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The Dynamics of the Transference¹
(1912)

The almost inexhaustible subject of "transference" has recently been dealt with in this Journal by W. Stekel in a descriptive manner.² I wish to add a few remarks in order to make clear how it happens that the transference inevitably arises during the analysis and comes to play its well-known part in the treatment.

Let us bear clearly in mind that every human being has acquired, by the combined operation of inherent disposition and of external influences in childhood, a special individuality in the exercise of his capacity to love—that is, in the conditions which he sets up for loving, in the impulses he gratifies by it, and in the aims he sets out to achieve in it.³ This forms

¹ First published in the *Zentralblatt*, Bd. II., 1912; reprinted in *Sammlung*, Vierte Folge. [Translated by Joan Riviere.]
² *Zentralblatt*, Bd. II., Nr. II. S. 26.

³ We will here provide against misconceptions and reproaches to the effect that we have denied the importance of the inborn (constitutional) factor because we have emphasized the importance of infantile impressions. Such an accusation arises out of the narrowness with which mankind looks for causes, inasmuch as one single causal

which perpetually repeats and reproduces itself as life goes on, in so far as external circumstances and the nature of the accessible love-objects permit, and is indeed itself to some extent modifiable by later impressions. Now our experience has shown that of these feelings which determine the capacity to love only a part has undergone full psychical development; this part is directed towards reality, and can be made use of by the conscious personality, of which it forms part. The other part of these libidinal impulses has been held up in development, withheld from the conscious personality and from reality, and may either expend itself only in phantasy, or may remain completely buried in the unconscious so that the conscious personality is unaware of its existence. Expectant libidinal impulses will inevitably be roused, in anyone whose need for love is not being satisfactorily gratified in reality, by each new person coming upon the scene, and it is more than probable that both parts of the libido, the conscious and the unconscious, will participate in this attitude.

It is therefore entirely normal and comprehensible that the libido-cathexes, expectant and in readiness as they are in factor satisfies him, in spite of the many commonly underlying the face of reality. Psychoanalysis has said much about the "accidental" component in aetiology and little about the constitutional, but only because it could throw new light upon the former, whereas of the latter it knows no more so far than is already known. We deprecate the assumption of an essential opposition between the two series of aetiological factors; we presume rather a perpetual interchange of both in producing the results observed. *Daimon kai tyche* determine the fate of man; seldom, perhaps never, one of these powers alone. The relative aetiological effectiveness of each is only to be measured individually and in single instances. In a series comprising varying degrees of both factors extreme cases will certainly also be found. According to the knowledge we possess we shall estimate the parts played by the forces of heredity and of environment differently in each case, and retain the right to modify our opinion in consequence of new knowledge. Further, we may venture to regard the constitution itself as a residue from the effects of accidental influences upon the endless procession of our forefathers.

also towards the person or the physician. As we should expect, this accumulation of libido will be attached to prototypes, bound up with one of the clichés already established in the mind of the person concerned, or, to put it in another way, the patient will weave the figure of the physician into one of the "series" already constructed in his mind. If the physician should be specially connected in this way with the father-*imago* (as Jung has happily named⁴ it) it is quite in accordance with his actual relationship to the patient; but the transference is not bound to this prototype; it can also proceed from the mother- or brother-*imago* and so on. The peculiarity of the transference to the physician lies in its excess, in both character and degree, over what is rational and justifiable—a peculiarity which becomes comprehensible when we consider that in this situation the transference is effected not merely by the conscious ideas and expectations of the patient, but also by those that are under suppression, or unconscious.

Nothing more would need to be said or would perplex us concerning this characteristic of the transference, if it were not that two points which are of particular interest to psychoanalysts still remain unexplained by it. First, it is not clear why neurotic subjects under analysis develop the transference so much more intensely than those who are not being analysed; and secondly, it remains a mystery why in analysis the transference provides the *strongest resistance* to the cure, whereas in other forms of treatment we recognize it as the vehicle of the healing process, the necessary condition for success. Experience shows, and a test will always confirm it, that when the patient's free associations fail the obstacle can be removed every time by an assurance that he is now possessed by a thought which concerns the person of the physician or something relating to him. No sooner is this explanation given

⁴ *Symbole und Wandlungen der Libido.*

⁵ I mean here, when really nothing comes to his mind, and not when he keeps silence on account of some slight disagreeable feeling.

than the obstacle is removed, or at least the absence of thoughts has been transformed into a refusal to speak.

