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THE LANGUAGE OF PSYCHO-ANALYSIS

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Distortion

- (5) FREUD, S. *The Interpretation of Dreams* (1900a): a) Cf. G.W., II-III, 187; S.E., IV, 180-81. b) G.W., II-III, 311; S.E., IV, 306. c) G.W., II-III, 314; S.E., IV, 308.
 (6) FREUD, S. *On Dreams* (1901a), G.W., II-III, 667; S.E., V, 655.
 (7) FREUD, S. 'The Unconscious' (1915c), G.W., X, 285; S.E., XIV, 186.
 (8) Cf., for example, JACOBSON, R. 'Two Aspects of Language and Two Types of Aphasic Disturbances', in *The Fundamentals of Language* (The Hague: Mouton, 1956), 81.
 (9) Cf. LACAN, J. 'L'instance de la lettre dans l'inconscient ou la raison depuis Freud', *La Psychanalyse*, 1957, III, 47-81. Reprinted in LACAN, J. *Écrits* (Paris: Seuil, 1966). English translation: 'The Instance of the Letter', *Yale French Studies*, 1966, 36-37, 112-47; reprinted in EHRMANN, J. (ed.) *Structuralism* (New York: Doubleday Anchor Books, 1970).

Distortion

= D.: Enstellung - Es.: deformación - Fr.: déformation - I.: deformazione - P.: deformação.

Overall effect of the dream-work: the latent thoughts are transformed into a manifest formation in which they are not easily recognisable. They are not only transformed, as it were, into another key, but they are also distorted in such a fashion that only an effort of interpretation* can reconstitute them.

For this concept, the reader is referred to the entries 'Dream-Work', 'Manifest Content' and 'Latent Content'.

Dream Screen

= D.: Traumhintergrund, -Es.: pantalla del sueño, -Fr.: écran du rêve, -I.: schermo del sogno, -P.: tela de sonho.

Concept introduced by B. D. Lewin (1): every dream is said to be projected on to a blank screen, generally unperceived by the dreamer, which symbolises the mother's breast as hallucinated by the infant during the sleep which follows feeding; the screen satisfies the wish for sleep. In certain dreams (blank dreams) the screen appears by itself, thus achieving a regression to primary narcissism.

- (1) LEWIN, B. D. 'Sleep, the Mouth and the Dream Screen', *P.Q.*, 1946, XV, 'Inferences from the Dream Screen', *J.J.P.*, 1948, XXIX, 4; 'Sleep, Narcissistic Neurosis and the Analytic Situation', *P.Q.*, 1954, IV.

Dream-Work

= D.: Traumarbeit, -Es.: trabajo del sueño, -Fr.: travail du rêve, -I.: lavoro del sogno, -P.: trabalho or labor do sonho.

The whole of the operations which transform the raw materials of the dream-hodily stimuli, day's residues*, dream-thoughts* - so as to produce the manifest dream. Distortion* is the result of dream-work.

At the end of Chapter VI of *The Interpretation of Dreams* (1900a), Freud writes: 'Two separate functions may be distinguished in mental activity during the construction of a dream: the production of the dream-thoughts, and their transformation into the [manifest] content of the dream' (1a). It is this second operation, constituting the dream-work proper, whose four mechanisms Freud analysed: *Verdichtung* (condensation*), *Verschiebung* (displacement*), *Rücksicht auf Darstellbarkeit* (considerations of representability*) and *sekundäre Bearbeitung* (secondary revision*).
 Freud maintains two complementary theses regarding the nature of the dream-work:

a. It is absolutely not creative and is restricted to the transformation of the material.

b. It is the dream-work, however, and not the latent content*, which constitutes the essence of the dream.

The thesis of the non-creative character of dreaming implies, for instance, that 'everything that appears in dreams as the ostensible activity of the function of judgement [calculations, argumentations] is to be regarded not as the intellectual achievement of the dream-work but as belonging to the material of the dream-thoughts' (1b). The dream-thoughts present themselves to the dream-work as material, while the dream-work 'is under some kind of necessity to combine all the sources which have acted as stimuli for the dream into a single unity' (1c).

As for the second thesis, which maintains that the dream is, in essence, the work that it carries out, this is stressed by Freud in his 'Remarks on the Theory and Practice of Dream-Interpretation' (1923c) (2), where he warns analysts against an excessive respect for a 'mysterious unconscious'. The same idea is noticeable in various notes added to *The Interpretation of Dreams* which constitute a sort of call to order. For example: 'It has long been the habit to regard dreams as identical with their manifest content; but we must now beware equally of the mistake of confusing dreams with latent dream-thoughts' (1d).

- (1) FREUD, S. a) G.W., II-III, 510; S.E., V, 506. b) G.W., II-III, 447; S.E., V, 445. c) G.W., II-III, 185; S.E., IV, 179. d) G.W., II-III, 585, n. 1; S.E., V, 579, n. 1.
 (2) Cf. FREUD, S., G.W., XIII, 304; S.E., XIX, 111-12.

Wish (Desire)

according to the laws of the primary process. Psycho-analysis, taking dreams as its model, has shown how wishes, in the form of compromises, may be identified in symptoms.

Any general theory of man is bound to contain ideas too fundamental to be circumscribed; this is no doubt true of desire in the Freudian doctrine. We shall confine our remarks here to terminology.

I. It should be noted first of all that the word 'desire' does not have the same connotations as the German *'Wunsch'*, which corresponds to 'wish'; German evokes the notion of desire by using *'Begehrde'* or *'Lust'*. [Translator's note: French psycho-analysis uses *'désir'* for all these words, though its connotations are similar to those of its English cognate. I have rendered it by 'desire' wherever this seemed more appropriate than 'wish'].

II. Freud's sense of *'Wunsch'* receives its clearest elucidation in the theory of dreams, where it is possible to distinguish it from a certain number of closely related concepts.

His most thorough definition refers to the experience of satisfaction (q.v.), after which the mnemonic image of a particular perception 'remains associated [...] with the memory-trace of the excitation produced by the need. As a result of the link that has thus been established, next time this need arises a psychical impulse will at once emerge which will seek to re-catch the mnemonic image of the perception and to re-evolve the perception itself, that is to say, to re-establish the situation and the original satisfaction. An impulse of this kind is what we call a wish; the reappearance of the perception is the fulfilment of the wish' (1a). Such a definition invites the following comments:

a. Freud does not identify need with desire: need, which derives from a state of internal tension, achieves satisfaction (*Befriedigung*) through the specific action* which procures the adequate object (e.g. food). Wishes, on the other hand, are indissolubly bound to 'memory-traces', and they are fulfilled (*Erfüllung*) through the hallucinatory reproduction of the perceptions which have become the signs of this satisfaction (see 'Perceptual Identity/Thought-Identity'). This distinction is not always reflected so clearly in Freud's use of terms, however: the compound *'Wunschbefriedigung'* is met with in some texts.

b. The search for the object in the real world is entirely governed by this relationship with signs. It is the organisation of these signs which constitutes phantasy*—that correlate of desire.

c. The Freudian conception of desire refers above all to unconscious wishes, bound to indestructible infantile signs. It is notable, however, that Freud does not always use the word 'wish' in as strict a sense as that laid down in the definition quoted above: he talks of the wish to sleep, of preconscious wishes, and he even goes so far, on occasion, as to express the outcome of the conflict as a compromise between 'two opposing wishes, arising each from a different psychical system' (1b).

* * *

Jacques Lacan has attempted to re-orientate Freud's doctrine around the notion of desire, and to replace this notion in the forefront of analytic theory.

Wish-Fulfilment

This perspective has led Lacan to distinguish desire from concepts with which it is often confused, such as need and demand. Need is directed towards a specific object and is satisfied by it. Demands are formulated and addressed to others; where they are still aimed at an object, this is not essential to them, since the articulated demand is essentially a demand for love.

