

Re-Evaluation of the Process of Working Through [1]

by

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The process of *working through* has held positions of varying importance and significance in the development of psycho-analytic therapy. Just at present one hears it referred to relatively little, and as a specific principle in technique it does not attract very much attention. Indeed, students rarely use the term, and sometimes seem uncertain as to its meaning. This may be due in part to the fact that the process of *working through* is now largely subsumed in other technical procedures. But there may also be some lessening in emphasis on its value. There are certain cases, however, and some situations in many cases in which a sound and thorough working through is essential for a sustained therapeutic result. A consideration of these is the topic for discussion at present.

In the early days of psycho-analytic treatment, when it was still within nodding distance of hypnotic therapy, the aims of therapy were especially the recovery of infantile traumatic memories and their abreaction through repetition, first in the hypnotic, subsequently in the psycho-analytic relationship. It was observed that the specific reliving of the disturbing experience relieved the associated conflict-bound emotional tension more than educative discussions concerning disturbed feelings could possibly do. Certainly in the re-living, the patient may more nearly admit the full emotional resonance to consciousness, whereas in discussions dealing with the disturbance in general or in incompletely specific terms, some degree of defensive distance may be maintained. In these early days, neurotic disturbances were thought to be due largely to actual experiences producing disturbing traumatic effects. In this setting, then, *working through* seemed to have two functions: first, it was a progressive and repetitive overcoming of resistances, which uncovered the repressed instinctual demands and showed their power to the patient; and second, it was a *working to* the supposed traumatic memories which were considered the nuclei of the neurosis. In his 1914 paper on Technique, Freud warned of its necessity and its arduousness (7).

With the realization that many of the events described by the early patients were not actual happenings at all, but consisted rather of strong and insistent fantasies, growing out of developmental conflicts, more intense but otherwise not generally different from the ubiquitous neurotic pressures of early childhood, the emphasis on actual events was eliminated and the theory of traumatic etiology was discarded. There then grew up a greater emphasis on the nature of the fantasies associated with the different stages of infantile development, with a consideration of conditions which influenced the special forms and intensities of such fantasies, and on investigations of their sequelae. In this setting, then, the deduction was drawn that it was not the event but the fantasy that was of primary importance. Stated with a little different emphasis, this was put in the practical form: that it makes little or no difference whether an event has actually happened or has been fantasied and believed by the patient to have happened: it is the subjective experience that is of etiological significance. This belief is still held by many therapists, who make little distinction between the fantasied event and that actually experienced. This problem will be discussed presently.

At present, however, it is desirable to point out different combinations of subjective and objective experience which may occur. The typical fantasies of the infantile years, arising from the genetic stages of development, do not

1 Adapted from a paper read at the Symposium 'The Theory of Technique' held at the Centenary Scientific Meetings of the British Psycho-Analytical Society on 5 May, 1956.

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appear in the genetic form alone. Certainly this is usually recognizable, but it is subject to infinite unique variations producing combinations of the products of the basic genetic drives with special individual conditions in reality which mould or transform the fantasies even at their source. Such reality conditions modifying the form of generic fantasies are seen, for example, in the effect of the loss of one or other parent in infancy, and especially the time and situation in which such a traumatic happening occurs: the timing of the birth of siblings: the sex of siblings, etc. We take such events for granted in their reality, and see their effect on the evolution of the infantile theories and wishes. Further we know, but often forget, that specific 'fantasies' which persist until adult life are rarely *only* 'typical' fantasies, common to all infantile development, but rather those typical ones which have been given a special strength, form, and pressure for repetition through having been confirmed by external events. These reality confirmations may have been incipiently instigated by the child or more rarely have been almost purely coincidental—in that sense, accidents which affected the child little or much according to how well they fitted in with, substantiated, or elaborated and extended the fantasies which were emerging in any case. It should be realized that the unique *specific* (in contrast to the generic) elaborations of infantile memories are for the most part assembled from realities—either in small pieces, taken magpie-like from a number of different impinging related actual experiences and woven into the fantasy; or determined largely from a single (or very few) actual events of life. They represent in either case some combination of the infantile wishes with the reactions of other people in the outer world. If the reinforcement has been much influenced by a single disturbing experience, verifying the infantile fantasy and making it powerfully real, the organizing effect of such an event is very great and the fantasy behind it gains much force. This predisposes to later repetition in acting out.

