
requires of the physician that he should deny to the patient who is craving for love the satisfaction she demands. The treatment must be carried out in abstinence. By this I do not mean physical abstinence alone, nor yet the deprivation of everything that the patient desires, for perhaps no sick person could tolerate this. Instead, I shall state it as a fundamental principle that the patient's need and longing should be allowed to persist in her, in order that they may serve as forces impelling her to do work and to make changes, and that we must beware of appeasing those forces by means of surrogates. And what we could offer would never be anything else than a surrogate, for the patient's condition is such that, until her repressions are removed, she is incapable of getting real satisfaction.

Let us admit that this fundamental principle of the treatment being carried out in abstinence extends far beyond the single case we are considering here, and that it needs to be thoroughly discussed in order that we may define the limits of its possible application. We will not enter into this now, however, but will keep as close as possible to the situation from which we started out. What would happen if the doctor were to behave differently and, supposing both parties were free, if he were to avail himself of that freedom in order to return the patient's love and to still her need for affection?

If he has been guided by the calculation that this compliance on his part will ensure his domination over his patient and thus enable him to influence her to perform the tasks required by the treatment, and in this way to liberate herself permanently from her neurosis—then experience would inevitably show him that his calculation was wrong. The patient would achieve her aim, but he would never achieve his. What would happen to the doctor and the patient would only be what happened, according to the amusing anecdote, to the pastor and the insurance agent. The insurance agent, a free-thinker, lay at the point of death and his relatives insisted on bringing in a man of God to convert him before he died. The interview lasted so long that those who were waiting outside began to have hopes. At last the door of the sick-chamber opened. The free-thinker had not been converted; but the pastor went away insured.

1 [Freud took this subject up again in his Budapest Congress paper (1919a), Standard Ed., 17, 162–3.]

Bemerkungen über die Übertragungssehe

Arzte zum Gebote macht, der liebesbedürftigen Patientin die verlangte Befriedigung zu versagen. Die Kur muß in der Abstinenz durchgeführt werden; ich meine dabei nicht allein die körperliche Entbehrung, auch nicht die Entbehrung von allem, was man begehrt, denn dies würde vielleicht kein Kranker vertragen. Sondern ich will den Grundsatz aufstellen, daß man Bedürfnis und Sehnsucht als zur Arbeit und Veränderung treibende Kräfte bei der Kranken bestehen lassen und sich hüten muß, dieselben durch Surrogate zu beschwichten. Andererseits Surrogate könnte man ja nicht bieten, da die Kranke infolge ihres Zitates, solange ihre Verdrängungen nicht behoben sind, einer wirklichen Befriedigung nicht fähig ist.

Gestehen wir zu, daß der Grundsatz, die analytische Kur solle in der Entbehrung durchgeführt werden, weit über den hier betrachteten Einszall hinausreicht und einen eingehenden Diskussionsbedarf, durch welchen die Grenzen seiner Durchführbarkeit abgesteckt werden sollen. Wir wollen es aber vermeiden, dies hier zu tun, um uns möglichst enger an die Situation halten, von der wir ausgegangen sind. Was würde geschehen, wenn der Arzt anders vorginge und die etwa beiderseitige gegebene Freiheit auszutüft würde, um die Liebe der Patientin zu erwidern und ihr Bedürfnis nach Zäritlichkeit zu stillen?

Wenn ihn dabei die Berechnung leiten sollte, durch solches Entgegenkommen würde er sie die Herrschaft über die Patientin sichern und sie so bewegen, die Aufgaben der Kur zu lösen, also ihre dauernde Be- freitung von der Neurose zu erwerben, so müßte ihm die Erfahrung zeigen, daß er sich verrechnet hat. Die Patientin würde ihr Ziel erreichen, er niemals das einzige. Es hätte sich zwischen Arzt und Patientin nur wieder abgespielt; was eine lustige Geschichte vom Pastor und vom Versicherungsagenten erhellt: Zu dem ungläubigen und schwerkranken Versicherungsagenten wird auf Betreiben der Angehörigen ein Frommer: Mann gebracht, der ihn vor seinem Tode bekehren soll. Die Unterhaltung dauerte so lange, daß die Wartenden Hoffnung schöpften. Endlich öffnet sich die Tür des Krankenzimmers. Der Ungläubige ist nicht bekehrt worden, aber der Pastor geht versichert weg.

1 [Hier erörtert Freud erstmals explizit die technische Empfehlung, die Behandlung habe in Abstinenz zu erfolgen, also das, was in die psychoanalytische Literatur als »Abstinenzregel« eingegangen ist. Vgl. die »Editorische Vorberemerkung«, oben, S. 218.]

2 [Freud griff das Problem in seiner Arbeit für den Budapestischen Kongreß noch einmal auf (1919a), im vorliegenden Band S. 244–5.]

3 [Diesen Gleichnis steht auch in der Frage der Leisensanalyse (1926a), unten, S. 318.]
FURTHER RECOMMENDATIONS ON TECHNIQUE

If the patient's advances were returned it would be a great triumph for her, but a complete defeat for the treatment. She would have succeeded in what all patients strive for in analysis —she would have succeeded in acting out, in repeating in real life, what she ought only to have remembered, to have reproduced as psychical material and to have kept within the sphere of psychical events. In the further course of the love-relationship she would bring out all the inhibitions and pathological reactions of her erotic life, without there being any possibility of correcting them; and the distressing episode would end in remorse and a great strengthening of her propensity to repression. The love-relationship in fact destroys the patient's susceptibility to influence from analytic treatment. A combination of the two would be an impossibility.

It is, therefore, just as disastrous for the analysis if the patient's craving for love is gratified as if it is suppressed. The course the analyst must pursue is neither of these; it is one for which there is no model in real life. He must take care not to steer away from the transference-love, or to repulse it or to make it distasteful to the patient; but he must just as resolutely withhold any response to it. He must keep firm hold of the transference-love, but treat it as something unreal, as a situation which has to be gone through in the treatment and traced back to its unconscious origins and which must assist in bringing all that is most deeply hidden in the patient's erotic life into her consciousness and therefore under her control. The more plainly the analyst lets it be seen that he is proof against every temptation, the more readily will he be able to extract from the situation its analytic content. The patient, whose sexual repression is of course not yet removed but merely pushed into the background, will then feel safe enough to allow all her preconditions for loving, all the phantasies springing from her sexual desires, all the detailed characteristics of her state of being in love, to come to light; and from these she will herself open the way to the infantile roots of her love.

There is, it is true, one class of women with whom this attempt to preserve the erotic transference for the purposes of analytic work without satisfying it will not succeed. These are women of elemental passionateness who tolerate no surrogates. They are children of nature who refuse to accept the psychical

1 See the preceding paper [p. 150].

Die behandlungs technischen Schriften von 1911 bis 1915 [1914]

Es wäre ein großer Triumph für die Patientin, wenn ihre Liebesver drosselung Erwiderung fände, und sie nicht in volle Niederlage für die Kur. Die Kranke hätte erreicht, wonach alle Kranken in der Analyse streben, etwas zu agieren, im Leben zu wiederholen, was sie nur erinnern, als psychisches Material, reproduzieren und auf psychischem Gebiete erhalten soll. Sie würde im weiteren Verlaufe des Liebesverhältnisses alle Hemmungen und pathologische Reaktionen ihres Liebeslebens zum Vorscheine bringen, ohne daß eine Korrektur derselben möglich wäre, und das peinliche Erlebnis mit Reue und großen Verstärkungen ihrer Verdrängungsneigung abschließen. Dazu Liebesverhältnis macht eben der Beeinflussbarkeit durch die analytische Behandlung einen Ende; eine Vereinigung von beiden ist ein Unding.


Bei einer Klasse von Frauen wird dieser Versuch, die Liebesübertragung für die analytische Arbeit zu erhalten, ohne sie zu befriedigen, allerdings nicht gelingen. Es sind die Frauen von elementarer Leidenschaftlichkeit, welche keine Surrogate vertragen, Naturkinder, die das Psychische nicht
in place of the material, who, in the poet's words, are accessible only to 'the logic of soup, with dumplings for arguments'. With such people one has the choice between returning their love or else bringing down upon oneself the full enmity of a woman scorned. In neither case can one safeguard the interests of the treatment. One has to withdraw, unsuccessful; and all one can do is to turn the problem over in one's mind of how it is that a capacity for neurosis is joined with such an intractable need for love.

Many analysts will no doubt agree on the method by which other women, who are less violent in their love, can be gradually made to adopt the analytic attitude. What we do, above all, is to stress to the patient the unmistakable element of resistance in this 'love'. Genuine love, we say, would make her docile and intensify her readiness to solve the problems of her case, simply because the man she was in love with expected it of her. In such a case she would gladly choose the road to completion of the treatment, in order to acquire value in the doctor's eyes and to prepare herself for real life, where this can only be done out of revenge and resentment, exactly as she does it now doing out of her ostensible love.

As a second argument against the genuineness of this love we advance the fact that it exhibits not a single new feature arising from the present situation, but is entirely composed of repetitions and copies of earlier reactions, including infantile ones. We undertake to prove this by a detailed analysis of the patient's behaviour in love.