Desire appears in the rift which separates need and demand; it cannot be reduced to need since, by definition, it is not a relation to a real object independent of the subject but a relation to phantasy; nor can it be reduced to demand, in that it seeks to impose itself without taking the language or the unconscious of the other into account, and insists upon absolute recognition from him.

(1) FREUD, S. *The Interpretation of Dreams* (1900a): a) G.W., II-III, 571; S.E., V, 565-66. b) G.W., II-III, 575; S.E., V, 569.

(2) Cf. LACAN, J. 'Les formations de l'inconscient', *comptes-rendus of seminars*, 1957-58, by PONTALIS, J.-B., in *Bulletin de Psychologie*, 1958, XI, 4/5; XII, 2/3; XII, 4.

Wish-Fulfilment

= D.: Wunschbefriedigung.—Es.: realización de deseo.—Fr.: accomplissement de désir.—
I.: apagamiento di desiderio.—P.: realização de desejo.

A psychological formation in which the wish seems to the imagination to have been realised. The products of the unconscious—dreams, symptoms, and above all phantasies—are all wish-fulfillments wherein the wish is to be found expressed in a more or less disguised form.

This is not the place to set forth the psycho-analytic theory of dreams, but it will be recalled that the fundamental postulate of this theory, when it first became clear to Freud, was the earliest intimation of the discovery that he was on the point of making (a); this postulate is that *dreams are the fulfilments of wishes*. Freud's purpose in *The Interpretation of Dreams* (1900a) is to establish the universal applicability of this hypothesis and to demonstrate its validity in all those cases, such as anxiety-dreams and punishment-dreams, which appear on first inspection to constitute exceptions to the rule. Note that in *Beyond the Pleasure Principle* (1920g) the problem of the dream-repetition of the original accident in traumatic neurosis* was to lead Freud to question the dream's wish-fulfilling function and to assign it a more primitive role (1) (see 'Repetition Compulsion' and 'Binding').

Freud had no hesitation in recognising the analogy between dreams and symptoms: he refers to it as early as 1895 (2a), and after *The Interpretation of Dreams* he realised its full implications. Consider for instance the following remarks addressed to Fliess: 'My last generalisation has held good and seems inclined to grow to an unpredictable extent. It is not only dreams which are wish-fulfillments but hysterical attacks as well. This is true of hysterical

Instincts of Self-Preservation

= D.: Selbsterhaltungstrieb; -Es.: instintos de autoconservação. -
Fr.: pulsions d'auto-conservation; -I.: istinti or pulsioni d'autoconservazione. -
P.: impulsos or pulsaões de autoconservação.

Term by which Freud designates all needs associated with bodily functions necessary for the preservation of the individual; hunger provides the model of such instincts. Within the framework of his first theory of the instincts Freud opposes the instincts of self-preservation to the sexual instincts.

Although this term makes its first appearance in Freud's work only in 1910, the notion of opposing another type of instinct to the sexual one dates back further. It is in fact implicit in what Freud has to say, beginning with *Three Essays on the Theory of Sexuality* (1905d), about the anaclitic relationship of sexuality to other somatic functions (see 'Anaclisis'). At the oral level, for instance, sexual pleasure rests upon the activity of taking nourishment: 'The satisfaction of the erogenic zone is associated, in the first instance, with the satisfaction of the need for nourishment' (1a). In the same context Freud also speaks of a 'nutritional instinct' (1b).

In 1910 Freud proposed the distinction that was to remain central to his first instinct theory: '... a quite specially important part is played by the undeniable opposition between the instincts which subserve sexuality, the attainment of sexual pleasure, and those other instincts, which have as their aim the self-preservation of the individual—the ego-instincts. As the poet has said, all the organic instincts that operate in our mind may be classified as "hunger" or "love"' (2). This antithesis has two aspects, which Freud brings out together in the writings of this period: the anaclitic relationship of the sexual instincts to the self-preservative ones, and the decisive role of the antagonism between them in the psychological conflict*. This double aspect is evident, for example, in hysterical disturbances of vision; a sole organ, the eye, is the basis of two distinct types of instinctual activity; should conflict develop between them, it also becomes the locus of the symptom.

As regards the question of *anaclisis*, the reader is referred to our commentary on this term. As to the way in which the two great classes of instincts come to confront one another in the defensive conflict, one of Freud's most explicit passages appears in 'Formulations on the Two Principles of Mental Functioning' (1911b). The ego-instincts, since they can only be satisfied by a real object, very quickly make the transition from the pleasure principle to the reality principle, until a point is reached where they become the agents of reality and so stand opposed to the sexual instincts which, being able to achieve satisfaction in a phantasy mode, have remained longer under the exclusive sway of the pleasure principle: 'An essential part of the psychological predisposition to neurosis [...] lies in the delay in educating the sexual instincts to pay regard to reality' (3).

This view of the matter is summed up in the idea, occasionally voiced by Freud, that the conflict between sexual and self-preservative instincts can

provide a key to the understanding of the transference neuroses* (on this point see our commentary on 'Ego-Instincts').

Freud never made any great effort to present an overall exposition of the different varieties of self-preservative instincts; he generally speaks of them generically or else extrapolates from the special case of hunger. He nonetheless appears to admit the existence of numerous such instincts—as many, in fact, as there are great organic functions (nutrition, defecation, micturition, muscular activity, vision, etc.).

The Freudian antithesis between sexual and self-preservative instincts may raise doubts about the legitimacy of using the one term '*Trieb*' for both categories. It should be noted first of all that when Freud deals with instinct in general he is actually referring, more or less explicitly, to the sexual instinct alone: for instance, he attributes to instinct in general such characteristics as variability of aim and contingency of object. For the self-preservative instincts, however, the paths of access to reality are ready-formed, while the satisfying object is determined from the start; to use a phrase of Max Scheler's, the hunger of the infant at the breast implies an 'intuition of the value food' (4). As is shown by Freud's conception of the anaclitic type of object-choice*, it is the self-preservative instincts which lead sexuality to the object. No doubt it was this distinction that prompted Freud on several occasions to use the term 'need' (*Bedürfnis*) as a designation for self-preservative instincts (5a). In this connection one cannot but stress the artificiality of attempts to establish a strict parallelism, genetically speaking, between the self-preservative functions and the sexual instincts, on the grounds that both are equally subject to begin with to the pleasure principle, before gradually coming under the dominion of the reality principle. In fact the self-preservative functions ought instead to be assigned to the side of the reality principle from the start, and the sexual instincts to the side of the pleasure principle.

Freud's successive revisions of the theory of the instincts caused him to shift the location of the self-preservative functions. In the first place, it is noteworthy that in these attempts at reclassification the hitherto interchangeable concepts of ego-instincts and self-preservative instincts undergo transformations that are not altogether identical. As regards the question of the ego-instincts—the question, in other words, of the nature of the instinctual energy that is placed at the service of the agency of the ego—the reader is referred to our commentaries on 'Ego-Instincts', 'Ego-Libido/Object-Libido' and 'Ego'. Confining ourselves to the self-preservative instincts, we may say—schematically—that:

a. With the introduction of narcissism* (1915), these instincts remain opposed to the sexual ones, despite the fact that the latter are now subdivided according to whether they are directed towards outside objects (object-libido) or on to the ego (ego-libido).

b. Between 1915 and 1920, when Freud makes an 'apparent approach to Jung's views' (5b) and is tempted to adopt an instinctual monism, the self-preservative instincts tend to be looked upon as a particular case of self-love or ego-libido.

c. After 1920 a new dualism is brought forward—that between death instincts*

Instinctual Component

and life instincts*. At first Freud hesitates (6a) as to the position of the self-preservation instincts in this scheme: he begins by classing them among the death instincts, asserting that they merely institute detours which express the fact that 'the organism wishes to die only in its own fashion' (6b); but he reverses this position immediately and treats the preservation of the individual as a particular instance of the work of the life instincts.