It appears at the first glance to be an enormous disadvantage in psychoanalysis as compared with other methods that in it the transference, elsewhere such a powerful instrument for success, should become here the most formidable ally of the resistance. On closer consideration, however, the first of these difficulties at least will disappear. It is not the fact that the transference in psychoanalysis develops more intensely and immoderately than outside it. Institutions and homes for the treatment of nervous patients by methods other than analysis provide instances of transference in its most excessive and unworthy forms, extending even to complete subjection, which also show its erotic character unmistakably. A sensitive observer, Gabriele Reuter, depicted these facts at a time when psychoanalysis hardly existed, in a remarkable book⁶ which altogether reveals great insight into the nature and causes of the neuroses. This peculiarity of the transference is not, therefore, to be placed to the account of psychoanalysis but is to be ascribed to the neurosis itself. The second problem still remains unexplained.

This problem must now be tackled at close quarters: Why does the transference in analysis confront us as resistance? Let us call to mind the psychological situation in the treatment. One of the invariable and indispensable preliminary conditions in every case of psychoneurosis is the process which Jung has aptly named *introversion* of the libido.⁷ This means that the quantity of libido which is capable of becoming conscious, and is directed towards reality, has become diminished, while the part which is unconscious and turned away from reality (and, although it may still nourish phantasies in the person concerned, belongs to the unconscious) is by so much increased. The libido (entirely or in part) has found its way back into regression and has re-animated the infantile

⁶ *Aus guter Familie*, 1895.

⁷ Although many of Jung's utterances give the impression that he sees introversion as something characteristic of dementia praecox and not observable to the same extent in the other neuroses.

it in the analytic treatment, imagos⁸; and thither we pursue it in the analytic treatment, aiming always at unearthing it, making it accessible to consciousness and at last serviceable to reality. Wherever in our analytic delving we come upon one of the hiding-places of the withdrawn libido, there ensues a battle; all the forces which have brought about the regression in order to maintain the new condition. For if the introversion or regression of the libido had not been justified by some relation to the outer world (in the broadest terms, by a frustration of some desired gratification) and at the time been even expedient, it would never have taken place at all. Yet the resistances which have this origin are not the only ones, nor even the most powerful. The libido at the disposal of the personality had always been exposed to the attraction of unconscious complexes (strictly speaking, of that part of those complexes which belongs to the unconscious), and underwent regression because the attraction of reality had weakened. In order to free it, this attraction of the unconscious must now be overcome; that is, the repression of the unconscious impulses and their derivatives, which has subsequently developed in the mind of the person concerned, must be lifted. Here arises by far the greater part of the resistances, which so often succeed in upholding the illness, even though the original grounds for the recoil from reality have now disappeared. From both these sources come the resistances with which the analysis has to struggle. Every step of the treatment is accompanied by resistance; every single thought, every mental act of the patient's, must

⁸ It would be easy to say: the libido has re-invested the infantile "complexes." But this would be erroneous; it would be correct only if expressed thus: "the unconscious part of these complexes." The exceptional intricacy of the theme dealt with in this essay tempts one to discuss further a number of adjunct problems, which require elucidation before one can speak definitely enough about the psychological processes here described. Such problems are: The definition of the boundary between introversion and regression; the incorporation of the complex-doctrine into the libido-theory; the relationship of phantasy-creation to the conscious, the unconscious, and to reality; etc. I need not apologize for having resisted these temptations here.

pay toll to the resistance, and represents a compromise between the forces urging towards the cure and those gathered to oppose it.

Now as we follow a pathogenic complex from its representative in consciousness (whether this be a conspicuous symptom or something apparently quite harmless) back to its root in the unconscious, we soon come to a place where the resistance makes itself felt so strongly that it affects the next association, which has to appear as a compromise between the demands of this resistance and those of the work of exploration. Experience shows that this is where the transference enters on the scene. When there is anything in the complex material (the content of the complex) which can at all suitably be transferred on to the person of the physician such a transference will be effected, and from it will arise the next association; it will then manifest itself by the signs of resistance—for instance, a cessation in the flow of associations. We conclude from such experiences that this transferred idea is able to force itself through to consciousness in preference to all other possible associations, just *because* it also satisfies resistance. This type of incident is repeated innumerable times during an analysis. Over and over again, when one draws near to a pathogenic complex, that part of it which is first thrust forward into consciousness will be some aspect of it which can be transferred; having been so, it will then be defended with the utmost obstinacy by the patient.⁹

Once this point is won, the elements of that complex which are still unresolved cause little further difficulty. The longer the analysis lasts, and the more clearly the patient has recognized that distortions of the pathogenic material in themselves offer no protection against disclosure, the more consistently he makes use of that variety of distortion which

⁹ From which, however, one need not infer in general any very particular pathogenic importance in the point selected for resistance by transference. In warfare, when a bitter fight is raging over the possession of some little chapel or a single farmhouse, we do not necessarily assume that the church is a national monument, or that the barns contain the military funds. Their value may be merely tactical; in the next onslaught they will very likely be of no importance.

obviously brings him the greatest advantage, the distortion by transference. These incidents all converge towards a situation in which eventually all the conflicts must be fought out on the field of transference.