It was early recognized that if the infantile memories were recovered too quickly, or were *acted out* in the transference and not adequately interpreted, the abreaction at the time might be appreciable, but had no lasting effect. In such instances, the working through had not seemed necessary for the recovery of the memory, but now became essential to sustain any therapeutic effect—not to diminish the resistance and *reach* the memory (3), but to demonstrate again and again to the patient the working of instinctual trends in various situations in life (2). In other words, the defensive conflict remained somewhat structured unless worked with repetitively and in connexion with its effect in various situations, and was not relieved by the momentary abreaction of the central situation (5), (6).

This aspect of *working through* was stressed as essentially of an educative value and was likened to the work of mourning in the gradual and progressive detachment of the individual libido from the organized tensions and aims which permeated the later life.3(1), (10). Fundamental and valuable as this conception was, it possibly became one nucleus in the tendency away from recognizing the importance of the infantile years—and furnished an ingredient for what was to appear more as a *working out*, with repetitive scrutiny of multiple current situations and reactions. Finally it led over to the emergence of the conception (in certain diluted or revised forms of psycho-analysis) of the *corrective experience*. This might occur in the transference and be considered to require there the active participation of analyst and analysand; or, propelled by the encouragement of the basic transference relationship, the patient might be encouraged specifically to undertake new, different, and presumably more favourable experiences in actual life. It is not my purpose here to enter directly into the question of the therapeutic effectiveness of such procedures, but rather to emphasize their tendency to draw therapy more and more into a manipulative and role-playing participation of the analyst and gradually to divorce it from the consideration of the genetic basis of neuroses and character disturbances with which psycho-analysis has traditionally worked.

The rise of ego-psychology has meant the recognition of the need for consistent work with the patterns of defence, as they appear both in the current situations of the patient and are recognized in his memories of the past. This has taken over much of what would previously have been referred to as *working through*. But it has tended to be exploited by some groups of psycho-analysts who do not go much beyond or below the descriptive analysis of current defences and depend largely on repetition of interpretations

3 Fenichel attributes this statement to Rado, but it is not contained in the article he refers to in this journal, 1925. It was, however, stated by Alexander in that same year.

of this kind and the manipulative methods as already indicated. In their most degraded form these repeated interpretations appear much like the slogans of an individual propagandist. From my experience in re-analysing patients who have been treated in this way, I would conclude that the immediate symptomatic effectiveness may depend very much on a transference bondage to the analyst rather than on real understanding.

The emphasis on analysing current defensive patterns has in some instances been further diverted and used in the service of the culturists who would tend to ignore the biological structure of psychic development and see it largely in terms of social reactions. Against this background, then, I would discuss briefly special situations in which the importance of *working through* is pre-eminent.

There are patients, however, who during repeated analyses by competent therapists seem to work well on their therapeutic tasks and to have made consistent improvements thereby, only to be drawn back subsequently into the former neurotic tensions, pressures, and symptoms. This sometimes occurs even without there being any very marked external events to precipitate the relapse, which more frequently occurs rather insidiously. The effect is as though the neurosis acted like a quicksand which treacherously re-engulfed the individual who had not quite sufficiently freed himself. Further analysis revealed in few of these cases at least that the adhesiveness of the neurosis seemed to be due to the persistent effect of severe organizing experiences of childhood, such as have already been referred to. These occurred in patients with markedly disturbed and grossly unresolved oedipal relationships, whether due to pre-oedipal deforming pressures or to essential interferences in the oedipal period itself. What impressed me especially, however, was that such reality experiences occurred most often in the latency period; and that in spite of the relative lateness of these events, they had been almost completely repressed from memory and their contents projected backward on to the infantile years, where they enhanced the brightness of and added elaborations to the early screen memories.

In some cases, at the very beginning of the analysis, the patient had had little memory of any of his childhood until puberty or prepuberty. But when the amnesic gaps began to be filled in, the memories of the infantile years could be more readily reconstructed than those of some silent period of latency. I gradually came to understand that what had happened had been that, still under unduly strong infantile pressures, the child had entered latency with a special cargo for the intense outward exploratory drives of these years. Under these conditions, he had succeeded, during the acting out of his fantasies, in precipitating experiences in reality which sometimes were almost exact reproductions of his earlier fantasies. These were thus corroborated for him, but might involve even more extensive bizarre and painful ingredients than those of his infantile fantasy or experience.