The subsequent writings uphold this second view of the matter: 'The contrast between the instincts of self-preservation and the preservation of the species, as well as the contrast between ego-love and object-love, fall within Eros' (7).

- (1) FREUD, S.: G.W., V, 82; S.E., VII, 181-82. b) G.W., V, 83; S.E., VII, 182.
- (2) FREUD, S.: 'The Psycho-Analytic View of Psychogenic Disturbances of Vision' (1910), G.W., VIII, 97-98; S.E., XI, 214.
- (3) FREUD, S., G.W., VIII, 235; S.E., XII, 223.
- (4) SCHELER, M.: *Wesen und Formen der Sympathie* (1913).
- (5) Cf. FREUD, S.: 'Two Encyclopaedia Articles' (1923a) (1922): a) G.W., XIII, 221; S.E., XVIII, 245. b) G.W., XIII, 231-32; S.E., XVIII, 257.
- (6) FREUD, S.: *Beyond the Pleasure Principle* (1920g): a) *passim*. b) G.W., XIII, 41; S.E., XVIII, 39.
- (7) FREUD, S.: *An Outline of Psycho-analysis* (1940a) [1938], G.W., XVII, 71; S.E., XXIII, 148.

Instinctual Component

= *D.*: Triebkomponente. - *Es.*: componente instintivo. - *Fr.*: composante pulsionnelle. - *I.*: componente di pulsione. - *P.*: componente impulsiva) or pulsional.

See 'Component Instinct'.

Instinctual Impulse

= *D.*: Triebregung. - *Es.*: impulso instintual. - *Fr.*: motion pulsionnelle. - *I.*: moto pulsionale or istintivo. - *P.*: movimento impulsivo or pulsional.

Term used by Freud to designate the instinct seen under its dynamic aspect, i.e. in so far as it takes on concrete and specific form in a determinate internal stimulus.

This term appears for the first time in 'Instincts and their Vicissitudes' (1915c), but the idea connoted is a very old one in Freud's work. Thus he means exactly the same thing when he speaks in the 'Project for a Scientific Psychology' (1950a [1895]) of endogenous stimuli (*endogene Reize*).

There is very little difference between 'Triebregung' and 'Trieb' (instinct*) - in fact Freud often uses the two interchangeably. A reading of all the relevant texts, however, does make a real distinction feasible here: the instinctual

Instinctual Representative (α)

impulse is the instinct in action, the instinct considered at the moment when it is set in motion by an organic change.

Thus Freud places the instinctual impulse on the same level as the instinct. When the instinct is conceived of as a biological modification - and consequently as deeper, strictly speaking, than the distinction between conscious and unconscious - then the same goes for the instinctual impulse: 'When we [...] speak of an unconscious instinctual impulse or of a repressed instinctual impulse, the looseness of phraseology is a harmless one. We can only mean an instinctual impulse the ideational representative of which is unconscious, for nothing else comes into consideration' (1).

It is worth noting that Freud uses 'Regung' in compound terms other than 'Triebregung', always with the same connotation of internal movement: for example, 'Wunschregung' (wishful impulse), 'Affektreegung' (affective impulse).

- (1) FREUD, S.: 'The Unconscious' (1915e), G.W., X, 276; S.E., XIV, 177.

Instinctual Representative (α)

= *D.*: Triebrepräsentanz (or Triebrepräsentant). -

Es.: representación or representante del instinto. - *Fr.*: représentant de la pulsion. -

I.: rappresentanza or rappresentante della pulsione. -

P.: representante do impulso or pulsional (da pulsão).

Term used by Freud to designate the elements or the process by means of which the instinct finds psychological expression. At times it is synonymous with 'ideational representative*', while at others its meaning is broadened so as to embrace the affect as well.

As a general rule Freud makes no distinction between the instinctual representative and the ideational one. In his description of the phases of repression*, the fate of the ideational representative is envisaged alone until another element of the psychological representative* has to be taken into account - namely, the quota of affect* (*Affektbetrag*), which 'corresponds to the instinct in so far as the latter has become detached from the idea and finds expression, proportionate to its quantity, in processes which are sensed as affects' (1a).

Alongside the ideational element in the instinctual representative, therefore, we also find a quantitative or affective factor. Freud does not, however, use a term 'affective representative', although one might well do so by analogy with 'ideational representative'.

The fate of the affective factor is nevertheless of cardinal importance for repression, whose 'motive and purpose', in fact, is 'nothing else than the avoidance of unpleasure. It follows that the vicissitude of the quota of affect belonging to the representative is far more important than the vicissitude of the idea' (1b).

It will be recalled that this 'vicissitude' may take a variety of forms: if the affect is preserved, it may be displaced on to another idea; alternatively, it may be transformed into another affect - especially anxiety; or again, it may be

suppressed (1c, 2a). But a suppression* of this kind, be it noted, is not a repression into the unconscious in the same sense as the one which affects the idea; in fact it is impossible, properly, to speak of an unconscious affect. What is loosely referred to in this way consists solely, in the system *Ucs.*, of a 'potential beginning' which is prevented from developing' (2b).

Strictly speaking, then, the instinct may be said to be represented by the affect only at the level of the system *Pcs.-Cs.*—or, in other words, at the level of the ego.

(4) In the interests of clarity we are devoting separate articles to three terms whose meaning is so nearly identical that in most Freudian texts they are used interchangeably: 'Instinctual Representative', 'Psychical Representative' and 'Ideational Representative'. The three articles are all concerned with a single concept, but we have chosen to give over each of our commentaries to the discussion of a particular point.

The present article recalls the respective functions assigned by Freud to the idea and the affect in so far as they represent the instinct. At the entry 'Psychical Representative' we have concentrated on defining what Freud means when he speaks of a 'representative' (of the somatic domain in the psychical one). Lastly, the article 'Ideational Representative' shows that the job of representing the instinct falls principally to the lot of the *idea* (*Vorstellung*).

Further, the articles 'Idea' and 'Thing-Presentation/Word-Presentation' deal with aspects of the same conceptual framework.

(1) FREUD, S. 'Repression' (1915d): a) G.W., X, 255; S.E., XIV, 152. b) G.W., X, 256; S.E., XIV, 153. c) Cf. G.W., X, 255–56; S.E., XIV, 153.

(2) FREUD, S. 'The Unconscious' (1915e): a) Cf. G.W., X, 276–77; S.E., XIV, 178. b) G.W., X, 277; S.E., XIV, 178.

Intellectualisation

— D.: Intellektualisierung. — Fr.: intellectualization. — I.: intellectualizzazione. — P.: intelectualizaçào.

Process whereby the subject, in order to master his conflicts and emotions, attempts to couch them in a discursive form.

The term usually has a pejorative ring to it: it denotes the preponderance, particularly during treatment, of abstract thought over the emergence and acknowledgement of affects and phantasies.

The term 'intellectualisation' is not met with in Freud's writings, and psycho-analytic literature as a whole contains few theoretical accounts of the process. Among the most explicit texts is Anna Freud's, which describes intellectualisation in the adolescent as a defence mechanism but looks upon it as the exacerbation of a normal process whereby the 'ego' attempts 'to lay hold on the instinctual processes by connecting them with ideas which can be dealt with in consciousness'; intellectualisation, according to this writer, constitutes 'one of the most general, earliest and most necessary acquisitions of the human ego' (1).

The term is used above all as a designation for a mode of resistance met with

in treatment. This is more or less patent but invariably constitutes a means of evading the implications of the fundamental rule*.