If the necessary amount of patience is added to these arguments, it is usually possible to overcome the difficult situation and to continue the work with a love which has been moderated or transformed; the work then aims at uncovering the patient's infantile object-choice and the phantasies woven round it.

Bemerkungen über die Übertragungsliebe.

für das Materielle nehmen wollen, die nach des
Dichters Worten nur zugänglich sind »für Suppenlogik mit Knödel-
argumenten«.1. Bei diesen Personen steht man vor der Wahl: entweder
Gegenliebe zeigen oder die volle Feindschaft des verschmähten Weibes
auf sich laden. In keinem von beiden Fällen kann man die Interessen
der Kur wahrnehmen. Man muß sich erfolglos zurückziehen und kann
sich etwa das Problem vorhalten, wie sich die Fähigkeit zur Neurose
mit so unbeugsamer Liebesbedürftigkeit vereinigt.

Die Art, wie man andere, minder gewalttätige Verliebte allmählich
zur analytischen Auffassung nötigt, dürfte sich vielen Analysten in
gleicher Weise ergeben haben. Man betont vor allem den unverkenn-
baren Anteil des Widerstandes an dieser »Liebe«. Eine wirkliche Ver-
liebtheit würde die Patientin gefügig machen und ihre Bereitschaft
steigern, um die Probleme ihres Falles zu lösen, bloß darum, weil der
liebte Mann es fordert. Eine solche würde gern den Weg über die
Vollendung der Kur wählen, um sich dem Arzte wertvoll zu machen
und die Realität vorzubereiten, in welcher die Liebesneigung ihres
Platz finden könnte. Am gewißsten zeigt sich die Patientin eigennützig
und ungehorsam, habe alles Interesse für die Behandlung von sich
worfen und offenbar auch keine Achtung vor den sich begründeten
Überzeugungen des Arztes. Sie produziere also einen Widerstand in der
Erscheinungsform der Verliebtheit, und trage überdies kein Bedenken,
ihn in die Situation derselben; auf der sie begründeten
Verliebtheit des Arztes. Sie produziere also einen Widerstand in der
Erscheinungsform der Verliebtheit, und trage überdies kein Bedenken,
ihn in die Situation derselben; auf der sie begründeten

1 [Heine, 'Die Wanderratten'. - Heines Wendung lautet eigentlich »Suppenlogik mit
Knödelgründen«.]
I should now like, however, to examine these arguments with a critical eye and to raise the question whether, in putting them forward to the patient, we are really telling the truth, or whether we are not resorting in our desperation to concealments and misrepresentations. In other words: can we truly say that the state of being in love which becomes manifest in analytic treatment is not a real one?

I think we have told the patient the truth, but not the whole truth regardless of the consequences. Of our two arguments the first is the stronger. The part played by resistance in transference-constists of new editions of old traits and that it does on the pathological. Transference-love has perhaps a infantile prototypes. It is precisely from this infantile love that we are really telling the truth; it displays its dependence on the infantile pattern more clearly and is less adaptable and capable of modification; but that is all, and not what is essential.

By what other signs can the genuineness of a love be recognized? By its efficacy, its serviceability in achieving the aim of love? In this respect transference-love seems to be second to none; one has the impression that one could obtain anything from it.

Let us sum up, therefore. We have no right to dispute that the state of being in love which makes its appearance in the course of analytic treatment has the character of a 'genuine' love. If it seems so lacking in normality, this is sufficiently explained by the fact that being in love in ordinary life, outside analysis, is also more similar to abnormal than to normal mental phenomena. Nevertheless, transference-love is characterized by certain features which ensure it a special position. In the first place, it is provoked by the analytic situation; secondly, it is greatly intensified by the resistance, which dominates the situation; and thirdly, it is lacking to a high degree less of freedom than the love which appears in ordinary life and is called normal; it displays its dependence on the infantile pattern more clearly and is less adaptable and capable of modification; but that is all, and not what is essential.

In the first place, it is the stronger. The part played by resistance in transference-love is unquestionable and very considerable. Nevertheless the resistance did not, after all, create this love; it finds it ready to hand, makes use of it and aggravates its manifestations. Nor is the genuineness of the phenomenon disproved by the resistance. The second argument is far weaker. It is true that the love consists of new editions of old traits and that it repeats infantile reactions. But this is the essential character of every state of being in love. There is no such state which does not reproduce infantile prototypes. It is precisely from this infantile determination that it receives its compulsive character, verging as it does on the pathological. Transference-love has perhaps a degree less of freedom than the love which appears in ordinary life and is called normal; it displays its dependence on the infantile pattern more clearly and is less adaptable and capable of modification; but that is all, and not what is essential.

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Die behandlungstechnischen Schriften von 1911 bis 1915 [1914].

Ich möchte aber, die erwähnten Argumente, kritisch beleuchten und die Frage aufwerfen, ob wir mit ihnen der Patientin die Wahrheit sagen oder in unserer Notlage zu Verfehlungen und Entstellungen Zuflucht genommen haben. Mit anderen Worten: Ist die in der analytischen Kur manifest werdende Verliebtheit wirklich keine reale zu nennen?

Ich meine, wir haben der Patientin die Wahrheit gesagt, aber doch nicht die ganze, um das Ergebnis unbekümmert. Von unsern beiden Argumenten ist das erste das stärkere. Der Anteil des Widerstandes der Übertragungsliebe ist unbestreitbar und sehr beträchtlich. Aber der Widerstand hat diese Liebe doch nicht geschaffen, er findet sie vor, bedingt sich ihrer und übertrifft ihre Äußerungen. Die Echtheit der Phänomene wird auch durch den Widerstand, nicht entkräftet. Unser zweites Argument ist weit schwächer; es ist wahr, daß diese Verliebtheit aus Neuanlagen alter Züge besteht und infantile Reaktionen wiederholt. Aber dies ist der wesentliche Charakter jeder Verliebtheit. Es gibt keine, die nicht infantile Vorbilder wiederholt. Gerade das, was ihren zwanghaften, aus pathologische mahnende Charakter ausmacht, ruft von ihrer, infantilen Bedingtheit her. Die Übertragungslove hat vielleicht einen Grad von Freiheit weniger als die im Leben vorkommende, normal genannte, läßt die Abhängigkeit von der infantilen Vorlage deutlicher erkennen, zeigt sich weniger schmeissam und modifikationsfähig, aber das ist auch alles und nicht das Wesentliche.


Resümieren wir also: Man hat kein Anrecht, der in der analytischen Behandlung zutage tretenden Verliebtheit den Charakter einer echten Liebe abzusprechen. Wenn sie sowenig normal erscheint, so erklärt sich dies hinreichend aus dem Umstande, daß auch die sonstige Verliebtheit außerhalb der analytischen Kur eher an die abnormalen als an die normalen seelischen Phänomene erinnert. Immerhin ist sie durch einige Züge ausgezeichnet, welche ihr eine besondere Stellung sichern. Sie ist 1. durch die analytische Situation provoziert, 2. durch den diese Situation beherrschenden Widerstand in die Höhe getrieben, und 3. sie ent-
(III) TRANSFERENCE-LOVE

degree in a regard for reality, is less sensible, less concerned about consequences and more blind in its valuation of the loved person than we are prepared to admit in the case of normal love. We should not forget, however, that these departures from the norm constitute precisely what is essential about being in love.

As regards the analyst's line of action, it is the first of these three features of transference-love which is the decisive factor. He has evoked this love by instituting analytic treatment in order to cure the neurosis. For him, it is an unavoidable consequence of a medical situation, like the exposure of a patient's body or the imparting of a vital secret. It is therefore plain to him that he must not derive any personal advantage from it. The patient's willingness makes no difference; it merely throws the whole responsibility on the analyst himself. Indeed, as he must know, the patient had been prepared for no other mechanism of cure. After all the difficulties have been successfully overcome, she will often confess to having had an anticipatory phantasy at the time when she entered the treatment, to the effect that if she behaved well she would be rewarded at the end by the doctor's affection.

For the doctor, ethical motives unite with the technical ones to restrain him from giving the patient his love. The aim he has to keep in view is that this woman, whose capacity for love is impaired by infantile fixations, should gain free command over a function which is of such inestimable importance to her; that she should not, however, dissipate it in the treatment, but keep it ready for the time when, after her treatment, the demands of real life make themselves felt. He must not stage the scene of a dog-race in which the prize was to be a garland of sausages but which some humorist spoilt by throwing a single sausage on to the track. The result was, of course, that the dogs threw themselves upon it and forgot all about the race and about the garland that was luring them to victory in the far distance. I do not mean to say that it is always easy for the doctor to keep within the limits prescribed by ethics and technique. Those who are still youngish and not yet bound by strong ties may in particular find it a hard task. Sexual love is undoubtedly one of the chief things in life, and the union of mental and bodily satisfaction in the enjoyment of love is one of its culminating peaks. Apart from a few queer fanatics, all the world knows

S.F. XII—M

behrt in hohem Grade der Rücksicht auf die Realität, sie ist unkluger, unbekümmerter um ihre Konsequenzen, verblendeter in der Schützung der geliebten Person, als wir einer normalen Verliebtheit gerne zugestehen wollen. Wir dürfen aber nicht vergessen, daß gerade diese von der Norm abweichenden Züge das Wesentliche einer Verliebtheit ausmachen.


this and conducts its life accordingly; science alone is too delicate to admit it. Again, when a woman sues for love, to reject and refuse is a distressing part for a man to play; and, in spite of neurosis and resistance, there is an incomparable fascination in a woman of high principles who confesses her passion. It is not a patient's crudely sensual desires which constitute the temptation. These are more likely to repel, and it will call for all the doctor's tolerance if he is to regard them as a natural phenomenon. It is rather, perhaps, a woman's subtler and aim-inhibited wishes which bring with them the danger of making a man forget his technique and his medical task for the sake of a fine experience.

