# II

# THE TECHNIQUE OF PSYCHO-ANALYSIS

## SEVEN LECTURES

## (1930)

## I. THE ANALYST*

### ESSENTIAL QUALIFICATIONS FOR THE ACQUISITION OF TECHNIQUE

THESE lectures are addressed to you as students who through your own personal analyses are convinced of the truths of psycho-analytical science. They are offered to you in the hope that yet another individual view-point, gained from many years of practical experience, may be valuable to you in your work.

There are two ways of acquiring knowledge of technique before the practice with clinical material begins. The first and most important of these is the unconscious assimilation of the technique employed in the student's personal analysis. After he has experienced the resolution of transference-affects to an analyst, it should be possible for an analysand to recognize the skilled technique that was employed in bringing to conscious understanding the unconscious springs of thought, feeling and action. In the most successful analysis, the technique that has been employed will not be flawless. The able analyst can admit this without fear. The well-analysed person will be able, without reproach, to recognize where technique has failed to elucidate or to resolve some inner difficulty. The attainment of this attitude towards technique means that we recognize ourselves still as students, and that technique admits all the time of becoming finer and subtler as we increase in our power of dealing with human beings.

The first knowledge of technique is then the assimilation of the technique of one's personal analyst. We have to remember that this technique, if good, has been orientated to the psychology of an individual. It will represent in all essentials the classical norm of Freudian technique; and yet it is the shades

* Reprinted from *Int. J. Psycho-Anal.*, 1930, Vol. XI, p. 251.

and nuances of application to a particular person that mark the work of a skilled technician. These special orientations to one individual will not necessarily apply to any other. It is this capacity for these subtler adaptations that makes all the difference between applying a dead and rigid set of rules and the mobile handling of a real person. To attain this, the student has to look beyond the experience gained in his own analysis to that which he will have in analysing others; and whether he will acquire that skill depends upon certain essential qualifications in himself.

The second way of acquiring knowledge of technique before experience with clinical material is in the literature that gives analytical experiences in the handling of patients. The standard reference here is to Freud. In our own literature we have much guidance in the works of Ernest Jones. I would refer you also to the lectures of Edward Glover on this subject.* In those lectures he has dealt so admirably with technique in relation to the characteristics of varying stages of analyses that it would be waste of time to recapitulate this in some other form. I shall treat the subject in more general terms at the outset, and finally give more detailed illustrative material.

We come then to the consideration of the essential qualifications needed by a student who wishes to acquire technique, for there *are* essential qualifications in addition to academic qualifications and general culture.

The main one can be best illustrated by the difference between the man who can really paint a picture and the man who has an encyclopædic knowledge of theories of art, between the critic of letters and a man who creates a book. One man may, of course, excel in both of these activities, but not of necessity. Similarly, a store-house of psycho-analytical knowledge does not of necessity guarantee that the possessor will be a good technician. The good technician must have psycho-analytical knowledge, but it is not his knowledge of scientific results that enables him to traverse again the path by which they were obtained. The science of psycho-analysis has arisen through an art. Art precedes science. The science has been formulated out of that which art has evoked. We can learn the formulas, but we shall not be technicians if, having learned the formulas, we then proceed to apply them to the subject of our experimenta-

*Int. J. Psycho-Anal., 1927, Vol. VIII, pp. 311, 486; 1928, Vol. IX, pp. 7, 181.

tion. Psycho-analysis ceases to be a living science when technique ceases to be an art. The body of knowledge increases by increase of technical skill, not by speculative cunning. I need only refer you to Melanie Klein, whose technique in child analysis has deepened and galvanized into life our theoretical knowledge of the oral and anal phases of development. The great technicians will possess the touch of genius that all great artists possess. Some measure of art any good technician must also surely have.

In our search for the essential qualifications that enable a person to acquire the technique of psycho-analysis, we can inquire with profit what it is that we ask of technique to accomplish. Let us apply this to ourselves as students. We undertake a personal analysis in order to be equipped as psycho-analysts. Experience proves that unless we pursue this analysis for the sake of the resolution of our own conflicts and a clear understanding of our own psychology, the root of the matter is not in us. When we reach the realization that the problems of our personalities take all our resolution to solve, we ask many things of the analyst's technique. We ask first of all for an atmosphere in which we can tell all we have never told another, all we have never told ourselves. We ask for a sympathetic hearing of our point of view, an appreciation of our difficulties and of what we have done with our conflicts. We ask first for someone who can understand how we feel about the things that matter to us. Only as we are sure of this in the first instance, will it be possible for us to allow the analyst to bring home to us why we think as we do and act as we do. We ask, that is, that the technique of the analyst shall bring to the light of consciousness the repressed unconscious. From these demands that we make on the analyst, we may gather some of the essentials necessary in acquiring technique.

1. The fundamental interest of a would-be technician must be in people's lives and thoughts. The dross of the infantile super-ego in that fundamental interest must by analysis be purged. The urgency to reform, to correct, to make different, motivates the task of a reformer or educator. The urgency to cure motivates the physician. A deep-seated interest in people's lives and thoughts must in a psycho-analyst have been transformed into an insatiable curiosity which, while having its recognizable unconscious roots, is free in consciousness to range over every field of human experience and activity, free to recog-

nize every unconscious impulse, with only one urgency, namely, a desire to know more and still more about the psychical mechanisms involved. "Benevolent curiosity" is Dr. Jones's admirable phrase. When we come across a habit of thought, a type of experience, to which we reply: "I cannot understand how a person can think like that, or behave like this," then we cease to be technicians. Curiosity has ceased to be benevolent.

Tolerance emerges out of an acquaintance with one's own unconscious. A capacity for kindly scepticism and suspension of judgement is the accompaniment of a curiosity that has been purged of the infantile elements.

One would expect, as a result of this special interest and orientation towards human life, that a person capable of acquiring a specialized technique in dealing with human nature would have a technique above the average in ordinary human contacts. It may well be that a person with capacity for this has been hindered by internal difficulties, but these difficulties being removed, the would-be technician must surely be a technician in general before being one in particular. We are talking of psychology in *practice*, as an art, not as knowledge of theories. A practical technician cannot be an adept with human material in the laboratory and continually make gross errors in human contacts in the outside world. The capacity to get on to understanding terms in the external world with types of people differing from one's self, the capacity to sustain and maintain friendly relationships in spite of stresses and differences, are indicative of essential qualifications for acquiring a special technique for a special object.

Whatever qualification is necessary in the way of knowledge of pathological states of mind, the future technician will have gained his knowledge of human nature not only in the consulting-room, but in actual living. He will also have ranged to some extent through some pathway of literature; biography, history, fiction, poetry or drama. In some field of literature he will have met, in addition to his actual contacts with people, phases of life and conduct that will have given him that broad general sympathy with life and people which no textbook of scientific principles can ever inculcate.

I will give you a specific application of what I mean by knowledge of life and living as a necessary part of the equipment of a psycho-analyst. A physician correlates a description

of symptoms with his deeper knowledge of anatomy, physiology and organ functions. He gets from the patient all the data that can be obtained. The data from the analysand has to be elicited in many forms. The unconscious has to be inferred from its representations. The more we are versed in forms of representation the quicker we shall be in understanding what is represented. Technique stands a chance of being more subtle whenever we have a first-hand knowledge of the things a patient is talking about. We proceed from end-result to origin, from pre-conscious to unconscious.

Take as an example the following: a patient halts in the train of thought she is expressing. She says: "I'm suddenly interrupted by thinking of Portia, not that Portia, but Brutus' Portia. I won't think of her, I don't like her." The patient reverts to her original line of thinking. Now, if I know the history of Brutus' Portia, I know at once the unconscious theme towards which the resistances are directed. I know there is a correlation between the conversion symptoms of this particular patient and the fact that Brutus' Portia inflicted on herself a wound for a special purpose. The patient has unconsciously, with unerring instinct, selected a representation of her own unconscious psychology. If I do not know the role of this Portia in the play, I shall be slower in getting on to the track of the unconscious motivation. Take another example of the same kind. The patient suddenly thinks of the words "Like a worm i' the bud." She repeats the phrase several times. She cannot recall the context, nor why the words were said. If I remember that the context is, "She never told her love," then I have at once the clue to the unconscious theme.

I have registered during one week a number of things which, had I personally known more about them, would have enabled me to reach more quickly the unconscious themes that were being given to me in a representative way. In one analysis I needed an intimate knowledge of Peer Gynt, and a swift recognition of the rôles that Asa, Ingrid and Solveig were playing at that moment in terms of the patient's own identifications. In another an immediate recall of a Dutch picture would have given me the link I needed between an actual scene and an unconscious phantasy. The knowledge of the exact duties of a trustee; the differences between two ways of calculating commission on sales; a knowledge of the differences between two

makes of motor cars; the appearance of a cider-press and the way it works; the precise meaning of football terms; an understanding of the processes of etching—all these would have enabled me to grasp more quickly than I did the unconscious significances that were being represented.

We stand to gain all the time by having the knowledge the patient has in terms of consciousness. Every branch of learning, every variety of experience of the way life is lived, adds to the analyst's possibilities of acquiring technique. We need not be disheartened on account of ignorance if we make adequate use of the fact, if we do not slur ignorance over. I asked for a description of the cider-press. I asked for the etching processes to be described. If I had not known about Brutus' Portia, I should have taken the patient back to that association and asked what she thought of Portia, why she disliked her, etc. But I give this aspect of analysis here to illustrate that it is the stuff of life we need to be most interested in, to know more and more about it in whatever direction we can obtain it. We need also to have a very clear conception and a very real belief that all sublimation in adult life, sciences, arts, mechanics, buying and selling, housewifery, is the outcome of childhood interests. Every successful analyst of adults must finally, therefore, know much about the child.

In the analysis of an adult the reconstruction of childhood days is an essential process. The phantasies, the make-belief, the games played, the games not played, will be the main road leading to the unconscious life. In any reading for analytical qualification I would make compulsory the following books: *Nursery Rhymes*, the *Alice* books, *Hunting of the Snark*, *Grimm*, *Andersen*, the *Brer Rabbit* books, *Water Babies*, *Struwelpeter*, *Undine*, *Rumpelstiltskin*, *Peter Ibbetson*, *Greek Myths and Tragedies*, Shakespeare's Plays. Were I an arbiter of training, I should set an examination on those books as a final test by which the would-be analyst should stand or fall. My final examination for qualification would run on these lines:—

(1) Quote in full a verse in which "London Bridge is falling down" occurs.

(2) Give briefly the story of three blind mice.

(3) If the mice were blind, how came they to run after the farmer's wife so purposely? Account for the cutting of their tails.

Illustrate what unconscious drama is being staged when a patient thinks of himself as one of the blind mice.

What inference concerning the health of the ego do you draw from the fact that the tails were cut off instead of the mice being killed?

Somewhere in that list of immortal stories we shall all find an unconscious phantasy of our own. To understand even the tale of the three blind mice is to have a conception of what those crystallized terms id, ego and super-ego really mean in terms of the drama of life. Faced by a cross-examination on children's nursery rhymes in terms of psycho-analytical theory, with an application to the struggles going on in ourselves or in our patients, would any of us do more than scramble through it? To pass it creditably would mean that one had a good chance of being a creditable technician.

2. An essential qualification towards the acquisition of technique is an up-to-date knowledge of the body of psycho-analytical doctrine.

3. An essential qualification towards the acquisition of technique is as thorough a personal analysis as possible. Happily the days are past for ever when one talked glibly of a "completed analysis," as though there were some static state that had to be reached to be perfect—for being "completely analysed" meant perfect or nothing. The perfection generally meant someone else's standard which had to be attained. We have found the unconscious mind a profounder and more intricate force as the years have gone by. It has behind it the dynamics of countless ages; so not for us the glib assurance of our green days. We scratch the surface of that deposit in us of the past, but we do not exhaust it. Problems will always remain. We have, however, definite criteria whether the analyst's own analysis has been thorough enough to justify the hope that he will make a successful technician. These criteria are as follows:—

(a) Analysis must have revealed a real interest in unconscious mechanisms and a real ability for finding them out and understanding them, an ability for reading the unconscious meaning in dreams and phantasies and in the motivation of conduct. Without this flair it is impossible to acquire technique. This ability depends upon the analysed unconscious mind. It is always strictly in proportion to the freely-moving unconscious mind. No knowledge, no intellectual equipment can give this.

Our ability to read the unconscious is tied and bound always to the degree that we are unconscious of the unconscious, which means by our own still repressed. Only the unconscious can track the unconscious. We listen in two ways to the analysand on the couch, and it is only when our unconscious is deeply listening in the second way to the meaning that underlies and runs through the conscious thinking aloud, that we grasp the significances to which our surface listening is deaf. Personal analysis should reveal whether there is this special interest, and whether there is a natural aptitude for reading the unconscious mind.

(b) We should have accomplished in our own analysis a knowledge of where our own blindnesses are likely to be. We should know our own reaction-patterns. Freud has said that the scars of what has been remain. We cannot obliterate the past. The point is that we should remember it and always take it into account. Any stabilized character will still have its own bias. With one person sadism will be "plus," with another masochism. With one homosexuality will be as a closed book; it is a theory. With another child-birth is a tale that is told. This is the type of thing I mean. Analysis should have taught us where our blind spots will be, where our experience is lacking. It should have given us a firm grip of understanding our own past repressions and so prevent us from that too fatally easy slip-back into our own automatic patterns. At these places our technique will be faulty.

(c) Analysis should have given us the knowledge of why we have become psycho-analysts. We should know the unconscious roots of a major sublimation of this kind. Like other arts, psycho-analysis tends to swamp other interests and encroaches more and more on the time of the whole personality. There are reasons for this, and we do well to know them. We do well to know the deep-seated gratification that we get from the work, in order that deep-lying anxieties may be recognized and resolved in their true connections and not superficially explained. The physician will not shirk the analysis of those deep-lying anxieties from which his medical skill gets its drive. The drive to heal the body is inseparable from the anxiety-ridden sadism of the primitive levels of the mind that, for safety, desires to hurt and kill. He will recognize that his anxieties about that deep-seated sadism are annulled all the time by healing and curing.

In the wish to heal and cure he annuls his own fears before ever the patient as such is considered. Technique will always be vitiated if the physician has not come to grips with the fact that his work itself is a nullification of his own anxieties. The urge, in view of these, will be to cure, and cure does not come that way at all in psycho-analysis. Cure comes by ability to analyse, and hidden anxiety to get a cure may cause havoc to technique, for technique has to be suited to the *tempo* and *peculiarities* of the individual, not driven by our own inner necessity to make a patient well.

Just as the healing art directed to the body nullifies the anxiety of repressed sadism, so the desire to heal the mind is a further extension of that reparation act. It is more subtle still. To know what a person is thinking places one in a position of security, the one place that gives us security when we are burdened in the unconscious with dangers that threaten us by virtue of our original sadistic impulses.

Furthermore, the very task of eliciting, evoking, finding out what is in another person's mind bears a very close analogy to the primitive desire to find out and bring out the desired possessions that are inside another's body. "You go on rummaging inside my mind," said a patient to me recently, "getting out of it more and more." There is the psychical fact. If we have not recognized this fact, that we are symbolically "rummaging," if we do not realize the hidden anxieties that can be stirred by this, then our technique will be vitiated by those anxieties.

I have spoken of what the practice of psycho-analysis means to the analyst, the unconscious gratification, the nullification of personal anxieties. We are attracted towards it for unconscious reasons as well as for the fees. So far the patient as such has not appeared; we can only consider the patient after these things have been clarified. One source of difficulty in acquiring technique will be repressed infantile sadism in ourselves. The anxiety connected with this is to be detected when one finds that the emphasis and interest in taking up psycho-analytic work is placed upon improvement and cure. If one feels reassured and pleased at every expression of benefit by the patient, at every disappearance of symptoms, if one feels discouraged at every recrudescence of symptom and misery, one is not immune from one's own anxiety. It means that our own anxiety is annulled by curing, and it is intensified if we do not

get assurance. Now the patient's cure does not come about through nullification of *our* anxiety, not even through our desire to cure him, but only by our ability to analyse resistances to the unconscious. I believe that our infantile sadism and consequent anxiety in the deepest levels makes it always imperative for us to seek an assurance of security. The more that deep level is brought to consciousness and analysed in ourselves, the more we can seek for *real* and not phantastic assurances—the more we can tolerate the affects of other people, externally in our reality contacts and analytically with patients. The only thing that truly delivers us from anxiety is the bringing to light of our infantile fears and hatreds. We are psychically safe when we are safe from them, and, through analysis, that means when the ego can deal with them, instead of the super-ego.

Now certain clarifications in technique take place according as this task in ourselves has been accomplished. This is an ideal, and I believe only approximations are made to it by the best analysts. That should hearten us, for it means a future for subtler technique and further scientific discoveries. These clarifications I see along these lines. We shall be freed from any necessity in our inner psyche to lay any emphasis of choice upon what we see in the material. We shall see it more and more as a whole and complex pattern, and direct our attention to the obscurities. We shall be freed from any *inner* necessity to search for, and be gratified by finding, negative manifestations. We shall be freed from any inner necessity to search for, and be gratified by finding, positive manifestations. If we are of the type whose security depends upon assurance that it is the other person who is hostile and not one's self, or if, on the other hand, we are of the type who feels secure only when the other person is positive towards us, we are going to be subtly influenced by this need in our analysis. That is, our bias will be to be looking for negative or for positive affects.

We may welcome the over-compensation of positive feeling on the part of the patient and feel discouraged at recrudescence of symptoms. We may be blind to hostility or be disturbed by it. We may tend to pacify anxiety instead of analysing it. On the other hand, we may neglect to see positive manifestations. We may hinder by this the very means by which buried hostility can alone be tolerated. "I don't mean it. I don't mean it. I don't want to hurt. It's not me saying this, doing this." We have to

understand that cry, that something, not "me," that makes "me" cruel and unkind. We have to realize that, while it is hostility in such a case that needs bringing to consciousness and analysing, we are bad technicians if we do not recognize the other forces present in the psyche. If in season and out of season we are "going for the negative" (as I have heard it expressed), as much as if in season and out of season we are "going for the positive," we are being driven by an inner compulsion of our own. In some cases I have met, it is as though the child within said: "If you know I love you, then I can hate you." We have to hear both cries. If we are driven by our own inner necessities we shall force the patient to anxiety states instead of allowing them to occur in their own orbit. We shall select aspects of an hour that are dictated by our own unconscious minds instead of seeing what is pressing for elucidation in the patient's mind.

(d) The next criterion of sufficient analysis is the knowledge of personal phantasies of omnipotence. Phantasies of omnipotence are a vital problem in psycho-analytical work. It is a problem to reckon with if it is in consciousness, but if it is an unconscious problem there will be a severe handicap to technique. The patient will often project omniscience and perfection. The analyst who plays into this projection by a hair's breadth is the victim of his own infantile omnipotence. The extent to which the patient projects omniscience into us is always the extent of the omnipotence of his own phantasies. Our own adjustment to reality should be proven by our simplicity of purpose, honesty and freedom from pose. If we acquire technique, then our simple purpose and adequate interpretations will do all that is necessary to make the patient keep on with his task. If we make an error in interpretation, we may confess it. If we make an unconscious slip of any kind whatsoever, we must surely admit it honestly as due to the unconscious in ourselves. Such confessions do nothing to injure our prestige with the patient. He gains the sure knowledge of what we can do by our analytical acumen. We stand in analysis for the truth of reality to which the patient's own omnipotent phantasies must bow, both for himself and for the rest of the world, including the analyst.

We may detect in ourselves a falling back upon omnipotence if, when we are baffled and uncertain in our work, we resort to the magic of words. There are times for all of us in our work

when we temporarily lose the links between unconscious, preconscious and actual life, fail to find the dynamics of a past or present situation. Do we then fall back upon technical words and phrases, clutch at some symbol in a dream and exploit it, to the bafflement of the patient and for a cover for ourselves? Or do we say simply: "This is to me as yet obscure." It depends upon the psychical entanglements in ourselves if we do the former and not the latter. It depends upon whether we believe that the words we say have a magical result and will cure, or whether we believe in psycho-analytic principles, viz. that technique is directed to one end, the working through of resistances. The analyst's capacity to put up with disappointment and misrepresentation must be unlimited. If cure, and not analysis, is our interest, I doubt whether it could be borne; but it can be borne with ease if our interest is really in the unconscious. Even so we must be resilient enough to bear with constant thwarting.

(e) An important criterion of an adequate analysis is the ability to deal with present-day conflicts. None of us is immune from present-day conflicts. No analyst can afford to ignore them or dissociate them. Every emotional disturbance, however seemingly justifiable by external events, will link inwards as well as outwards. We should not, if we could help it, allow a patient to shelter under the plea of reality. We have no right to do it ourselves. One criterion of being analysed enough to acquire technique is this. Can we analyse our own conflicts *up-to-date* in terms of our own id and super-ego, i.e. in the light of our own past. Can we fairly well analyse our own dreams and do we do that when we are disturbed emotionally? Only by so doing shall we keep psychically clear enough for our work with others.

Even when we have done this, I believe we have to allow for times and seasons in psycho-analytical perception. This is due to the fact that not only are we dealing with the ever-moving stream of psychical life in the patient, but in ourselves too. We work through our own dynamic unconscious, not by a conscious body of knowledge, not by reason, not by a logical arrangement of our conscious mind.

Therefore, since I believe in a dynamic unconscious, I believe that, however much insight we may be capable of, every analyst, if honest, will admit to having days when he sees more and sees more deeply than on others, just because we cannot always

command the whole of the unconscious forces to our conscious bidding. Sometimes therefore we shall be deliberately chary of giving interpretations. The analytical work will go on. We shall see the pattern again; it will not disappear. We must not over-emphasize the conscious side of our work. We shall not if we do not over-emphasize the importance of our conscious logical processes but depend upon our freed unconscious.