Transference in analysis thus always seems at first to be only the strongest weapon of the resistance, and we are entitled to draw the inference that the intensity and duration of the transference are an effect and expression of the resistance. The mechanism of transference is indeed explained by the state of readiness in which the libido that has remained accumulated about the infantile imagos exists, but the part played by it in the process of cure is only intelligible in the light of its relation to the resistance.

How does it come about that the transference is so pre-eminently suitable as a weapon of resistance? One might think that this could easily be answered. It is surely clear enough that it must become peculiarly difficult to own up to any particular reprehended wish when the confession must be made to the very person with whom that feeling is most concerned. To proceed at all in such situations as this necessarily produces would appear hardly possible in real life. This impossibility is precisely what the patient is aiming at when he merges the physician with the object of his emotions. Yet on closer consideration we see that this apparent gain cannot supply the answer to the riddle, for, on the contrary, an attitude of affectionate and devoted attachment can surmount any difficulty in confession; in analogous situations in real life we say: "I don't feel ashamed with you; I can tell you everything." The transference to the physician might quite as well relieve the difficulties of confession, and we still do not understand why it aggravates them.

The answer to this reiterated problem will not be found by pondering it any further, but must be sought in the experience gained by examination of individual instances of transference-resistance occurring in the course of an analysis. From these one perceives eventually that the use of the transference for resistance cannot be understood so long as one thinks simply of "transference." One is forced to distinguish "positive" transference from "negative" transference, the transference of

affectionate feeling from that of hostile feeling, and to deal separately with the two varieties of the transference to the physician. Positive transference can then be divided further into such friendly or affectionate feelings as are capable of becoming conscious and the extensions of these in the unconscious. Of these last, analysis shows that they invariably rest ultimately on an erotic basis, so that we have to conclude that all the feelings of sympathy, friendship, trust and so forth which we expend in life are genetically connected with sexuality and have developed out of purely sexual desires by an entity and have developed out of purely sexual desires by an entity and have developed out of purely sexual desires by an entity they may appear in the forms they take on to our conscious self-perception. To begin with we knew none but sexual objects; psychoanalysis shows us that those persons whom in real life we merely respect or are fond of may be sexual objects to us in our unconscious minds still.

So the answer to the riddle is this, that the transference to the physician is only suited for resistance in so far as it consists in *negative* feeling or in the repressed *erotic* elements of positive feeling. As we "raise" the transference by making it conscious we detach only these two components of the emotional relationship from the person of the physician; the conscious and unobjectionable component of it remains, and brings about the successful result in psychoanalysis as in all other remedial methods. In so far we readily admit that the results of psychoanalysis rest upon a basis of suggestion; only by suggestion we must be understood to mean that which we, with Ferenczi,¹⁰ find that it consists of—influence on a person through and by means of the transference-manifestations of which he is capable. The eventual independence of the patient is our ultimate object when we use suggestion to bring him to carry out a mental operation that will necessarily result in a lasting improvement in his mental condition.

The next question is, Why do these manifestations of transference-resistance appear only in psychoanalysis and not in other forms of treatment, in institutions, for example? The

¹⁰ Ferenczi, *Introjection and Transference*.

answer is that they do appear there also, but they need to be recognized for what they are. The outbreak of negative transference is a very common occurrence in institutions; as soon as he is seized by it the patient leaves, uncured or worse. The erotic transference has not such an inhibitory effect in institutions, since there, as otherwise in life, it is decorously glossed over, instead of being exposed; nevertheless, it betrays itself unequivocally as resistance to the cure, not, indeed, by driving the patient out of the place—on the contrary, it binds him to the spot—but just as certainly by keeping him away from real life. Actually it is quite unimportant for his cure whether or not the patient can overcome this or that anxiety or inhibition in the institution; what is of importance, on the contrary, is whether or not he will be free from them in real life.

The negative transference requires a more thorough elucidation than is possible within the limits of this paper. It is found in the curable forms of the psychoneuroses alongside the affectionate transference, often both directed on to the same person at the same time, a condition for which Bleuler has coined the useful term ambivalence.¹¹ This ambivalence of the feelings appears to be normal up to a point, but a high degree of it is certainly a special peculiarity of neurotics. In the obsessional neurosis an early "splitting of the pairs of opposites" seems to characterize the instinctual life and to form one of the constitutional conditions of this disease. The ability of neurotics to make the transference a form of resistance is most easily accounted for by ambivalence in the flow of feelings. Where the capacity to transfer feeling has come to be of an essentially negative order, as with paranooids, the possibility of influence or cure ceases.