And yet it is quite out of the question for the analyst to give way. However highly he may prize love he must prize even more highly the opportunity for helping his patient over a decisive stage in her life. She has to learn from him to overcome the pleasure principle, to give up a satisfaction which lies to hand but is socially not acceptable, in favour of a more distant one, which is perhaps altogether uncertain, but which is both psychologically and socially unimpeachable. To achieve this overcoming, she has to be led through the primal period of her mental development and on that path she has to acquire the extra piece of mental freedom which distinguishes conscious mental activity—in the systematic sense—from unconscious.

The analytic psychotherapist thus has a threefold battle to wage—in his own mind against the forces which seek to drag him down from the analytic level; outside the analysis, against opponents who dispute the importance he attaches to the sexual instinctual forces and hinder him from making use of them in his scientific technique; and inside the analysis, against his patients, who at first behave like opponents but later on reveal the overvaluation of sexual life which dominates them, and who try to make him captive to their socially untamed passion.

The lay public, about whose attitude to psycho-analysis I spoke at the outset, will doubtless seize upon this discussion of transference-love as another opportunity for directing the attention of the world to the serious danger of this therapeutic method. The psycho-analyst knows that he is working with highly explosive forces and that he needs to proceed with as much caution and conscientiousness as a chemist. But when

[This distinction is explained below, p. 266.]
have chemists ever been forbidden, because of the danger, from handling explosive substances, which are indispensable, on account of their effects? It is remarkable that psycho-analysis has to win for itself afresh all the liberties which have long since been accorded to other medical activities. I am certainly not in favour of giving up the harmless methods of treatment. For many cases they are sufficient, and, when all is said, human society has no more use for the furor sanandi than for any other fanaticism. But to believe that the psychoneuroses are to be conquered by operating with harmless little remedies is grossly to underestimate those disorders both as to their origin and their practical importance. No; in medical practice there will always be room for the 'ferrum' and the 'ignis' side by side with the 'medicina'; and in the same way we shall never be able to do without a strictly regular, undiluted psycho-analysis which is not afraid to handle the most dangerous mental impulses and to obtain mastery over them for the benefit of the patient.

1 'Passion for curing people.'

2 [An allusion to a saying attributed to Hippocrates: "Those diseases which medicines do not cure, iron (the knife?) cures; those which iron cannot cure, fire cures; and those which fire cannot cure are to be reckoned wholly incurable." Aphorisms, VII, 87 (trans. 1849).]
APPENDIX

LIST OF WRITINGS BY FREUD DEALING MAINLY WITH PSYCHO-ANALYTIC TECHNIQUE AND THE THEORY OF PSYCHOTHERAPY

[The date at the beginning of each entry is that of the year during which the work in question was probably written. The date at the end is that of publication and under that date fuller particulars of the work will be found in the Bibliography and Author Index.]

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* These papers are concerned only with hypnotism and suggestion.
FAUSSE RECONNAISSANCE
('DEJA RACONTE')
IN PSYCHO-ANALYTIC TREATMENT
(1914)

Über fausse reconnaissance
(»déjà raconté«)
während der
psychoanalytischen Arbeit
(1914)
UBER FAUSSE RECONNAISSANCE ('DEJÀ RACONTÉ')
WÄHREND DER PSYCHOANALYTISCHEN ARBEIT

(a) GERMAN EDITIONS:
1914 Int. Z. Psychoanal., 2 (1), 1-5.
1918 S.K.S.N., 4, 149-56. (1922, 2nd ed.)
1924 Technik und Metapsychol., 76-83.
1925 G.S., 6, 76-83.
1946 G.W., 10, 116-23.

(b) ENGLISH TRANSLATION:
‘Fausse Reconnaissance (“déjà raconté”) in
Psycho-Analytic Treatment.’
1924 C.P., 2, 334-41. (Tr. James Strachey.)

The present translation is a modified version of the one published in 1924.

EDITORISCHE VORBEMERKUNG

Deutsche Ausgaben:
1914 Int. Z. ärztl. Psychoanal., Bd. 2 (1), 1-5.
1918 S. K. S. N., Bd. 4, 149-56. (1922, 2. Aufl.)
1924 Technik und Metapsychol., 76-83.
1925 G. S., Bd. 6, 76-83.
1946 G. W., Bd. 10, 116-23.

Es handelt sich bei dieser Schrift um die Ausarbeitung einer Anmerkung, die sich in Freuds etwas früher publizierter behandlungstechnischer Arbeit «Ratsschläge für den Arzt bei der psychoanalytischen Behandlung» (1912 e), oben, S. 173, Anm. 1, findet.
Fausse reconnaissance
('déjà raconté')
in psycho-analytic treatment

It not infrequently happens in the course of an analytic treatment that the patient, after reporting some fact that he has remembered, will go on to say: 'But I've told you that already'—while the analyst himself feels sure that this is the first time he has heard the story. If the patient is contradicted upon the point, he will often protest with energy that he is perfectly certain he is right, that he is ready to swear to it, and so on; while the analyst's own conviction that what he has heard is new to him will become correspondingly stronger. To try to decide the dispute by shouting the patient down or by outvying him in protestations would be a most unpsychological proceeding. It is familiar ground that a sense of conviction of the accuracy of one's memory has no objective value; and, since one of the two persons concerned must necessarily be in the wrong, it may just as well be the physician as the patient who has fallen a victim to a paramnesia. The analyst will admit as much to the patient, will break off the argument, and will postpone a settlement of the point until some later occasion.

In a minority of cases the analyst himself will then recollect that he has already heard the piece of information under dispute, and will at the same time discover the subjective, and often far-fetched, reason which led to this temporary forgetfulness. But in the great majority of cases it is the patient who turns out to have been mistaken; and he can be brought to recognize the fact. The explanation of this frequent occurrence appears to be that the patient really had an intention of giving this information, that once or even several times he actually made some remark leading up to it, but that he was then prevented by resistance from carrying out his purpose, and afterwards confused a recollection of his intention with a recollection of its performance.

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Leaving on one side any cases in which there may still be some element of doubt, I will now bring forward a few others which are of special theoretical interest. With certain people it happens, and may even happen repeatedly, that they cling with particular obstinacy to the assertion that they have already told the analyst this or that, when the nature of the circumstances and of the information in question makes it quite impossible that they can be right. For what they claim to have told the analyst already and what they claim to recognize as something old, which must be familiar to the analyst as well, turn out to be memories of the greatest importance to the analysis—confirmatory facts for which the analyst has long been waiting, or solutions which wind up a whole section of the work and which he would certainly have made the basis of an exhaustive discussion. In the face of these considerations the patient himself soon admits that his recollection must have deceived him, though he is unable to account for its definite character.

The phenomenon presented by the patient in cases like this deserves to be called a 'fausse reconnaissance', and is completely analogous to what occurs in certain other cases and has been described as a 'déjà vu'. In these other cases the subject has a spontaneous feeling such as 'I've been in this situation before', or 'I've been through all this already', without ever being in a position to confirm his conviction by discovering an actual recollection of the previous occasion. This latter phenomenon, as is well known, has provoked a large number of attempts at explanation, which can be divided roughly into two groups. One class of explanation looks upon the feeling which constitutes the phenomenon as deserving of credence, and assumes that something really has been remembered—the only question being what. The second and far larger class of explanation includes those which maintain, on the contrary, that what we have to deal with is an illusory memory, and that the problem is to discover how this paramnesic error can have arisen. This latter group comprises many widely different hypotheses. There is, for instance, the ancient view, ascribed to Pythagoras, that the phenomenon of déjà vu is evidence of the subject having had

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1 One of the most recent bibliographies of the subject is to be found in Havelock Ellis (1911).

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Über fausse reconnaissance

Ich lasse nun alle die Falle beiseite, in denen der Sachverhalt irgendwie zweifelhaft bleiben kann, und heb einige andere hervor, die ein besonderes theoretisches Interesse haben. Es ereignet sich nämlich bei einzelne Personen, und zwar wiederholt, daß sie die Behauptung, sie hätten dies oder jenes schon erlebt, besonders hartnäckig bei Mittelungen vertreten, wo die Schlagzweck es ganz unmöglich machte, daß sie recht haben können. Was sie bereits früher einmal erlebt haben wollen und jetzt als etwas Altes, was auch der Arzt wissen mußte, wiedererkennen, sind dann Erinnerungen von höchstem Wert für die Analyse, Bestätigungen, auf welche man lange Zeit gewartet, Lösungen, die einem Teilstück der Arbeit ein Ende machen, an die der analysierende Arzt sicherlich eingehende Erörterungen geknüpft hätte. Angesichts dieser Verhältnisse gibt der Patient auch bald zu, daß ihn seine Erinnerung getäuscht haben muß, obwohl er sich die Bestimmtheit derselben nicht erklären kann.