Two aspects of the analyst's work must be mentioned in conclusion. The first is its passivity and receptivity. There are those whose energies are so abundant and naturally organized that they balance this by activity and productivity in some form or other. For others it is a matter of conscious regulation, and it seems essential for mental health that a balance should be struck, so that for this constant listening and assimilation through the ear alone, other faculties and senses should be exercised—an externalizing in some objective form of the thoughts and energies we possess. Secondly, the direct impact of the unconscious mind in psycho-analytical work is greater than in any other vocation. The work, if it is of a high order, means a very highly sensitized condition and awareness of unconscious processes in ourselves and in others. The analyst's work is to see the unconscious in action. For this reason the psycho-analyst of all people needs at times to turn from his task, and to lose the theme of the unconscious in the life of his day and his generation, where the totality of personality counts. In thought, art, literature, companionship, the psycho-analyst needs to see and live life as a whole, as a corrective to the specialized angle his work demands. Especially does he need a capacity for leaving analytical methods in the analytical room. They are out of place, unless we are engaged on a piece of scientific work where we have the data supplied us. Outside that room, where it is our task to interpret our material, we must be human beings meeting human beings, and as human beings it is not absence of conflict that counts but the *outcome* of it.

Of Virgil a poet has said:

> "*Thou took'st the waxen tablets in thy hand,*
> *And out of anger carved calm tales of home.*"

Outside the consulting-room we need to see life whole and to remember that our culture is inseparable from our conflicts.

## 2. THE ANALYSAND*

### THE ANALYTICAL TASK. GENERAL PROCEDURE. ERRORS AVOIDABLE BY BEGINNERS

I CHOOSE the word "analysand" deliberately for the moment, though later I shall use the word "patient," as is our custom.

Once we have seen below the surface of consciousness with any degree of insight, we become aware that normal equilibrium in the midst of stresses and strains within and without is maintained by the individual crystallizing out what Mrs. Klein calls "a system," which works more or less satisfactorily in a reality-world. It is intricate and complex in each one of us, but if it works in a reality-world and is stabilized, we present a normal front to the world, and react according to our set pattern in minor and major occurrences. Our personalities take on, so to speak, because of this, definite shape and features. In the animal world certain defences evolved for self-preservation in dangerous environments, as, for example, great size, thickened hides, shells, wings, scent, fins, claws, horns. The cruder conflict for self-preservation in the midst of external dangers such as presented themselves to our uncivilized ancestors has largely passed away. An immense internalization of dangers has taken place since then, and our psychical struggle for self-preservation depends upon the issue of an intra-psychical conflict, upon the emergence of some stabilized character that can live and work in the world around us. We call it adaptation, but for each one of us it is an adaptation strictly conditioned and limited by the limits of our own psyche; in other words, by an orientation of our impulses in such a way that we do, and think, and behave, as *unconsciously* it seems safe to us. One man is only safe psychically in facing external danger, in finding ever new physical difficulties to overcome in a reality-world; he is an explorer, a pioneer. Another is only safe in a world of thought, where he can deal with ideas and argument in words. His presence will be fled by another to whom argument is a disintegrating element. Each of these will have his place and value in the world. I need detail no further, for the variety of stabilized adjustments is infinite. Normality means the attainment of a

* Reprinted from *Int. J. Psycho-Anal.*, 1930, Vol. XI, p. 263.

stable mode of dealing with anxiety in a reality-world through the establishment of some "system" in the psyche.

Hence I use the word "analysand" to emphasize the fact that every student who starts the analytical task will soon be aware that his own problems present as great a difficulty as a "patient's." The person who starts as student may even find that he has a longer way to travel than the patient who presents himself suffering from definite mental troubles. A so-called normal person has found a more or less satisfactory way of dealing with anxiety, and does not therefore experience it as motivated from unconscious conflict. His task in analysis is as difficult as the one presented to us by conversion-hysteria. In the latter, the sense of guilt is nullified all the time by actual suffering. In the so-called normal person anxiety is allayed by actual doing, by successful sublimation, by a system of repression, by slight functional ailments, by blind spots. He has a system that really works in producing a comfortable psyche. This is eminently happy and successful for life; but it is not enough, and not satisfactory, for the person who would be a psycho-analyst. It means (unless the analyst is analysed) that the practice of psycho-analysis will be a thing acquired through the intellect alone, with no deep-seated understanding of those mental sufferings which, on the one hand, patients will bring, and, on the other, are the source of all that is finest in our civilization which is the outcome and sublimation of mental conflict.

The task before the normal person in analysis is a difficult and tedious one. It means the slow distilling out into their essence of anxieties that have hitherto been nullified and neutralized in actual life and so the facing of those anxieties in their true infantile form. It means tracking out the roots of sublimation, not for their disintegration and disappearance, but that a man may know himself from root upwards. With that knowledge, a subtle character-change occurs, due to the elimination of anxiety. One might say that only as deep-lying reaches of mind in the research-workers are drained of anxieties, shall we finally be able to evaluate and increase the scientific findings of psycho-analysis.

I start then by speaking of "analysand," but you will see that I believe the only "analysand" worth counting on is the one who is willing to be a patient, when he is presented with the

psycho-analysis set before him; so that I make no differentiation between patient and patient, except perhaps this, that the so-called normal person has often a longer and more stubborn task before him in reaching the deepest levels of the mind.

### THE PSYCHO-ANALYTIC TASK

The student in training comes to his analysis with the conscious object of being analysed for a set purpose. The patient comes consciously for the purpose of a cure for certain mental problems or disabilities, or for removal of symptoms. Once the analysis has really started, the same task presents itself in both cases. If we are anxious to "cure," instead of to "analyse" which leads to cure, we shall give to symptoms an emphasis of attention instead of directing it over a wider field of observation. We have to orientate ourselves afresh to every individual. We have never seen his or her like before; and yet each patient will possess in all likelihood two eyes, a nose and a mouth like the rest; that is, each will have an Oedipus complex, a castration dread, oral sadism, anal sadism, masochism, infantile omnipotence. These will not fail us. To know these familiar terms and to be able to detect these traits by this dream or that, by disconnected unrelated odd remarks or isolated acts in conduct or in dreams, is about as useful in understanding mental life as learning the names of the internal organs would be in understanding the intricate vital processes that keep the body alive. It is not true that the body is the sum of its organs. The live body has organs, but it is their functioning that is life.

Neither is a person's mentality a box of tricks, each with a separate label which we can affix neatly. It is an infinitely intricate living inner world, the dynamo of which is hidden. It is a dynamic set of forces, not static ones, with which we deal. In theory we must have our nomenclature, for science cannot otherwise proceed; but to offer to our patients explanations of their anxieties, their real sufferings, their inhibitions, in phrases that belong to science, as, for example, "this is anal sadism," "this is moral masochism," is to be of the blind leading the blind. It is of as much use in adult analysis as it would be in the analysis of a three-year-old. Sometimes, if not often, it is worse than useless. Have not many of us had the experience in early stages of our analysis of an immediate conviction of sin if we

have been told "that is anal sadism, that is narcissism"? This type of interpretation plays into the guilt reactions and is positively inhibiting. Scientific terms are for the analyst sometimes but the cover for moral indictments unsuspected by himself.

What is the analytical task presented to us and to the patient? We have first the man's life as he is actually living it; his work, his intimate relationships, his emotional attitudes to people and to life, his sublimations, his inhibitions, his positive disabilities—all that makes up his life. Our purpose in analysing him is not to find out his complexes, but to help him to find out why he *feels* like this, why he *does* that, what *prevents* him from accomplishing this task, why he has this symptom. To do this means unravelling the past, remembering forgotten incidents and phantasies, finding original patterns and how and where they were laid down. It means much more. If we are to get readjustments at all, it means that there will slowly come to consciousness desires and impulses that have been stifled and repressed, and others that have never been known in consciousness at all, whose presence can only be surmised and known at first by the vehemences of disgust and negation. Through this process, the analyst can only steer analysis to successful completion if his own integrity is whole. As Miss Searl has said,* the analyst unites in himself the claims of both the phantasy and the reality worlds. The analyst must permit and sustain every rôle thrust upon him. Those rôles must be worked through and exhausted *via himself*. Neither must the analyst have any other goal than that of *analysing* the material presented to him, of understanding and penetrating to the recesses that are hidden. Analysts must be allowed their private predilections in their private lives. We keep our private ideals in spite of all analysis. We may privately prefer beech trees to cedars, that type of character to this, and have our private evaluations of what a worthy life really is and what is useful to humanity. But these things, eminently useful as they are to us as individuals and to our necessary illusions, are of small importance to the world outside us, and most assuredly they are of no use in the consulting-room.

The person on the couch has his own problems, and it is not for us to envisage any result out of the analysis in accordance with our particular sense of values and desirabilities. I would here search the analyst's conscience with regard to the use of

*Int. J. Psycho-Anal., 1929, Vol. X, p. 284.

the word "normal." Do we hope that our patient will be so analysed as to emerge a *normal* person, or do we hope that by analysing resistances to resolve anxiety the patient's own potentialities may be realizable? The first is to set one's *own* goal in front of the patient; the second is to set oneself the *patient's* unknown goal. Only as we can bear the unknown, only as we are not "hot for certainties," shall we be able to let the patient alone. We do not know his norm. We do not know what his potentialities are. We cannot know until the task of raising repression and resolving anxiety is done. He does not know himself. If we are analysing to make people "normal" instead of "analysing," then we must look once more for our own infantile super-ego, look to see if "normal" is not meaning somehow our idea of good, our idea of perfect. There is the equally false conception of normality meaning lack of repression and ability to have easy sexual experiences. Neither is this the object of analysis nor a psycho-analytical ideal. The ideal concerns only the analysis of resistances, so that there shall be the greatest chance of reconciling id and super-ego in the reality-life of the ego.

Hence any analyst who departs from analytical procedure so far as to intrude his personality on the patient so that the patient gathers that his view of normality is such and such, that he values this quality or that type of mind or character, has diverted the analysis from its true goal. He sets up an attempt on the part of the patient to orientate himself on a partially real picture, or he sets up a reaction against some line of development that may really be the patient's own. The patient should gather nothing of the particularities of the analyst. The patient will assimilate from the analyst all the time—this I will refer to again—but the main assimilation should be that of courage to face the truth. The particular outcome of the analysis must be the result of analysis alone. The psycho-analytical task then is to help the patient to face the truth about himself, but the analyst must be convinced in himself that this task is not a destructive one. Some patients will thus express their fears, and probably all analysands at an early stage will be tempted to feel it so. Only a belief through experience carries the analyst through the periods of seeming disintegration that occur. Everything here depends upon our attitude to the unconscious, upon our recognition that the very forces that, repressed and unsublimated, work for undoing are the very forces that, canal-

ized, make for health and mental stability. If patients persist in thinking that we are saying to them "You must get rid of sadism, your anal sadism, your narcissism, etc., etc.," we detect that the infantile super-ego is still rampant and that no reconciliation with unconscious forces, and no understanding of them, has yet occurred.

Some time ago when I was attempting to work out further the problem of "Hamlet," I realized that one only grasped its deepest meaning by seeing it as a theme that was essential for Shakespeare's own dramatic creations: that "Hamlet" could only be understood in terms of "Shakespeare." This took me to a larger synthesis. You remember that the poet said: "All the world's a stage, and one man in his time plays many parts." One thought of Shakespeare's actual life, the scanty records of it that remain. Yet those records are enough! We gather two main facts. One is that he had an unusually rich emotional life; the other is that there ran through his life a stable purpose which never flagged. To the house and property he had retrieved after his father's ruin he returned accompanied by all that befits old age, with friends and honour. "One man in his time plays many parts." Yet from the time of his leaving Stratford to serve as an ostler in London until his return there with fame and fortune, he played the rôle of *Shakespeare* in *life* and not the rôle of one of the creatures of his phantasy. He was not Iago, or Brutus, or the Dane; and, to understand completely, we must also say neither was he Lady Macbeth, nor Viola, nor Rosalind. Yet the gamut of all those passions was within him. There we have a glimpse of the task in psychoanalysis. There lies the analytical drama. If patients can externalize in the analysis the many rôles the unconscious plays in phantasy, then they too can build an integrated ego in actual life. It is the analyst's technique that raises the curtain, and, if so fortunate, then he can play the part of the interpreter. Here is the villain; this the hero; that the merciless judge. The plot was this: the phantasy, the childhood incident, the re-presented thing in life to-day are linked together, making a whole. All the time that the analyst is entering into the play and interpreting, he is saying: "It is all yours. You made the plot, you invented the characters. It's your show, you must be the showman and the stage manager. You must command these creatures, not they you." So that finally a patient learns not to be afraid either

of his id phantasies or super-ego terrors, if they have played out their rôles in an analytical experience.

Here lies the link with the play technique in child analysis. In play a child dramatizes the inner story. In adult analysis it has to be tracked through dreams, phantasies, memories, and linked with the staging of present-day life. In that relegating of rôles, the infinite shifting, endless interchange of character—intricacies of super-ego, ego and id—the drama is being *externalized* and the patient learns what he is doing, rids himself of the fear not only of his wishes, but of the nemesis that his wishes postulate for him. The external world becomes more and more a possible habitable world as he ceases to people it with his own terrors and punishments. We see thus what in adult analysis leads to sanity and adaptation to reality. We talk about raising repression, and uncovering memories. We all have experiences of a very clear psychological development gathered from patients, a good map, so to speak, and yet nothing dynamically changes for them. Technique fails. Perhaps it will be long before it is subtle enough to bring all the actors on the stage. One character has played the rôle too long to allow any other to show himself. Id or the ego, or the super-ego; Iago, or Fortinbras or Hamlet. The other characters are all there, and it means the readjustment of a life if we can persuade those others by some nuance of technique to take the stage.

I will proceed now to the setting of the actual analysis with some general remarks based on experience for the possible help of the beginner.

I always have a very short preliminary interview with a prospective patient before the analysis proper begins. Not being responsible for diagnosis, I can confine this to the question of times of appointments and fees. I make some reference to the reason for taking up analysis, but do not allow the patient to give this in any detail. I offer some very short explanation in very general terms of the method of procedure. The couch can be seen, and I explain that it has been found that the patient has greater possibilities of thinking and talking aloud if the analyst is out of sight. In speaking of fees I explain that the analyst's time can only accommodate a practice of a definite number of patients. He cannot fill up free hours that are caused through absences, and therefore the hours relegated to the patient must be charged for. Any alteration of this rule I leave

until circumstances arise that must be dealt with in view of external realities and unconscious motives. I do not say this to the patient. I lay down the principle and only consider exceptions in view of exigencies as they may arise. This short interview will provide the analyst with some kind of information concerning the personality with whom he has to work; rough and ready information, it is true.

At the second interview the analysis begins. One directs the patient to lie on the couch at once, reiterating again that the position gives greater ease and freedom to the patient, and to the analyst too, explaining that the more freely the analyst can listen, the more easily analysis can proceed. I always then ask what the patient desires analysis to do for him, to formulate his wishes as well as he can. This is essential, because it is true. I cannot do these things for him. His goal can be reached by a strong determination to co-operate in following what is required of him, and this I tell him forthwith. I then tell him what is required, and I assure him that he will find that the values he sets upon his words and ideas will not be the values that they will ultimately reveal. What he judges as silly, unworthy, irrelevant, will not be a judgment that holds valid in such an investigation as we are undertaking. We have shifted out of the conventional, logical, moral world into a world of psychological meanings and his task is to say what comes to his mind, and to be assured that as he fulfils this request, so the analyst will keep faith with him. The analyst must keep this pledge. The patient will prove for himself that no judgment is forthcoming from the analyst. I assure him too that this ability to say what is in his mind will only come slowly, that he will learn to be aware, as time goes on, of thoughts and feelings that are an accompaniment to what he is saying, and that he will get on the quicker by voicing these, by breaking off the thought he is voicing in favour of the intruding ones, and that he will proceed quicker the more courage he gets to express anything that is disagreeable to him. The analysis begins, and one lets the patient begin where he will, with an account of his present difficulties, or a résumé of his life, as some prefer. It does not matter which, since before long any connected account will be brought to a close and we shall be in the midst of more haphazard remarks, and the analysis will have really started.

I make no prohibitions at the beginning of analysis, and no

rules other than the cardinal one of the so-called "free" associations. I have my doubts about even that of telling the patient he is asked not to make any radical change in his life, such as marriage, or a serious change in his occupation, until after analysis. I prefer to deal with these things as, and when, they occur, and not to suggest them beforehand, because I find things of great moment in the unconscious can get linked with any prohibitions and be put off until "after the analysis." "When I'm grown up," i.e. after analysis, "I shall do so and so."

I do not prohibit reading if I am asked for a ruling. I do not suggest it, but we must remember that every prohibition, even if it seems it might be an added leverage in analysis, always means that we are strengthening our rôle as super-ego, the prohibiting parent.

There are other details that arise for consideration. I have heard discussions upon such matters as whether the analyst should shake hands with patients, or help them on with their coats. I think these matters become important according to our own inner uncertainties, both about ourselves and about the patient. Let us take ourselves first. If we are of simple purpose and without pose, we shall be human and blest with common sense. For anything that occurs while the patient is not lying on the analytical couch, we should be guided by that tact and courtesy we should extend to a formal guest; to that we can add in a very few days our knowledge of the type of person, though that knowledge may not be very deep. If my patient looks for the ceremony of shaking hands, I shake hands. If he, or she, is of the type who compensates for hostility, the type who can only express hostility by an assurance that the object knows "it is all right," then I should shake hands: as, for example, where a patient begins by showing real grief at the memory of a mother who died years ago. When I gather that that mother was in reality a very worthy object of love and admiration, I know at once that this patient is going to have a great task in realizing the presence of unconscious hostility. Here I should shake hands.

A patient may start analysis with open expression of hostility and irritation at everything his mother does, at everything his mother says, her way of talking, walking, her mannerisms. I orientate myself accordingly. I do not shake hands. I give such

a patient a casual nod when he comes in, and glance at him as he goes out. I say "Good morning" as briefly as I can. A patient brings a coat into the room accidentally. He puts it on, or she puts it on, after rising from the couch, and then gets inextricably mixed up in it and struggles. The guide here is common sense. I should not rush at the beginning to help the patient on with the coat, but I should not let him struggle and get embarrassed. Here one acts as one would to a guest.

If a patient wept and had no handkerchief: if a patient had a cold and no handkerchief, I should lend one. If money for fares had been forgotten, I should lend it. Of course there are unconscious reasons for all these things, but if we are able analysts we shall deal with these same things not as separate manifestations, to be analysed by themselves, in the air, so to speak, but in their setting in the total analysis at the moment. The place for analysis is on the couch. When the patient is not lying on the couch, I treat him as a formal guest, and common sense and experience dictate what one does with a formal guest. To be mesmerized by calculations, "Should one, ought one, to do this or that?" in trifles argues a lack of ease in oneself, an anxiety due to deeper uncertainties in one's mind.

The patient will ask questions. Freud has said that the patient's questions should always be answered by himself. This is a golden rule, but it has its exceptions. We learn to sift these questions. We do not rebuff a patient by strong silence. We say: "If I do not answer this, it is because this is not what you really want to know. May we go on and try to find out what it is, and then you will find the answer?" We must by analysis find what a question means, and there may be many reasons for it. One cannot judge except by the context of the whole setting of the work. There are some questions that must be answered. If, for instance, a young girl has not the true sexual facts, I should answer her questions and tell her. If contraception were a mystery and I were asked about it, I should answer. I should make quite sure of the ignorance first. I should be equally careful that I did not fall into the rôle of the secretive and timid parent of childhood. That is what I mean by sifting questions. A patient may ask for information about a present-day subject, making an unconscious attempt "to try one out," so to speak. I find on this matter I vary. Concerning such questions I sometimes say: "Yes, I know that book, that play, that place," or on

others: "I do not know, I have not read, I have not been there." Superficially, the analyst is acting in terms of reality here, demonstrating that he is not afraid of knowledge, that he is not afraid of ignorance either. This is a method of approach. It is the difference between a static, rigid method and a pliable one. "Oh," says a patient, "but last week I asked you a question and you did not answer; I wonder why you answer this one." "Because you are asking here a question which if I answer will give you freedom to tell me more. I know the book. We both know it. That makes you feel easy, and you can talk freely now. What interested you in it?" or, "I don't know it, you tell me about it. Last week, you remember, you asked one question, then another, then another. I did not answer because if I had answered nothing further would have been opened out from the answers. My answering would then have meant a full stop, not a further expansion of your thinking."

I think this is a guide in either asking questions of the patient oneself, or in answering or not answering questions put by the patient. Is one opening up a way for the patient to tell more, reveal himself more? Will he do it better by assurance that one knows (which end is served also by confessing ignorance) or will he keep on revealing things better if one keeps silent? Will a wild creature of the woods come into the open only when assured no one is watching, no one stirring, or does it need assurance that it may venture out?

There are two things to be kept in mind by the beginner, and I would add, these same two things the experienced analyst never must forget. The first is a real conception of the patient's task. He has to externalize in thought and feeling the inner drama. I have given you the analogy of Shakespeare's plays. If we see this task, then our first function is always to think of technique as a method by which we can help any individual patient to get on with this task. If we are not free from anxiety, we shall put up our own barred door. We shall not welcome Caliban, or Iago. We shall dismiss Titania as a shadow, and despise Bottom as a silly ass. If we do, they will not sport on the stage.