After all this investigation we have so far considered one

¹¹ E. Bleuler, *Dementia Praecox oder Gruppe der Schizophrenien*, in Aschaffenburg's *Handbuch der Psychiatrie*, 1911; also a Lecture on Ambivalence in Berne, 1910, abstracted in *Zentralblatt für Psychiatrie*, Bd. I., S. 266. W. Stekel had previously suggested the term *bipolarity* for the same phenomenon.

aspect only of transference-phenomena; some attention must be given to another side of this question. Those who have formed a true impression of the effect of an extreme transference-resistance on the patient, of the way in which as soon as he comes under its influence he is hurled out of all reality in his relation to the physician—how he then arrogates to himself freedom to ignore the psychoanalytic rule (to communicate without reserve whatever goes through his mind), how all the resolutions with which he entered upon the analysis then become obliterated, and how the logical connections and become matters of indifference to him—will need some further explanation than that supplied by the factors mentioned above to account for this effect, and these other factors are, indeed, not far to seek; they lie again in the psychological situation in which the analysis has placed the patient.

In following up the libido that is withdrawn from consciousness we penetrate into the region of the unconscious, and this provokes reactions which bring with them to light many of the characteristics of unconscious processes as we have learnt to know them from the study of dreams. The unconscious feelings strive to avoid the recognition which the cure demands; they seek instead for reproduction, with all the power of hallucination and the inappreciation of time characteristic of the unconscious. The patient ascribes, just as in dreams, currency and reality to what results from the awakening of his unconscious feelings; he seeks to discharge his emotions, regardless of the reality of the situation. The physician requires of him that he shall fit these emotions into their place in the treatment and in his life-history, subject them to rational consideration, and appraise them at their true psychological value. This struggle between physician and patient, between intellect and the forces of instinct, between recognition and the striving for discharge, is fought out almost entirely over the transference-manifestations. This is the ground on which the victory must be won, the final expression of which is lasting recovery from the neurosis. It is undeniable that the subjugation of the transference-manifestations provides the greatest difficulties for the psychoanalyst; but it must not be

forgotten that they, and they only, render the invaluable service of making the patient's buried and forgotten love-emotions actual and manifest; for in the last resort no one can be slain *in absentia* or *in effigie*.

physician has nothing more to do than to wait and let things take their course, a course which cannot be avoided nor always be hastened. If he holds fast to this principle, he will often be spared the disappointment of failure in cases where all the time he has conducted the treatment quite correctly.

This "working through" of the resistances may in practice amount to an arduous task for the patient and a trial of patience for the analyst. Nevertheless, it is the part of the work that effects the greatest changes in the patient and that distinguishes analytic treatment from every kind of suggestive treatment. Theoretically one may correlate it with the "abreaction" of quantities of affect pent-up by repression, without which the hypnotic treatment remained ineffective.

Freud, S.

XIII

Further Recommendations in the Technique of Psychoanalysis¹ (1915)

OBSERVATIONS ON TRANSFERENCE-LOVE

Every beginner in psychoanalysis probably feels alarmed at first at the difficulties in store for him when he comes to interpret the patient's associations and deal with the reproduction of repressed material. When the time comes, however, he soon learns to look upon these difficulties as insignificant and instead becomes convinced that the only serious difficulties are encountered in handling the transference.

Among the situations to which the transference gives rise, one is very sharply outlined, and I will select this, partly because it occurs so often and is so important in reality and partly because of its theoretical interest. The case I mean is that in which a woman or girl patient shows by unmistakable allusions or openly avows that she has fallen in love, like any other mortal woman, with the physician who is analysing her.

¹ First published in *Zeitschrift*, Bd. III., 1915; reprinted in *Sammlung*, Vierte Folge. [Translated by Joan Riviere.]

This situation has its distressing and its comical aspects as well as its serious ones; it is so complicated, and conditioned by so many factors, so unavoidable and so difficult to dissolve, that discussion of it has long been a pressing need of analytic technique. But since those who mock at the failings of others are not always themselves free from them, we have hardly been inclined to rush in to the fulfilment of this task. The obligation of professional discretion, which cannot be disregarded in life but which is useless in our science, makes itself felt here again and again. In so far as psychoanalytical publications are a part of life, we have here an insoluble conflict. I have recently disregarded this matter of discretion for once² and shown how this same transference situation at first retarded the development of psychoanalytic therapy for ten years.