Das Phänomen, welches der Analysierte in solchen Fällen bietet, hat Anspruch darauf, eine 'fausse reconnaissance' genannt zu werden, und ist durchaus analog den anderen Fällen, in denen man spontan die Empfindung hat: In dieser Situation war ich schon einmal, das habe ich schon einmal erlebt (das 'déjà vu'), ohne daß man je in die Lage käme, diese Überzeugung durch das Wiederauffinden jenes früheren Males im Gedächtnisse zu bewahren. Es ist bekannt, daß dieses Phänomen eine Fülle von Erklärungsversuchen hervorgerufen hat, die sich im allgemeinen in zwei Gruppen bringen lassen. In der einen wird der im Phänomen enthaltenen Empfindung Glauben geschenkt und angeommen, es handle sich wirklich darum, daß etwas erinnert werde; die Frage bleibt nur, was. Zu einer bei weitem zahlreicher Gruppe treten jene Erklärungen zusammen, die vielmehr behaupten, daß hier eine Täuschung der Erinnerung vorliege, und die nun die Aufgabe haben, nachzusprüchen, wie es zu dieser paramnesischen Fehlleistung kommen könne. Im übrigen umfassen diese Versuche einen weiten Umkreis von Motiven, beginnend mit der uralten, dem Pythagoras zugeschriebenen Auffassung, daß das Phänomen des déjà vu einen Beweis für eine

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1 S. eine der letzten Zusammenstellungen der betreffenden Literatur in H. Ellis, World of Dreams (1911).
a former life; again, there is the hypothesis based on anatomy (put forward by Wigan in 1860) to the effect that the phenomenon is based on an absence of simultaneity in the functioning of the two cerebral hemispheres; and finally there are the purely psychological theories, supported by the majority of more recent authorities, which regard the déja vu as an indication of an apperceptive weakness, and assign the responsibility for its occurrence to such causes as fatigue, exhaustion and distraction.

In 1904 Grasset put forward an explanation of the déja vu which must be reckoned as one of the group which 'believes' in the phenomenon. He was of opinion that the phenomenon indicates that at some earlier time there has been an unconscious perception, which only now makes its way into consciousness under the influence of a new and similar impression. Several other authorities have agreed with this view, and have maintained that the basis of the phenomenon is the recollection of something that has been dreamed and then forgotten. In both cases it would be a question of the activation of an unconscious impression.

In 1907, in the second edition of my Psychopathology of Everyday Life [1901b, Chapter XII (D)], I proposed an exactly similar explanation for this form of apparent amnesia without mentioning Grasset's paper or knowing of its existence. By way of excuse I may remark that I arrived at my conclusion as extremely clear, although it had come about the result of a psycho-analytic investigation which I was able to make of an example of déja vu in a female patient; it was extremely clear, although it had taken place some 28 years earlier. I shall not reproduce the little analysis in this place. It showed that the situation in which the déja vu occurred was really calculated to revive the memory of an earlier experience of the patient's. The patient, who was at that time a twelve-year-old child, was visiting a family in which there was a brother who was seriously ill and at the point of death; while her own brother had been in a similarly dangerous condition a few months earlier. But with the earlier of these two similar events there had been associated a phantasy that was incapable of entering consciousness—namely, a wish that her brother should have im déja vu a pure psychic impression born of an earlier individual existence, and was supported by the hypothesis that led to such causes as fatigue, exhaustion and distraction.

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die. Consequently, the analogy between the two cases could not become conscious. And the perception of it was replaced by the phenomenon of 'having been through it all before', the identity being displaced from the really common element on to the locality.

The name 'déjà vu' is, as we know, applied to a whole class of analogous phenomena, such as the 'déjà entendu', the 'déjà éprouvé' and the 'déjà senti'. The case which I am now about to report, as a single instance out of many similar ones, consists of a 'déjà raconté'; and it could be traced back to an unconscious resolution which was never carried out.

A patient 1 said to me in the course of his associations: 'When I was playing in the garden with a knife (that was when I was five years old) and cut through my little finger—oh, I only thought it was cut through—but I've told you about that already.'

I assured him that I had no recollection of anything of the kind. He insisted with increasing conviction that it was impossible he could be mistaken. I finally put an end to the argument in the manner I have described above and asked him in any case to repeat the story. Then we should see where we were.

'When I was five years old, I was playing in the garden near my nurse, and was carving with my pocket-knife in the bark of one of the walnut-trees that come into my dream as well.' Suddenly, to my unspeakable terror, I noticed that I had cut through the little finger of my (right or left?) hand, so that it was only hanging on by its skin. I felt no pain, but great fear. I did not venture to say anything to my nurse, who was only a few paces distant, but I sank down on the nearest seat and sat there incapable of casting another glance at my finger. At last

1 [This patient was the 'Wolf Man', whose case history is reported in Freud, 1918b, where the next paragraph but one is quoted in full near the end of Section VII.]

2 [This patient was also of the 'Wolf Man', whose account is described in detail in Freud, 1918b, where the next paragraph but one is quoted in full near the end of Section VII.]

3 Cf. 'The Occurrence in Dreams of Material from Fairy Tales' (1910d). In telling the story again on a later occasion he made the following correction: 'I don't believe I was cutting the tree. That was a confusion with another recollection, which must also have been hallucinatorily falsified, of having made a cut in a tree with my knife and of blood having come out of the tree.'
I calmed down, took a look at the finger, and saw that it was entirely uninjured.

We soon agreed that, in spite of what he had thought, he could not have told me the story of this vision or hallucination before. He was very well aware that I could not have failed to exploit such evidence as this of his having had a fear of castration at the age of five. The episode broke down his resistance to assuming the existence of a castration complex; but he raised the question: 'Why did I feel so certain of having told you this recollection before?'

It then occurred to both of us that repeatedly and in various connections he had brought out the following trivial recollection, and each time without our deriving any profit from it:

'Once when my uncle went away on a journey he asked me and my sister what we should like him to bring us back. My sister asked for a book, and I asked for a pocket-knife.' We now understood that this association which had emerged months before had in reality been a screen memory for the repressed recollection, and had been an attempt (rendered abortive by resistance) at telling the story of his imagined loss of his little finger—an unmistakable equivalent for his penis. The knife which his uncle did in fact bring him back was, as he clearly remembered, the same one that made its appearance in the episode which had been suppressed for so long.

It seems unnecessary to add anything in the way of an interpretation of this little occurrence, so far as it throws light upon the phenomenon of *fausse reconnaissance*. As regards the subject-matter of the patient's vision, I may remark that, particularly in relation to the castration complex, similar hallucinatory falsifications are of not infrequent occurrence, and that they can just as easily serve the purpose of correcting unwelcome perceptions.

In 1911 a man of university education, residing in a university town in Germany, with whom I am unacquainted and whose age is unknown to me, put the following notes upon his childhood at my disposal.

'In the course of reading your study on Leonardo da Vinci [1910c], I was moved to internal dissent by the observations near the beginning of Chapter III. Your assertion that male

wurde ich ruhig, faßte den Finger ins Auge, und siehe da, er war ganz unverletzt.«

Wir einigten uns bald darüber, daß er mir diese Vision oder Halluzination doch nicht erzählt haben könne. Er verstand sehr wohl, daß ich einen solchen Beweis für die Existenz der Kastrationsangst in seinem fünften Jahr doch nicht unverwertet gelassen hätte. Sein Widerstand gegen die Annahme des Kastrationskomplexes war damit gebrochen, aber er warf die Frage auf: »Warum habe ich so sicher geglaubt, daß ich diese Erinnerung schon erzählt habe?«

 Dann fiel uns beiden ein, daß er wiederholte, bei verschiedenen Anlässen, aber jedesmal ohne Vorteil, folgende kleine Erinnerung vorgebracht hatte:

»Als der Onkel einmal verreiste, fragte er mich und die Schwester, was er uns mitbringen solle. Die Schwester wünschte sich ein Buch, ich ein Taschenmesser.« Nun verstanden wir diesen Monat vorher aufgetauchten Einfall als Deckerinnerung für die verdrängte Erinnerung und als Ansatz zu der infolge des Widerstandes unterbliebenen Erzählung vom vermeintlichen Verlust des kleinen Fingers (eines unverkennbaren Penisaquivalents). Das Messer, welches ihm der Onkel auch wirklich mitgebracht hatte, war nach seiner sicheren Erinnerung das nämliche, welches in der lange unterdrückten Mitteilung vorkam.

Ich glaube, es ist überflüssig, zur Deutung dieser kleinen Erfahrung, soweit sie auf das Phänomen der *fausse reconnaissance* Licht wirft, weiteres hinzuzufügen. Zum Inhalt der Vision des Patienten will ich bemerken, daß solche hallucinatorische Täuschungen gerade im Gefüge des Kastrationskomplexes nicht vereinzelt sind und daß sie ebenso wohl zur Korrektur unerwünschter Wahrnehmungen dienen können.