The first task is to get the patient to tell us and to tell us more and more. In this telling we must "go" with the patient. Empathy is the important thing. He will not go with us unless we go with him. We can see what he cannot, but we cannot make

him see what we see unless we see first with him. I would put this necessity first in technique because it means we shall ask the right questions and approach resistances in the right way. We shall not oppose resistance to resistance, silence to silence, but shall be searching all the time to help resolve the difficulty. We shall know that the mind is built up on analogy, that for the abstract thing there is an equivalent concrete one. We shall encourage the patient to find analogy, simile, for his difficulties in expressing himself. Similes are the surest guides. Again I would point out the resemblance to a work of art. I will give you an example.

A patient comes in a quarter of an hour late. He says: "I wish I could get here on time. It's a week now I've been late. I hate being late. I ought to be early." He pauses and sighs in desperation. I fill the pause. "But as it works out it seems as though the 'ought' is in another direction. The 'ought' you feel in connection with the present is overweighted by a deeper 'ought' which makes you consistently late. We really want to know why you 'ought' to be late."

He thinks a minute and replies: "Well, for example, I could quite easily begin now and get my tennis kit ready for next summer, but I shall postpone it to the last minute." Then I reply: "So it's really a problem of being too early?" Then he goes on: "I was late to bed last night, but wide awake early. I went to a pantomime. Not bad, but it might be better." Pause. Here I do not wait for free associations. I "go" with the patient's interest. I say at once: "How would you make it better?" "Oh," he says, and shrugs his shoulders and laughs, "it's too silly, but one compares with the pantomimes one remembers." I recollect pantomimes myself at that moment, and I reply: "They were marvellous. What was so disappointing last night in comparison?" That convinces him. In a few minutes the child in the adult is telling me of the wicked fairy. "There was only a feeble bang when she appeared, and of all miserable disillusionments the worst, she walked on from the wings instead of coming out of the flame with the bang." Then I learn this. At the first pantomime he ever went to he arrived late with his nurse; the performance had begun. The most marvellous thing was a long fur tail that came from under a dish-cover and shot across the stage. The patient continues with detailed descriptions for nearly the rest of the hour. Finally he

tells of how he remembers the funny man who caught his coat on something at the top of a flight of stairs and fell headlong down. The next time he appeared on the stairs he was very careful of his coat but his sleeve caught and he fell down again. The next time he appeared at the top of the stairs he had a tea-tray with him, and forthwith slid down the stairs on that. By this time the patient is convulsed with laughter instead of being in the despairing mood of his entry. The hour is finished. I have no time to give any interpretation but I know one factor in his lateness. I shall confirm my surmise by subsequent hours and correlate things that come later with this hour. I know what to look for. The main thing in this hour has been the release of that glimpse of childhood. He has told me that the time he saw the fur tail perform so wonderfully he went in late, the performance had begun. He has told me that accidents that make a person appear ridiculous are a cover for a child's desire to perform up and down the stairs with agility. I have gathered that there is permission to go in late after the performance has begun, but that he really wishes to be there before it starts. How did that fur tail get under the dish-cover? Suppose he came as much early to analysis as he is late? Then he would know who was in the analytical room, and see what went on there. So I infer we are on the theme of wanting to see and know about parental intercourse. He is envying the father's virility.

We must be able to go along with the patient in his interests, his complaints, whatever they are, in order to know about them.

At the same time that we are listening to the content, noting the theme, we shall learn to become aware of other revealing things, such as characteristic methods of expression, recurrences of a theme in another setting. We learn to see a recurring pattern. We get a fragment of a pattern at a time. It takes a whole analysis to see the whole pattern. Therefore we must be content with little interpretation at a time. We cannot interpret *every* time. We may take more than one hour to see one point clearly, but one small elucidation and to the point is enough and satisfactory, and worth many dissertations of a theoretical nature. If one cannot interpret anything clearly, but surmises some possible explanation, then one must say it *is* surmise, and that there will be confirmation if it is a fact. If the picture is too befogged, then one may say without fear of loss of prestige: "To-day we have done spade work, to-morrow we may see the

result." We are not magicians, and to act as if we were prolongs the magic that we are trying to bring to consciousness in our patient's mind. It is an important thing that we should not overemphasize the significance of dreams. They have their place. We get an immense help from them, but work that degenerates into symbol-hunting from dream material is not analysis. The dream, to be understood, will fit into a setting that has at once a reality stimulus, contains repressed memories, and has an unconscious significance, and the exploring of each facet will alone give the whole truth. It may well be in any given hour that only one aspect will be seen. The dream should occur in the analysis in its due place, not sought for, and attention should not be concentrated upon it to the exclusion of other things.

Another aid to the analyst is the power of recall of the previous hour's work. I do not here refer to the unconscious storage that goes on of all the main important facts, real and psychical, that belong to the analysis, which the analyst calls to his bidding when needed, but rather to the previous hour's analysis as a whole, the point reached, the unconscious theme that was being worked. By such recall during the succeeding hour either fresh light follows or a new theme is opened, and by such shifts one judges either further progress or where the resistances and anxieties are, and with what associated. I cannot emphasize enough the help that this power of recall will give. To illustrate what I mean: say an hour's analysis has brought to light the significance of a resistance. The next hour the patient arrives with every evidence of turmoil in the mind. The patient is in distress about some present situation. One gets an occupation of the mind with a current event. One begins the hour by listening, following whither the patient leads but picking up no clues as to the unconscious. There is nothing to show on to what the disturbance is hinged. When this happens one needs to think back to the last hour, remember against what the resistance was directed. Under cover of some external reality the patient is probably working off anxiety concerning the unconscious impulses which are nearer to the surface through the last hour's work.

We can make use of all actual occurrences connected with the analysis. Every detail of coming and going can give news of stress and anxiety. Any departure from usual custom is to be observed, such as a coat habitually left on a peg being brought

into the consulting-room, or a handbag being left behind. The patient is late or too early. I note these things but I do not forcibly bring them to the patient's notice. I refer to them if during the hour they can naturally be hinged on to the unconscious theme. To bring them forcibly into daylight, to drag them in, so to speak, is to put the patient on his guard, to give him the unpleasant feeling that some detective is at work. We want him to be off his guard, we want him to be spontaneous, to be natural, forget, make slips. The more this happens the more we can get into touch with his unconscious. These are precious trifles for us, and above all we must not so interpret them that he will be careful *not* to do what he has done in the future. They can be so interpreted as to help the patient to see that these absentmindednesses and slips are all grist to the mill for the accomplishment of his task.

Not many analysts have had the good fortune I had in my first patient. I doubt if another lay analyst ever will. I was entrusted, as I ought not to have been, with a psychotic patient who had recovered sufficiently to be discharged from a mental home. I was too conscious of my ignorance and too frightened to do much interpretation. I listened for over twelve months for an hour a day to her. I did little more than employ every ruse I knew to get her confidence. I was fascinated by the phantasy periods. We walked about the room at these times. She explained to me certain things about the stove, the hot-water pipes, the electric bulbs, the switches. They were all the hiding-places of evil powers. At other times she went over and over again the years of childhood, in which her learning difficulties had been insurmountable. In this wearisome reiteration we yet reached fresh facts as the cycles returned. It was a useful experience as a foundation of technique to see how this patient gained a greater reality sense through the co-operation of the would-be analyst who, by entering into her phantasies and so getting more of them, helped to remove suspicions. By this very freedom to elaborate the phantasy-life, the patient got more grip on reality. The foundation of technique lies there.

I would like to illustrate from another case for beginners. It is true that here again was a psychotic element which always means wary walking, but since I have found the same precaution necessary in other types of cases I cite the pitfall. In the case I mention the patient gave for nearly three years the same

consistent picture of her childhood as disciplined, suppressed and colourless. Now that picture was false in *fact*, as subsequent analysis showed. She had been an almost intractable child and nurses and governesses had more than they could manage to cope with her escapades. Yet the patient told no lie. What she held true was due to the mandate of the super-ego. Her childhood ought to have been like that. She had forgotten naughtiness. Similarly I can think of a patient with a strong reality-sense, who, when preparing gifts for her own children at Christmas, remarked to me: "Now if only *my* mother had given me gifts like these, a grocery shop with real bags of flour, real rice, real scales, how different life would have been." "Oh, think again," I said. She paused and, amazed, said: "What am I saying, it's the very thing I did have!" In this case, it was some time after the beginning of analysis that we found her childhood other than she had at first emotionally apprehended it. Here is a pitfall that the beginner can avoid. The picture given of childhood and of parents is to be taken as true for the patient for definite psychical reasons. The patient is not lying, but we must wait for actual facts, and find those facts as time goes on. We must be alive to every hint given where the psychical result does not tally with the facts. That departure from reality is going to give us some important truths concerning the patient's difficulties.

I leave special difficulties the analyst encounters, such as initial states of anxiety, for a later lecture. I am sure, however, when an analyst is confronted at the outset with a patient who acts like a naughty or terrified child, a knowledge of how child analysis is conducted is helpful. One may never have taken a child's analysis, but a knowledge of the technique of child analysis, and of how interpretation is given by means of understanding the behaviour of children, will be helpful in the handling of patients who start in an intractable state. We may at least have a clue to finding the right thing to do if we have heard of the experiences analysts have had with children in anxiety states.

# 3. SURVEY OF DEFENCE-MECHANISMS IN GENERAL CHARACTER-TRAITS AND IN CONDUCT*

## EVALUATION OF PRE-CONSCIOUS MATERIAL

I CALL your attention to-night to the operation of defence-mechanisms in general character-traits and in conduct. To be able to recognize how they operate in the business of actual living, the ends they achieve for the individual, means a recognition of the task in analysis of resolving what are technically known as *resistances*.

Defence-mechanisms are those psychical methods which have been evolved to defend the ego from danger. The danger arises from the mandates of the super-ego issued against the wishes of the id. The defence-mechanisms that magically defend the ego are what we term "resistances" in analysis. One hears "resistance" spoken of as if it were specifically devised against *analysis*. The defence-mechanisms are always present, but during analysis a specific attempt to resolve them is made and success depends upon this resolution. The tightening of resistances during analytical work can be understood if we remember that the patient is defending himself psychically in ways analogous to those that a person in real danger would adopt if he were threatened with defencelessness. It matters not that the dangers are unreal. They feel real enough. The moment we begin to think with some degree of annoyance that the patient is resisting *analysis* then it behoves us to disengage ourselves from our personal affects and to search more deeply for the dangers against which the patient is defending himself.

The defence-mechanisms observable in analysis have been habitually present in the patient's character and conduct before analysis. A high light is now thrown upon them and any changes that occur in the personal psychology, any re-orientation through relief of anxiety, will depend upon the resolution of these defences. This resolution depends upon bringing to light two sets of forces, namely, the unconscious id wishes and the nature of the super-ego threats. We need to have an understanding of what happens if we can do this successfully. A suc-

* Reprinted from *Int. J. Psycho-Anal.*, 1930, Vol. XI, p. 361.

cessful analysis does not mean that the unconscious wishes are abandoned. It does not mean that there are no more defence systems. It does not mean that the super-ego is analysed away.

Freud speaks of infantile wishes as being indestructible, pressing ever for fulfilment. What happens in the most successful analysis is a bringing to light of these wishes and a working through of infantile anxiety and emotional affects concerning these wishes. This means a knowledge of the magical system evolved to guard the ego. A modification of the super-ego takes place in consequence of this. This entails a greater reality-sense and a greater ability to operate in reality with less anxiety and greater satisfaction. It means the greater possibility of an integrated purpose in life, and much greater power of being emotionally unperturbed by the hostility and the affects of other people. I qualify all these results by the words "less" and "more." There will ensue *more* capacity to bear hostility, a *greater* reality-sense, *less* anxiety.

An adequate analysis has the following result. The indestructible infantile wishes of the unconscious are canalized in sublimations which are symbolical of those wishes. Sublimation is not a substitute for actual living; it is not living by proxy. It is a representation in some form of cultural value of those infantile wishes that never can become realities. It is when sublimation is inhibited or impossible that adult living does not touch reality. It is when sublimation is laden with anxiety that it brings no satisfaction: that is, when it is not complete sublimation but still an unconscious attempt to make *real* the infantile unconscious wishes. Analysis frees the sublimation from anxiety. This freeing liberates libido and genital development can then be completed. Reality-sense goes alongside this full genital development. Sublimation proceeds from the pre-genital levels. These levels are the omnipotent realms. We do not rid ourselves of omnipotent phantasy. In analysis we bring the infantile omnipotence to consciousness, which means an adaptation of omnipotent phantasy to the possibilities of reality. Accomplishment in reality is one of the defences of the ego in a well-analysed or well-adapted personality. The omnipotence is still there but it has become an ego-adjunct in sublimation; it now supports the ego, and with that unconscious drive the ego finds power and accomplishment in reality, which gives it security. This accom-

plishment in reality wins the approval of the modified super-ego.

Now in analysis we have to find these defences of the ego in order that we may find how the ego is magically defending itself against danger. We have to bring this system to the light of consciousness and so reveal id wishes and super-ego terrors. What happens then is that those magical gestures and phantastic systems that have no reality value will disappear when brought to consciousness. The magic will turn to art, to science, to medicine, to psycho-analysis, to anything that the native talent of an individual allows.

I will now proceed to detail some of the defence-mechanisms as we meet them actually operating in life and so in analysis. A double bulwark of defence is found in those cases where a reality situation of some difficulty arises. There are always situations involved, but here I refer to those of a major type where a patient has ground enough for saying "It is *this* that makes me ill and unhappy and if this were put right, or if that had not happened, I should be well. It is *this* and not my inner difficulties that are the cause." We have a double line of defence. Loss of fortune, loss of love or loss by death is the sort of cataclysmic experience to which I refer. In these cases the analyst must accommodate himself to the period of natural mourning through which every normal human being will live. In such cases we must give every validity to pre-conscious expressions as such. To do less, by which I mean to drag in before its time the fact that sorrow may be also an over-compensation for repressed hostility, is to be guilty of an inhumanity that is due to our own unconscious drives for satisfaction. We have seen a "patient" where we should first have seen a whole human being who is not compact of unconscious only. There comes a time for such interpretation, but not until the mourning has been partially done. Even then the approach to the unconscious must, as always, be in terms of the infantile conflict that has never been resolved, and which shows itself attached to the latest love-object as it was to the first. The patient must feel that we accept the expressed sorrow and grief as he experiences it. It must be valid preconscious expression on its own ground for us, if we hope later to get the patient to accept other factors that will restore his equilibrium and reinstate him in real life again. Only by this attitude are we going to be subtle enough

to bring to his notice, without offence, the unconscious factors that have made the pattern of his defence against hostility from infancy, which will include his attitude to the last painful reality experienced. I would now emphasize this latter aspect. We shall finally only help the patient if we do not shrink from this task of analysing defences when the time is ripe for it. When the time of mourning is past, one becomes aware, slowly it may be, that recrudescences of grief are to be seen very clearly linked with those unconscious sources of guilt that are to be accounted for by repressed hostilities. With this awareness analysis of the unconscious can proceed.

A typical defence-mechanism taking a reality course is that of successfully "making good." Here again the analyst has a delicate task. One finds a patient sometimes nullifying anxiety the whole time in a practical way, not by suppression of feeling, not by guard over thinking, but by constant deeds of kindness, which form a system of reparation. The "flight to reality" of which N. Searl has written* can bring about results as unfortunate as the flight to phantasy. A magical system can work out in reality terms and yet remain magical. It is in the analysis of the so-called normal person, the lively active vivid participant in life, that one becomes aware of how anxiety is discharged in a multitude of minor ways. One sees that the reality situations themselves carry a phantasy value. To this subject I shall return in the last lecture. On my drawing attention to a well-marked reparation system in the analysis of a normal person, I was appealed to by the patient in these words: "But for a long time I was unable to do any kindness for anybody. That was surely wrong. Are you suggesting now that it is wrong to think of and do things for others?" An answer here is imperative. One says: "We are not dealing with a question of right and wrong. We want to know why you were unable to do kindnesses formerly and why now you are driven to do them, and especially why you are unhappy and anxious if your plans are thwarted. You are being driven not by 'right' and 'wrong' but by fears and anxieties." When a patient prolongs an account of how he has helped another person, of time and trouble taken to ease and benefit another, then one looks to find what hidden feelings of guilt are being assuaged, if there are no actual past unkindnesses that have not been recalled. But again one does not con-

*Int. J. Psycho-Anal.; 1929, Vol. X, p. 280.

vey to the patient that this reparation system is "nothing but" hostility. That is not true. Love and penitence are there too. Our task is to make conscious the repressed memories and unconscious wishes. We are still caught up by our own super-ego fears if we think, or let a patient think, that thereby he will become a selfish and ruthless person.

A subtler form of this particular defence-mechanism, viz. "making good," is to be found not in the ego's practical activity in the external world but in an attempt at reformation of character. Patients will sometimes become like obedient children. They are never late, never absent. They seemingly accept interpretations on the analyst's authority. Point out the sexual significances of phantasies, and such patients will then subsequently provide other phantasies of the same kind. Any attempt to get behind this character-reformation defence produces stress for which very often relief is sought outside the analysis. This can take the form of asking for an opinion, seeking advice, consulting a doctor for a minor ailment. The impression given is that of a tractable child who is anxious to do what an authority lays down. How intricately and deeply rooted we can find this defence! One will hear whenever such a patient is constipated that he has taken medicine. One will know whenever a shirt is slightly soiled, and will learn why a clean one has not been put on, and when it will be put on. One will know the state of the house drains and that the sanitary inspector has been called in. One hears that the housemaid left some dust on the hall-stand but she has been reprimanded; one is told that though the bath-water was nearly cold, the patient nevertheless took a bath. The reformation scheme is in full swing. The patient is busy and safe in being a reformed character. The patient is telling one all the time: "I am not the person I once was. I am quite different." This constant magic of reformation is the block to memory, is a defence against a feeling of guilt. We do not get far by speaking to the patient of reaction-formations. The words carry no weight. "I'd like to get a cloth and rub all the marks off your dirty windows," said a patient. The sadistic glee in the voice, the context of the hour, made it quite plain that the reaction-formation is in the nature of the return of the repressed impulse. So that when the patient is constantly conveying to us that this reformation in character has taken place, we must not hope to analyse by speaking of reaction-formations. We have to

demonstrate that the same impulses are discernible in the reformation as before it, that obedience has in it the same factors as disobedience—that black is white and white black. We have to point out that anxiety is being allayed by this system of goodness and obedience. Such patients as a rule eschew being childish, eschew having childish phantasies and behaving childishly. They dislike childishness in other people. They forget their own childhood. By all those signs one judges of the immense defence they are putting up against their own childishness The impression such a patient gives is that of a very little child who is behaving like an adult, or rather as a child thinks it ought to behave to pass as an adult The truth is that such a patient will only become adult when he has permitted himself to become a child again, and to permit this we have not only to uncover anxiety but to make it possible for anxiety to be borne. Where half a lifetime has been spent in forging these supports of reaction-formation against danger, we shall not expect to find the conventionally good character change rapidly, or sublimation of direct impulses to follow in a short time. It is this type of patient who will indulge in phantasies of "after analysis is over"; and more often than not what will emerge from a phantasy of "after analysis" is some camouflaged indulgence of an id wish. It is like a child saying "I'll do what I like when I'm grown up," and this "what I like" is the indulgence of a forbidden thing; this means that the adult appears good to the child but is, of course, only a hypocrite. The secret life that is hidden is wicked, but permissible if hidden, and that is exactly the drama the patient is enacting.

Another system which alternates with this is that of conveying to the analyst the impression that the adult patient is only a small child. It is done by deft touches, and very slowly the most elusive patient will build up this picture. It is done unconsciously but with all the artistry of the unconscious, and it is done to cut the ground from under the analyst's feet. One hears that the patient has eaten a little meal or a little drink has been taken in the night. Another day the patient has had a very small evacuation of the bowels. Another time one hears a complaint that a window could not be opened, it was too heavy for small hands. The boot-maker has no shoes small enough for the little feet. The patient will decry any importance being attached to something that has been done because it is so insignificant.

There will be a basis of reality perhaps in the allusions to feet and hands, but the artistry is in the reference to them. One is being told "See I am so small, so tiny, so helpless." It is unconsciously intended to quieten and to allay the analyst's suspicions. Under that plea of smallness lie the omnipotent phantasies that are so potent and powerful that safety is only possible while assurance is being given that the patient is only a little child.

Another successful defence is that of forestalling expected criticism. The patient himself will censure his conduct at the present moment, or blame himself for childish traits. If psychoanalytical terminology is known, criticism proceeds in analytical terms. A phantasy is told and then the patient adds: "I know that is sadistic of me; I know that is very anal in its purport." As skill is acquired the patient offers some interpretation of a dream, with a critical remark upon the unconscious wishes hidden in it. I have known much insight to be shown concerning the unconscious in a case where this particular defence was prominent; but insight did not bring about psychological changes, just for the very reason that anxiety was being carefully fenced off and drained in other directions quite obscure to the patient and only found with difficulty by the analyst. The way of procedure here, once one is assured of this defence, is to ask the patient to forego the explanation, to forego criticizing actions and thoughts. What the patient has to do is to expose himself to the fear of criticism and not to forestall what he believes is inevitable. This really feels like a danger, and will be sooner or later a source of discomfort to the patient and the path opens before the analyst to track the discomfort to the deeper-lying anxiety which it implies. Instead of forestalling expected criticism anxiety can take the form of conducting the analysis. This is often done by those who are very seriously anxious to do the analytical task thoroughly. They wish to leave no stone unturned, to do their utmost to reach their difficulties. Let the analyst, for instance, say once: "Well, go back to the dream here, it might help," such a patient follows this cue on a subsequent occasion. He will come to a halt in talking and then say: "Well, let me go back to the dream now." A patient will forcibly wrest his thinking from one theme to another. "We have not got the meaning of such and such a part of the dream." We must recognize in these attempts to control the analysis the urgency of anxiety and not give it any other explanation. It is

the unknown, the loss of control, the patient fears; and it is all part of the analytical task to make it possible for the patient to give up controlling and directing his thinking.