To a cultivated layman—and in their relation to psychoanalysis the attitude of such men is the best we encounter—matters concerned with love cannot be measured by the same standards as other things; it is as though they were written on a page by themselves which would not take any other script. If a patient falls in love with her doctor, then, such a man will think only two outcomes are possible—one comparatively rare, in which all the circumstances allow of a permanent legal union between them, and the other much commoner, in which physician and patient part, and abandon the work begun which should have led to her recovery, as though it had been prevented by some elemental phenomenon. There is certainly a third conceivable way out, which even appears compatible with continuing the treatment, and that is a love-relationship between them of an illicit character, not intended to last permanently; but both conventional morality and professional dignity surely make this impossible. In any event our layman would beg the analyst to reassure him as unambiguously as possible that this third alternative is out of the question.

It is clear that the analyst's point of view must be different from this.

² "On the History of the Psychoanalytic Movement" (1914). [Collier Books edition AS 580V.]

Let us take the case of the second possible alternative. After the patient has fallen in love with the physician, they part; the treatment is given up. But very soon the patient's condition necessitates her making another attempt at cure with another physician; the next thing that happens is that she feels she has fallen in love with the second physician, and just the same again when she had broken off and begun again with a third, and so on. This phenomenon, which occurs with such regularity and is one of the foundations of psychoanalytical theory, may be regarded from two points of view, that of the physician analysing and that of the patient in need of analysis.

To the physician it represents an invaluable explanation and a useful warning against any tendency to counter-transference which may be lurking in his own mind. He must recognize that the patient's falling in love is induced by the analytic situation and is not to be ascribed to the charms of his person, that he has no reason whatever therefore to be proud of such a "conquest," as it would be called outside analysis. And it is always well to be reminded of this. For the patient, however, there are two alternatives: either she must abandon her analytic treatment or she must make up her mind to being in love with physicians as to an inevitable destiny.³

I have no doubt that the patient's relatives and friends would decide as emphatically in favour of the first of the two alternatives as the analyst would for the second. In my opinion, however, this is a case in which the decision cannot be left to the tender—or rather, the jealous egoistic—mercies of the relatives and friends. The patient's welfare alone should decide. The love of her relatives cannot cure her neurosis. It is not necessary for the psychoanalyst to force himself upon anyone, but he may take up the stand that for certain purposes he is indispensable. Anyone who takes up Tolstoy's attitude to this problem can remain in undisputed possession of his wife or daughter, but must try to put up with her retaining

³ We know that the transference can express itself by other less tender feelings, but I do not propose to go into that side of the matter here.

her neurosis and with the disturbance it involves in her capacity for love. After all, it is the same situation as that of a gynecological treatment. Incidentally, the jealous father or husband makes a great mistake if he thinks the patient will escape falling in love with the physician if he hands her over to some other kind of treatment than that of analysis in order to get rid of her neurosis. The difference will be, on the contrary, that her falling in love in a way which is bound to remain unexpressed and unanalysed can never render that aid to her recovery which analysis would have extracted from it.

It has come to my knowledge that certain physicians who practise analysis frequently prepare their patients for the advent of a love-transference or even instruct them to "go ahead and fall in love with the analyst so that the treatment may make progress." I can hardly imagine a more nonsensical proceeding. It robs the phenomenon itself of the element of spontaneity which is so convincing and it lays up obstacles ahead which are extremely difficult to overcome.

At the first glance it certainly does not look as if any advantage to the treatment could result from the patient's falling in love in the transference. No matter how amenable she has been up till then, she now suddenly loses all understanding of and interest in the treatment, and will not hear or speak of anything but her love, the return of which she demands; she has either given up her symptoms or else she ignores them; she even declares herself well. A complete transformation ensues in the scene—it is as though some make-believe had been interrupted by a real emergency, just as when the cry of fire is raised in a theatre. Any physician experiencing this for the first time will not find it easy to keep a grasp of the analytic situation and not to succumb to the illusion that the treatment is really at an end.

On reflection one realizes the true state of things. One remembers above all the suspicion that everything impeding the progress of the treatment may be an expression of resistance. It certainly plays a great part in the outbreak of passionate demands for love. One has long noticed in the patient the signs of an affectionate transference on to the physician and could with certainty ascribe to this attitude her docility, her

acceptance of the analytic explanations, her remarkable comprehension and the high degree of intelligence which she displayed during this period. This is now all swept away; she has become completely lacking in understanding and seems to be swallowed up in her love; and this change always came over her just as one had to bring her to the point of confessing or remembering one of the particularly painful or heavily repressed vicissitudes in her life-history. She had been in love, that is to say, for a long time; but now the resistance is beginning to make use of it in order to hinder the progress of the treatment, to distract her interest from the work and to put the analyst into a painful and embarrassing position.