Im Jahre 1911 stellte mir ein akademisch Gebildeter aus einer deutschen Universitätsstadt, den ich nicht kenne, dessen Alter mir unbekannt ist, folgende Mitteilung aus seiner Kindheit zur freien Verfügung:

children are dominated by an interest in their own genitals provoked me to make a counter-assertion to the effect that “if that is the general rule, I at all events am an exception to it”. I then went on to read the passage that follows with the utmost amazement, such amazement as one feels when one comes across a fact of an entirely novel character. In the midst of my amazement a recollection occurred to me which showed me, to my own surprise, that the fact could not be by any means so novel as it had seemed. For, at the time at which I was passing through the period of “infantile sexual researches”, a lucky chance gave me an opportunity of inspecting the female genitals in a little girl of my own age, and in doing so I quite clearly observed a penis of the same kind as my own. Soon afterwards I was plunged into fresh confusion by the sight of some female statues together I succeeded in making my genitals disappear between them; and I was glad to find that in that way all differences between my own appearance and that of a female nude could be got rid of. Evidently, I thought to myself, the genitals have been made to disappear in a similar way in female nudes.

At this point another recollection occurred to me, which has always been of the greatest importance to me, in so far as it is one of the three recollections which constitute all that I can remember of my mother, who died when I was very young. I remember seeing my mother standing in front of the washing-stand and cleaning the glasses and washing-basin, while I was playing in the same room and committing some misdemeanour. As a punishment my hand was soundly slapped. Then to my very great terror I saw my little finger fall off; and in fact it fell into the pail. Knowing that my mother was angry, I did not venture to say anything; but my terror grew still more intense when I saw the pail carried off soon afterwards by the servant-girl. For a long time I was convinced that I had lost a finger—up to the time, I believe, at which I learnt to count.

I have often tried to interpret this recollection, which, as I have already mentioned, has always been of the greatest importance to me on account of its connection with my mother; but none of my interpretations has satisfied me. It is only now, after
reading your book, that I begin to have a suspicion of a simple and satisfying answer to the conundrum.

There is another kind of fausse reconnaissance which not infrequently makes its appearance at the close of a treatment, much to the physician's satisfaction. After he has succeeded in forcing the repressed event (whether it was of a real or of a psychical nature) upon the patient's acceptance in the teeth of all resistances, and has succeeded, as it were, in rehabilitating it—the patient may say: 'Now I feel as though I had known it all the time.' With this the work of the analysis has been completed. 1

[1 A short mention of a special case of déjà vu in dreams, with a different explanation, will be found in Chapter VI (E) of The Interpretation of Dreams (Standard Ed., 5, 399).]
REMARKS ON THE THEORY AND PRACTICE
OF DREAM-INTERPRETATION
(1923 [1922])

Bemerkungen
zur Theorie und Praxis
der Traumdeutung
(1923 [1922])
BEMERKUNGEN ZUR THEORIE UND PRAXIS
DER TRAUMDEUTUNG

(a) German Editions:
1923 *Int. Z. Psychoanal.*, 9 (1), 1-11.
1925 *Traumlehre*, 49-62.
1931 *Sexualtheorie und Traumlehre*, 354-68.
1940 *G.W.*, 13, 301-14.

(b) English Translation:
'Remarks upon the Theory and Practice of
Dream-Interpretation'
1945 *J. Psychoanal.*, 1, 13-30. (Reprint of above.)
1950 *C.P.*, 5, 136-49. (Revised reprint of above.)

The present translation is a corrected version, with additional notes, of the one published in 1950.

The contents of this paper were communicated by Freud to his companions during a walking-tour in the Harz mountains in September, 1921 (Jones, 1957, 86), the same tour in which he read them two other papers, 1941*d* and 1922*b* (*Standard Ed.*, 18, 175 and 223). The present paper, however, was not actually written until a year later, in July, 1922, at Gastein (Jones, ibid., 93). (The date of the year of writing is wrongly given as '1923' in Jones, 1955, 269.) It will be seen that Sections VIII and X reflect Freud's interest in the 'compulsion to repeat' and in the demonstration of an 'ego ideal', as discussed in his contemporary works, *Beyond the Pleasure Principle* (1920g) and *Group Psychology* (1921c) respectively.

EDITORISCHE VORBEMERKUNG

Deutsche Ausgaben:
1923 *Int. Z. Psychoanal.*, Bd. 9 (1), 1-11.
1925 *Traumlehre*, 49-62.
1931 *Sexualtheorie und Traumlehre*, 354-68.
1940 *G.W.*, Bd. 13, 301-14.

Den Inhalt dieser Arbeit hat Freud seinen Begleitern auf einer Wanderung durch den Harz im September 1921 (Jones, 1962b, 112) mitgeteilt, der selben Tour, auf der er ihnen noch zwei andere Schriften vorlas (1941*d* und 1922*b*). Der vorliegende Aufsatz wurde jedoch erst ein Jahr später, im Juli 1922, in Badgastein niedergeschrieben (Jones, ibid., 124-5). (Das im zweiten Band der Freud-Biographie von Jones, 1962a, 286, angegebene Datum für die Niederschrift, »1923«, ist unrichtig.) In den Abschnitten VIII und X spiegelt sich Freuds Interesse am »Wiederholungszwang« sowie an der Darstellung eines »Ichideals«, wie er es auch in den im gleichen Zeitraum entstandenen Werken *Jenseits des Lustprinzips* (1920g) bzw. *Massepsychoologie* (1921c) diskutiert.
REMARKS ON THE THEORY AND PRACTICE OF DREAM-INTERPRETATION

The accidental circumstance that the last editions of my Interpretation of Dreams (1900a)¹ have been printed from stereotype plates has led me to issue the following remarks in an independent form, instead of introducing them into the text as modifications or additions.

I

In interpreting a dream during an analysis a choice lies open to one between several technical procedures.²

One can (a) proceed chronologically and get the dreamer to bring up his associations to the elements of the dream in the order in which those elements occurred in his account of the dream. This is the original, classical method, which I still regard as the best if one is analysing one's own dreams.

Or one can (b) start the work of interpretation from some one particular element of the dream which one picks out from the middle of it. For instance, one can choose the most striking piece of it, or the piece which shows the greatest clarity or sensory intensity; or, again, one can start off from some spoken words in the dream, in the expectation that they will lead to the recollection of some spoken words in waking life.

Or one can (c) begin by entirely disregarding the manifest content and instead ask the dreamer what events of the previous day are associated in his mind with the dream he has just described.

Finally, one can (d), if the dreamer is already familiar with the technique of interpretation, avoid giving him any instructions and leave it to him to decide with which associations to the dream he shall begin.

I cannot lay it down that one or the other of these techniques is preferable or in general yields better results.

¹ [The sixth and seventh editions, published in 1921 and 1922.]
² [Cf. the similar discussion near the beginning of Lecture XXIX of the New Introductory Lectures (1933a).]

Bemerkungen zur Theorie und Praxis der Traumdeutung

Der zufällige Umstand, daß die letzten Auflagen der Traumdeutung [1900a]¹ durch Plattendruck hergestellt wurden, veranlaßt mich, nachstehende Bemerkungen selbständig zu machen, die sonst als Abänderungen oder Einschaltungen im Text untergekommen wären.

I

Bei der Deutung eines Traumes in der Analyse hat man die Wahl zwischen verschiedenen technischen Verfahren.


Oder man kann (b) die Deutungsarbeit an einem einzelnen, ausgezeichneten Element des Traumes ansetzen lassen, das man mitten aus dem Traum herausgreift, z. B. an dem auffälligsten Stück desselben oder an dem, welches die größte Deutlichkeit oder sinnliche Intensität besitzt, oder etwa an eine im Traum enthaltene Rede anknüpfen, von der man erwartet, daß sie zur Erinnerung an eine Rede aus dem Wachleben führen wird.

Man kann (c) überhaupt zunächst vom manifesten Inhalt absehen und dafür an den Träumer die Frage stellen, welche Ereignisse des letzten Tages sich in seiner Assoziation zum erzählten Traum gesellen.

Endlich kann man (d), wenn der Träumer bereits mit der Technik der Deutung vertraut ist, auf jede Vorschrift verzichten und es ihm anheimstellen, mit welchen Einfällen zum Traum er beginnen will.

Ich kann nicht behaupten, daß die eine oder die andere dieser Techniken die vorzüglichere ist und allgemein bessere Ergebnisse liefert.

¹ [Die sechste und siebte Auflage, veröffentlicht 1921 bzw. 1922.]
² [Vgl. die ähnliche Erörterung ziemlich zu Beginn von Vorlesung 29 der Neuen Folge der Vorlesungen (1933 a), Studienausgabe, Bd. 1, S. 452-60.]
II

What is of far greater importance is the question of whether the work of interpretation proceeds under a pressure of resistance which is high or low—a point on which the analyst never remains long in doubt. If the pressure is high, one may perhaps succeed in discovering what the things are with which the dream is concerned, but one cannot make out what it says about these things. It is as though one were trying to listen to a conversation taking place at a distance or in a very low voice. In that case, one can feel confident that there is not much prospect of collaborating with the dreamer, one decides not to bother too much about it and not to give him much help, and one is content to put before him a few translations of symbols that seem probable.