Thus a given patient will only present his problems in rational and general terms: faced with a choice in his love life, for example, he will hold forth on the relative merits of marriage and free love. Another subject, though describing his own history, character and conflicts accurately, will couch this description in a language of coherent reconstruction (a language he may even borrow from psycho-analysis): instead of talking of his relations with his father, he will mention his 'opposition to authority'. A subtler form of intellectualisation may be compared to what Karl Abraham described as early as 1919 in 'A Particular Form of Neurotic Resistance Against the Psycho-Analytic Method': certain patients seem, so far as the analysis is concerned, to be doing 'good work' and applying the rule; they offer memories, dreams, and even emotional experiences, yet everything suggests that what they say is preplanned and that they are attempting to behave like model subjects; by imposing their own interpretation they avoid possible intrusions of the unconscious or interventions by the analyst, both of which they look upon as dangerous threats.

A number of reservations should be made regarding the use of this term:

a. As our last example shows, it is not always easy to distinguish this mode of resistance from that necessary and fruitful time during which the subject formulates and assimilates discoveries that have been made and interpretations that have been put forward (see 'Working-Through').

b. The idea of intellectualisation harks back to a distinction inherited from the psychology of 'faculties'—namely the distinction between *intellectual* and *affective*. There is a danger of the criticism of intellectualisation leading to an overestimation of 'lived emotional experience' in the psycho-analytic cure, with the result that this cure may become indistinguishable from the cathartic method*. Fenchel puts these two diametrically opposed modes of resistance on a par with each other: in the first type of case, the resistance 'consists in the patient's always being reasonable and refusing to have any understanding for the logic of emotions', while in the second 'the patient floats continuously in unclear emotional experiences without getting the necessary distance and freedom' (2).

* * *

Intellectualisation is comparable to other mechanisms described by psycho-analysis, and particularly to rationalisation*. One of the main aims of intellectualisation is to keep the affects at arm's length and to neutralise them. In this respect, rationalisation has a different role: instead of implying a systematic avoidance of affects, it merely assigns them motives that are more plausible than true, justifying them in terms of what is rational or ideal (sadistic behaviour, for example, may be justified in wartime by an appeal to the necessity of fighting, to love for one's country, etc.).

(1) FREUD, A. *The Ego and the Mechanisms of Defence* (London: Hogarth Press, 1937; New York: I.U.P. 1946), 178.

(2) FENCHEL, C. *The Psychoanalytic Theory of Neurosis* (New York: Norton, 1945), 28.

The expressive system constituted by dreams has its own laws. It demands that all meanings, even the most abstract thoughts, be expressed through images. Speeches and words, according to Freud, enjoy no special privileges in this respect: their role in dreams is limited to that of meaningful elements and has no relation to the sense they might have in spoken language.

This condition has two consequences:

a. It means that 'of the various subsidiary thoughts attached to the essential dream-thoughts, those will be preferred which admit of visual representation' (1*d*). In particular, the logical connections between the dream-thoughts are eliminated or replaced more or less effectively by the forms of expression that Freud describes in *The Interpretation of Dreams* (1900*d*) (Chapter VI, Part C: 'The Means of Representation in Dreams').

b. It directs displacements towards pictorial substitutes. Thus the displacement of expressions (*Ausdrucksverschiebung*) can provide a bridge—a concrete word—between an abstract notion and a sensory image (for example, the replacement of the term of 'aristocrat' by that of 'highly placed'—which can be represented by a *high tower*).

This condition regulating the dream-work undoubtedly originates in 'regression'—regression at once topographical, formal and temporal. In regard to the an essentially visual character in the fabrication of dream images: '... the transformation of thoughts into visual images may be in part the result of the attraction which memories couched in visual form and eager for revival bring to bear upon thoughts cut off from consciousness and struggling to find expression. On this view a dream might be described as a *substitute for the infantile scene modified by being transferred on to a recent experience*. The infantile scene is unable to bring about its own revival and has to be content with returning as a dream' (1*b*).

(1) FREUD, S.: a) G.W., II-III, 349; S.E., V, 344. b) G.W., II-III, 551-52; S.E., V, 546.

Repression

= *D*: Verdrängung.—*Ex*: repression.—*Fr*: refoulement.—*I*: rimozione.—*P*: technique of recalcement.

I. Strictly speaking, an operation whereby the subject attempts to repel, or to confine to the unconscious, representations (thoughts, images, memories) which are bound to an instinct. Repression occurs when to satisfy an instinct—though likely to be pleasurable in itself—would incur the risk of provoking displeasure because of other requirements.

Repression is particularly manifest in hysteria, but it also plays a major part in other mental illnesses as well as in normal psychology. It may be looked upon as a universal mental process in so far as it lies at the root of the constitution of the unconscious as a domain separate from the rest of the psyche.

II. In a looser sense, the term 'repression' is sometimes used by Freud in a way

which approximates it to 'defence'. There are two reasons for this: first, the operation of repression in sense I constitutes one stage—to say the least—in many complex defensive processes (and Freud takes the part for the whole); secondly, the theoretical model of repression is used by Freud as the prototype of other defensive procedures.

A distinction between two senses of the term 'repression' appears to be unavoidable, a conclusion borne out by Freud's own remarks, made in 1926, on the subject of his use of 'repression' and 'defence': 'It will be an undoubted advantage, I think, to revert to the old concept of 'defence', provided we employ it explicitly as a general designation for all the techniques which the ego makes use of in conflicts which may lead to a neurosis, while we retain the word 'repression' for the special method of defence which the line of approach taken by our investigations made us better acquainted with in the first instance' (1).

In point of fact the development of Freud's views on the question of the relation between repression and defence does not correspond exactly to the picture of it put forward in these lines, and a number of comments are called for on the actual evolution of his attitude:

a. In texts prior to *The Interpretation of Dreams* (1900*d*) the terms 'repression' and 'defence' are used with comparable frequency. It is only on very rare occasions, however, that Freud employs them as if they were quite simply interchangeable. It would be wrong, moreover, to assert on the basis of Freud's subsequent testimony that the only mode of defence known to him during this early period was repression—as the mode of defence specific to hysteria—and that he thus treated the particular as the general. In the first place, he was quite able to specify the various psychoneuroses according to clearly differentiated modes of defence, which did not include repression. Thus in the two papers dealing with the neuro-psychoses of defence* (1894*d*; 1896*b*), it is the *conversion** of the affect which is seen as the defence mechanism of hysteria, and the transposition or displacement of the affect as that of obsessional neurosis, while in the case of psychosis Freud looks to such mechanisms as the simultaneous repudiation (*verwerfen*) of idea and affect, or projection. Furthermore, 'repression' is used to denote the fate of those ideas cut off from consciousness which constitute the nucleus of a separate psychical group—a process to be observed in obsessional neurosis as well as in hysteria (2).

Even if the concepts of defence and repression both extend beyond the context of any particular psychopathological condition, they clearly do not do so in the same manner. Defence is a *generic* concept from the start, and it designates a general tendency 'linked to the most fundamental conditions of the psychical mechanism (the law of constancy)' (3*d*). This trend may take normal forms as well as pathological ones. In the latter, it is expressed specifically in complex 'mechanisms' in which idea and affect are subject to different vicissitudes. It is true that repression too is universally present in the various illnesses, and that it is not merely a particular defence mechanism specific to hysteria, but this is because the different psychoneuroses all imply a separate unconscious (q.v.)—an unconscious of which repression is the *foundation*.

b. After 1900, the term 'defence' tends to be used less often, but it is far from

disappearing completely as Freud claimed – ‘repression’ (as I now began to say instead of ‘defence’)¹ (4) – and it preserves the same generic meaning. Freud continues to speak of ‘mechanisms of defence’, ‘defensive struggle’, etc.