If one looks into the situation more closely one can recognize that more complicated motives are also at work, of which some are connected with the falling in love, and others are particular expressions of resistance. To the first belong the patient's efforts to re-assure herself of her irresistibility, to destroy the physician's authority by bringing him down to the level of a lover, and to gain all the other advantages which she foresees as incidental to gratification of her love. With regard to the resistance, one may presume that at times it uses the declarations of love as a test for the strait-laced analyst, so that compliance on his part would call down on him a reprimand. But above all one obtains the impression that the resistance acts as an *agent provocateur*, intensifying the love of the patient and exaggerating her readiness for the sexual surrender, in order thereby to vindicate the action of her repression more emphatically by pointing to the dangers of such licentiousness. All this by-play, which in less complicated cases may not be present at all, has as we know been regarded by A. Adler as the essential element in the whole process.

But how is the analyst to behave in this situation if he is not to come to grief and yet believes that the treatment should be continued through this love-transference and in spite of it?

It would be very simple for me now, on the score of conventional morality, emphatically to insist that the analyst must never in any circumstances accept or return the tender passion proffered him—that instead he must watch for his

chance to urge the infatuated woman to take the moral path and see the necessity of renunciation, and induce her to overcome the animal side of her nature and subdue her passion, so as to continue the analytic work.

I shall not fulfil these expectations, however—neither the first nor the second. Not the first, because I am writing not for patients, but for physicians who have serious difficulties to contend with, and also because in this instance I can go behind moral prescriptions to the source of them, namely, to utility. I am on this occasion in the happy position of being able to put the requirements of analytic technique in the place of a moral decree without any alteration in the results.

Even more emphatically, however, do I decline to fulfil the second of the expectations suggested above. To urge the patient to suppress, to renounce and to sublimate her longings of her instincts, as soon as she has confessed her love-transference, would be not an analytic way of dealing with them, but a senseless way. It would be the same thing as to conjure up a spirit from the underworld by means of a question, spell and then to dispatch him back again without a question. One would have brought the repressed impulses out into consciousness only in terror to send them back into repression once more. Nor should one deceive oneself about the success of any such proceeding. When levelled at the passions, lofty language achieves very little, as we all know. The patient will only feel the humiliation, and will not fail to revenge herself for it.

Just as little can I advocate a middle course which would recommend itself to some as especially ingenious; this would consist in averting one's response to the patient's feelings of affection, but in refraining from all the physical accompaniments of these tender feelings, until one could guide the situation along calmer channels and raise it on to a higher level. Against this expedient I have to object that the psychoanalytic treatment is founded on truthfulness. A great part of its educative effect and its ethical value lies in this very fact. It is dangerous to depart from this sure foundation. When a man's life has become bound up with the analytic technique, he finds himself at a loss altogether for the lies and the guile

which are otherwise so indispensable to a physician, and if for once with the best intentions he attempts to use them he is likely to betray himself. Since we demand strict truthfulness from our patients, we jeopardize our whole authority if we let ourselves be caught by them in a departure from the truth. And besides, this experimental adoption of tender feeling for the patient is by no means without danger. One cannot keep such complete control of oneself as not one day suddenly to go further than was intended. In my opinion, therefore, it is not permissible to disavow the indifference one has developed by keeping the counter-transference in check.

I have already let it be seen that the analytic technique requires the physician to deny the patient who is longing for love the satisfaction she craves. The treatment must be carried through in a state of abstinence; I do not mean merely corporal abstinence, nor yet deprivation of everything desired, for this could perhaps not be tolerated by any sick person. But I would state as a fundamental principle that the patient's desire and longing are to be allowed to remain, to serve as driving forces for the work and for the changes to be wrought, and that one must beware of granting this source of strength some discharge by surrogates. Indeed, one could not offer the patient anything but surrogates, for until the repressions are lifted her condition makes her incapable of true satisfaction.

Let us admit that this principle—of carrying through the analytic treatment in a state of renunciation—extends far beyond the case we are discussing, and that it needs close consideration in order to define the limits of its possible application. But we will refrain from going into this question now and will keep as closely as possible to the situation we started from. What would happen if the physician were to behave differently, and avail himself of a freedom perhaps available to them both to return the love of the patient and to appease her longing for tenderness from him?

If he had been guided in his decision by the argument that compliance on his part would strengthen his power over the patient so that he could influence her to perform the tasks required by the treatment, that is, could achieve a permanent

cure of her neurosis by this means, experience would teach him that he had miscalculated. The patient would achieve her aim, but he would never achieve his. There is an amusing story about a pastor and an insurance agent which describes what would happen. An ungodly insurance agent lay at the point of death and his relatives fetched the holy man to convert him before he died. The interview lasted so long that those outside began to have some hope. At last the door of the sick chamber opened. The free-thinker had not been converted—but the pastor went away insured.