The majority of dreams in a difficult analysis are of this kind; so that one cannot learn much from them about the nature and mechanism of dream-formation. Least of all can one learn anything from them upon the recurring question of where the dream's wish-fulfilment may lie hidden. When the pressure of resistance is quite extremely high, one meets with the phenomenon of the dreamer's associations broadening instead of deepening. In place of the desired associations to the dream that has already been narrated, there appear a constant succession of new fragments of dream, which in their turn remain without associations.

It is only when the resistance is kept within moderate limits that the familiar picture of the work of interpretation comes into view: the dreamer's associations begin by diverging widely from the manifest elements, so that a great number of subjects and ranges of ideas are touched on, after which, a second series of associations quickly converge from these on to the dream-thoughts that are being looked for. When this is so, collaboration between the analyst and the dreamer becomes possible; whereas under a high pressure of resistance it would not even be of any advantage.

A number of dreams which occur during analyses are untranslatable even though they do not actually make much show of the resistance that is there. They represent free renderings of the latent dream-thoughts behind them and are comparable to successful creative writings which have been artistically worked

Zur Theorie und Praxis der Traumdeutung

Ungleich bedeutender ist der Umstand, ob die Deutungsarbeit unter hohem oder niedrigem Widerstandesdruck vor sich geht, worüber der Analytiker ja niemals lange im Zweifel bleibt. Bei hohem Druck bringt man es vielleicht dazu, zu erfahren, von welchen Dingen der Traum handelt, aber man kann nicht erraten, was er über diese Dinge aussagt. Es ist, wie wenn man einem entfernten oder leise geführten Gespräch zuhören würde. Man sagt sich dann, daß von einem Zusammenarbeiten mit dem Träumer nicht gut die Rede sein kann, beschließt, sich nicht viel zu plagen und ihm nicht viel zu helfen, und begnügt sich damit, ihm einige Symbolübersetzungen, die man für wahrscheinlich hält, vorzuschlagen.

Die Mehrzahl der Träume in schwierigen Analysen ist von solcher Art, so daß man aus ihnen nicht viel über Natur und Mechanismus der Trambildung lernen kann, am wenigsten aber Auskünfte zu der belebten Frage erhalten wird, wo denn die Wunscherfüllung des Traumes steckt.

Bei ganz extrem hohem Widerstandsdruck ereignet sich das Phänomen, daß die Assoziation des Träumers in die Breite, anstatt in die Tiefe geht. An Stelle der gewünschten Assoziationen zu dem erzählten Traum kommen immer neue Traumstücke zum Vorschein, die selbst assoziationslos bleiben.

Nur wenn sich der Widerstand in mäßigen Grenzen hält, kommt das bekannte Bild der Deutungsarbeit zustande, daß die Assoziationen des Träumers von den manifesten Elementen aus zunächst weit divergieren, so daß eine große Anzahl von Themen und Vorstellungskreisen angerührt werden, bis dann eine zweite Reihe von Assoziationen von hier aus rasch zu den gesuchten Traumgedanken konvergiert.

Dann wird auch das Zusammenarbeiten des Analytikers mit dem Träumer möglich; bei hohem Widerstandesdruck wäre es nicht einmal zweckmäßig.

Eine Anzahl von Träumen, die während der Analysen vorfallen, sind übersetzbar, wenngleich sie nicht gerade den Widerstand zur Schau tragen. Sie stellen freie Bearbeitungen der zugrunde liegenden latenten Traumgedanken vor und sind wohlgelungenen, künstlerisch überarbeiteten Dichtwerken vergleichbar, in denen man die Grundmotive zwar
REMARKS ON DREAM-INTERPRETATION

over and in which the basic themes are still recognizable though they have been subjected to any amount of re-arrangement and transformation. Dreams of this kind serve in the treatment as an introduction to thoughts and memories of the dreamer without their own actual content coming into account.

III

It is possible to distinguish between dreams from above and dreams from below, provided the distinction is not made too sharply. Dreams from below are those which are provoked by the strength of an unconscious (repressed) wish which has found a means of being represented in some of the day's residues. They may be regarded as inroads of the repressed into waking life. Dreams from above correspond to thoughts or intentions of the day before which have contrived during the night to obtain reinforcement from repressed material that is debarred from the ego. When this is so, analysis as a rule disregards this unconscious ally and succeeds in inserting the latent dream-thoughts into the texture of waking thought. This distinction calls for no modification in the theory of dreams.

IV

In some analyses, or in some periods of an analysis, a divorce may become apparent between dream-life and waking life, like the divorce between the activity of phantasy and waking life which is found in the 'continued story' (a novel in day-dreams). In that case one dream leads off from another, taking as its central point some element which was lightly touched upon in its predecessor, and so on. But we find far more frequently that dreams are not attached to one another but are interpolated into a successive series of portions of waking thought.

V

The interpretation of a dream falls into two phases: the phase

[Freud makes some further remarks on 'dreams from above' in his letter to Maxime Leroy on some dreams of Descartes (1929b). He had already noticed the existence of such dreams in The Interpretation of Dreams (1900a), Standard Ed., 5, 560.]
in which it is translated and the phase in which it is judged or has its value assessed. During the first phase one must not allow oneself to be influenced by any consideration whatever for the second phase. It is as though one had before one a chapter from some work in a foreign language—by Livy, for instance. The first thing one wants to know is what Livy says in the chapter; and it is only after this that the discussion arises of whether what one has read is a historical narrative or a legend or a digression on the part of the author.

What conclusions can one draw from a correctly translated dream? I have an impression that analytic practice has not always avoided errors and over-estimations on this point, partly owing to an exaggerated respect for the 'mysterious unconscious'. It is only too easy to forget that a dream is as a rule merely a thought like any other, made possible by a relaxation of the censorship and by unconscious reinforcement, and distorted by the operation of the censorship and by unconscious revision.

Let us take as an example the so-called dreams of recovery. If a patient has had a dream of this kind, in which he seems to feel to lie ahead. In order to avoid another portion of the work of analysis, which it is felt to lie ahead. In order to avoid another portion of the work of analysis, we are inclined to think that he has made a great step forward, that he is ready to take his place in a new state of life, that he has begun to reckon on his recovery, etc. This may often be true, but quite as often such dreams of recovery only have the value of dreams of convenience: they signify a wish to be well at last, in order to avoid another portion of the work of analysis which is felt to lie ahead. In this sense, dreams of recovery very frequently occur, for instance, when the patient is about to enter upon a new and disagreeable phase of the transference. He is behaving in this just like some neurotics who after a few

\[1 \text{ [The fact that dreams are merely 'a form of thinking' is often insisted on by Freud. See, for instance, his 'History of the Psycho-Analytic Movement' (1914d), Standard Ed., 14, 65, 'Some Neurotic Mechanisms' (1922b), ibid., 18, 229 and a long footnote added to The Interpretation of Dreams in 1925, ibid., 5, 506-7.]}

\[2 \text{ [See The Interpretation of Dreams, ibid., 4, 123 ff. For examples and a discussion of these dreams and of the 'corroborative' dreams in Section VII below, see Section III of the case of female homosexuality (1920a), ibid., 18, 104-6.]}

\[3 \text{ [Zur Theorie und Praxis der Traumdeutung} \]

Welche Schlüsse darf man aber aus einem richtig übersetzten Traum ziehen? Ich habe den Eindruck, daß die analytische Praxis hierin, Irrtümer und Überschätzungen nicht immer vermieden hat, und zwar zum Teil aus übergrößtem Respekt vor dem 'geheimnisvollen Unbewussten'.

Man vergißt zu leicht daran, daß ein Traum zumeist nur ein Gedanke ist wie ein anderer, ermöglicht durch den Nachlaß der Zensur und die unbewußte Verstärkung und entstellt durch die Einwirkung der Zensur und die unbewußte Bearbeitung.