Another attempt to allay anxiety is to be found when a patient is constantly concerned with wondering if the analyst knows such and such a thing. The patient is unconscious of the real purport of this wondering. The questions are far too subtly manipulated to be mere curiosity, if there is such a thing as mere curiosity. Over a length of time the analyst must determine the meaning. Now it is in reference to a book. "I wonder if you have read this book," or "I wonder if you have heard of such and such a custom" or later "if you know anything of cars, you will know of course so and so." Then again, "I don't suppose you know so and so." One sees here every variation of this struggle. "Do you know?" "If you know this, you will understand what I am referring to." "I don't suppose you know." The patient wants to know *if one knows*. But it is none of these things in consciousness that he wants to know if one knows. I would not leave unanswered all questions. On one occasion I asked a patient to change his time to oblige me. He did so willingly. The next hour he said: "I wonder why you wanted to change my time, I wonder." I then told him why. I did this not to stop the wondering but to give him a reality for a cause of action and to remove myself from the realm of the omnipotent arbitrary gods, to bring in fact some support to the ego in facing the unconscious phantasies that something dire and terrible would one day happen. As a child he wished he had been through a fire and earthquake and shipwreck, when he would *know* he could bear it. When he keeps on asking "Do you know?" he is really asking me "Do you know what will happen?" "Can you foresee the future?"

There is another defence-mechanism which I have found difficult and needing all one's ingenuity in technique. There are personalities which by reason of their charm and humour and thoughtfulness for others disarm opposition. They gain affection and alliances of love and service all round them, wherever they may be. One finds that that charm often flowers out of anxiety. Such people have usually an intuitive way of finding the soft heart beneath uncompromising exteriors. They find a way somehow of orientating themselves very subtly to anyone with whom they have to deal. If not their charm, nor their humour,

nor their fancies bring this about, then suffering may. If suffering displayed does not, then suffering borne with a smile and fortitude may. Analysis brings us face to face with the fact that it is at the ego's expense that their swift intuition works. They become unhappy and uncomfortable unless they are assured of love and acceptance, and this necessity will cause them often to deviate from courses that are to the ego's real advantage in the external world. They differ very greatly from the obedient type to which I referred where the strong infantile super-ego impairs elasticity and powers of development. Here is abundant elasticity and power of development, but the orientation is determined by the loved and feared object in the external world. The exigencies of anxiety are such that the ego's power of criticism and evaluation becomes lost when such a person selects objects of love and fear. The difficulty in analysis lies in the unconscious appeals made to interest and capture the analyst's attention. These appeals are in no way different from those employed to disarm an irate father, which made him laugh instead of being angry, and ended by his kissing his child. They have captured a severe tutor, softened an examiner's heart and made customs officers relent. The whole artillery is brought out in analysis, and this will bewilder by reason of its wealth and liveliness and interest, not by stubbornness and dryness. By one's movements, one's words, one's clothes, the tone of one's voice this type of patient will know all there is to be gathered about one from these betraying things, and the analyst who has a pose to maintain and pretends to know when he does not, will finally be outwitted, though this is true of many patients. I know of no way with a patient like this but the analyst's clear hold on the anxiety, and a determination to seek it out in all the labyrinths through which the patient will lead him. There are guiding sign-posts. Firstly, one may be quite sure, where a patient has acquired such power in dealing with other people, that genital development is partially established; secondly, that some kind of external situation in childhood has caused real anxiety; and thirdly, that this situation has never been overcome and regression to earlier phases of development has taken place. Dramatization will frequently occur within such an analysis. The work consists of getting behind the scenes that *are* being staged to those which preceded them. I mean there is a repetition of certain scenes in a drama as though they were the

whole story. We have to get the earlier ones to understand the enacted ones and it is against the earlier ones that all the defences are directed. The patient is alleviating anxiety all the time in dramatization. We have to work for the recollection upon which depends resolution of anxiety.

Then there is the defence system of the patient who feels himself to be a fool. He is generally a person of considerable intellectual attainment, but he does not entirely believe it. He is inhibited from making full use of his gifts. It takes a whole analysis to understand all the causes of this inhibition. The analysis will be marked by a period of advance and then succeeded by a period of blindness when every scrap of insight is lost. The patient is then overcome by despair at not understanding. He really feels a fool to himself. One has to remember he *feels* like that. Moreover he can do more than feel it. He can so act as to make others, if they are not far-seeing, almost believe that he is a fool. He can ask questions or give replies that are calculated to prove that he is a fool. While he feels a fool to himself temporarily, he has gained his main unconscious object if he has led someone else to think he is a fool. Then he has really fooled the other person, as Hamlet would say, "to the top of his bent." Like Hamlet, he puts "an antic disposition on," not purposely, but of necessity; and one will not get to the heart of his mystery by any short cut, by any active therapy, by any ruse, by nothing in fact but by a patience longer than his and a knowledge that his fooling and emotional blindness is rooted deep in earliest childhood where some reality, due to his own unconscious phantasies, was too terrible to believe. He knows, but he dare not believe it. Reality is not real; it must not be real. One has got to work back both to the denied reality as well as to the earliest phantasies to understand that reiterated "I don't see. I don't understand. I don't know what you mean." All through an analysis of this type one must be alive to the idea that the one person who is to be fooled is the analyst. But if the analyst is not fooled, the patient will finally realize that there is no need for him to fool himself either. It is the wise man who can play the fool. This defence-mechanism is really another variant of "I am so little, you have nothing to fear." Here it is "I am a fool, I have no power. I am in your power." A patient of this type will often lie the hour through as if he or she were dead, indeed will sometimes draw attention to the

corpse-like attitude. It is the extremity of anxiety, a feigning of death to escape death, and we are wise to let anxiety be alleviated in this way for some time before we interfere, indeed until we can conclusively prove our statements.

All these defence-mechanisms against anxiety have a magical basis. Some work out as adaptations in reality, have reality values, such as the ability to maintain pleasurable relationships with people and to do services for them. But in this last one we see the magical omnipotence more clearly. We can find magic at work under seemingly ordinary behaviour as well as extraordinary. To find this is always to have opened a way of analysing anxiety; to fail to find omnipotent gestures is to lose a way of analysing it. For instance, a person of my acquaintance had quite a magical way of restoring a sense of well-being. She would take a bath during the afternoon. Analysis revealed an incident in childhood when she covered herself and the furniture with stickphast paste and so provoked her father's anger. Then she was bathed and cleanly dressed and her father kissed her. In middle age an afternoon bath still resolved anxiety and life became cheerful again.

The fear and anxiety concerning unconscious sadistic phantasies produces characteristic methods of behaviour in some patients. In paranoia we deal with a definite abnormal defence. But these patients to whom I refer find a channel of reality instead of delusion. They do their utmost, deftly as a rule, to get the analyst to talk in order to provoke an argument. Then they become fighters and defend another point of view. The analyst is proved to be wrong. In this situation the patients defend themselves against the anxiety of their own unconscious aggressiveness. They only feel safe when they are fighting and when they can lay the blame on a person in the external world for provoking the quarrel. What they must defend themselves from is the knowledge that *they* are the aggressors. Hence the constant attempt to make the analyst the provocateur. Some patients of this type will very subtly fasten upon any trifling cause of grievance such as an occasional being kept waiting, a change of hour, any slip of the tongue the analyst may make. These things are exploited to the uttermost. The cry is: "These things are real; they are your real errors." We may say without exception that patients like these are clinging to reality causes of their opposition and criticism, because they have yet to face their own un-

conscious phantasies of aggression which have had no provocation in reality.

Another difficulty in reaching and analysing anxiety occurs with those patients who are capable of satisfactory sexual intercourse as far as physical potency and enjoyment is concerned. Psychical ease may be absent. A certain freedom of libido has been achieved on the genital level, but psychical development lags behind. I have found in married people and in lovers undergoing analysis that intercourse has very frequently occurred exactly at a time when, in the case of the man, the unconscious hostility to the woman has been gathering anxiety and, in the case of the woman, when her unconscious hostility to the man has been doing likewise. What has then happened is that the anxiety has been discharged in a sexual satisfaction, as though the anxiety of hostility could only be relieved by the assurance of actual physical love. Perhaps this is the meaning of the circumstance that so many people remain together who disagree and fight by day and reconcile themselves by night. We have here a solvent of anxiety that again appears in a natural reality-setting, accompanied as it is by a degree of normal development. It may very well happen that we shall not really analyse the anxiety except during periods of abstention; and for these to be undertaken it will be necessary for the patient to find them worth while for an ultimate goal, and it will be necessary for the analyst to make conclusively clear to the patient the discharge of anxiety in intercourse in relation to the repressed hostility.

One could multiply indefinitely the defence-methods against anxiety. I leave the abnormal ones until a later lecture; but before I close I would like to refer to the type of mind that has made a very secure defence against anxiety by intellectual equipment and a development of severe logical processes of mind, so that the seemingly haphazard method of the analytical process is alien and repugnant and it is long before any reconciliation to it is made. Such patients persist in their abstractions, their intellectualization. Words, ideas, are their medium, their stand-by, their defence. We must then listen to their words, and remember that every abstract idea must in the course of any individual development have been preceded by a concrete thing. We have to make the bridge between the concrete and abstract, not arbitrarily, for that will not carry any weight, but by gradually reaching childhood and the buried phantasy-life.

Sometimes it is visual imagery that has been severely repressed, and by some means we have to set it free. Sometimes it is auditory experiences allied with phantasy that is the key. Here is a typical example. A patient talks abstractions for half an hour. He gradually begins to play with words. This play I do not interrupt, until he says: "It seems foolish to keep on finding words to resemble the word 'century.' I've thought now of sentry, sentry boiler. I must stop this kind of associating; it is bulking too largely in my mind." I now intervene and say: "You need not stop at that interesting place. Just switch over from the word to the thing, this sentry boiler which is bulking too largely in your mind." He laughs, but goes on. He thinks of a little model lavatory which the day before seemed to get smaller as he thought of it. He thinks of Alice in Wonderland getting smaller and smaller and bigger and bigger so that she could get into places. Then he says: "My dream is coming back, bit by bit. I was in a room and the whole place was covered with holly, all the walls." He thinks of Christmas, Christmas presents, Christmas morning and climbing into his mother's bed. He thinks of the Christ-child born on Christmas Day. Holly suggests holy, the Holy child; but there is also "whole" which means "entire," and there is "hole" meaning broken, not entire. This analysis takes place in the last quarter of an hour and it is so far good, but it reveals another subtle defence which will not be worked through for a long time to come. It is given in the words "the dream comes back bit by bit." From those "bits" he puts together a room fully decorated in holly. The patient interprets unconscious significances of symbols in dreams with insight. Then he says: "But it seems too easy, too facile, the way I put things together." On other occasions he says: "It's so neat, I feel it is all wrong." What feels wrong to the patient is the putting together, the neatness, the building up "bit by bit." But that is the rightness. We shall only reach anxiety via the wrongness of untidiness, of pulling things apart, of undoing things bit by bit. Anxiety is annulled by a presentation of the opposite. This is a case where recovery of affect is the important thing, not the clarity of insight.

To return to the words and phrases that the intellectualist uses. The following are a few that will keep one close to the underlying problems: "a clear-cut argument," "a free flow of ideas," "gaps in reasoning," "a bad impression left behind,"

"a sexual flavour," "a difficulty in getting ideas out," "a blind feeling," "badly brought up," "well brought up," "nothing in my mind," "analysis has not altered me," "how will analysis change me?" "how does analysis work?"

Our agility in shedding usage and custom that lie upon us with a weight—"heavy as frost and deep almost as life"—will help us to get through this sterile crystallization to the vivid and colourful life of childhood and the dynamics of the unconscious and so make articulate those emotions that are frozen.

I will also mention sneezing and coughing and violent blowing of the nose. On the one hand, there are causes for them in reality. We can accept those, but in the analyst's mind there should be a searching attitude. The infant can control omnipotently, or wish hostilely, by the first physical things it can do. There may be a manifestation of unconscious stress in the physical things permissible in analysis. Analysts may sneeze or cough. We too may be resorting to some omnipotent method in an unconscious problem. I find variations of voice an indication as to the varying conflicts going on. There is the voice that unconsciously takes on a childhood tone, the voice dropped to a whisper, the voice increasing in volume, there is the intonation of the ritualist. In voice changes one finds very surely a link with magical thoughts. It is worth pointing out that whenever a patient presents us with an overemphasis of one interest, one affect, we must expect to find a corresponding one repressed, i.e. marked anal interests accessible in consciousness means urethral interests inaccessible; masochism accessible, then sadism defended.

A brief summary of the defences detailed:—

(a) Nullification of anxiety in reality; reparation systems. Cancelling out instead of remembrance of the past.

(b) Cancelling out by magical gestures that yet have reality value.

(c) Reformation of character instead of remembrance of the past.

(d) Forestalling criticism by self-criticism.

(e) Controlling the analysis.

(f) Presenting the self as little, powerless, inferior, as a defence against the unconscious omnipotent phantasies which cause anxiety.

(g) Projection of hostility on to the analyst, by provoking argument, or by exploiting any error made by the analyst.

(h) Intellectualization. The clue here is to search for the concrete represented by the abstract.

In our attempt to understand and resolve resistances we shall not accept sexual potency as proof of psychical genital development. We shall equate a close clinging to reality with dread of phantasy and an avoidance of reality with prolific phantasy. A clinging to childhood memories is to be equated with avoidance of the present time, and absorption in the present with avoidance of the past. We shall seek for visual imagery and the concrete things when a patient talks abstractions. We shall treat resistances, not as specifically directed against analysis but as what they truly are, defences the psyche has evolved in its attempt to reconcile the claims of the id and the super-ego in a world of reality.

# 4. THE DYNAMICS OF THE METHOD
## THE TRANSFERENCE*

THE crux of our technique lies in our dealing with transference. Upon our ability to deal with it depends the measure of success or failure that we experience in achieving our analytical goal. We may fail at times to give correct interpretations of unconscious material. We can correct our mistakes as further material emerges that puts us on the right track. We may miss opportunities of interpretation; they will occur again. This type of omission or error is not vital and not vital for this reason: we can only get to our goal by a very slow and intricate method. We cannot command the unconscious; we cannot browbeat resistances. We get our picture of the psychical disturbances in odd and isolated fragments which we have to put together as we go along, and small wonder if at times we put a piece we rescue into a too prominent place, or find that what we passed over as insignificant must be put in a high light. But we may rest assured that mistakes of this type will never wreck an analysis. We can with surety say: "This shows that the interpretation yesterday was incorrect, we now get this information to help us." Interpretation of dream-material particularly matters sometimes more for the analyst's narcissism than for the patient's progress; indeed, if progress depended upon dream-interpretation we should have more success than we get. A thing we can depend upon is that the patient will tell us correct news of the unconscious problems if we can deal with resistance. These problems will gradually reveal themselves; we need not search for them. The only thing we have to search for is the means of resolving the resistances. The rest follows. The failure to deal with defences over a long period means the end of the analysis. A gross mistake in dealing with them means a blocking of analysis.

The ability to deal with defences depends upon the recognition of transference and a technique to deal with it. So that a failure in handling transference is really the only mistake that is vital to analytical work. Any other mistake can be remedied, but errors in the handling of transference are not easy to make good.

*Reprinted from *Int. J. Psycho-Anal.*, 1930, Vol. XI, p. 374.

The first thing that is necessary in this task is to have a wide and deep enough conception of what transference means. That we need to have a wide and deep conception is at once seen by the fact that the word "transference" carries with it a narrow positive import. It has become the stock-in-trade of a popular psychological phraseology. A person is said "to have a transference," meaning thereby that the person is in love. It is the popular idea of the psycho-analytical method. One has heard it expressed as "one has got to fall in love with the analyst." The popular idea does not yet go as far as "one has got to hate the analyst." For psycho-analysts the terms negative and positive transference are rough and ready phrases that may describe the affects felt by a patient at given times. But if transference is going to be the leverage by which we work through defences to the repressed unconscious our conception must go beyond the ideas of negative and positive transference. I would remind you of the unconscious dramatization that one would wish to play itself out in an analysis, of the different rôles that become accessible if this dramatization occurs.

"Transference" begins with the first analytical session, whether the patient be neurotic or so-called normal, just because everyone has thoughts about another human being when brought into close contact. Outside the analytical room our thoughts about other people are never, even to the most intimate, fully expressed. We base our liking and disliking upon a private code of our own, and one individual known, even very intimately, to a number of people will produce a different conception in each one.

In analysis, through the specially conditioned contact, we have potentially the freest field for phantasy concerning the analyst. To keep this field free for phantasy is the patient's right. That is why we exclude contacts in reality and why it is inadvisable to analyse a person whom we have known previously in reality. The phantasy-free situation in analysis is necessary for the projection of the patient's own thoughts and feelings on to and into the analyst. But just as it is necessary for the patient not to have his phantasy-life in analysis blurred by actual knowledge of the analyst in reality, it is equally necessary for the analyst in his work with the patient. For if we have met the patient in a social environment we have already, according to our own set of values and our own likes and dislikes, made up

some private conception of the person. He fits into a reality of our own, and our reality is a very partial and selective affair. Our business with the patient is to analyse his unconscious mind. From the first hour the patient will have thoughts and opinions about the analyst as in ordinary contacts, but the very fact of a phantasy-situation, the detachedness and isolation of the hour, the unknownness of the analyst, activates phantasy; and this, with the stimulus of dream-life and recollections of the past, brings about a very special relationship with the analyst. This relationship is the transference. In the unfolding drama of the patient's life the one to whom it is told must of necessity become a part of it, must be thought of as now sympathetic, now condemning, now indifferent. It begins like that, but it continues more intricately and more momentously. The analyst is caught up in the unfolding story. The patient is going to repeat his history again with regard to his actual parents; actual occurrences are going to be lived through, with the emotional affect re-lived towards the analyst, eventually in the rôle of mother and father, brothers and sisters. The unknown experience for the patient will be the coming to consciousness of affects and unconscious wishes with regard to the original figures, these wishes being made conscious with regard to the analyst. Not only are the *actual* parental figures going to be projected on to the analyst, but the phantastic and inhuman infantile primal figures will be imposed on the analyst. Nor is this the whole of the drama. In the patient's personality there are the conflicts of the id, ego, and super-ego, and these rôles will be distributed too. The analyst will represent id as against the super-ego of the patient; at other times, super-ego against the patient's id; sometimes the analyst will figure as the patient's ego. Patient and analyst will sometimes be in alliance against parental figures, or one parent will be in opposition to another. Transference is this ever-shifting interchange of rôles in the present or past life of reality or the phantasy-life of super-ego, ego, id, played out with the analyst on whom some of these rôles is constantly being thrust. The affects will be the whole gamut of emotional life, if we succeed in helping the patient to externalize his inner drama. Our ability to deal with transference in this wide conception of it depends upon our insight into the shifting rôles we are playing in the patient's phantasy-life, and our bringing this to consciousness clearly and adequately. Analysing the transference is

not a separate task. It is the task. From the beginning to the end we must search for the rôle, for the situation into which we are being placed. It does nothing dynamically to point out that a patient has a negative or positive transference to the analyst. What have the words "transference," "negative," "positive," to do with childhood's life? Love, hate, horror, disgust, guiltiness, fear, distrust, need for support, shame, repentance, pride, desire, condemnation, *do* convey meaning. They have sense for us; but what is "transference" as an explanation of what we feel?

The analyst, if he is to deal with this projection on to himself of these varying rôles, must be alive to the dynamics of the situation in which he is placed. First he accepts what is projected on to him. Then he finds out what rôle this is. Is it linked with an actual occurrence? Is it a repetition of a real childhood situation? And if so, is the analyst father, mother, brother, sister? Is the rôle due to the patient's projection of super-ego, ego, or id? Again, what *external* reality has been the stimulus of this projection of the passing hour? How has this stimulus activated the pattern of reaction that has been crystallized out of old conflicts?

The analysis of transference means these three things:—

1. Finding the rôle the analyst is playing.
2. Illuminating the past, both real and phantastic, in terms of the re-living in the analysis and in the present-day conflicts.
3. Bringing to light, via the projections on to the analyst, the three forces: id, ego, super-ego.

The analyst represents phantasy according to his power to tolerate the projections, according to his power to evoke projections. He then helps the patient to reach reality by being able to explain why these projections occur, by bringing to light the feared unconscious wishes. Our very ability to interpret the feared thought or wish is the proof that we are not afraid, and that is the means by which the patient finally becomes unafraid. One must remember, though, that it takes time for the projections to be put on to the analyst and more time still for the patient to express them. We must always take the time factor into account and have patience.

It is in connection with this aspect of analysis that the depth of the analyst's own analysis counts most. Therapeutic results

and true scientific findings hang upon this. If we are afraid of transference, the discharge of affects due to obscure causes, we shall be blind to evidences of them; and the blindness to hostile or loving attitudes can lead to a stultification of the analysis, even if it does not have more dramatic results, such as extreme anxiety, or a termination of the analysis. We may recognize hostility and fail to see compensating reactions, grief, reparation, which are affects of love. We may recognize the latter and not recognize hate. We may see the mother and sister projections and fail to see the father and brother, and vice versa. The predominantly male analyst may not be fully alive to the dynamics of a strong fixation to the mother's breast in a woman patient. His goal is easily hetero-sexuality; her goal may only with extreme difficulty be hetero-sexuality. A woman analyst whose masochism is plus will have difficulty in recognizing the male rôles thrust upon her, and so on. The analyst needs to be alive to these blind spots in himself.