Indeed, the severity of the effect might be due to the fantasy seemingly having got out of control, by the additions to it through the participation of others, frequently adults. In some instances, the experience may seem to validate magic thinking and feelings of omnipotence, which have been incompletely renounced, and its memory has been warded off out of fear, or has bent itself to attempts to deny differences between reality and fantasy. It is striking, however, that under most circumstances, recall of such experiences is repressed with an immediacy and a force which approximates to a denial. I have had a few chances to observe this probably as it occurred, when consulted by pediatricians about young patients who had experienced seduction or rape or been present in peculiarly violent scenes of suicide. They seemed sometimes almost immediately to ignore and then to forget the event.⁴

Yet the fact that the event had been experienced in reality seems to add to the strength of its later impression and to the tendency for it to be unconsciously acted out in part or *in toto* subsequently; thereby furnishing a well-spring for neurotic revivals. It appears that the force of the repression may be due to the fact that the experience has occurred during a time when the super-ego is well developed and some degree of shame or humiliation is frequently involved. There is probably more guilt involved anyway in acts in reality than in those done in fantasy.

This was particularly evident, in its reverse form, in a small group of cases which I studied some years ago and described in a paper on

4 This is illustrated in fictional form in the story *The Innocent Voyage*, by Richard Hughes. Harper, London and N.Y., 1929.

5 The title of this paper is somewhat misleading. The situation probably occurs about equally in boys and girls. At the time of my writing the article, I had encountered it mostly in girls, and thought that it might be more frequent in them than in boys (9).

*Pre-puberty Trauma in Girls*5(9). Among the patients there described, traumatic experience in pre-puberty was especially remembered and announced at the very beginning of the analysis. It was offered as an unfortunate event which had befallen the young girl, and subsequent disturbances were attributed to it. Memories of earlier events were blanched or lacking. It proved a very effective barrier at the outset of analytic work, because it readily permitted the dodging of feelings of responsibility and diminished the sense of autonomy of the patient, who considered herself victimized. It was of particular interest, however, that this pre-puberty trauma could be retained and cherished in consciousness, because it repeated similar experiences of the early oedipal period which had been more severe and more clearly accomplished on the child's own initiative. Consequently in these cases the *later* memory was the retained one, with a brilliant screening and stubbornly defensive function.

There is another group of cases in which the organizing event is of equal importance—viz. those severe neurotic disturbances usually with definite affective colouring which tend to appear in recurrent attacks. I refer especially to neurotic depressions, some phobic and obsessional states, usually with depressive admixtures, and some recurrent states of over-activity, probably essentially neurotic hypomanic states. These 'attack' disturbances, particularly after the first attack, may come on rather abruptly, and seemingly with even less than ordinary provocation in the current situation. They may repeat themselves with an almost photographic fidelity in their course and constellation of symptoms. It is my experience that in some of these cases the hidden organizing and sensitizing experience is exceedingly important as furnishing a trigger area, which after the initial breakthrough needs barely to be touched to set off the series of symptomatic events which follow. Sometimes these can be understood as expanded and disguised repetitions of the childhood experience, which have been endowed with special force because of the preoedipal components which are also invested in them. I doubt whether the susceptibility to recurrence of these states is effectively diminished by reconstruction of the earliest infantile problems and fantasies (even though attacks may be less severe), unless there is also a thorough *working through* of any traumatic events which have organized the earlier preoedipal disturbances—whether this has occurred in early childhood or in the latency period. The outline of such experiences may sometimes be retrospectively deciphered in the nature of the events which have precipitated the break-through of the initial attack. Unless thorough treatment occurs in this setting, subsequent attacks may occur with less provocation, the disturbance being set off by anniversaries or even assuming the appearance of seasonal variations in susceptibility.

This may be a particularly difficult group of patients, since in the severity of their disturbances they may readily seduce the analyst into too active participation in the therapy, and to manipulative or supportive measures, or to interferences which then vitiate the cleanness of the transference relationship necessary for the *working through* process. It may happen further that such experiences, having been touched on or partly worked with but not thoroughly understood by the analyst and patient, have thereby been more activated by the analysis and appear even in circumscribed symptomatic behaviour after the analysis is over and the basic transference relationship has become attenuated.