As for ‘repression’, it never loses its *specificity* so as to become simply a comprehensive concept connoting all the defensive techniques used for dealing with psychological conflict. It is significant, for example, that in his treatment of ‘secondary defence’ – defence against the symptom itself – Freud never refers to it as secondary ‘repression’ (5). In the paper which he devoted to the notion of repression in 1915, it retains at bottom the meaning we have outlined above: ‘... the essence of repression lies simply in turning something away, and keeping it at a distance, from the conscious’ (6a). In this sense, repression is sometimes looked upon as a particular ‘defence mechanism’ – or rather as an ‘instinctual vicissitude’ – liable to be employed as a defence. It plays a major part in hysteria, while in obsessional neurosis it is embedded in a more complex defensive process (6b). One should not therefore argue – as the editors of the *Standard Edition* do (7) – that, since repression is described as present in several neuroses, ‘repression’ and ‘defence’ may therefore be treated as synonymous. The fact is that repression is to be met with in each condition as one moment of the defensive operation – and this in its precise sense of repression into the unconscious.

It is true, nonetheless, that the mechanism of repression studied by Freud in its different stages does constitute in his eyes a sort of prototype of other defensive operations. Thus in his account of the case of Schreber (1911c), while actually trying to isolate a defence mechanism specific to psychosis, he refers to the three phases of repression and exploits the opportunity to present his theory of this process. It is no doubt in such a text as this that the confusion between the concepts of repression and defence is at its greatest – and it is more than terminological confusion, for it gives rise to basic problems (see ‘Projection’).

c. Finally, it should not pass unnoticed that Freud, after subsuming repression under the category of the mechanisms of defence, wrote as follows in his commentary on Anna Freud’s book: ‘There was never any doubt that repression was not the only procedure which the ego could employ for its purposes. Nevertheless, repression is something quite peculiar and is more sharply differentiated from the other mechanisms than they are from each other’ (8).

* * *

‘The theory of repression is the cornerstone on which the whole structure of psycho-analysis rests’ (9). The term is already to be met with in Herbert (10) and some authors have suggested that Herbert’s work was known to Freud through Maynert (11). Be that as it may, it was as a clinical *datum* that repression imposed itself from Freud’s earliest treatment of hysterics onwards. Freud found that his patients did not have certain memories at their disposition, although these were perfectly vivid once they *had* been recalled: ‘... it was a question of things which the patient wished to forget, and therefore intentionally repressed from his conscious thought and inhibited and suppressed’ (12).

It is clear from this, the formative moment of the notion of repression, that it appeared from the beginning in correlation to the concept of the unconscious (in fact the word ‘repressed’ remained a synonym of ‘unconscious’ right up until the introduction of the idea of unconscious defences of the ego). As for the

qualification ‘intentionally’, Freud does not make it unreservedly even at this period (1895): the splitting of consciousness is only *initiated* by an intentional act. In fact the repressed contents escape the control of the subject and they are governed – as a ‘separate psychological group’ – by their own laws (the primary process²). A repressed idea itself constitutes a ‘nucleus of crystallization’ capable of attracting other incompatible ideas without the intervention of any conscious intention (13). To this extent the operation of repression itself bears the mark of the primary process. Indeed, this is what distinguishes it as a pathological form of defence as compared with a normal type of defence such as avoidance (3b). Lastly, repression is described from the outset as a dynamic operation implying the maintenance of an anticathexis³, and liable at any moment to be defeated by the strength of the unconscious wish which is striving to return into consciousness and motility (see ‘Return of the Repressed’, ‘Compromise-Formation’).

In the years 1911–15, Freud endeavoured to develop a detailed theory of repression by distinguishing different phases of the process. It should be noted in this connection, however, that this was not in fact his first theoretical elaboration of the matter. In our view, his *theory of seduction*⁴ must be looked upon as a first systematic attempt to account for repression – an attempt which is all the more interesting in that this mechanism is not described in isolation from its object *par excellence* – namely, sexuality.

In his article on ‘Repression’ (1915d), Freud makes a distinction between repression in a broad sense, comprising three phases, and in a more restricted sense which refers to the second phase taken alone. The first phase is a ‘primal repression’⁵, not directed against the instinct as such but against its signs or ‘representatives’, which are denied entrance to the conscious and to which the instinct remains fixated. In this way a first unconscious nucleus is formed which acts as a pole of attraction for the elements due to be repressed.

Repression proper (*egoentliche Verdrängung*) or ‘after-pressure’ (*Nachdrängen*) is therefore a dual process, in that it adds to this attraction a repulsion (*Abstoßung*) operating from the direction of a higher agency.

The third and last phase is the ‘return of the repressed’ in the guise of symptoms, dreams, parapraxes, etc. What does repression act upon? It must be emphasised that it acts neither upon the instinct⁶ (14d) which, in so far as it is organic, escapes the split between conscious and unconscious, nor upon the affect⁷. The affect may undergo various transformations as an indirect result of repression but it cannot become unconscious in any strict sense (14b) (see ‘Suppression’). It is only the ideational representatives⁸ of the instinct (ideas, images, etc.) that are repressed. These representative elements are bound to the primal repressed material, either because they originate from it or because they become connected with it fortuitously. The fate reserved for each one by repression is quite distinct and ‘highly individual’, according to its degree of distortion, its remoteness from the unconscious nucleus or its affective value.

* * *

The repressive operation may be viewed in the triple perspective of meta-psychology⁹:

First, from the *topographical*¹⁰ point of view: although repression is described

Resistance

in the first theory of the psychological apparatus as exclusion from consciousness, Freud does not identify consciousness and the repressing agency*; it is, rather, the *censorship** which provides a model here. In the second topography repression is held to be a defensive operation of the ego (partially unconscious). Secondly, from the *economic** point of view, repression implies a complex interplay of decathexes*, recathexes and anticathexes affecting the instinctual representatives.

Lastly, from the *dynamic** standpoint, the main question is that of the *motives* for repression: how does it come about that an instinct—whose satisfaction must by definition engender pleasure—occasions instead such displeasure that the repressive operation is triggered off? (On this point, see 'Defence'.)

- (1) FREUD, S. *Inhibitions, Symptoms and Anxiety* (1926d), G.W., XIV, 195; S.E., XX, 163.
- (2) Cf., for example, FREUD, S. 'The Neuro-Psychoses of Defence' (1894d), G.W., I, 68-69; S.E., III, 54-55.
- (3) FREUD, S.: a) *Abf.*, 157; S.E., I, 221. b) *Abf.*, 431-32; S.E., I, 409-10.
- (4) FREUD, S. 'My Views on the Part Played by Sexuality in the Aetiology of the Neuroses' (1906a [1905]), G.W., V, 156; S.E., VII, 276.
- (5) Cf. FREUD, S. 'Notes upon a Case of Obsessional Neurosis' (1909d), G.W., VII, 441-42; S.E., X, 224-25.
- (6) FREUD, S. 'Repression' (1915d): a) G.W., X, 250; S.E., XIV, 147. b) G.W., X, 259-61; S.E., XIV, 156-58.
- (7) Cf. S.E., XIV, 144.
- (8) FREUD, S. 'Analysis Terminable and Interminable' (1937c), G.W., XVI, 81; S.E., XXIII, 236.
- (9) FREUD, S. 'On the History of the Psycho-Analytic Movement' (1914d), G.W., X, 54; S.E., XIV, 16.
- (10) Cf. HERNART, J. F. *Psychiologie als Wissenschaft* (1824), 341; and *Lehrbuch zur Psychiologie* (1806), in *Samtliche Werke*, V, 19.
- (11) Cf. JONES, E. *Sigmund Freud*, II, 309; and ANDERSSON, O. *Studies in the Prehistory of Psycho-analysis* (Norstedts: Svenska Bokförlaget, 1962), 116-17. Another edn.: New York: Humanities Press, 1962.
- (12) BREUER, J. and FREUD, S. 'On the Psychological Mechanism of Hysterical Phenomena: Preliminary Communication' (1893a), in *Studies on Hysteria* (1895d), G.W., I, 89; S.E., II, 10.
- (13) Cf. FREUD, S. *Studies on Hysteria* (1895d), G.W., I, 182; S.E., II, 123.
- (14) Cf. FREUD, S. 'The Unconscious' (1915e): a) G.W., X, 275-76; S.E., XIV 177 b) G.W., X, 276-77; S.E., XIV, 177-78.