There is another necessity in this task of analysing transference rôles. We accept the rôles in order to analyse them, but we cannot analyse them if unconsciously any rôle becomes psychically our own. If we react sadistically to the patient's masochism, or masochistically to the patient's sadism; if to the call of the id we become super-ego, and if finally, which means ultimate breakdown of analysis, we accept the child's longing for fulfilment with a father or mother substitute and deviate into reality courses, the analyst is not true to reality, and the patient's sore need to achieve ego-development is not accomplished.

We must stand firmly for the patient where two worlds meet. We must be able to demonstrate that all that is put upon us is the last link of a long chain going back unbroken to childhood and infancy, and, when we can see completed the pattern made by unconscious stress and outer environment, that it is predetermined and logical. We only hold the thread while the patient unwinds, until he has led us all the way and back again, and then we give it back to him. It is not ours but his. No analyst does this without establishing a transference to the patient. We must recognize that the test here should be the nature of the gratification we enjoy and desire. If every bit of analysis, every step towards the patient's ultimate freedom and power of using his gifts and leading a full life brings us satisfaction, and if failure does not depress us, then our transference is

healthy. If we are caught up with discomfort, or find personal satisfaction in the patient's affects, then all is not well. We need not be afraid of experiencing affects from time to time. A patient whose life-long reactions have been obstinacy, querulousness, hostility, will not respond for a long time with any other type of affect. We are human. If we know we are reacting, if we are fully conscious of the reasons why one or other type of reaction a patient displays causes us discomfort, then we are saved from any kind of actual response by this very awareness. I always make it imperative myself, if a patient appears in my dreams, to analyse those dreams in order to find out exactly what person in my past, or what aspect of myself, the patient momentarily is representing, and on such days I should be wary of giving much interpretation to the particular patient.

I am going to give you a series of different types of transference phenomena. I cannot do anything but select them in the hope that the variety may bring within their scope some of your own difficulties. I will select two from the class who dramatize their anxiety, in whom we may be quite sure that actual occurrences are being re-staged again and again. That re-enacting means that the psyche is for ever trying the same way to overcome an unconscious problem connected with the event. What we need to find out, in order that this futile repetition may be resolved, are (1) the buried memories and (2) the unconscious factors.

Here is one. Quite early in his analysis a man patient lies down one day on the couch and complains of headache. He then takes out a red silk handkerchief, folds it into a bandage and puts it over his eyes round to the back of his head and ties it securely. He lies so the rest of the hour.

The first thing to grasp is that he is acting out something. Secondly he is acting out for the analyst. It is a transference phenomenon. Occurring early in analysis, one has little data as yet. One does not jump to any conclusion, save the cardinal ones of re-enacting and transference. At an opportune moment one may draw his attention to what he has done, not as a major interest, not as though it were anything of great importance, or one may stop him from acting and one does not want to do that yet. There is much one will not learn on this occasion, so one does not make him too aware. "Is the headache helped that way?" I said in a casual voice. "Yes," he replied, "I always do

it; I tie it very tightly and lie quietly with my eyes closed." He is sad and subdued the whole hour and one gets little else but a recurrent theme of suffering. Then we infer that for some reason he is acting (though his head *really* aches) for the analyst. His rôle is that of sufferer. This means the analyst is figuring in some unconscious phantasy, fulfilling some rôle which demands that the patient shall show he is ill. I leave it at that. I know I have not said enough to stop this enactment recurring. A month later he repeats the action. This time during the hour he informs me that his wife is menstruating. At that point I interrupt and say: "Don't you think your bandage has some meaning you did not think of last time?" He thinks it is like a sanitary towel, especially as it is red. Then I make a transference interpretation but I do not call it transference. I simply say: "I wonder why you have to tell me that you are bleeding."

"Well," he said, "I suppose you will be sorry for me if you see I am ill."

"For whom did you act being ill when you were young?"

"Oh, both of them, father and mother. They would be kind if I was injured." Then he remembers when he was four years of age going into his father's dressing-room, finding the razor and pretending to shave himself as his father did. He cut himself and then went into his father's bedroom. Both parents jumped out of bed in alarm and attended to him.

You will grasp something of the psychological story underlying all this and the ultimate meaning of what appeared in the first place as a feminine identification. I give it as an example of how to approach the subject of transference, i.e. the acting is done for the analyst. The analyst's task is to find out what is being done, why it is done and what rôle the analyst is being made to play in a scene that occurred actually, and finally what unconscious wishes have got crystallized around that episode.

The next example is easy enough at first sight. A patient begins to be agitated. It is because of something green she has seen. She gets uneasy on the couch and thinks the door is opening. She remembers the door opening in childhood when her mother came into the nursery in a green dressing-gown and proceeded to give her an enema. The patient gets more agitated and cannot stay on the couch, and walks as far away as possible. In this case one can only give a partial interpretation, for much is not known. I do not talk of transference. I say: "You are re-

enacting that scene, but acting it differently. I am now your mother. You remove yourself as far as you can. That's what you are doing to me."

This scene is a demonstration that the analyst is playing the mother-rôle, but the meaning of the constipation must be left at this juncture. Before the end of this hour the patient is singing to herself softly. She remembers an incident when she made her father angry and he sent her out of the room. As she went away, down the stairs, she sang this same air, to his exceeding annoyance because it meant defiance of him. Here, one interprets at once the change of rôles that has occurred. One says: "Then the singing is a defiance, once of your father, now re-enacted. I must now mean your father and the defiance is against me. But we don't know yet what you are being defiant about." This shift of rôles after an interpretation has been given is important. These examples illustrate analysis in progress where one is gradually sorting out the situations with regard to the parents, both actual and in unconscious phantasy. A transference-repetition connects the analyst with the prototype. A transference-interpretation will include both, not one alone, and a full interpretation means that a new unknown situation will then develop.

These are fairly obvious examples. Take the more difficult one where thoughts about the analyst are avoided, where anxiety about hostility is side-tracked by transferring it outside the analysis. It is in cases like this that the analyst must seek for every opportunity of finding a link that will bring external and analytical worlds together. As for example, a patient says:

"I object to his coming to lunch as if he had a right, and not asking my permission." A little later she says: "I don't know why the maid left the electric light burning, waste of my money." Later on she remarks: "I feel so empty."

In an obscure hour those three remarks give the only clue, but they are clue enough. She has a house and food and her cousin comes there as if he had a right. That makes her angry. She can protest. She has electric light and the maid uses it and wastes her money. That makes her angry, She can protest and ask the maid to be careful. Note that here you have reality-situation with which she can deal, and she gets an appropriate discharge of anger; but she feels no affects with regard to the analyst. Why not? Why must indignation be transferred to

people in the external world? Because in real situations her anger is justifiable. Her substance is actually being used by others, and they have no right to use her thus. She is right in her annoyance. It is in phantasy that this patient's real anxiety is anchored. She has one transference expression: "I feel so empty." The indignation she feels at being used and wasted by others runs in line with her fear that, as she wished to use up her mother, then the same fate will be hers. She says: "I feel so empty." She is telling me that she has nothing and therefore has taken nothing. Therefore there is nothing I can take from her. Note that the analyst, by virtue of the two associations to cousin and maid, is in the double rôle of father and mother. A transference-interpretation brings us a step along the road. To bring any dynamic result you will see that we need:—

1. Memories of phantasies or childhood acts that prove the hostile wishes against both parents.
2. In relation to the analyst to find some wish to deprive the analyst of something, some covetous wish regarding the analyst which will be the equivalent of what the child wished to take from the parent.

The transference situation is always a difficulty in a case of this type. The greater the clinging to reality for discharge of affect, the more sure we may be that anxiety is bound up with phantasy. Consequently the unreality of the analytical hour means that energies are often used in the service of the super-ego and the subtlety of this use of analysis is amazing. Give such a patient a hint, for instance, that constantly taking aperients is indicative that we have some important work to do with regard to this necessity and immediately the aperients will be stopped, as the patient will say, "for the good of the analysis." If one points out that there has been a severe repression of masturbation, then masturbation is done deliberately "for the good of the analysis." Then if the patient reads that abstinence is better for analysis it will cease. The desire to do the analysis well, the wish to get a cue, a leading, makes the analytical work an extension of super-ego activity which thwarts a therapeutic result the whole time. The analyst represents to the patient's unconscious the same arbitrary vindictiveness that the infant felt in the oral phases of development. The patient's obedience, the terror of not having a rule to follow, is the effort to placate this

monster. The analyst's task is by some means to get the feared sadistic wishes expressed, and only then will the transference change to something more human—the analyst human and consequently the patient. Whenever a patient is occupied during an hour in condemning the doings and behaviour of others, their speech, clothes, morals, manners, and the more certainly if the patient is passing a fair judgment, then one may conclude that this is offered to the analyst to secure the analyst's approval of the patient's disapproval of such things. Super-ego propitiation is offered to super-ego. On such occasions we have to be aware of any hints given in dreams or by associations that the realities condemned represent repressed unconscious wishes.

There are two situations that may develop rapidly at the beginning of analysis that require delicate handling or analysis will be thwarted. The first is the development of an overwhelming positive love-attitude which is expressed in vehement assertions of admiration and adoration. I have never found this occur except where hostility was so great and so feared that the only thing the psyche could do was to compensate for it in this manner. The task here, while rebuff and a too sudden pricking of the bubble would be fatal, is not to delay reaching interpretation of hostile thoughts having reference to the analyst. If this is not done soon enough a patient with a strong super-ego will make an excuse on some pretext or other to break off the analysis because of being unable to face the unconscious hostility.

The other situation is that of an immediate hostile transference. If this is articulate, of course the analysis has a good chance of success with the difficult work in the first stages. I am referring rather to the type of hostility which is at once obvious to the analyst but not articulate on the part of the patient. The difficulty comes in such cases through the patient's being unconscious of his hostile thoughts. One cannot say to a new patient as one can to someone further advanced: "Are you not suppressing some thought about me?" To a new patient of a negativistic nature such a remark would but increase the hostility which he feels, but does not know as yet as hostility, nor why he should feel it. One cannot interpret without giving reasons. To a new patient such interpretations sound like accusations.

I will give you an example of an analysis beginning with hos-

tility and show how the patient gradually was eased and at last reached a stage where analysis was possible. A woman patient started her analysis by constant arguments about the impossibility of saying what came into her mind. There was no difficulty about the telling of sexual episodes. She had made the modern intellectual rationalization of non-repression. The trouble she experienced was that "of having to think a thing out first and then of having to go back to the beginning of the train of thought and repeating it aloud." "When this was done," she said, "the whole thing changed. It was different in speech from what it had been in thought." This meant that the analyst did not really know what was in her mind. This was only one of the many arguments to prove the impossibility of giving "free" associations. Every day there was a fresh argument, and every day one knew by many signs that the patient's unconscious hostility was getting unbearable, and that if one did not soon help her to express this the analysis would stop. The patient finally gave me a cue. She said:

"I believe this position makes me a difficulty."

"How could you talk freely then?"

"If I were walking." I gave the patient permission to walk. She paced the room for an hour, talking rapidly. This continued for a week or more. During that time she revealed by dreams that the first rôle assigned to me was that of an avenging terrifying mother. The patient had been severely punished in early childhood for loss of sphincter control. This control had subsequently been attained. Its sublimation was to be seen in the severe logical thought processes and an inability to speak without thinking. The patient's anxiety was raised to an unbearable degree by the recumbent position. One was asking her, in this demand for free association, *to lose control.* If I had done nothing but say "This is resistance" the analysis would have foundered. Something had to be done in order to lessen anxiety and to understand what it was about. In this case the understanding came through allowing the patient to keep control by walking about. The analysis during this period of a week brought enough relief of anxiety to allow of continuance of the work in the usual recumbent position.

Transference-inferences are to be drawn when the patient makes a reference to the room, or anything in the analytical room. I do not myself make an immediate interpretation of that

and say at once: "You are thinking of the analyst." I wait until I know the purport of that thinking, what infantile phantasy, wish, or fear is being experienced. I do not drag a transference-interpretation into every hour, nor out of every dream. I search for suppression, or unconsciousness of thoughts, with regard to the analyst when the analysis is blocked. When it is moving freely with new phantasy or memory material, one can make transference-interpretations alongside; but the main thing at these times is the material which has become available through transference leverage. If such details as changes of furniture, fresh flowers, dead flowers not removed, clean curtains, changed covers, are not openly referred to I keep a watchful attitude for dream references or any unconscious manifestation that they have been noticed. The monthly account rendered is generally a sure and certain stimulus for some type of reaction and a chance of linking the analyst with the parental figures in some way.

Where a patient is grappling with a deep-seated denial of a bit of reality I come to his aid in connection with certain transference-manifestations. Take, for example, the type of patient who, to keep at bay castration-fears, has had to say, "It is not true she has no penis," or "I do not know whether she has one or not." When such a patient begins in consciousness to give some symbolical representation of this doubt, I come to the aid of reality, i.e. to the ego. For example, such a patient may say: "I do not know whether your hair is turning grey or not, sometimes I think 'yes,' sometimes 'no.' " To this I should reply: "Of course your observation is correct, it is turning grey." When a patient notices for the first time in the room something that has been there and must have been seen every day for twelve months or more, and says: "Well, that's new, I've never seen that before," then I am hopeful that at last I am beginning to exist. So far I have not really existed at all.

In analysis where the main transference is that of the super-ego on to the analyst, and phantasy-life with its wealth of projection of all the different rôles on to the analyst is inhibited, one finds very often a great preoccupation upon the proper functioning of the body. Just as the flight to reality is an escape from phantasy so in the functioning of the real body we can find this same escape. The phantasies are under the cover of what the patient regards as a very right and proper regard for health.

Constipation means ill-health and therefore aperients must be taken. The number of evacuations daily or the size of the stool is of great importance. We must realize in these cases that the phantasies about the parental figures, the affects towards them are being expressed in these terms of reality and that this close hold on the actualities expresses the fear of the phantasy-life. Such patients are very often demonstrating in this way their power and omnipotence, not over fæcal matter, but over the incorporated object, and what we hope to do is to demonstrate that in analysis this means power and control over the analyst. In such cases any transference-interpretations that bring nearer to consciousness this underlying omnipotence and control will cause protest because of the loosening of anxiety this means, and this is the way to an analysis of it. I know no rigidity of defence stronger than where flight to reality takes the form of the reality of bodily functions. To get phantasy freed from this stronghold and articulate in thoughts about the analyst, instead of being expressed in actual defæcating, urinating and menstruating, is one of the most stubborn tasks in analysis. Anxiety has found a plausible anchorage under which omnipotence is very secure.

Sometimes with a certain type of patient I spring a transference surprise remark. "Oh, I can't think of anything to say to-day. I've been trying to think and trying to remember things and I can't." One can reply: "Don't trouble. It won't matter, you know, if you *do* think of something." Or, when a holiday time is at hand, a patient in anxiety says: "Now I shall be so far away from you, what will happen if I get into a panic?" I reply: "Don't trouble, I shall be all right." These surprise remarks I should not make except where I knew definitely they would at once secure release of tension and bring about the required recognition of unconscious motives, and this predicates already a good deal of insight from analysis.

I said in a previous lecture that in any successful analysis the patient assimilated certain things from the analyst, which assimilation is an effect of transference. This assimilation will not be that of any modelling on the pattern of the analyst in reality. There should be no reality pattern. If the infantile super-ego is really modified, and transference of affects has really been possible, there are certain things the patient will be able to assimilate from the analyst. These will be truth and tolerance. That is why I said earlier that it is necessary in every analysis that we

should actively demonstrate that we are unafraid. We must prove that we can see and know what the patient has been afraid of seeing and knowing. Affectless freedom and tolerance is the mark of a rational super-ego and it is this that should supersede the infantile super-ego of the patient during an analysis. No person leaves an analyst without a transference of some kind. If a person is well analysed there will be a feeling of good-will such as any human being will have towards one who has stood by steadfastly during a difficult season. There will be no burden of gratitude, on the one hand, nor, on the other, will there be any need to forget.

# 5. ANXIETY: OUTBREAK AND RESOLUTION*

WHEN an external danger threatens a person's life, fear dictates the ways taken to secure self-preservation.

Neurotic anxiety is due, not to an outer danger confronting the ego, but to an internal one. The greater the threat to the ego from this unknown danger the more desperately is the ego driven to seek safety. Every type of psychical vicissitude results. We have the whole range of psychical disturbances. Every type of inhibition is related to this anxiety. Every successful sublimation is a method of dealing with it. Behind physical suffering itself the ego can take shelter from more terrifying calamities that threaten its existence. Anxiety in its most momentous and spectacular aspects is exemplified by the world-conquerors. "Were we to do for ourselves what we do for our country what scoundrels we should be," said Cavour. Machiavelli and Napoleon are supreme examples. The inner drive of anxiety compels the world-conqueror to externalize his problem into terms of his country, with which he identifies himself. In terms of his country he is unsafe until he stands on top of the world. By fair means or foul, by violence or unscrupulousness, all who oppose his country, i.e. himself, must be removed. Only in supremacy is he safe.

To understand anxiety manifested in analysis one's mind must have grasped this sweep of vicissitudes that will include the epic of a Napoleon in reality, the great epics in literature, a little child stammering and raging in temper, or another succumbing to a vomiting fit and attended by solicitous parents. The struggle for ego-preservation is being waged in the last case as in the first. If we have firmly in our minds that the psychical problem is one of *bodily preservation*, we shall the more surely realize that it is not until the ego has attained a place of security against unconscious dangers that love can have much meaning beyond that of support, security and ownership, and that love which is not these is a danger and a menace to life. Love can only be an outgoing and a giving for both sexes where ego-anxiety in all its varied forms has been set at rest. This is an un-

* Reprinted from *Int. J. Psycho-Anal.*, 1931, Vol. XII, p. 24.

attainable ideal at present, but alleviation of anxiety through analysis will be more and more adequate as our technique becomes more subtle.

A little girl, oppressed with she knows not what apprehensions, casts her mind to the future with dread. She thinks: "I wish I'd been through an earthquake, a fire, a shipwreck. I wish it had all happened, then I *should know.* I should have been through the very worst then." The girl grows up and becomes a wife and mother. She suffers illness and survives operations. In analysis, after all her life experiences, the child in her cries out just the same. "If only I knew what would happen in the future." She is still waiting for the cataclysm, the earthquake and fire through which she is to test whether she is to survive. If earthquake and fire and shipwreck really happened and she survived, even then that ego-anxiety would not be appeased.

Another child reacts differently. She must test and try out her apprehensions of some frightful destiny. She courts punishment. "Don't dare to do that again," says her mother. She dares. For that "daring" she is shaken. "So that is what happens if you dare. You get shaken." It interests the child no longer. It is not dreadful enough. "If a man call his brother 'Fool,' he is in danger of hell-fire." So the child says "Fool" in a half-frightened way to herself. Nothing happens. "If a man has faith, he can remove mountains." So she has faith and commands a tree in the middle of the lawn to remove itself. It doesn't move. "That's all right, then," she thinks, "I knew nothing would happen." Note the concreteness of the dangers feared. Hell-fire is a real fire. The thing that is feared is real damage, real destruction to the actual body. This child, for ever proving that nothing happened, took for granted unconsciously that dire punishment was bound one day to occur. Later in life she became a case of hysteria conversion.

To handle anxiety states effectively we need to know what the patient is experiencing and why he is experiencing it. The first obvious thing is that he is in a state of fright, of greater or lesser degree, which may be shown in slight or marked manifestations, such as rigidity of body and inability to speak, a heavy weight of oppression on the chest, necessity to micturate frequently, attacks of diarrhœa, an inability to assume the recumbent position, turning to look at the analyst, a refusal to leave the room,

an inability to lie on the couch at all, a necessity to be a distance away from the analyst, a need to walk about, quick breathing, rapid talking in a rising crescendo, a sudden insulting verbal attack, and, in extreme cases, an attempt to fling things about the room. I need not detail familiar signs further.

We infer from these signs that something has become unbearable. Liken it to being faced by an external menace when apparently there is no way of escape. It *feels* as though life were at stake. That which feels this panic is the self, the ego.

The menace that threatens the existence of the ego is the terrorizing unconscious super-ego evoked by the unconscious id-wishes. As the unconscious impulses gather momentum and strive for fulfilment, so the unconscious super-ego rages accordingly. The more unconscious these forces are the more incapable the ego is, the more impaired the sense of reality. The less the sense of reality, the greater the anxiety when the ego is hard beset between these forces.

Therefore in resolving an anxiety-state we have to subject the unconscious factors to reality. We have to bring into consciousness the feared unconscious impulse. We have to show how for that wish the unconscious super-ego has provided a dreadful punishment of exactly the same nature as the wish. The resolution of anxiety finally occurs through our exposing this unconscious dreaded wish in connection with the analyst, and showing also that the analyst has become the representative of the fierce punishing part of the mind. This means that we support the patient's ego. We ally ourselves with reality, for we can bear this hostile wish the unconscious directs against us, we can talk about it, show what it is for and what it desires to achieve. We can show that the terrible revenge imagined is the work of the unconscious mind, and does not exist in reality at all. We are not afraid. We do not retaliate or condemn. The all-important thing is the bringing into consciousness of the dreaded unconscious desire, for while anxiety is truly apprehension of terror, yet in anxiety-states we can see the psychical self-preservative function at work. Anxiety is offered also as a propitiation. It says: "See how terrified I am, how little, be kind to me, look after me!" That is also true, but we must remember that the little child is terrified of what in phantasy it omnipotently feels it can do, as though it believed that it really *could* destroy. It is frightened by its own power phantasies, frightened of course of

destruction being turned against itself, but to analyse anxiety the emphasis must be put upon the hostile omnipotence the ego fears.