Greifen wir das Beispiel der sogenannten Genesungsträume heraus. Wenn ein Patient einen solchen Traum gehabt hat, in dem er sich die Einschränkungen der Neurose zu entziehen scheint, z. B. eine Phobie überwindet oder eine Gefühlsbindung aufgibt, so sind wir geneigt zu glauben, er habe einen großen Fortschritt gemacht, sei bereit, sich in eine neue Lebenslage zu fügen, beginne mit seiner Gesundheit zu rechnen usw. Das mag oftmals richtig sein, aber ebenso oft haben solche Genesungsträume nur den Wert von Bequemlichkeits träumen, sie bedeuten den Wunsch, endlich gesund zu sein, um sich ein weiteres Stück der analytischen Arbeit, die sie als bevorstehend fühlen, zu ersparen. In solchem Sinn ereignen sich Genesungsträume z. B. recht häufig, wenn der Patient in eine neue, ihm peinliche Phase der Übertragung eintreten soll. Er benimmt sich dann ganz ähnlich wie manche Neurotiker, die
hours of analysis declare they have been cured—because they want to escape all the unpleasantness that is bound to come up for discussion in the analysis. Sufferers from war neuroses, too, who gave up their symptoms because the therapy adopted by the army doctors succeeded in making being ill even more uncomfortable than serving at the front—these sufferers, too, were following the same economic laws and in both cases alike the cures have proved to be only temporary.¹

VI

It is by no means easy to arrive at general conclusions upon the value of correctly translated dreams. If a conflict due to ambivalence is taking place in a patient, then the emergence in him of a hostile thought certainly does not imply a permanent overcoming of his affectionate impulse—that is to say, a resolution of the conflict: neither does any such implication follow from a dream with a similarly hostile content. During a conflict such as this arising from ambivalence, there are often two dreams every night, each of them representing an opposite attitude. In that case the progress lies in the fact that a complete isolation of the two contrasted impulses has been achieved and that each of them, with the help of its unconscious reinforcements, can be followed and understood to its extreme limits. And if it sometimes happens that one of the two ambivalent dreams has been forgotten, one must not be deceived into assuming that a decision has been made in favour of the one side. The fact that one of the dreams has been forgotten shows, it is true, that for the moment one tendency is in the ascendant, but that is true only of the one day, and may be changed. The next night may perhaps bring the opposite expression into the foreground. The true state of the conflict can only be determined by taking into account all the other indications, including those of waking life.

VII

The question of the value to be assigned to dreams is intimately related to the other question of their susceptibility to


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sich nach wenigen Stunden Analyse für geheilt erklären, weil sie allem Unangenehmen entgehen wollen, das in der Analyse noch zur Sprache kommen soll. Auch die Kriegsneurotiker, die auf ihre Symptome verzichteten, weil ihnen die Therapie der Militärärzte das Kranksein noch unbehaßlicher zu machen veranlasst, als sie den Dienst an der Front gefunden hatten, sind denselben ökonomischen Bedingungen gefolgt, und die Heilungen haben sich in beiden Fällen nicht haltbar erwiesen.²

VI


VII

Mit der Frage nach der Wertung der Träume hängt die andere nach ihrer Beeinflußbarkeit durch

² [Vgl. Freuds Gutachten über die Behandlung der Kriegsneurotiker (1955c [1920])].
influence from "suggestion" by the physician. Analysts may at first be alarmed at the mention of this possibility. But on further reflection this alarm will give place to the realization that the influencing of the patient's dreams is no more a blunder on the part of the analyst or disgrace to him than the guiding of the patient's conscious thoughts.

The fact that the manifest content of dreams is influenced by the analytic treatment stands in no need of proof. It follows from our knowledge that dreams take their start from waking life and work over material derived from it. Occurrences of the patient's conscious thoughts. So it is not to be wondered at that patients should dream of things which the analyst has discussed with them and of which he has aroused expectations in them. At least it is no more to be wondered at than what is implied in the familiar fact of "experimental" dreams.9

But from here our interest proceeds to the question whether the latent dream-thoughts that have to be arrived at by interpretation can also be influenced or suggested by the analyst. And to this the answer must once more be that they obviously can be. For a portion of these latent dream-thoughts correspond to preconscious thought-formations, perfectly capable of being conscious, with which the dreamer might quite well have reacted to the physician's remarks in his waking state too—whether the patient's reactions were in harmony with those remarks or in opposition to them. In fact, if we replace the dream by the dream-thoughts which it contains, the question of how far one can suggest dreams coincides with the more general question of how far a patient in analysis is accessible to suggestion. On the mechanism of dream-formation itself, on the dream-work in the strict sense of the word, one never exercises any influence: of that one may be quite sure.

Besides that portion of the dream which we have already discussed—the preconscious dream-thoughts—every true dream contains indications of the repressed wishful impulses to which it owes the possibility of its formation. The doubter will reply that they appear in the dream because the dreamer knows that

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1 [Cf. paragraph '4', near the end of Lecture XV of the Introductory Lectures (1916-17).]
2 [See The Interpretation of Dreams, ibid., 4, 181 n. and 5, 364.]
he ought to produce them—that they are expected by the analyst. The analyst himself will rightly think otherwise.

If a dream brings up situations that can be interpreted as referring to scenes from the dreamer’s past, it seems especially important to ask whether the physician’s influence can also play a part in such contents of the dream as these. And this question is most urgent of all in the case of what are called ‘corroborative’ dreams, dreams which, as it were, ‘tag along behind’ the analysis. With some patients these are the only dreams that one obtains. Such patients reproduce the forgotten experiences of their childhood only after one has constructed them from their symptoms, associations and other signs and has propounded these constructions to them. Then follow the corroborative dreams, concerning which, however, the doubt arises whether they may not be entirely without evidential value, since they may have been imagined in compliance with the physician’s words instead of having been brought to light from the dreamer’s unconscious. This ambiguous position cannot be escaped in the analysis, since with these patients unless one interprets, constructs and propounds, one never obtains access to what is repressed in them.

The situation takes a favourable turn if the analysis of a corroborative dream of this sort, which ‘tags along behind’, is immediately followed by feelings of remembering what has hitherto been forgotten. But even then the sceptic can fall back upon an assertion that the recollections are illusory. Moreover, such feelings are for the most part absent. The repressed material is only allowed through bit by bit; and every lack of completeness inhibits or delays the forming of a sense of conviction. Furthermore, what we are dealing with may not be the reproduction of a real and forgotten event but the bringing forward of an unconscious phantasy, about which no feeling of memory is ever to be expected, though the possibility may sometimes remain of a sense of subjective conviction.

Is it possible, then, that corroborative dreams are really the result of suggestion, that they are ‘obliging’ dreams? The patients who produce only corroborative dreams are the same patients in whom doubt plays the principal part in resistance.

1 [See the technical paper on dream-interpretation (1911 e), Standard Ed., 12, 96.]
2 [See Freud’s late paper ‘Constructions in Analysis’ (1937 d).]
One makes no attempt at shouting down this doubt by means of one's authority or at reducing it by arguments. It must persist until it is brought to an end in the further course of the analysis. The analyst, too, may himself retain a doubt of the same kind in some particular instances. What makes him certain in the end is precisely the complication of the problem before him, which is like the solution of a jigsaw puzzle. A coloured picture, pasted upon a thin sheet of wood and fitting exactly into a wooden frame, is cut into a large number of pieces of the most irregular and crooked shapes. If one succeeds in arranging the confused heap of fragments, each of which bears upon it an unintelligible piece of drawing, so that the picture acquires a meaning, so that there is no gap anywhere in the design and so that the whole fits into the frame—if all these conditions are fulfilled, then one knows that one has solved the puzzle and that there is no alternative solution.

An analogy of this kind can of course have no meaning for a patient while the work of analysis is still uncompleted. At this point I recall a discussion which I was led into with a patient whose exceptionally ambivalent attitude was expressed in the most intense compulsive doubt. He did not dispute my interpretations of his dreams and was very much struck by their agreement with the hypotheses which I put forward. But he asked whether these corroborative dreams might not be an expression of his compliance towards me. I pointed out that the dreams had also brought up a quantity of details of which I could have had no suspicion and that his behaviour in the treatment apart from this had not been precisely characterized by compliance. Whereupon he switched over to another theory and asked whether his narcissistic wish to be cured might not have caused him to produce these dreams, since, after all, I had held out to him a prospect of recovery if he were able to accept my constructions. I could only reply that I had not yet come across any such mechanism of dream-formation. But a decision was reached by another road. He recollected some dreams which he had had before starting analysis and indeed before he had known anything about it; and the analysis of these dreams, which were free from all suspicion of suggestion, led to the same interpretations as the later ones. It is true that his obsession for contradiction once more found a way out in the idea that the earlier dreams had been less clear than those that occurred.
It may well be that dreams during psycho-analysis succeed in bringing to light what is repressed to a greater extent than dreams outside that situation. But it cannot be proved, since the two situations are not comparable; the employment of dreams in analysis is something very remote from their original purpose. On the other hand, it cannot be doubted that within an analysis far more of the repressed is brought to light in connection with dreams than by any other method. In order to account for this, there must be some motive power, some unconscious force, which is better able to lend support to the purposes of analysis during the state of sleep than at other times. What is here in question cannot well be any factor other than the patient's compliance towards the analyst which is derived from his parental complex—in other words, the positive portion of what we call the transference; and in fact, in many dreams which recall what has been forgotten and repressed, it is impossible to discover any other unconscious wish to which the motive force for the formation of the dream can be attributed. So that if anyone wishes to maintain that most of the dreams that can be made use of in analysis are obliging dreams and owe their origin to suggestion, nothing can be said against that opinion from the point of view of analytic theory. In that case I need only add a reference to what I have said in my Introductory Lectures [(1916-17) Lecture XXVIII], where I have dealt with the relation between transference and suggestion and shown how little the trustworthiness of our results is affected by a recognition of the operation of suggestion in our sense.