Resistance

= D.: Widerstand. -Es.: resistencia. -Fr.: résistance. -I.: resistenza. -P.: resistencia.

In psycho-analytic treatment the name 'resistance' is given to everything in the words and actions of the analysand that obstructs his gaining access to his unconscious. By extension, Freud spoke of *resistance to psycho-analysis* when referring to a hostile attitude towards his discoveries in so far as they exposed unconscious desires and inflicted a 'psychological blow' upon man (α).

The concept of resistance was introduced by Freud very early on; it may be said to have played a decisive part in the foundation of psycho-analysis. In fact

Resistance

hypnosis and suggestion were rejected essentially because the passive resistance that certain patients set up against them seemed to Freud at once legitimate (β) and impossible to overcome or to interpret (γ) by such methods. Psychoanalysis, by contrast, made it possible to achieve these aims in that it permitted the gradual bringing to light of the resistances, which are expressed particularly by the different ways in which the patient breaks the fundamental rule*. A first inventory of the various forms of resistance—some manifest, some concealed—is to be found in the *Studies on Hysteria* (1895d) (1a).

Resistance was first discovered as an obstacle to the elucidation of the symptoms and to the progress of the treatment; it is the resistance that 'finally brings work to a halt' (2a, δ). To start with, Freud tried to overcome this obstacle by insistence (application of a countervailing force to the resistance) and persuasion, but then he realised that resistance was itself a means of reaching the repressed and unveiling the secret of neurosis; in fact the forces to be seen at work in resistance and in repression were one and the same. In this sense—as Freud stresses in his technical writings—all progress made in analytic technique may be summed up as the increasingly accurate evaluation of the resistance—that is, of the clinical fact that conveying the meaning of his symptoms to the patient does not suffice to eliminate the repression. As we know, Freud held steadfastly to the view that the interpretation of resistance, along with that of the transference*, constituted the specific characteristics of his technique. What is more, he considers that the transference is to be looked upon as in part a resistance itself, in that it substitutes acted-out repetition for verbalised recollection; it must be borne in mind, however, that although resistance may make use of the transference it does not constitute it.

Freud's views regarding the explanation of the resistance phenomenon are harder to ascertain. In the *Studies on Hysteria* he forms the following hypothesis: memories may be considered as grouped, according to their degree of resistance, in concentric layers around a central pathogenic nucleus; in the course of treatment, therefore, each time the frontier is crossed between one circle and the next nearest the nucleus, the resistance increases correspondingly (1b). From this period on, Freud treats resistance as a manifestation, specific to the treatment and to the recollection this requires, of that same force which the ego directs against unpleasurable ideas. He seems, however, to see the ultimate source of resistance in a repelling force derived from the repressed and particularly in gaining the subject's full acceptance. We are here faced therefore with two kinds of explanation: according to one, the resistance is governed by its distance from the repressed; according to the other, it is equivalent to a defensive function. This ambiguity subsists in Freud's writings on technique.

With the advent of the second topography, however, the emphasis shifts to the defensive aspect of the resistance; such defence, as several texts make clear, offers no resistance whatever to the efforts of the treatment. Indeed, it itself has no other endeavour than to break through the pressure weighing down on it and force its way either to consciousness or to a discharge through some real action. Resistance during treatment arises from the same higher strata and systems of the mind which originally carried out repression' (3).

The discovery of psycho-analysis is intimately bound up with the personal exploration that Freud undertook of himself (see 'Self-Analysis'). It seemed to Freud right from the start that to practise analysis successfully one must be armed with a knowledge of one's own unconscious. At the 1910 Nuremberg Congress he maintained that what he called a 'self-analysis' was an indispensable requirement if the physician was to 'recognise [he] counter-transference in himself and overcome it' (1). It is not possible, however, to be sure from the term Freud used on this occasion - '*Selbstanalyse*' - whether he meant a true self-analysis or an analysis conducted by another person. The context would seem to suggest the former meaning, but according to Otto Rank's report of the Congress (2) Freud was certainly also envisaging the institution of the training analysis. At all events, it would seem that at this date the nature of the training analysis as distinct from a self-analysis was not yet clear to Freud.

The formative value of a personal analysis is more clearly acknowledged in Freud's 'Recommendations to Physicians Practising Psycho-Analysis' (1912e). Such an analysis is here brought into relation with the theory that the analyst 'must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient' (3a). In order to do this, the analyst must be able to communicate more freely with his own unconscious (see 'Attention'), and this is precisely what the training analysis aims to facilitate. Freud praises the Zurich school for their stress on 'the demand that everyone who wishes to carry out analyses on other people shall first himself undergo an analysis by someone with expert knowledge' (3b).

It was in 1922, at the Congress of the International Psycho-Analytical Association, two years after the foundation of the Berlin Institute of Psycho-Analysis, that a training analysis was made obligatory for every would-be analyst. Ferenczi apparently contributed the most to bringing out the value of the training analysis, which in his eyes constitutes the 'second fundamental rule of psycho-analysis' (4). For Ferenczi the training analysis is no less thoroughgoing, no less profound than therapeutic analysis: 'To stand firm against this general assault by the patient the analyst requires to have been fully and completely analysed himself. I mention this because it is often held to be sufficient if a candidate spends, say, a year gaining acquaintance with the principal mechanisms in his so-called training analysis. His further development is left to what he learns in the course of his own experience. I have often stated on previous occasions that in principle I can admit no difference between a therapeutic and a training analysis, and I now wish to supplement this by suggesting that, while every case undertaken for therapeutic reasons need not be carried to the depth we mean when we talk of a complete ending of the analysis, the analyst himself, on whom the fate of so many other people depends, must know and be in control of even the most recondite weaknesses of his own character; and this is indispensable without a fully completed analysis' (5).

The requirements formulated by Ferenczi are very generally accepted today (a): they tend to make the personal analysis of the future psycho-analyst into a procedure in which the acquisition of knowledge through experience takes second place - in fact to speak of 'training' is to lay unjustified emphasis on this aspect.

A problem at once theoretical and practical is inherent to the notion itself

and to the institutionalisation of the training analysis: how can an analysis be directed from the outset towards a specific goal, towards such a preconceived 'purposive idea' as the derivation, from an instituted procedure in which the training analyst's assessment plays an important part, of the capacity to exercise the profession? This question is the subject of ongoing debate within the psycho-analytical movement (6).

(a) Freud himself adopted a rather reserved position on the possibilities held out by the training analysis: In 'Analysis Terminable and Interminable' (1937e), he holds to the view that 'for practical reasons' such an analysis 'can only be short and incomplete. Its main object is to enable the teacher to make a judgement as to whether the candidate can be accepted for further training. It has accomplished its purpose if it gives the learner a firm conviction of the existence of the unconscious, if it enables him, when repressed material emerges, to perceive in himself things which would otherwise be incredible to him, and if it shows him a first sampling of the technique which has proved to be the only effective one in psycho-analytic work' (6).

(b) For the problems posed by analytic training and their history in the movement, see especially Balint, 'On the Psycho-Analytic Training System' (7).