Take for example the following: A man explains his anxiety to me in terms of an actual reality-crisis in his present life. It is true he has one. "How will events turn out? What will happen?" is his continual cry. He works up, as it may justifiably appear, anxiety concerning this unknown issue. This reality with its attendant anxiety blocks nearly all phantasy life. Now and again he dares to give up his pre-occupation with reality, and what I find is this pattern.

When he was a child and he disliked people he would think: "I need not think of them and then they don't really exist." That gives at once the omnipotent scheme in which his psyche is involved.

His younger baby brother died when he was five years of age. He wished at that time he were the only child. The result of his wishing meant for him that the baby died. Later he reversed the omnipotent method. If he did *not* think, did not wish, people ceased to exist. His phantasy life is inhibited, sublimation is inhibited. "Not thinking," i.e. "not phantasying," is the return of the repressed through the repression. Both achieve the same end, viz. the omnipotent control, the power to destroy. He fears his own dreaded power. The ego is in a constant state of anxiety because of the unconscious sadism.

For practical purposes we will divide our analysands into three groups:—

(a) Those who start their analysis in an anxiety-state.

(b) Those who show no initial anxiety, but from whom we learn that anxiety in some form such as night terrors, phobias, fits of rage, were common in childhood.

(c) Those who do not remember having suffered from anxiety to any degree of discomfort at all.

In every successful analysis we shall expect in due time to work back to the childhood anxiety of class (b), and have some kind of repetition of it.

In class (c), we shall hope to deal with the defence-mechanism in such a way as to know how anxiety has been annulled. If we are successful in analysing defence-mechanisms and loosening early anxiety we shall do much towards bringing about char-

acter changes and liberating a personality. This means a very lengthy analysis.

Classes (b) and (c) I will group together. In them we have an easier initial task of handling than in group (a). In these two we shall have a period of analysis before anxiety is accessible. We shall learn the characteristic defence-mechanism and symptoms, if any. We shall know the general trend of development and have a fairly good idea of the childhood setting of early anxiety-attacks. We shall have dream-material, and know the orientation of the transference-situation. Our finger will be on the pulse, and we shall be forewarned of the breaking down of defences. We shall note the disappearance of some symptom, and be ready to analyse an anxiety-state when it makes an appearance, analyse it, that is, in its setting: (1) the unconscious wish; (2) the direct reference to the analyst; (3) the correlation with earlier outbreaks; (4) the repetition-pattern from childhood. A complete analysis must supply all these factors in order to give the real support the ego needs for itself.

In class (a) anxiety marks the initial stages of the analysis. Here we know little or nothing of actual history. We have no data to draw upon and yet we have to do something to make analysis possible. We have to exercise immediate judgement and decisions in these cases, in the same way as the child analyst does in dealing with an anxiety-ridden child. For this I would say that at least a knowledge of how children's cases are conducted is desirable for any analyst, even though an actual child's analysis has never been undertaken. One principle can be laid down in adult analysis as in children's. This is, that as the child has definite things forbidden him, for definite reasons, so must the adult. The child is allowed the full scope of play and words. He is allowed to destroy his own toys, to carry on murderous intents towards cushions, but he is not allowed to hurt the analyst, i.e. he is not allowed to develop blind rages in which analysis is impossible. Extreme measures such as being sent home or being put out of the room are adopted here. The reason is that the analyst acts on behalf of reality in a situation where the child's ego is too feeble to act. Now in adult analysis there must be some such criterion. We must have some ultimate, beyond which no patient may go. The guide for that is reality and the conditions under which analysis can be carried on. Just as a child who made analysis impossible would be sent away, so

an adult would be dismissed. An adult whose conduct interfered with the analyst's times must be treated firmly and for the same reason as in the case of a child. We must act for the ego, and not for the id or super-ego. That is, we must be guided by the demands of reality for ourselves and for the patient, and by the fact that we can only do our work under conditions that admit of analysis. There is, however, even for adults a restricted field for abreaction of anxiety, in addition to the usual one of the vehicle of words while the patient lies supine. The analyst must judge of the efficacy of allowing the patient to abreact anxiety in other ways than the usual verbal method and the test will be whether it conforms to the following criteria :—

(a) The analysis must be confined to the usual time limit.

(b) There must be no interference with the property in the room.

(c) Interpretation should have the effect of reducing anxiety so that the patient can resume the usual analytical position. If this does not follow in due course, then the deviation from the normal procedure is serving no analytical end.

In handling anxiety-states with the necessary firmness and understanding one great asset is that of having experienced them oneself in personal analysis, of knowing what anxiety feels like, and of the complete knowledge of its meaning. This, rather than the calmness born of ignorance, is an asset for analysis. An analyst who *knows*, in this sense of having had unconscious anxiety analysed, will avoid the first error that can be made, viz. that of exacerbating anxiety, arousing it further. We have to learn by experience and knowledge a knack of saying the right word, doing the right thing, to make initial anxiety just tolerable. We must also get interpretative work going as soon as possible. Here again in this state the work follows the lines of child technique. Actions, gestures, incoherencies must be linked together to give some meaning and interpreted as soon as possible. As soon as anxiety subsides sufficiently and becomes intermittent, so that analytical work follows a more normal routine which means the transference-situation is developing, there is a very sure guide in all subsequent anxiety-states. It is true in all our work that the infantile problems, if not worked out in connection with the analyst, are repeated *ad infinitum* in connection with present-day people and affairs; but what is so difficult to

achieve in certain types of analyses is thrown into high relief in an anxiety-case. When the anxiety-state occurs we must always find the present-day stimulus. There is every probability on days of stress that one will get a good analytical result if the patient has arrived at a point where he or she is lying down and talking. Dreams, memories, associations may reveal the unconscious wishes, but the crux of the matter is this, what in reality links with this out-break? It may be some thought not expressed about the analyst. It is very likely to be found in some suppressed external event. We must remember that the anxiety patient is one who dramatizes id, ego, super-ego. The rôles are distributed abroad, and all kinds of temporary alliances outside analysis are made for the alleviation of anxiety. So that a clue that always can be surmised in repetition-states of anxiety is a present-day event, a present-day person, analyst, or some other, who has in some way stimulated the patient's unconscious mind. We must correlate the present-day anxiety with our knowledge of the unconscious conflict, as far as it has been revealed. I have known a patient suffer an hour's anxiety, accompanied by migraine and excessive sleepiness due to the unconscious suppression of an immediate external stimulus. The following day or days revealed the suppressed fact. Here one had reached the very pattern in childhood where conversion symptoms had been laid down. For this patient came, not with migraine, but with a more serious symptom. During analysis this had disappeared and we reached in this type of hour that place of fluidity where a present-day event aroused id-wishes leading to unconscious suppression. The suppression caused immediate bodily suffering.

I cannot do better than close this lecture by giving you some examples of unsuccessful and successful technique. They will not include your difficulties, but every case is an experience, and only experience can give us an elasticity of orientation and increase our skill.

This case shows the beginner in technique. The patient was a young woman of twenty-five, unable to carry on her work because of anxiety attacks, the most marked feature being frequent micturition and colitis. She spent nearly an hour before each treatment in and out of the lavatory. When these symptoms subsided after some analysis, she had attacks of pain resembling rheumatism or she would develop an anxiety on going out into

the street. Burning stripes would develop on throat and chest during treatment, much resembling stigmata. She had violent fits of temper.

I had not a grip of the dynamics then. The super-ego was not then known. Analysis of transference was mainly concerned with the analysis of the sexual phantasies in relation to the analyst and a pointing out of hostility. With the help of dreams, and the recovery of memories, analysis progressed in three years to the point where all the patient's symptoms practically disappeared and she went back to work. This meant the curtailment of analysis to twice a week. The patient came one week under the new régime and had a fit of hysterics on each occasion. She came a second week and the same thing happened. I then consulted a doctor and on his advice she left me and had an hour's analysis in the week with a male analyst. This went on for a few months, and then the analysis was stopped. She has now for eight years been away from London, and has had no relapse. This is what happened.

The patient built up a strong positive transference towards me with only occasional phases of negative feeling. Her violent outbursts of rage were nearly always directed against someone in the external world. By positive transference in the analysis and the negative effects outside, we had a scheme that worked up to the point of the disappearance of symptoms and recovery of her ability to work. I did not realize that her psychical assurance was an alliance with the mother by which she was unafraid of her hostility against others representing her father.

The curtailing of analysis, her going out into the world to work, left her with an intolerable heaped-up anxiety due to unanalysed negative feeling to the mother. She was left without an ally. The oral frustration lighted up again. The archaic super-ego became rampant. Her only way was the way of infancy. By screaming she would master me.

She got well so quickly afterwards because she had the alliance of a father-figure in giving free rein to her hostile thoughts about the mother, and the resolution of anxiety could follow.

I did not at that time know of the super-ego, ego and id forces. I did not realize the necessity for the full playing-out of these rôles and consequently had not a clear notion of the terror that was still present in the over-compensating positive

mother-transference. Technique had not acquired the ability to bring within the analysis *all* the rôles, and *both* parental figures.

I would contrast that case with another young woman of the same age, who suffered from an inability to take any interest in life, or to follow up any of her main interests. The collapse had come after an unfortunate love-affair and had lasted over a year. Other external incidents had exacerbated her condition. She betrayed signs of fixed persecutory ideas and delusional tendencies. In analysis she showed anxiety at once by very rapid breathing and restlessness of hands and agitated movements. Her immediate and prolonged expressions of filial love and duty to her mother and her easily reached hostility to her father showed me the path clearly. Her hostility to the mother was played out in diatribes against a woman fortune-teller who had prophesied ill luck to her. This patient was accustomed to self-control. She had always been the good and docile daughter since the age of four or five. Her breakdown had brought depression. There was no fear of an immediate outbreak of anxiety but one had to note the heavy anxious breathing. I seized the first chance I had of associating myself with the fortune-teller. The patient of course did not believe that the association was valid; she laughed at it. Then it became possible later to bring her mother, myself and the fortune-teller together. After some months of work her interests returned. She resumed singing and dancing with increasing vigour, but anxiety was becoming free and her docility and sweetness gave place to energy and a very ragged temper.

One day her ballet-mistress made some uncalled-for critical remark. The patient came to me in great agitation. She lay down and began to beat her hands on the couch, and to talk rapidly. "She said, she said, she said, the wretch, the brute—if I could only talk to her face to face, be on equal terms with her, I'd tell her what I thought of her. Oh, I'm so afraid, so afraid!" Her voice got increasingly higher in pitch, and in another second she would have lost control in a fit of hysterics. I interfered here. "Yes," I said, "a good idea. Get up, that will help you." I got a chair for her, and said: "Let's sit face to face and tell me what you think about her."

She started again, explaining more coherently the scene that had taken place, and she concluded: "Now, don't you think

Miss Sharpe is a wretch, don't you think she's a brute? I could kill her."

"Yes," I said, "I know you could kill me. That's what you are so frightened of, that's why you think I am bound to be a wretch and a brute. Won't you lie down now, you won't be frightened any more."

She lay down like an exhausted child, and said: "It must be true that underneath it's you and mother I'm afraid of."

"Only because you have not known why you hated her and felt like killing her when you were little. You have been afraid of your own thoughts." And so analysis proceeded. The next day she went calmly to her ballet-mistress and complained of the injustice and obtained an apology from her. We had no more hysterical attacks, and a much greater ease in analysing the transference-affects.

The success in this handling was due to the early recognition of anxiety signs, the knowledge that as depression symptoms were alleviated anxiety would increase, and the seizing of every opportunity of linking the hostility expressed to mother-surrogates in the external world on to myself.

I am going to refer again to a patient mentioned in an earlier lecture who started analysis with a strong hostile transference. I told you the first difficulty was in talking at all and of how hours were spent in explaining to me how she did not really and could not really tell me what she was really thinking, for when she spoke, what she said really did not seem the same as her thought. For every explanation I gave as to procedure, she had another difficulty. I only just kept hold of this case during the critical times, and then more by intuition than by real foresight. Had I had foresight I should have remembered her case in school when she stood up to lecture. I knew that anxiety concerning her unconscious hostility was increasing and that this meant an unbearable situation in a short time; but it was not until she said, "I believe the position makes me a difficulty," that I followed up with the suggestion she should walk. I would like to give the particulars again, as this is one of those cases where one had to interpret without much data, since we were at the beginning of the analysis.

As she walked about, and later on the couch, I encouraged her to describe and find similes for the difficulty in speech. They ran on these lines. She must know what she was going to say.

To speak first and think afterwards would mean saying something foolish, making a mess of her thought. The more she thought of doing that, the more impossible it was to speak. Now I made a direct interpretation of this and, though she ridiculed it, she was able very soon to lie down. We came then to memories of early difficulties concerning accidents in defecation. It would have been useless to have regarded this patient's initial resistance as a conscious resistance to saying what was in her mind. It was not the "*what*" that was the difficulty, but the anxiety about loss of control that spontaneous talking meant to her in this position on the couch. To lose control, to talk freely, that is, to defecate as in the accidents, meant to be exposed to the feared hostile impulses of her unconscious, and consequently to endanger herself with regard to the hostile imago, the super-ego, the mother, the analyst. The only position of safety for her was in keeping control. That is why being allowed to walk about restored assurance at the most crucial moments of the anxiety.

This case illustrates very well the gain that results from asking the patient to describe the difficulty to us in similes. If only a patient will say "it seems as if"; "it is as if"; "it feels like this"; we can then get on the track of the meaning of unconscious resistance.

In a case of very severe anxiety I have allowed a patient for three months to sit on the floor, and after that, for a period of over six months, to get off the couch and sit near the fire when an anxiety-state appeared. In fact, I never with this patient gave any ruling at all. As anxiety lessened she remained on the couch longer, until finally she had no need to get up at all. I do not think this type of anxiety-case need give an analyst difficulty, if the analyst has more than book knowledge, i.e. if the analyst has himself been analysed sufficiently to reach anxiety levels. This means that one can gauge what *can* be borne and what *cannot*. One knows when to interpret, when to keep still. One understands that with a patient who turns cold with fright and sways with giddiness and drops off to sleep, one has three main things to keep in view.

The first is to give latitude for these abreactions. They in themselves make for readjustment. The sleep is the symbolical suicide. The shivering fear and anxiety is the protection against the unconscious hostility. This patient was acting like a little child in sitting on the floor. But such a burden of fear for such

unknown infantile hostility can only be alleviated at first as one would alleviate it for a child with night-terrors. She *is* in a nightmare, and the night has to pass away on its own slow feet. The factor of time, the provision of an environment where the patient feels safe, is the first necessity. By being safe, I mean, where the patient *can be hostile safely*. She was being hostile by being the child on the floor, by being left to sleep. If I had interfered in the early stages of analysis at all it would have meant to her unconscious mind that *I* was afraid of her hostility, and therefore that it was not safe for her to be hostile. There must be latitude for the expression of anxiety, the allowing of fear-reactions, the factor of time, the provision of a safe place for hostility. There must be the maintenance of an absolutely kind, equable, imperturbable demeanour which a patient like this will know is born out of assurance, not out of ignorance of her state, nor yet out of an attempt to make her assured. To let a patient of this type leave the room half-dazed and stumbling, immersed in anxiety-effects, may at times cause one misgivings. But every time it so happened in this case there followed a lessening of the patient's own feared hostility. Had I shown anxiety or solicitude, her own anxiety would have increased. There must be direct, rapid interpretation the moment anything can be interpreted. Even if this is only a very partial interpretation one should not hesitate.

Lastly, in an anxiety-case, after the excessive states have subsided, one must watch carefully for the periodical stress. As these times recur it should become more possible to find a present-day stimulus that will light up a past situation with an unconscious impulse. I regard the present-day stimulus, always important, as of the utmost importance in finally resolving anxiety-states. This is to be borne in mind when one begins to analyse a case of severe anxiety. Present-day events, to begin with, have little reality. When the patient is on the way to recovery, and reality begins to play a part again, the recrudescence of anxiety can be definitely linked with a present-day stimulus and analysis can proceed with greater results.

When a patient suffering from anxiety finds safety in phantasy and avoids reality, I should allow a latitude in technique in dealing with any occurrence in analysis that was hinged to reality. For instance, if such a patient said: "I can't make out what that is on your desk. When I came in I thought it was a

box of matches, but I don't know," I should either tell the patient what the object was, or show it, *after* she had told me what she had thought the article was. When a patient suffering from anxiety finds relief in reality and avoids phantasy, I should not do this. If such a patient wondered what I had on my desk, I should only try to evoke phantasy.

If a patient who takes refuge in reality had a dream of a room, of a house, of a pattern, a strange thing, I might suggest that it would be clearer perhaps if we had a drawing, or if it were traced in the air. I say: "Show me how." This is a symbolical thing that is done. We are evoking phantasy, which is the seat of anxiety, and drawing it away from reality channels. When a patient lies immobile without moving for days and weeks, one may be sure that there is a problem of repressed anxiety due to repressed phantasies of sadistic intent.

When a patient persists in turning round and looking at the analyst, one surmises that he fears an attack by the analyst, and that this fear is due to his own unconscious hostility. If the patient's anxiety is that of fear, if the patient is masochistic, and turns round and looks as a means of reassurance, I should draw my chair a little forward so that the patient could see a little without having to turn round very much, and then as anxiety-states were interpreted one would find that the need to turn round would grow less, or only take place as fresh unconscious material was being given.

On the other hand, if turning round and looking represented anxiety in a directly sadistic way and was intended as an attack, I should give partial interpretations as soon as I could. How far I allowed this turning round would depend entirely upon the degree to which it hampered or helped analysis. One has to gauge the seriousness of the anxiety. One does not permit things that serve no analytical end either immediately or in the near future. Some patients quite clearly exploit anxiety to keep control over the analyst. This produces a blockade of analysis and endless repetition which leads nowhere. Unless this exploitation of anxiety ceases through interpretation there is no other course than to stop the analysis. Real anxiety needs all our skill, but an exploitation of anxiety needs decision and firmness on the analyst's part. The patient is then acting like a child who has found out a method of getting and keeping his own way. The patient is using this anxiety to prevent analysis. A genuine

anxiety is resolved, it may be slowly, but is resolved by analysis. Anxiety which is not being exploited will appear and disappear at intervals; it will have times and seasons, and on every recurrence after the greatest stress has been relieved, will coincide with unconscious wishes or actions that are laden with danger to the ego.

I do not volunteer assurances to a patient, but if in great anxiety a patient himself says, "I shall be all right, shan't I?" I should answer "Yes" (if the patient is not obsessional). But if an obsessional patient told me he had phantasies of jumping out of a window, or of sticking a knife into his wife, or of throwing himself in front of a train and wanted me to reassure him that he would do none of these things, I should *not* reassure him. During analysis I should want to know more about these things. If he asked me for assurance when he was not on the couch, I should parry the question, tell him if I answered his question he would find another one to-morrow, and it would be as well to wait until to-morrow to see what the next thing was.

One severe obsessional case I have has not yet recovered from his astonishment when in a nursing home a doctor, to whom he told his dread of jumping out of the window, said nothing, but left him in a bed near a window. "How did he know I shouldn't do it?" he says in aggrieved tones. "I might have done it. He didn't know I shouldn't." The annoyance at not being able to frighten the doctor is illuminating. Neither should I assure patients that they are getting on with analysis, making good progress, when I know that "being well" is the most dangerous thing that could happen to them. On the other hand, to patients of this type whose anxieties lie with their repressed omnipotence-phantasies I occasionally say: "Perhaps you can help me to see a little more what this dream means."

# 6. VARIATIONS OF TECHNIQUE IN DIFFERENT NEUROSES*

DELUSION. PARANOIA. OBSESSION. CONVERSION TYPES

I HAVE been arrested by the phrase "justify my existence" used in two days by three patients whose psychological mechanisms are of very different types. There came to my mind a remark made by a very brusque member of a teaching staff I knew many years ago. A lanky overgrown boy of sixteen was standing miserably self-conscious in a classroom, undecided whether he would sit or stand. "Oh, try not to look as if you were apologizing for your existence!" was the class-teacher's remark.

The people who enjoy the greatest ease, and to whom work and conditions in life bring the greatest internal satisfaction, are those who have justified their existence to themselves. They have won through to a right to live, and a right to live means a life in which physical and mental powers can be used to the ego's advantage and well-being, which means to the advantage and well-being of the community. For a "right to live" is only ultimately based on the right of others to live. In a psyche that had attained that feeling of rightness to live there would be no obsession, no compulsion. There would be neither pathologically enforced idleness nor compulsive speed, but the attainment of a natural rhythm of activity and rest, in both the physical and the mental realm. Time, proportion and harmony would be kept. I believe "justification for existence" is the very core of our problems, whether we are thinking of the malaise of the so-called normal or the pathological manifestations of the so-called neurotic. Matthew Arnold, speaking of the soul, says it "mounts, and that hardly, to immortal life." I would say that phrase is far more applicable to the struggle for attainment of the right of the ego to live.

It mounts, and that hardly, to *mortal* life.

I can leave this theme as it concerns so-called normal character until the final lecture and concentrate this evening upon definite pathological manifestations of its truth. For assuredly, if we look at the picture of delusion, paranoia, obsession, conversion, the first obvious truth we see is the impairment of the

* Reprinted from *Int. J. Psycho-Anal.*, 1931, Vol. XII, p. 37.

ego's powers to function in reality. The next resultant of the psychical conflict is that the justification for existence is only achieved by pains, penalties, and stress that seem to make actual life hardly worth while at all. Looked at from this angle of the ego's justification for existence, the various forms of neuroses present to us this: "I am only justified in living, I can only live, provided this and provided that"; that is, one may look upon the characteristic pathological manifestations as the means by which the ego has justified itself in existing. In the absolute life of phantasy in madness, the ego has given up the struggle for justification.