In Beyond the Pleasure Principle (1920) [Standard Ed., 18, 18 ff.] I have dealt with the economic problem of how what are in every respect distressing experiences of the early infantile sexual period can succeed in forcing their way through to some kind of reproduction. I was obliged to ascribe to them an extraordinarily strong upward drive in the shape of the 'compulsion...
to repeat—a force able to overcome the repression which, in obedience to the pleasure principle, weighs down upon them—though not until the work of treatment has gone half-way to meet it and has loosened the repression. Here we may add that it is the positive transference that gives this assistance to the compulsion to repeat. Thus an alliance has been made between the treatment and the compulsion to repeat, an alliance which is directed in the first instance against the pleasure principle but of which the ultimate purpose is the establishment of the domain of the reality principle. As I have shown in the passage to which I am referring, it happens only too often that the compulsion to repeat throws over its obligations under this alliance and is not content with the return of the repressed merely in the form of dream-pictures.

IX

So far as I can at present see, dreams that occur in a traumatic neurosis are the only genuine exceptions [ibid., 18, 32 f.], and punishment dreams are the only apparent exceptions [ibid., 5, 557 f.], to the rule that dreams are directed towards wish-fulfilment. In the latter class of dreams we are met by the remarkable fact that actually nothing belonging to the latent dream-thoughts is taken up into the manifest content of the dream. Something quite different appears instead, which must be described as a reaction-formation against the dream-thoughts, a rejection and complete contradiction of them. Such offensive action as this against the dream can only be ascribed to the critical agency of the ego and it must therefore be assumed that the latter, provoked by the unconscious wish-fulfilment, has been temporarily re-established even during the sleeping state. It might have reacted to the undesirable content of the dream by waking up; but it has found a means, by the construction of the punishment-dream, of avoiding an interruption of sleep.

For instance, in the case of the well-known dreams of the poet Rosegger which I discussed in The Interpretation of Dreams [ibid., 5, 473-7], we must suspect the existence of a suppressed version with an arrogant and boastful text, whereas the actual dream said to him: 'You are an incompetent journeyman tailor.' It would, of course, be useless to look for a repressed wishful impulse as the motive power for a manifest dream such as this;
one must be content with the fulfilment of the wish for self-criticism.

A dream-structure of this kind will excite less astonishment if one considers how frequently dream-distortion, acting in the service of the censorship, replaces a particular element by something that is in some sense or other its opposite or contrary. It is only a short step from there to the replacement of a characteristic portion of the content of the dream by a defensive contradiction, and one further step will lead to the whole objectionable dream-content being replaced by the punishment dream. I should like to give a couple of characteristic examples of the intermediate phase in the falsification of the manifest content.

Here is an extract from the dream of a girl with a strong fixation to her father, who had difficulty in talking during the analysis. She was sitting in a room with a girl friend, and dressed only in a kimono. A gentleman came in and she felt embarrassed. But the gentleman said: 'Why, this is the girl we saw once before dressed so nicely!'—The gentleman stood for me, and, further back, for her father. But we can make nothing of the dream unless we make up our mind to replace the most important element in the gentleman's speech by its contrary: 'This is the girl I saw once before undressed and who looked so nice then!' When she was a child of three or four she had for some time slept in the same room as her father and everything goes to suggest that she used then to throw back her clothes in her sleep to please her father. The subsequent repression of her pleasure in exhibiting herself was the motive for her secretiveness in the treatment, her dislike of showing herself openly.

And here is another scene from the same dream. She was reading her own case history, which she had before her in print. In it was a statement that 'a young man murdered his fiancée—cocoa—that comes under anal erotism.' This last phrase was a thought that she had in the dream at the mention of cocoa. 1—The interpretation of this piece of the dream was even more difficult than the former one. It emerged at last that before going to sleep she had been reading my 'History of an Infantile Neurosis' (1918b), the central point of which is the

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1 [The German word 'Kakao' suggests 'Kaka', the nursery expression for 'faeces'. Cf. an example of the same connection in a footnote to 'Character and Anal Erotism' (1908b), Standard Ed., 9, 172.]
real or imagined observation by a patient of his parents coitu-
ing. She had already once before related this case history to her own, and this was not the only indication that in her case as well there was a question of an observation of the same kind. The young man murdering his fiancée was a clear reference to a sadistic view of the scene of copulation. But the next element, the cocoa, was very remote from it. Her only association to cocoa was that her mother used to say that cocoa gave one a headache, and she maintained that she had heard the same thing from other women. Moreover, she had at one time identified herself with her mother by means of headaches like hers. Now I could find no link between the two elements of the dream except by supposing that she wanted to make a diversion from the consequences of the observation of coitus. No, she was saying, coitus had nothing to do with the procreation of children; children came from something one ate (as they do in fairy tales); and the mention of anal erotism, which looks like an attempt in the dream at interpretation, supplemented the infantile theory which she had called to her help, by adding anal birth to it.

Astonishment is sometimes expressed at the fact that the dreamer's ego can appear two or more times in the manifest dream, once as himself and again disguised behind the figures of other people. During the course of the construction of the dream, the secondary revision has evidently sought to obliterate this multiplicity of the ego, which cannot fit in with any possible scenic situation; but it is re-established by the work of interpretation. In itself this multiplicity is no more remarkable than the multiple appearance of the ego in a waking thought, especially when the ego divides itself into subject and object, puts one part of itself as an observing and critical agency in contrast to the other, or compares its present nature with its recollected past, which was also ego once; for instance, in such sentences as 'When I think what I've done to this man' or 'When I think that I too was a child once'. But I should reject as a meaningless and unjustifiable piece of speculation the notion that all figures that appear in a dream are to be regarded as frag-

X

Man hört gelegentlich Verwunderung darüber äußern, daß das Ich des Träumers zwei- oder mehrmals im manifesten Traum erscheint, einmal in eigener Person und die anderen Male hinter anderen Personen versteckt. Die sekundäre Bearbeitung hat während der Traumbildung offenbar das Bestreben gehabt, diese Vielheit des Ids, welche in keine szenische Situation paßt, auszumerzen, durch die Deutungsarbeit wird sie aber wiederhergestellt. Sie ist an sich nicht merkwürdiger als das mehrfache Vorkommen des Ichs in einem wachen Gedanken, zumal wenn sich dabei das Ich in Subjekt und Object zersetzt, sich als beobachtende und kritische Instanz dem anderen Anteil gegenüberstellt oder sein gegenwärtiges Wesen mit einem erinnerten, vergangenen, das auch einmal Ich war, vergleicht. So z.B. in den Sätzen: »Wenn ich daran denke, was ich diesem Menschen getan habe« und: »Wenn ich daran denke, daß ich auch einmal ein Kind war.« Daß aber alle Personen, die im Traume vorkommen, als Abspaltungen und Vertretungen des eigenen Ichs zu gelten haben, möchte ich als eine inhältslose und unberech-

1 [See The Interpretation of Dreams, ibid., 4, 323. In 1925 Freud added a sentence to the original passage, giving the gist of what follows here.]

2 [S. Die Traumdeutung (1900 a), Studienausgabe, Bd. 2, S. 320-1. 1925 hat Freud der Originalpassage einen Satz hinzugefügt, der den Kern des oben Folgenden wiedergibt.]
mentations and representatives of the dreamer's own ego. It is enough that we should keep firmly to the fact that the separation of the ego from an observing, critical, punishing agency (an ego ideal) must be taken into account in the interpretation of dreams as well.

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tigte Spekulation zurückweisen. Es genügt uns, daran festzuhalten, daß die Sonderung des Ichs von einer beobachtenden, kritisierenden, strafenden Instanz (Ichideal) auch für die Traumdeutung in Betracht kommt.


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LIST OF ABBREVIATIONS

G.S. = Freud, Gesammelte Schriften (12 vols.), Vienna, 1924–34
G.W. = Freud, Gesammelte Werke (18 vols.), London, from 1940
S.K.S.N. = Freud, Sammlung kleiner Schriften zur Neurosenlehre (5 vols.), Vienna, 1906–22
Dichtung und Kunst = Freud, Psychoanalytische Studien an Werken der Dichtung und Kunst, Vienna, 1924
Neurosenlehre und Technik = Freud, Schriften zur Neurosenlehre und zur psychoanalytischen Technik (1913–1926), Vienna, 1931
Psychoanalyse der Neurosen = Freud, Studien zur Psychoanalyse der Neurosen aus den Jahren 1913–1925, Vienna, 1928
Sexualtheorie und Traumlehre = Freud, Kleine Schriften zur Sexualtheorie und zur Traumlehre, Vienna, 1931
Technik und Metapsychol. = Freud, Zur Technik der Psychoanalyse und zur Metapsychologie, Vienna, 1924
Theoretische Schriften = Freud, Theoretische Schriften (1811–1925), Vienna, 1931
Traumlehre = Freud, Kleine Beiträge zur Traumlehre, Vienna, 1925
Vier Krankengeschichten = Freud, Vier psychoanalytische Krankengeschichten, Vienna, 1932
GENERAL INDEX

This index includes the names of non-technical authors. It also includes the names of technical authors where no reference is made in the text to specific works. For references to specific technical works, the Bibliography should be consulted.—The compilation of the index was undertaken by Alix Strachey.

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