It appears then that the process of *working through* is of particular importance in cases in which infantile neurotic drives have been carried over into actual experience in reality, in whatever way or at whatever time this has occurred. The detection of evidence of such experience is, however, not easy, especially if there has been an almost complete amnesia for the experience itself. But there is always some bland representation of it or some vacuole of memory which is a warning, and which may be brought up incongruously again and again when certain fantasies or experiences of the infantile years are being considered. In addition the repetitive appearance in dreams or free associations of some specific age or place seemingly inappropriately but insistently associated with events belonging to another period; the special repetition and content of the dream within a dream; the frequent appearance of dreams which exactly reproduce reality events, but seem at first barren of other associations; the occurrence of isolated and peculiar delusions or hallucinations in the setting of a generally sound

sense of reality; the repetition through a series of dreams (or similarly through a series of symptomatic acts) of some apparently unimportant but realistically embellishing detail; all these are indications of the reality of some experience which is being worked with in the unconscious.

Illustration of some of these clues may help. First regarding the vacuole in memory:

A patient came for his second analysis, a period of a few years having elapsed since his first analysis, which had been helpful to him and had brought many changes into his life. His main symptoms, modified but not fundamentally changed, had gradually reasserted themselves, and he felt miserable and discouraged. I noticed during the first months of our work that there was one member of his family, a brother, whom he did not mention except for infrequent, casual, laughing, and slightly derogatory references. This was the more striking since in the initial consultation he had made it clear that this brother suffered from a disturbance in many ways similar to his own. When after some time I mentioned to him the peculiarity of his apparent blandness to the brother, he laughed off the discrepancy with easy but stubborn rationalizations, and then would revert always to very early primal scene experiences as though offering these instead. Only the most persistent efforts brought the material of the latency period, in which this brother was primarily involved, into focus so that it could be worked through.

Further, in regard to the incongruous repetitive appearances of certain age periods:

A patient, in his consultation interview with me, reported that he had been much disturbed by having been aware of an abortion which his mother had had when he was 8, and during which she had thought she was dying. I was somewhat surprised, as he had already made clear that his father and mother had been separated and his father in another country from the time he was 3 until he was 10. Later on, when the subject of the abortion came up in the analysis, he always referred to it as having occurred when he was 11, after his father's return. I noticed however that frequently, when this subject came up, the number 8 would appear somewhere in the associations. In the end, it developed that the mother had had a lover at this time, and had also an intimate woman friend who had an abortion. But what was most important was that connected with the stimulation of these events the patient had made sexual approaches to his sister with extremely guilty fears of having impregnated and injured her. Thus there was a deflection of the oedipal problem on to these events and a complete amnesia for them.

The dream-within-a-dream (or its equivalent—the play, or the memory, or the joke within a dream) appears especially significant when it is repetitive in content as well as in its appearance. I have illustrated this in a recent study of the works of Lewis Carroll. Finally, in regard to the insistent and peculiar delusions or hallucinatory experience, two clinical examples may illustrate:

i. A patient whose obstinately firm sense of reality somewhat stunted his imaginative ability had none the less a recurrent hallucination of a hair in the mouth. This generally appeared during the analytic hour, and was very vivid and uncomfortable. Only after a very long analysis was an especially disturbing fellatio experience of the latency period uncovered. This man had been always ready to bring up his attachment to his mother and his interest in the breast (which was undoubtedly part of the basis of this later experience), but the hallucination of the hair was the tell-tale symptom which could not be so disposed of. Fundamental relief did not come until the working through of this later experience.

ii. A woman patient had a screen memory that as a child she had been punished by being aroused from sleep at night, brought downstairs, forced to kneel before a punishment chair and to eat asparagus from a platter placed on the seat of the chair. What was striking was not only the bizarreness of this improbable memory, but the patient's complete conviction that it had occurred exactly as she related it. This screen memory was a remarkable piece of condensation, involving several experiences in reality, and was based on the patient's observations of sexual activities between her mother and her psychotic father; and her own re-enactment of these with cousins. Her insistence on the reality of the memory not only bore testimony to the reality of the experiences, but may have been the greater because of her guilty terror of having behaved in a crazy fashion like her father.

These instances are probably sufficient to give some picture of the way in which such *working through* problems may emerge.

It is through alertness to clues such as these that the work of reconstruction and the concomitant process of *working through* is accomplished in patients of these special groups.

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