I am going to speak of technique with regard to the different neuroses from this point of view. I cannot speak in general terms, or give general formulas that can be applied to particular instances; but I can give you particular instances, and it may be that from those some general deductions may be drawn that will be useful as guidance by which you can compare or contrast your own experiences.

"Justification for existence." The ego's ability to feel that justification is mental sanity. I have envisaged the abandonment of the struggle on the part of the ego to attain this justification as the complete relapse into madness—this and not a conscious preference for a pleasure-pain existence as contrasted with reality. The psycho-neuroses I see as psychical miscarriages in the attempt to justify the right of the ego to exist.

I believe this view of the matter is of importance in technique, because it will make us less likely to occupy the rôle of reformer under the mask of psycho-analyst. I have heard even psycho-analysts talk of patients who were under the dominance of the pleasure-pain principle as though by avoiding reality the patients were leading a carefree phantasy-existence pleasurable to the *ego*; and they have said this, too, with a note of exasperation as though after all it were a consummation devoutly to be wished because they condemn it so severely. It is profoundly untrue that the avoidance of, or incapacity to deal with, reality brings any "pleasure" in a reality sense.

I am going to illustrate technique from a delusional case first, and alongside this illustration I ask you to bear in mind this struggle that the ego is engaged upon, namely, its justification for existence.

The first phase of the analysis of this young woman gave this

picture. There was a crystallized delusion that a doctor had made sexual overtures to her. There were hallucinations of bodies lying in pools of blood. At times the whole world around her seemed as though at any moment it might change and disappear. She clung desperately to a real task in the world. She did secretarial work for an organization which represented the one vital thing providing a justification for her existence. A mother-surrogate helped to run this organization, and in a sense the patient's secretarial work was really carried on for the mother-surrogate through all the desperations of a much-impaired reality-sense.

Another factor in this ability to cling to reality must be mentioned, although I did not know this factor until the first phase of analysis was over. The patient possessed in secret a lady doll. It had been given her when she was twelve years old by her father. It was dressed as a grown woman and carried a baby. All through this first period, as I learned later, this doll was treated as a sacred object, looked at regularly to see that it was intact, and put back carefully. The patient had practically no pleasures and few contacts in reality. With intellectual gifts, she had no avenue for their use beyond office routine; novels, theatres, pleasure-trips were longed for but forbidden by a guilt-laden conscience. Her main conscious occupation was worry lest she should have done wrong things in her work. At other times her intense grievance about life would occupy her. She wanted interests, friends, joy, and did not know how to set about getting them. At other times she battled through what she called her "cloud" periods, when the world was unreal, bodies in blood lay on the floor, things moved that ought to be still, voices spoke when no one was there. Beset by delusion and hallucination on the one hand, and on the other by a constant fear lest her work should be wrong, lest she had made dreadful errors, the ego-existence was very thin. From the result of the analysis I think of the particular aspect I have mentioned, namely, that her ego did not feel any justification for its existence.

In the first phase of this analysis I very quickly saw that the block to any real revelation of her psychical difficulties lay in her desperate fear of being neurotic. She was making a stand against being found neurotic, just as she was striving to make no faults in her work. She took the delusion as fixed and true; her

hallucinations happened and she would not talk about them. The system was closed and worked automatically, and the whole problem was how to break into it, how to make her accessible. I can say quite definitely, looking back to that time, that the path of access during the first three years of analysis lay entirely through work with the super-ego. I was content with every hardly-won revelation, either of fresh delusional material or the slow recovery of memory. The fresh delusional material would often be contrary to that already given me. Memories began to be contradictory, but I kept my judgement in suspension. I only cared that every aspect of super-ego strictness in dreams, in references to people or to myself, should be pointed out without ceasing. It was almost the sole task for three years.

From the point of view of reality-testing, all accounts of her childhood proved to be as untrue as her delusion. This is a thing to remember above all in treating a delusional case. You may be getting truth; you may not. A measure of this kind of distortion of facts is present in every analysis. In this particular case it was the most important thing; and she held as true the untrue in life just as the delusion was held as fact. I should have done nothing with this patient had I been led astray by her intermittent beliefs that she was getting well. She had periods when her interest in the organization she worked for carried her over the abysses of dissociation. I should have achieved nothing if I had ceased at the end of three years, should have known nothing. Her dreams were few. When they came they were generally confused dreams about animals, or of herself in a bath-chair, or sitting on a seashore. There could be no such thing as free association from a psyche as hedged and bound as hers. She talked volubly. She scarcely made a movement on the couch. If I ventured to press her for more thoughts about the dream, she grew querulous and hedged. That hedging meant suspicion. She would reveal nothing that way. The only way was that of work upon the manifestations of the super-ego. I found later she had distorted her childhood to accommodate it to the demands of her super-ego.

The first phase then was a long unceasing struggle with the super-ego manifestations in consciousness, while at the same time one stored for reference later all the revelations of childhood delusional beliefs.

Now I cannot detail an analysis of the length of this one, but

I can give you changes focused around certain periods. I consider that the leverage all the time was *via* the modification of the super-ego—attention to that before anything else. It became plain that her office work was punitive, propitiatory, a reparation. I listened to her difficulties, but I put a different note in my voice every time she let a hint drop that she wanted to enjoy something. "I wish I could ride. My parents wouldn't let me learn as a child." "That would be a great pleasure," I interjected. Later, she thought how pleasant it would be to join an amateur dramatic society. I thought so too. These two things she did. Dreams around those two first essays of departure from the punitive system of her life brought the first hint of repressed masturbation and the interest of these dreams was the fact that she and I continually changed rôles. Now I was her id and she represented super-ego, and then I became super-ego to her id wishes. This marked the first loosening in her system.

The next big movement occurred when, a week after the event, she told me she had been to see the house in which Katherine of Aragon had lived in London. I spoke before she had time to comment. "How very interesting. How did it seem to you?" "Oh, I thought you would think it neurotic, that's why I've not told you before."

Then two years of analysis followed, the main leverage being still that of super-ego analysis. I reached her phantasy-life *via* historical personages; and, reaching that, the picture of her childhood underwent a metamorphosis. I began at last to see the daylight. Buried phantasies of childhood came through to consciousness intact, giving very definite news of what type of experience she had had to deny and repress.

The final phase of analysis coincided with her abandoning office work and taking up a diploma course in history at the University.

Now I will take you back to what I said at the beginning, that I believe a relapse from reality into a state of confusion, such as marked the collapse of this patient prior to analysis, is an abandonment of the ego's struggles to achieve justification for its existence.

The earliest pattern of denial of reality I unearthed from dreams was a bedroom episode in which the young child urinated when she saw her father's penis. That buried memory made a pattern. When she was between four and six, although

there is unmistakable evidence that she saw a man's exposed penis, she retained no memory of it. The emphasis here has to be laid not alone on the denied external reality, but on the denied *impulse* evoked by that reality. That is, if she did not see the father's penis, then she did not wish to bite it, or to kill him. She denies reality to deny her impulses. If she did not see the penis, she did not urinate. If she did not urinate, she did not feel anxiety, she did not feel like murder.

When she came to me she had an automatic contact with her parents and sisters. In a sense they did not exist. Her picture of her childhood was, in consciousness, that of a child allowed no pleasures and made to do as she was told. You see what this meant. It was a denial of all her aggressive play, a denial of all her unconscious wishes against her mother, a denial of actual hostile acts against her sisters. You see why she had to deny these realities. This denial went so far that her body had to become anæsthetic to actual pain, though not to neurotic pains and conversion symptoms. She could dance a dance through with a drawing-pin in her foot. It meant that her ego in the world of reality was threatened with the bodily destruction her aggressiveness had wished against others, that as she had demolished dolls and toys, so she in her real life was threatened with destruction. Her ego, so to speak, had no justification for existence, only justification for destruction, beset as it was by id wishes and super-ego terrors. You will remember the talisman of the doll, and now see it not as the clinging of a young woman to a childhood toy, but as a reassurance that she could live. It was an unharmed mother and child, a refutation of her hostility, and a justification of her own existence.

Therefore, as far as my experience with delusion is concerned, I should say that the way to reach reality is *via* the delusional life, by obtaining access to phantasy, and that access to phantasy is only obtainable by the constant analysis of the super-ego. That what has to be made real is not only the denied external reality, but psychical reality, psychical facts, and that the ultimate solution lies with the possibility of consciousness of the destructive impulses. With these brought to consciousness, the ego will accept more and more reality, there is less and less need to deny it, while reparation for these impulses will cease to be an enforced punishment by which the ego can live. Sublimation of impulses will be set up, which is quite

a different thing. Sublimation is in its very externalization an acknowledgement of powers within us to both love and hate.

I have given you this case in so much detail for I consider it my own most convincing experience. Through all the doldrums of hopelessness to the hard-won result of an eager life, I have tracked this analysis of a girl beset by delusion and unreality, and I have found that the ego can only face reality and justify its existence as it has a chance to deal with the aggressiveness of its id in terms of sublimations, instead of through the terrorizing of the super-ego.

As a guide then to the technique required for analysing delusional cases, I would put first in importance the necessity to analyse the super-ego. Upon the achievement of that depends the degree to which the patient will admit you to his secret phantasy-life, both conscious and unconscious. To reach the secret phantasy-life will mean eventually not only reaching the truth of the psychical conflict, but the truth of the denied childhood *life in reality*. If the analyst's own super-ego is camouflaged under an excessive valuation of "normality" and a desire to achieve it in his patients, a delusional patient will sense this urge of his, and block the very avenue which must be traversed to achieve normality. The analyst's objective must be modification of the super-ego and the possibility this affords of reaching the life of phantasy.

I will turn next to obsessional cases and, reverting again to the special angle from which I proposed to look at the psychical problems presented to us, will consider the justification for the ego's existence that we find in the obsessional.

The first obvious thing about an obsessional is that he or she is engaged in this justification unceasingly. There is no rest from the task. He never catches up, so to speak. He is always breathless. Like the boy with his hand over the hole in the dyke wall, if he takes it away for a second the water will flood through with destruction to everybody. But in his phantasy the obsessional is responsible for all of it, for the hole, for the water, and for preventing the destruction. That is why there is no rest for an obsessional. He keeps on wishing destruction. He believes in his power of bringing destruction upon his loved and feared objects, and because of this he must ceaselessly employ magical operations to bring his wishes to naught. His ego can live only under those psychical conditions.

The strength of his unconscious hostility is projected into the parent imagos. They are incorporated and form his terrorizing super-ego. Then he feels within himself this severity, this destructive force which would slay him. He has no justification for existence, so great is the condemnation passed upon his hostile impulses. If this were the whole story we should then have suicide, but the obsessional mechanism provides ways of escape. One is by ritual of various types whereby he omnipotently neutralizes his omnipotent powers of destruction; the other is by ejection of the incorporated hostile object by the anus. But these processes must never cease if his ego is to exist. The incorporated object is no sooner ejected than he is in danger from its externality and it must be incorporated again. The ritual must never cease, or his unconscious destructive power will bring about extinction of his ego through the wrath of the super-ego. The obsessional is on an increasing treadmill. He is for ever escaping from a trap into which he continually returns.

The task in analysis is clearly that of resolving a pregenital problem. The ferocity of the super-ego means also the ferocity of the id-wishes, and a belief in their omnipotent power. The difficulty that technique encounters lies in the fact that the obsessional has found an omnipotent way of preserving his ego, and the defences against interference with his system are almost impregnable.

I can give you a few guiding lines in the analysis of an obsessional neurosis. I have had cases become so far normal that there has been no return of symptoms since analysis ended eight years ago, but I should hesitate to say that the obsessional system had been really resolved. The first important thing to note is this, that after any interpretation of id wishes, revealed by dream material and associative work, one may expect a reaction of some kind, a tightening of an obsessional symptom or a fresh one. The other thing is that one must allow time for repentance. One cannot drive all the time to analyse the super-ego as in a delusional case; one cannot drive all the time to bring unconscious hostility to consciousness. One must allow for rhythm. The obsessional must be allowed time for self-castigation in sorrow and repentance. We must be aware of these rhythms. When the mourning for sin has taken place, then is the time again to do interpretative work and bring some unconscious factor to light. In a severe case there will be long periods

of these alternating phases, first the obsessional symptoms in full swing and then grief and self-condemnation. As interpretative work proceeds, these periods will get shorter, but they will always be maintained to a certain degree, and I am sure that most success comes by the analyst's knowledge that the grief periods must have their way and be worked through, or we are going to exacerbate anxiety.

The next important thing is the observation of the disappearance of actual obsessional acts and rituals. These will disappear in time through the analytical work. They will then *reappear* in the analysis itself, and that is the most baffling task the analyst is faced with, unless he detects where the obsession is manifesting itself. That is, the more the symptoms in actual rites and ceremonies disappear, the more we must detect the obsessional drive in the analytical work. It means that we then have to separate the analytical material presented to us into

(a) Its value as an obsessional magical defence.

(b) Its value as to content.

Of these only the "value as content" material is of use for our interpretation. All our art and skill must be expended in detecting when we are being called upon to hear the repentance and sorrow theme, time for which we must allow for all through the analysis, until it is reduced to a minimum quantity. One must recognize that one is being presented with the obsessional magic in its latest form. We must discriminate between this and the analysable unconscious material. The grief and repentance theme will be easily recognizable. The "value as content" material will be found in dreams, fresh memories and in present-day occurrences. The latter is usually one of the things an obsessional is very likely to suppress, and as the patient improves, the analyst does well to be on the alert for such suppression, especially if analysis tends to become stalemate. When symptoms have disappeared, the patient will use all that has been said to him by the analyst, all that he has learnt through interpretation, *as an obsession.* He will put to an obsessional use what was insight on some previous occasion. We must let this proceed as an obsessional symptom, and it would be futile to try to analyse the content when the patient is obviously *functioning* in this way. For example, I have an obsessional case at present who, when he came to me three years ago, only preserved his own ego existence and everyone else's by spending hours a day on his knees

praying that they and he might be saved from accidents. He prayed in taxicabs, in lavatories, fled into churches during business hours. He spent an hour every morning on his knees and longer at night. He prays no more. He says: "I do not find it necessary." But every few days in analysis he spends part of the hour in this kind of talk. "Yes, I know that when I was a child I did many things I should not have done. I envied my father's penis, I envied my father's bank-book, I destroyed my brother's toys, I scratched my old nurse, I hated my little sister, and many other things I did, which are now forgotten, which I wickedly repressed, and which now through the thickness and weight of a heavy resistance you, my analyst, you who are my mother and father and brother and sister, you, O analyst, cannot see." There is one word missing there. It is "Amen." Now, one does not analyse that material. You see from it the evidences of past analysis, but everything is here put to an obsessional use and the value lies in the mechanism and not in the content.

Here is a typical reaction after an interpretation made the day before in connection with the infantile unconscious wish to use the father's penis to get the contents of the mother's body. He begins:

"I'm not pleased with myself. I've no guts in me. I've no spunk. I've nothing. I've more fear as I go on. I'm unwell. That releases me from any obligation. Money is a cursed nuisance. I've got a good cheque from commissions this month. I suppose you think I'm nearly well, I'm not. I haven't been feeling well at all. I'm inwardly burnt. I've been chewing my lips. There's nothing more to bite, but I go on biting. I've heard of a woman who can't eat and is ill. I've infected myself with the same disease. Don't be afraid of me, don't think I'm going to lift off the bottom of this couch in my rage, I'm not. I've got pains in my stomach, lavatory pains. I used to have them at school. When I was taken there I was afraid of feelings in between my legs or wherever that thing between my legs may be situated on my body. What's that noise, I wonder?" Here I interrupt: "What do you think it is, what does it sound like?" "Aren't you opening up a biscuit tin? Going to take something out to eat, I suppose."

This gives me a very good example of analysis with an obsessional whose main symptoms have disappeared. The obsession is in the analysis. At this stage we get the reaction fairly quickly

after an interpretation of unconscious material. The analyst has become a dynamic factor. The patient was suffering colic pains that morning. We have the immediate punishment of the revealed unconscious wish, a necessity to be ill, terror at being well, terror at having money, spunk. To possess these things would be to be dispossessed. He has no justification for having anything, no right to exist. Yet in spite of this we see the hostility is able to express itself. "Don't be afraid, don't think I am going to lift the bottom off this couch." In obsessional cases then the analyst must allow for the rhythm of obsessional phases and repentance phases, and must remember that when symptoms disappear the obsession will be in terms of the analysis. Then it will be necessary to discriminate between material to be analysed and that which is to be regarded as a functioning of the obsession. The present-day stimulus and the dynamics of the transference become increasingly important as analysis proceeds. The chances then occur to make anxiety bearable to the ego, and this means the possibility of breaking up the organized system in which the unconscious hostile impulses are being constantly cancelled out.

Lastly, I will submit some points in technique in the analysis of patients with conversion symptoms. For the purpose of clarity you will see that I have made a marked and clear distinction between delusional, obsessional, conversion hysteric, whereas of course in actual practice we get every variety of mixture.

In the obsessional case to which I have referred there are constant conversion symptoms. By giving points of technique in this way it may be a help to the gaining of particular nuances that are applicable according to the particular manifestation being dealt with at any given time. Always in the organized systems of neuroses we hope to liberate anxiety. It is in the loosening of anxiety-affects that we finally resolve the problem presented to us in these systems.

We will think now of conversion symptoms. Conversion symptoms often change from time to time in nature. They are not always present. They appear and continue while stress concerning id wishes is great; they disappear when the stress is lessened. The most marked difference between conversion and obsession is that in the conversion type there is much less conscious feeling of guilt. The severity of the super-ego is present in both cases, but while the obsessional is often guilt-laden in con-

sciousness, the conversion patient has no haunting sense of sin such as dogs the life of the obsessional. The conversion patient presents his own special problems that are baffling to the analyst. One is that there is apparently less driving power in the analysis. There is less conviction at the outset that the problem is a psychological one, a tendency to revert to physiological causes and explanations, and a consequent unconscious exploiting of these in analysis.

Moreover, we must remember that the very fact that anxiety has passed into physical ailments means that physical pain is more easily borne than mental pain. It means that feelings of guilt have been intolerable in consciousness, and that expiation of sin has been attained through physical suffering. It means a long battle in a stubborn case to break up a system that has brought about an easier mind. The breaking up means, for a period at least, tolerating stress and guilt that have been assuaged formerly in an easier way. One can look at the problem from another angle, *viz.* "justification for existence."

The story of little black Sambo illustrates this aspect. He had beautiful articles of apparel. He met a tiger in the forest who wanted to eat him, and Sambo gave him his shoes. To the next tiger he yielded a coat, and to the next an umbrella. Then luckily the tigers met each other, and fought to the death. All were killed, and little black Sambo gathered up his fine apparel and walked away alive and safe, having lost nothing. The tigers want to eat little black Sambo. The tigers in the unconscious only want to eat small children because that is the most frightful punishment small children can think of as likely to follow their own wishes to eat up the parents. It is the one right thing the tigers can do. But it is possible to live if you give the tigers something to please them, something to mollify them. Then you may escape.

Now in both male and female conversion symptoms I find that physical suffering serves the purpose of propitiation. It is offered, so to speak, to mollify, to turn the anger of the tiger to pity, to remorse. Existence, so to speak, is possible under this condition. The danger of being eaten up entirely is averted by being a sufferer. This means that one is ill, needs to be cared for, looked after. Put in other words I would say, "one is not dangerous." It is another version of saying "I am weak, I am so little, I am so powerless." Here it is "See, I suffer," and one

must remember that, in proportion to the need to turn away the expected wrath, the suffering may be of a very high degree.

Not only would I think of the spectacle of suffering as a means whereby the anger projected on to parents is to be mollified, but I think too that it serves a deeper wish of the unconscious. You remember Sambo's life was saved. So I think in the suffering the psyche finds a justification for keeping something which means to it "existence." I would think of it as a masochistic means of completely camouflaging the sadistic purpose, of neutralizing it, paying for it, suffering for it, but retaining it. "No cross, no crown."

The anxiety in connection with the original sadism to the parents is allayed by this suffering. Moreover the suffering is a bodily suffering which is the very essence of that which the child would cause the parents if its wishes were fulfilled. It is as though the child has been punished, but this suffering of the child is the very weapon by which it controls and subdues the parents, makes them kind and gentle. It is suffering that will draw the world to repentance for sin, and it is in this way that the tables are turned upon the parents instead of the parents visiting punishment upon the child.

The first quite sudden physical symptom displayed itself in an analysis lately in the case of a man who has a horror of physical ailments, a man who has a fine physique, kept fit by constant exercise. He dreamt of walking over ground where there were rabbits. He was having a day's sport and shooting them. A series of dreams followed this, all with one purport, viz. that of searching the mother's body for children and food. Finally we came quite clearly, *via* dream-material, to the anger he must have experienced at the transition from breast to bottle, and the sadism associated with the wish to grasp and crush the breasts. He came at this time to analysis with small blisters on his hands and showed them to me. There was no accounting for them. He said: "They are exactly like the blisters I get when I dig vigorously in the garden, but I've not done any of that for weeks." The blisters disappeared in the course of a few days, but each morning he held his hands high enough for me to see him examining them minutely. This is an instance of a sudden conversion-symptom appearing in a character analysis, and there was no doubt of its being offered as a propitiatory suffering, nor of its genesis in the sadism towards the mother's breasts.