(1) FREUD, S. 'The Future Prospects of Psycho-Analytic Therapy' (1910d), G.W., VIII, 108; S.E., XI, 144-45.

(2) Cited by KOVACS, B. 'Training and Control Analysis', *I.J.P.*, 1936, XVII, 346-54.

(3) FREUD, S.: a) G.W., VIII, 381; S.E., XII, 115. b) G.W., VIII, 382; S.E., XII, 116.

(4) FERENCZI, S. 'Die Elastizität der psychoanalytischen Technik', *Intern. Zeit. für Psychoanalyse*, 1928, XIV, in *Final Contributions*, 88-89.

(5) FERENCZI, S. 'Das Problem der Beendigung der Analyse' (1928). In *Final Contributions*, 83-84.

(6) FREUD, S., G.W., XVI, 94-95; S.E., XXIII, 248.

(7) BALINT, M., *I.J.P.*, 1948, 29, 163-73.

Transference

= D.: Übertragung. - Fr.: transference. - It.: traslazione or transfert. - P.: transferencia.

For psycho-analysis, a process of actualisation of unconscious wishes. Transference uses specific objects and operates in the framework of a specific relationship established with these objects. Its context *par excellence* is the analytic situation. In the transference, infantile prototypes re-emerge and are experienced with a strong sensation of immediacy.

As a rule what psycho-analysts mean by the unqualified use of the term 'transference' is *transference during treatment*.

Classically, the transference is acknowledged to be the terrain on which all the basic problems of a given analysis play themselves out: the establishment, modalities, interpretation and resolution of the transference are in fact what define the cure.

The use of the term 'transference' has on the whole been confined to psycho-analysis, and it should not be confused with the various psychological uses of 'transfer' (1).

* * *

The reason it is so difficult to propose a definition of transference is that for many authors the notion has taken on a very broad extension, even coming to connote all the phenomena which constitute the patient's relationship with the psycho-analyst. As a result the concept is burdened down more than any other with each analyst's particular views on the treatment—on its objective, dynamics, tactics, scope, etc. The question of the transference is thus beset by a whole series of difficulties which have been the subject of debate in classical psycho-analysis:

- a. As regards the specificity of the transference to the analysis: does not the analytic situation, given the strictness and constancy of its conditions, merely offer an especially favourable ground for the emergence and the observation of phenomena that are actually present elsewhere?
- b. As regards the relations between the transference and reality: when we have to decide whether a particular phenomenon occurring during the treatment is adapted to reality or not, whether it indicates transference or not, what help can we get from so controversial a notion as 'deraisit' or 'unrealistic', or from an idea as hard to tie down as the reality of the analytic situation?
- c. As regards the *function* of the transference in treatment: what is the therapeutic value of remembering and lived-out repetition, respectively?
- d. As regards the nature of *what is transferred*: are we concerned with behaviour patterns, with types of object-relation, with positive or negative feelings, with affects, with libidinal cathexis, with phantasies, with a whole *imago* or with a specific trait of an *imago*—or even with 'agencies' in the sense this term has in the final theory of the psychical apparatus*?

* * *

The encounter with the signs of transference in psycho-analysis—an event whose strangeness Freud never tired of emphasising (2)—was what cleared the way for the recognition of the operation of this process in *other* situations, whether as the actual foundation of the type of relationship concerned (hypnosis, suggestion), or as a factor in the relationship with an importance to be evaluated in each case (primarily the relation between doctor and patient, but also those between teacher and pupil, confessor and penitent, etc.). Similarly, among the developments immediately preceding the invention of analysis, transference had displayed its far-reaching effects in the case of Anna O., whom Breuer treated by the 'cathartic method', long before the therapist could either identify the process or—most importantly—make use of it (2). Furthermore, there is a discrepancy in the development of the concept of transference in Freud's work between his stated views and his actual experience—an inconsistency whose unfortunate consequences he himself suffered, as he noted apropos of the case of 'Dora'. So anyone wishing to trace the evolution of this concept must be ready to extrapolate—to recognise the action of the transference in those case-histories left to us by Freud by reading between the lines.

* * *

When Freud speaks of 'transference' or 'transference thoughts' in connection with dreams, he is referring to a mode of *displacement** in which the unconscious wish is expressed in masked form through the material furnished by the pre-

conscious residues* of the day before (3*d*). All the same, it would be mistaken to treat the process described here as distinct from the mechanism Freud postulated to account for his experiences in treatment: '... an unconscious idea is as such quite incapable of entering the preconscious and [...] it can only exercise any effect there by establishing a connection with an idea which already belongs to the preconscious, by transferring its intensity on to it and by getting itself "covered" by it. Here we have the fact of "transference", which provides an explanation of so many striking phenomena of the mental life of neurotics' (3*b*). In the *Studies on Hysteria* (1895*d*), Freud had described in similar terms cases where the patient transfers unconscious ideas on to the person of his physician: 'The content of the wish had appeared first of all in the patient's consciousness without any memories of the surrounding circumstances which would have assigned it to a past time. The wish which was present was then, owing to the compulsion to associate which was dominant in her consciousness, linked to my person, with which the patient was legitimately concerned; and as the result of this *mésalliance*—which I describe as a "false connection"—the same affect was provoked which had forced the patient long before to repudiate this forbidden wish' (4*d*).

To begin with, Freud looks upon transference—theoretically at any rate—as just a particular instance of displacement of affect from one idea to another. If the idea of the analyst enjoys a special status this is, first, because it constitutes a type of 'day's residue' that is always available to the subject; and secondly, because this kind of transference aids resistance* in that it is particularly hard to admit the repressed wish when this acknowledgement has to be made to the very person the wish concerns (4*b*, 5*c*). It is clear too that at this period Freud considers transference to be a highly localised phenomenon. Each transference is to be treated like any other symptom (4*c*), the aim being to keep up or restore a therapeutic relationship based on a trusting cooperation. Among other factors contributing to such a relationship, Freud names the personal influence of the doctor (4*d*) without in any way relating this to transference.

It would therefore seem that transference as initially described by Freud is not an essential part of the therapeutic relationship. This view is confirmed even by Freud's account of the case of 'Dora', notwithstanding the clearly major part played in it by the transference: in the critical commentary added to the *résumé* of his clinical notes, Freud goes so far as to blame the premature curtailment of Dora's treatment on a faulty interpretation of the transference. Numerous turns of phrase reveal that Freud does not look upon the treatment as a whole, in its structure and dynamics, as a transference relationship: 'What are transferences? They are new editions or facsimiles of the impulses and phantasies which are aroused and made conscious during the progress of the analysis; but they have this peculiarity, which is characteristic for their species, that they replace some earlier person by the person of the physician' (6). Freud remarks that these transferences (note the plural) do not differ in nature whether they are directed towards the analyst or towards some other person, and further that they do not constitute aids to cure except in so far as they are explicated and 'destroyed' one by one.

The gradual incorporation of the discovery of the Oedipus complex* was bound to affect the way Freud viewed the transference. As early as 1909 Ferenczi

had shown how in analysis—as also in the earlier techniques of suggestion and hypnosis—the patient unconsciously made the doctor play the role of loved or feared parental figures (7). In his first general exposition of transference (1912b), Freud stresses that it is connected with ‘prototypes’ or ‘imagos’ (chiefly the imago of the father, but also of the mother, brother, etc.): the doctor is inserted ‘into one of the psychological “series” which the patient has already formed’ (5b).

Freud reveals how it is the subject’s relationship to parental figures that is once again lived out in the transference—a relationship still characterised, notably, by instinctual ambivalence*: ‘... it was only along the painful road of transference that [the Rat Man] was able to reach a conviction that his relation to his father really necessitated the postulation of this unconscious complement’ (8). In this context Freud distinguishes between two kinds of transference—one positive, the other negative: a transference of affectionate feelings and a transference of hostile ones (β). The kinship between these terms and the ‘positive’ and ‘negative’ components of the Oedipus complex should be noted.