If her advances were returned, it would be a great triumph for the patient, but a complete overthrow for the cure. She would have succeeded in what all patients struggle for, in expressing in action, in reproducing in real life, what she ought only to remember, to reproduce as the content of her mind and to retain within the mental sphere.⁴ In the further course of the love-relationship all the inhibitions and pathological reactions of her love-development would come out, yet there would be no possibility of correcting them, and the painful episode would end in remorse and a strengthening of her tendency to repression. The love-relationship actually destroys the influence of the analytic treatment on the patient; a combination of the two would be an inconceivable thing.

It is therefore just as disastrous for the analysis if the patient's craving for love prevails as if it is suppressed. The way the analyst must take is neither of these; it is one for which there is no prototype in real life. He must guard against ignoring the transference-love, scaring it away or making the patient disgusted with it; and just as resolutely must he withhold any response to it. He must face the transference-love boldly but treat it like something unreal, as a condition which must be gone through during the treatment and traced back to its unconscious origins, so that it shall assist in bringing to light all that is most hidden in the development of the patient's erotic life, and help her to learn to control it. The more plainly the analyst lets it be seen that he is proof against every temptation, the sooner will the advantage from the sit-

⁴ Cf. pp. 114 and 160 *et seq.*

uation accrue to the analysis. The patient, whose sexual repressions are of course not yet removed but merely pushed into the background, will then feel safe enough to allow all her conditions for loving, all the phantasies of her sexual desires, all the individual details of her way of being in love to come to light, and then will herself open up the way back from them to the infantile roots of her love.

With one type of woman, to be sure, this attempt to preserve the love-transference for the purposes of analytic work without gratifying it will not succeed. These are women of an elemental passionateness; they tolerate no surrogates; they are children of nature who refuse to accept the spiritual instead of the material; to use the poet's words, they are amenable only to the "logic of gruel and the argument of dumpings." With such people one has the choice: either to return their love or else to bring down upon oneself the full force of the mortified woman's fury. In neither event can one safeguard the interests of the treatment. One must acknowledge failure and withdraw; and may at leisure study the problem how the capacity for neurosis can be combined with such an intractable craving for love.

Many analysts must have discovered the way in which other women, less violent in their love, can be brought round gradually to the analytic point of view. Above all, the unmistakable element of resistance in their "love" must be insisted upon. Genuine love would make the patient docile and intensify her readiness to solve the problems of her case, simply because the man she loved expected it. A woman who was really in love would gladly choose the road to completion of the cure, in order to give herself a value in the physician's eyes and to prepare herself for real life where her feelings of love could find their proper outlet. Instead of this, she is showing a stubborn and rebellious spirit, has thrown up all interest in her treatment, and clearly too all respect for the physician's well-founded judgement. She is bringing out a resistance, therefore, under the guise of being in love; and in addition to this, she has no compunction about trying to lead him into a cleft stick. For if he refuses her love, as duty and his understanding compel him to do, she can take up the atti-

tude that she has been humiliated and, out of revenge and resentment, make herself inaccessible to cure by him, just as she is now doing ostensibly out of love.

As a second argument against the genuineness of this love one advances the fact that it shows not a single new feature connecting it with the present situation, but is entirely composed of repetitions and "*rechauffés*" of earlier reactions, including childish ones. One then sets about proving this by detailed analysis of the patient's behaviour in love.

When the necessary amount of patience is added to these arguments it is usually possible to overcome the difficult situation and to continue the work, the patient having either moderated her love or transformed it; the aim of the work then becomes the discovery of the infantile object-choice and of the phantasies woven round it. I will now, however, examine these arguments critically and put the question whether they really represent the truth or whether by employing them we are not in our desperation resorting to prevarication and misrepresentation. In other words: can the love which is manifested in analytic treatment not truly be called real?

I think that we have told the patient the truth, but not the whole truth without regard for consequences. Of our two arguments the first is the stronger. The part taken by resistance in the transference-love is unquestionable and very considerable. But this love was not created by the resistance; the latter finds it ready to hand, exploits it and aggravates the manifestations of it. Nor is its genuineness impugned by the resistance. The second argument is far weaker; it is true that the love consists of new editions of old traces and that it repeats infantile reactions. But this is the essential character of every love. There is no love that does not reproduce infantile prototypes. The infantile conditioning factor in it is just what gives it its compulsive character which verges on the pathological. The transference-love has perhaps a degree less of freedom than the love which appears in ordinary life and is called normal; it displays its dependence on the infantile pattern more clearly, is less adaptable and capable of modification, but that is all and that is nothing essential.

By what other signs can the genuineness of a love be rec-

ognized? By its power to achieve results, its capacity to accomplish its aim? In this respect the transference-love seems to give place to none; one has the impression that one could achieve anything by its means.