In considering technique with regard to typical conversion cases, the first thing one must remember is that the masochism is in bodily form. We cannot analyse thoughts that are corporeal. Therefore our task will be the evocation of masochistic phantasies. The production of masochistic phantasy instead of bodily suffering means the beginning of a breaking-up of the enclosed system of sadism, masochism, activity, passivity. By the release of the masochism in actual phantasy there will be released finally the sadistic phantasies with which the anxiety is bound. One must remember that anxiety has been alleviated and not resolved in suffering. While the system is maintained, it requires suffering to be intermittent or constant to alleviate the anxiety. But once the sadism is no longer cancelled out in that way, anxiety is freed and becomes analysable.

I will give you as a final illustration an extract from an hour's analysis that touched directly upon a conversion symptom. This hour you must think of as being in the middle of an analysis, when much work had already been done, but the conversion symptom was not yet wholly understood. The symptom was pseudo-angina. I extract only the relevant material from the hour.

1. The patient comes in on the minute as usual and says hurriedly: "I shall be in time to-morrow, but the next day I may be a few minutes late. Will it be all right? Does it matter?" She lies down and continues: "I have had angina again. I have it now. Such storms we are having—I think of ships and how can they help but go down and sailors drown?"

2. "I dreamt of seeing through the chinks of a palisade and there was a man running. He was in shorts. You walk one way and he is running in the opposite direction." Then after that? "Someone said: 'Always horses, only saw horses.' "

3. "There was Dobbin in the nursery, very important, though he had no tail, which I didn't pull out; it was always out."

4. "There was little Dobbin made for me when I wouldn't walk. Used to sit on him and ride about. Got tired when out with Nannie, and legs got tired, and I imagined all the horses I would ride on back home."

5. "Man on a horse. How mixed up he is, he and the horse, like a centaur."

6. "I played being Old Man of the Sea in green trousers at

a Christmas party. Got on P.'s back. Ought to have had my legs round her neck, but would have broken her head off, so sat on her back. Laughed and laughed until I wanted to pass water."

7. " '*My heart is like a singing bird*
*Whose nest is in a watered shoot.*' "

You remember Christina Rossetti's poem?"

8. "That's a nice book of Virginia Woolf's—you remember about that, don't you?" (I do, I remember that the quotation above is in the book mentioned, and that Virginia Woolf sees a Manx cat in the middle of the lawn without a tail, and thinks: "Was he born so, or had he lost his tail in an accident?")

9. "I like 'watered shoot'. That first book I had, you remember the picture of the water spout? Was it really? Had anyone ever seen it? Did the water go up from the sea, or down from the sky? and a whale throwing out a spurt of water was there too."

10. "I used to go to the village of Burghley with Nannie, and when I saw it in the distance I used to get so mixed up singing about it to myself. It made me think of Bethlehem.

" '*O little town of Burghley*
*How silently you lie*
*With your arched neck and glossy back*
*That standest meekly by.*' "

It would come like that though I *knew* I was mixing up Bethlehem and "My beautiful, my beautiful"—you know about the "Arab Steed"? He sold him, and then I was so glad he flung them back his gold and kept the steed. But when he rides off into the desert he said that "he may have him for his pains." I didn't understand he would ride him so quickly no one ever would catch him; I thought he meant that if one had pains, then one could have the horse." (Have pains and have the horse.)

11. "You know when Granny read sad stories I wouldn't stay unless I could sit out of sight. I wouldn't cry, I wouldn't. I just kept the tears inside. Then your eyes hurt, your throat hurt, and you get a pain inside, just through not crying, through the tears being inside."

12. "Yes, the palisades; I looked and saw the man running through the chinks. Always palisades round my imagined

native village. I wondered about cannibals climbing over them and then what would happen next. Couldn't think—too awful." (Patient whistles softly.)

13. "The man runs one way, you run the other."

14. "I imagined, if I met a giant, I just rose in the air and over his head." (Patient says angina pain has gone.)

15. "How can boats not get wrecked, must go down in such big seas."

I will now point out the significant things in relation to the symptom in these associations.

1. The imagery of water as power to destroy—drown.

2. The centaur—horse and man (in the last part of dream, "only horses".) In childhood all her phantasies were in connection with horses only. The centaur is the huge father. Identification with him by riding on Dobbin, by "being Old Man of the Sea," when she thinks she could break her sister's head off. She laughs until she needs to urinate.

3. She did not pull off big Dobbin's tail. She makes the reference indirectly to the Manx cat: "Was the tail lost in an accident?"

4. The father and mother are put into juxtaposition in "Little town of Burghley; How silently you lie," and "the Arab steed that standest meekly by." Note that nothing is happening, there is no movement in connection with either.

5. The desire to possess the Arab steed. It was to be possessed by pains. "Have thee for his pains."

6. Notice how pain is produced by restraining tears.

7. Her pain is in her heart. But her heart is like a singing bird whose nest is in a water'd shoot.

8. From the whole analysis previous to this given hour I have the right to interpret the palisades into the railings of a cot. What she saw was her father facing her, at the bottom of her cot, and he was running, i.e., urinating. She "runs" too in the opposite direction.

You must feel yourself into that situation of a tiny child seeing this spectacle for the first time. You will realize other accompaniments of the child's involuntary urination, such as excitement, anxiety, and the child's heart beating rapidly through new and strange emotions.

Fear and hostility were felt at that unknown thing. Her water and his water mean the same thing. To be as powerful as

he, she must have him, her Arab steed, his penis. A little girl must be able to rise up and sail over a giant when she meets him. Her loss of control frightens her. It means that, being little, he can drown her, destroy her if she is his enemy. Losing control betrays her hostility. She becomes self-controlled, controls urine and tears. But the internalized hostility is felt in her heart, displaced upwards from the genital organs to the heart, and displaced from the water to the heart, because of the association between anxiety and the accompaniment of the quickened heart-beat.

But the pain in the heart has the same purpose as that unconscious urination. She may have him for "her pains."

You will notice that the anxiety at the beginning of the hour was in connection with the idea of being late. This will be connected with the anxiety of a urination accident. Her first thought on the couch was of storm and seas, sailors, ships, drowning.

The angina attack passed off during the hour. This I would attribute particularly to all the free phantasy there was indicating the wish to possess the father, to have his penis, the memories of playing the male rôle, and finally to the clear way in which the pain denoted the indirect unconscious wish as much as the direct expression of it.

## 7. TECHNIQUE IN CHARACTER ANALYSES*

In speaking of character analysis I am going to refer you again to the angle from which I viewed the neuroses in the last lecture, namely, that of "justification for existence," and shall review very briefly the unconscious motivations and their results in the real life of several so-called normal people under analysis. The number included married people with children, while one was unmarried but sexually potent, having intercourse with a lover without psychical disturbance when analysis began. None of these people, to begin with, had any manifest neurotic symptoms. By this I mean they did not suffer from any phobia, obsession, conversion symptom, nor were there any hysterical characteristics. In varying ways they got into sympathetic touch with psycho-analysis and for varying reasons underwent a course of psycho-analysis. Those reasons of course were due to unconscious motives, but these people I have selected form a very fair representation of normal character, the kind of result one would have, I imagine, if one took the first few people one met walking along a street.

In each case the shortest length of analysis has been a year, in others longer or much longer. In thinking of these analysands for the purposes of this paper, I asked myself if I could see any one unconscious dynamic in common between them. Regarded as normal people functioning in a real world, was there one dynamic factor that united them in their obvious differences? Again, if there was this one factor operating in so-called normal people, could I make any correlation with neurotic patients, and, if so how did this factor work in neurotics differently from normals?

The normals include men and women; they were of the educated classes, and of a high standard of intelligence. Their effectiveness in the world of reality varied. Yet in their diversity I found at once one common dynamic factor that was related to this question of "justification for existence."

You will remember that I viewed the neuroses from this angle. I reconstructed the pattern of the "denial of reality" in the delusional case, the dynamic centre of which was a trau-

* Reprinted from *Int. J. Psycho-Anal.*, 1931, Vol. XII, p. 52.

matic event in childhood. If the event did not occur, if the real did not exist, neither did the feared impulse. In this case the world had to be dealt with magically because of the terror of the omnipotent infantile sadism. The severity of the super-ego was such that in view of id-hostility the ego was only justified in existence, only *safe* in existing, by a concrete magical talisman, such as the proof of an uninjured mother and child in the figure of the cherished mother doll and baby doll. Moreover, unconscious hostility was annulled by work that was offered as propitiation and reparation to the mother-surrogate.

I will pass from that to the case of the obsessional. I mentioned a typical case of obsession, in which was a very clear picture of the desperate struggle waged with unconscious hostily, the severity of the super-ego, and the magical system of repentance and omnipotent neutralizing of the possible results of the unconscious wishes.

I passed from obsession to conversion and found that the deepest level of conversion symptoms lies in the fate of the oral and anal sadism. In effect the hostile impulse is internalized; the suffering which originally was directed against the object is borne by the self. But that suffering had the same goal as the hostility, namely, that of *attaining* by suffering instead of by inflicting suffering. The unconscious hostile impulses of the id are feared, because they cause the self to think that the external world will be hostile in return. There can only be destruction for the ego if these hostile feelings are shown. They are dealt with magically. Far from being hostile, the self becomes the sufferer, and in becoming the sufferer the ego is justified in existing. The conversion type feels little conscious sense of guilt; the ego is not conscious of hostile impulses. They are magically annulled, expiated in symptom-formation. Therefore in dealing with technique in the different neuroses I have kept a certain basic principle before your mind, namely, that the ego's severest task is in connection with the sadism of the id and the super-ego. The two severities are complementary. The modification of one is a modification of the other, and upon this modification depends the stability of the ego and its sense of security in reality.

In this attempt to get security, various magical ways are employed, such as actual denial of reality, the system of obsession, the system of conversion symptoms. All of these to a greater or

lesser degree mean the impairment either of a sense of reality or of functioning in reality, i.e., the ego suffers loss, shrinkage. Its supports are not won from the confidence it gains by dealing with the external world of people and things, but from magical systems and underlying infantile omnipotence.

Now in considering the normal people with whom I have had to deal, the question arose whether their normality depended upon less severe id-hostility and a less severe super-ego; whether the apparently more stable ego meant an absence of magical systems and less infantile omnipotent thinking. It seemed this must be so, since ego-functioning in reality was obviously so much greater than where neurosis was present.

The one essential difference I find between neurotic and normal is not that id-wishes are less hostile, not that super-ego severity is less implacable, not absence of magic, or less infantile omnipotence; but a *reality system* of some kind in which the conflict is played out, or annulled, in connection with *real* people and *real* things. This is never complete, of course, but the person who enjoys the most freedom from mental stress and feels the greatest ego-freedom will be the one who has made a maximum resolution of his conflicts in terms of real people and real things.

I must say I have never analysed a person who enjoyed this maximum of ego-freedom, this minimum of mental stress. I am told that such exist, but analysis of normals has given me a different result. I will speak first of a married woman with a family. Her life presents a picture of a normal reality-method of dealing with conflict. It is a human picture. She has sexual potency, sexual desires and suffers no inhibitions regarding gratification. She has children who are a vital interest and occupation to her. She has a keen mind and intellectually shares her husband's pursuits. She looks forward to a career of her own when the children are older, but there is no neurotic manifestation of that wish. She is not only content to deal with her maternal problems, but her wits are exercised to the full in making the best environmental influences for the children. She is dealing in reality with people and things the whole day and every day with actual effectiveness. Yet it is plain that anxiety that would produce a neurosis in another person is here spread over and through every activity, and gets its discharge, so to speak, daily in that way. The unconscious

sadism that lies at the foot of this anxiety finds endless ways of expression, not one of these being an actual serious display, but minor ones, such as a flash of temper here, a sadistic funny story told there, a slip of a pin and a scratch on a child, a surreptitious eating up of chocolates not her own. Alongside this there is equally throughout the day a discharge of continuous reparation, continuous making-up for this unconscious hostility, not in crude and ill-judged acts, but in charming and pleasing thoughtfulness, such as a gift to this person, a surprise for the children, a happy jest for her husband. Her very real object-relationships in life are bound up with anxiety concerning her unconscious sadism, so that the picture of reality itself becomes at times that of *reality as a phantasy*.

I indicated that the problem in the technique of analysis with the so-called normal person was the task of draining this anxiety from its ramifying channels of everyday life into the analytic one, and that the two pivots of this were (1) the recovery of childhood memories, and (2) the evocation of phantasy.

In this particular case the greatest leverage came *via* the evocation of phantasy and by the analysis of the unconscious reasons why she could not do certain things she wished to do.

For instance she could produce real children, but she could not cut out and make a garment without anxiety. This meant that phantasies belonging to a task that was symbolical were terrifying, while reality itself was a constant reassurance. In cases of this type, where reality annuls anxiety, technique must be directed to tracking anxiety to the underlying phantasies. Therefore anything that can carry over a symbolical significance, such as the occupation here mentioned will give one a pathway to explore.

I turn next to another analysand in whom there was a complete absence of neurotic symptoms as such. His purpose in coming to analysis was not originally for a therapeutic aim at all. Conscious mental stress was caused by external events. He had never, except through physical illness, been incapacitated from carrying on his life. Physical satisfactions were enjoyed.

An analysis of some length only brought me within sight of the ramification and subtlety of his malaise. A definite ob-

sessional or paranoid patient would have presented no greater problems for technique. Here, instead of obvious and gross projection of hostility, there were displayed a hundred subtle, delicate kinds of suspicion and distrust. Trifling ways were employed of watching and finding out if these suspicions were true. He was patient in distress, loyal and uncomplaining when he had cause enough to be otherwise. The truth from an unconscious point of view was that the real suffering he had to bear annulled the guilt concerning his unconscious hostilities. The reality was embraced and clung to for this unconscious motive, whatever the conscious rationalization was.

Technique in this normal case almost, if not quite, reached its rubicon. How to track the anxiety played out in reality terms, the constant shifting of the different rôles on to other people, the number of little infinite manifestations of paranoia, was a task that called for a super-psycho-analyst. Technique was called upon to bring the main unconscious conflict finally into terms of the analyst and analysis, to get to the direct unconscious wishes in place of the passive gratification by *not* phantasying. Active phantasy could be the only solution in analysis, and for this an immense barrier against anxiety could only be removed by unrecognizable progress, for of those deep unconscious hostilities he was unconsciously afraid.

I pass next to a more neurotic type of character and yet definitely not to be included within the term "neurosis." Inhibition and difficulties of adjustment were inwardly experienced, but no neurotic symptom and no failure to carry on in the external world was shown. In this case where the man would be called normal, the "flight to reality" has succeeded so far that in all he can do actively, with his hands, he succeeds and finds satisfaction. This *real* dominance in terms of *things* extends to his power over women. I say "things" advisedly. He finds no permanent mate, of course. In this case, after much analysis, I am beginning to see spread all through his daily life in isolated ways the neurotic symptoms which would appear in a neurosis more dramatically concentrated. There in one situation he exhibits anxiety, in that minor habit he is obsessional, a paranoiac tinging of his thought is detected elsewhere. When one comes to analysing the thoughts and actions of daily life, one finds the neurotic element appearing everywhere, and yet nowhere sufficiently for it to become a definite blockade to

effectiveness in actual life. The safety in all the real things that he can do and control, including his power over women, is that he is thus delivered from his unconscious terror-phantasies. He is in control, he can manage and master. He has proof that he is safe. His unconscious terror due to the unconscious sadism is that he is in actual bodily danger. He is afraid of phantasy. Consequently in all symbolical pursuits (his sublimations, for example, where he can only wield words, which are fraught with unconscious significance) he finds difficulty and inhibition.

Technique in a case like this is again to be directed to the evocation of phantasy. One has to track out where the obsession appears, where anxiety manifests itself, where paranoiac thoughts are expressed. I have found that transference indications are most likely to be reached in dreams. This type of patient will suppress thoughts about the analyst all the time, and unless every opportunity that the dreams afford is seized, the analysis will be stalemated. In spite of resistance to transference-interpretations, one will find that dream life is stimulated thereby and the work goes on. This type of patient is in very sore need of help, and help is given, however the patient may scoff at the interpretations.

I think, therefore, that analysis of a normal person is as difficult and often more difficult than that of neurotics. In the normal person we have to be prepared to find out where the flight from phantasy to reality has occurred, where reality has been used as phantasy. We shall be prepared to find normal character accompanying *physical* illness as distinct from neurotic illness. We shall have actual operations, actual accidents. The emphasis is on "*real.*" Our task will be to sieve the reality of life of the underlying interpenetrating and ramifying neurosis. Resistances and defences in normal people will be of many types. One hint I can give you about these. This is to notice just what the analysand dismisses and will not speak about. It is always our task to do this, but normal people priding themselves on normality can often talk of things that a neurotic finds difficult. They will not be frightened by real things. It is more likely to be phantasy, to be scientific hypotheses, philosophy, systems, religion, in fact all thought-products. These intangible things the normal will often hide, not the tangible and concrete, and only through the abstract and non-concrete do

we get the psychical content that alone makes analysis successful.

How shall we judge when analysis is nearing completion? In the first place, the unconscious mind will never be completely analysed. The acceptance of that fact is a good sign. Another good sign is when a patient gives up thinking that after analysis he will have no more conflict, no more trouble with himself or others, no more emotion, but will live happily ever after in a bliss of Nirvana. The definite disappearance of neurotic symptoms, the increasing confidence of the ego to deal with reality, constructive phantasy for the future, the ability to find a stable love-relationship and sexual maturity, are all essential considerations in this question of ending an analysis. The completest test is if the patient has achieved a real ego-assurance, and feels justified in existing with satisfaction, without anxiety dogging thought and action. After analysis, when decisions and crises arise in real life, the patient should know what in himself will be the difficulties he must allow for and guard against. He should feel confidence in his ability to steer his own course.

I finish then by returning to considerations put before you in the earlier lectures. Psycho-analysis, which arose as a branch of medicine, finds itself faced not only with the sick in mind, but with the whole problem of the psychical development of mankind. There is a different *result* of the internal conflict in the so-called normal from the result we see in definite neuroses, but there is no difference in the actual unconscious conflict that lies beneath consciousness. Even with patients who come to us suffering from definite symptom-formation, our conception of our task must be greater than that of cure of symptoms; our task is analysis, and in that analysis the symptom falls into place as something inevitable, depending upon an unconscious psychological constellation.

A knowledge of the different mechanisms of neuroses is useful as book knowledge in analysing neurotic patients. It gives a feeling of security to the analyst to know this psychical construction, something to look for when the patient is definitely an obsessional, a paranoiac or conversion case. It is imperative to have this knowledge. We must also know that it will not give us analytical *technique*. Technique only comes through our own inner knowledge, our own analysed unconscious. The truth

of this is nowhere borne out so clearly as in character-analysis. The more normal the individual, the more does the analyst find the need of real depth of analysis in himself, not only to see the intricate successful systems, but to find a way for the truth behind the system to express itself. That is, the normal person has as great a task as the neurotic in reaching conviction, as great a task in undergoing analysis, and I would add that to be a successful analyst of normal people needs the most thoroughgoing analysis on the part of the analyst.

There is a goal that every scientific worker should surely set himself be he the most stable and normal of beings. Upon our approximation to attainment of it depends the future both of psycho-analysis and technique. Scientists as much as other men in other callings become emotionally entangled with their discoveries. Their rancours and their differences and their hot beliefs are no whit less free from their unconscious drives than those we meet in the arts or in politics. Perhaps through the discipline of personal analysis we shall be able at last to attain to a really scientific attitude because there, if attainable, would be the least possible bias due to unknown unconscious motivations. That gives us the goal of personal analysis for the scientific worker. It is not achieved by the attitude of mind which says: "I am a fairly normal person, I ought to be analysed in a few months." There has been no envisaging of the range and implications of psycho-analysis when one's attitude is: "I am a normal person and I do not need psycho-analysis." To think that, especially if the thinker is a practitioner, it is to be a conjurer, a worker of magic. It is to be blind to the fact that we are all enmeshed in the magical thinking and doing that lies under the veneer of our civilization. The self-imposed goal of the psycho-analyst should be self-knowledge. Therapeutic results may happen by the way, but the goal is beyond that. Self-knowledge means working through all our shibboleths, our rationalizations, self-delusions and self-deceptions to a clear understanding of how we are as we are, why we are as we are, to an intimate knowledge of our own unconscious life, of the sources of our emotions, so that we can always be ready to recognize our bias, our blind spots and pitfalls. It means the possibility of a more and more conscious extension of the ego, which thus knows through self-knowledge more how to use the dynamo of the unconscious. This is

quite a different thing from the happy but ignorant personality in which adjustments have happened fortunately, which is excellent for life, but not enough for a person who would practise psycho-analysis.

The future of technique and of psycho-analysis depends upon workers who see that deeper and more thorough personal analysis alone will give us the greatest chance of being truly scientific and objective. We have to experience and gain our convictions as though they were new for the first time. They must be new for us individually, if we are going on to the unknown beyond what is already known. One cannot take oral sadism, anal sadism, the Œdipus complex for granted and go on from there and build up new theories. We have to live these things into conviction first through our apprenticeship. That is how our *psychical* equipment is gained for technique. At the moment, in the present, the future of psycho-analysis lies with us who are all students. Our community has its difficulties, but there are two ways through those difficulties, in addition to common sense and good will. One is by a determination to work our problems out in terms of ourselves, not in terms of others, that is, to make the same demands upon ourselves that we should make upon a patient. That is integrity. The other is that in psycho-analysis, beyond all other sciences and arts, through our own self-knowledge we should be able to find a unity and comradeship beyond all personalities, in which our single purposed search after truth should bear fruit, through us as individuals and through us as a community.