Let us resume, therefore: One has no right to dispute the "genuine" nature of the love which makes its appearance in the course of analytic treatment. However lacking in normality it may seem to be, this quality is sufficiently explained when we remember that the condition of being in love in ordinary life outside analysis is also more like abnormal than normal mental phenomena. The transference-love is characterized, nevertheless, by certain features which ensure it a special position. In the first place, it is provoked by the analytic situation; secondly, it is greatly intensified by the resistance which dominates this situation; and thirdly, it is to a high degree lacking in regard for reality, is less sensible, less concerned about consequences, more blind in its estimation of the person loved, than we are willing to admit of normal love. We should not forget, however, that it is precisely these departures from the norm that make up the essential element in the condition of being in love.

The first of these three characteristics of the transference-love is what determines the physician's course of action. He has evoked this love by undertaking analytic treatment in order to cure the neurosis; for him it is an unavoidable consequence of the medical situation, as inevitable as the exposure of a patient's body or being told some life-and-death secret. It is therefore plain to him that he is not to derive any personal advantage from it. The patient's willingness makes no difference whatever; it merely throws the whole responsibility on him. Indeed, as he must know, the patient had from the beginning entertained hopes of this way of being cured. After all the difficulties are overcome she will often confess to a phantasy, an expectation that she had had as she began the treatment—"If she behaved well, she would be rewarded in the end by the doctor's love for her."

For the physician there are ethical motives which combine with the technical reasons to hinder him from according the patient his love. The aim that he has to keep in view is that

this woman, whose capacity for love is disabled by infantile fixations, should attain complete access over this function which is so inestimably important for her in life, not that she should fritter it away in the treatment, but preserve it for real life, if so be that after her cure life makes that demand on her. He must not let the scene of the race between the dogs be enacted, in which the prize was a chaplet of sausages and which a funny fellow spoilt by throwing one sausage on to the course; the dogs fell upon it and forgot about the race and the chaplet in the distance luring them on to win. I do not mean to say that it is always easy for the physician to keep within the bounds prescribed by technique and ethics. Younger men especially, who are not yet bound by a permanent tie, may find it a hard task. The love between the sexes is undoubtedly one of the first things in life, and the combination of mental and bodily satisfaction attained in the enjoyment of love is literally one of life's culminations. Apart from a few perverse fanatics, all the world knows this and conducts life accordingly; only science is too refined to confess it. Again, when a woman sues for love, to reject and refuse is a painful part for a man to play; and in spite of neurosis and resistance there is an incomparable fascination about a noble woman who confesses her passion. It is not the grossly sensual desires of the patient that constitute the temptation. These are more likely to repel and to demand the exercise of toleration in order to regard them as a natural phenomenon. It is perhaps the finer impulses, those "inhibited in their aim," which lead a man into the danger of forgetting the rules of technique and the physician's task for the sake of a wonderful experience.

And yet the analyst is absolutely debarred from giving way. However highly he may prize love, he must prize even more highly the opportunity to help his patient over a decisive moment in her life. She has to learn from him to overcome the pleasure-principle, to give up a gratification which lies to hand but is not sanctioned by the world she lives in, in favour of a distant and perhaps altogether doubtful one, which is, however, socially and psychologically unimpeachable. To achieve this mastery of herself she must be taken through

the primordial era of her mental development and in this way reach that greater freedom within the mind which distinguishes conscious mental activity—in the systematic sense—from unconscious.

The analytic psychotherapist thus has a threefold battle to wage—in his own mind against the forces which would draw him down below the level of analysis; outside analysis against the opponents who dispute the importance he attaches to the sexual instinctual forces and hinder him from making use of them in his scientific method; and in the analysis against his patients, who at first behave like his critics but later on disclose the over-estimation of sexual life which has them in thrall, and who try to take him captive in the net of their socially ungovernable passions.

The lay public, of whose attitude to psychoanalysis I spoke at the outset, will certainly seize the opportunity given it by this discussion of the transference-love to direct the attention of the world to the dangers of this therapeutic method. The psychoanalyst knows that the forces he works with are of the most explosive kind and that he needs as much caution and conscientiousness as a chemist. But when has it ever been forbidden to a chemist, on account of its danger, to occupy himself with the explosives which, just because of their effectiveness, are so indispensable? It is remarkable that psychoanalysis has to win for itself afresh all the liberties which have long been accorded to other medical work. I certainly do not advocate that the harmless methods of treatment should be abandoned. For many cases they suffice, and when all is said, the *furor sanandi* is no more use to human society than any other kind of fanaticism. But it is grossly to undervalue both the origins and the practical significance of the psychoneuroses to suppose that these disorders are to be removed by pottering about with a few harmless remedies. No; in medical practice there will always be room for the "*ferum*" and the "*ignis*" as well as for the "*medicina*," and there a strictly regular, unmodified psychoanalysis, which is not afraid to handle the most dangerous forces in the mind and set them to work for the benefit of the patient, will be found indispensable.