This extension of the notion of transference so that it becomes a process structuring the whole treatment around prototypical infantile conflicts culminates with Freud’s introduction of a new concept—that of transference neurosis*: ‘... we regularly succeed in giving all the symptoms of the illness a new transference meaning and in replacing the patient’s ordinary neurosis by a “transference-neurosis” of which he can be cured by the therapeutic work’ (9).

* * *

As for its *function in the treatment*, Freud at first classes transference, in the most explicit fashion, among the ‘obstacles’ which impede the remembering of the repressed material (4e). But—also from the outset—he indicates that its occurrence is frequent if not general: ‘We can [...] reckon on meeting it in every comparatively serious analysis’ (4f). Similarly, Freud establishes at this point in his thinking that the mechanism of transference on to the person of the physician is triggered off precisely at the moment when particularly important repressed contents are in danger of being revealed. Seen in this light, transference appears as a form of resistance, while at the same time testifying to the proximity of the unconscious conflict. Thus, right from the start, Freud ran up against the essential contradiction of transference—the reason for the great divergence in his formulations regarding its function: transference in one sense—seen in relation to verbalised recollection—is ‘transference-resistance’ (*Überragungs widerstand*). Yet in another sense, inasmuch as it offers a superlative way for the subject as for the analyst to grasp the elements of the infantile conflict *in vitro* and *in statu nascendi*, the transference becomes the terrain upon which the patient’s unique set of problems is played out with an ineluctable immediacy, the area where the subject finds himself face to face with the existence, the permanence and the force of his unconscious wishes and phantasies: ‘It is on that field that the victory must be won [...]’. It cannot be disputed that controlling the phenomena of transference presents the psycho-analyst with the greatest difficulties. But it should not be forgotten that it is precisely they that do us the inestimable service of making the patient’s hidden and forgotten erotic impulses immediate and manifest. For when all is said and done, it is impossible to destroy anyone *in absentia* or *in effigie*’ (5c).

Irresistibly, this second aspect of transference takes on more and more importance for Freud: ‘This *transference* alike in its positive and negative form is used as a weapon by the resistance; but in the hands of the physician it becomes the most powerful therapeutic instrument and it plays a part scarcely to be overestimated in the dynamics of the process of cure’ (10).

But on the other hand it must be borne in mind that even where Freud goes farthest in acknowledging the special status of transference repetition—even when he writes: ‘The patient cannot remember the whole of what is repressed in him, and what he cannot remember may be precisely the essential part of it. [...] He is obliged to *repeat* the repressed material as a contemporary experience’ (11a)—he nevertheless immediately stresses the need for the analyst ‘to keep this transference neurosis within the narrowest limits: to force as much as possible into the channel of memory and to allow as little as possible to emerge as repetition’ (11b).

Thus Freud never abandons the view that the ideal of the treatment is complete *recollection*, and in cases where this turns out to be unattainable he falls back on ‘constructions’* to fill in the gaps in the infantile history. Furthermore, he never esteems the transference relationship for its own sake, either from the point of view of the abreaction* of childhood experiences or from that of the rectification of unrealistic modes of object-relationship.

* * *

In the *Studies on Hysteria*, Freud writes apropos of the manifestations of transference that ‘this new symptom that has been produced on the old model must be treated in the same way as the old symptoms’ (4g). Again, when he later describes transference neurosis as an ‘artificial illness’, he is surely making the assumption that transference reactions are both economically and structurally equivalent to ordinary symptoms.

And indeed Freud does sometimes explain the emergence of the transference in terms of ‘a compromise between [the] demands [of the resistance] and those of the work of investigation’ (5d). But he is aware from the beginning that the signs of the transference become more and more insistent the closer one gets to the ‘pathogenic complex’, and when he relates these manifestations to a repetition compulsion* he states that such a compulsion can only express itself in the transference ‘after the work of treatment has gone halfway to meet it and has loosened the repression’ (11c). All the way from the case-history of ‘Dora’, where Freud likens transferences to actual ‘new impressions’, often quite undistorted by comparison with the corresponding unconscious phantasies, to *Beyond the Pleasure Principle* (1920g), where he says of reproductions in the transference that they ‘emerge with unwhipped-for exactitude, always have as their subject some portion of infantile sexual life—of the Oedipus complex, that is, and its derivatives’ (11d)—all the way, the idea that transference actualises the essence of the childhood conflict is constantly gaining ground.

As we know, transference repetition is one of the facts invoked by Freud in *Beyond the Pleasure Principle* to justify bringing the repetition compulsion to the fore: situations and emotions are repeated in the treatment which ultimately express the indestructibility of unconscious phantasies.

It may therefore be asked what sense we ought to give to what Freud calls

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transference-resistance. In *Inhibitions, Symptoms and Anxiety* (1926d), he ascribes it to the ego-resistances in that it reactivates the mechanism of a past repression, which mere recollection does not do. It is worth pointing out, however, that in this same work the repetition compulsion is described as basically id-resistance (see 'Repetition Compulsion').

Finally, when Freud speaks of the transference repetition of past experiences, of attitudes towards parents, etc., this repetition should not be understood in the literal sense that restricts such actualisation to really lived relationships. For one thing, what is transferred, essentially, is psychical reality*—that is to say, at the deepest level, unconscious wishes and the phantasies associated with them. And further, manifestations of transference are not verbatim repetitions but rather symbolic equivalents of what is being transferred.

* * *

One of the classical criticisms directed at self-analysis* as regards its therapeutic efficacy is that by definition it prevents any interpersonal relationship from coming into being or playing a part.

Freud himself pointed out the limited character of self-analysis; he stressed further that an interpretation* is often only accepted in so far as the transference, operating like suggestion, has conferred a special authority upon the analyst. All the same, it is true to say that the task of thoroughly clarifying the role played in the treatment by the analyst *qua* other has fallen to Freud's successors. In so doing they have followed several paths:

a. As an expansion of the second Freudian theory of the psychical apparatus, the analytic treatment may be deemed to provide the ground on which intrasubjective conflicts—themselves the relics of the real or phantasised intersubjective relationships of childhood—can once more find expression in a relationship where communication is possible. As Freud noted, the analyst may for example find himself placed in the position of the super-ego; more generally, the whole interplay of identifications* is given free rein to develop and to become 'unbound'.

b. Following the line of thought that has brought the idea of object-relationships* to the fore, there has been an attempt to treat the *transference relationship* (γ) as an expression of the particular modalities of the subject's relations with his different types of (partial or whole) object. As Michael Balint has remarked, such an approach ends by 'interpreting every detail of the patient's transference in terms of *object-relations*' (12). This orientation may even encourage an attempt to recognise the successive genetic stages in the development of the treatment.

c. Another orientation lays the emphasis upon the special importance of the spoken word in the analysis—and hence in the transference relationship. This approach can trace its ancestry to the very origins of psycho-analysis, for the cathartic method* holds the verbalisation of repressed (talking cure) to be at least as important as the abreaction of affects. But it is a surprising fact that when Freud describes the most incontestable signs of transference he places them under the heading of 'acting out*' (*Ageren*), contrasting recollection with repetition on the grounds that the latter alone is lived-out experience. It may

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legitimately be asked whether such a contrast really helps us get a clearer picture of the transference in its two dimensions—actualisation of the past and displacement on to the person of the analyst.

Indeed it is hard to see why the analyst should be any less implicated when the subject is *recounting* some event of his past to him, or *telling* him some dream (β), than he is when the patient involves him in his *actions*.

The patient's words express a relational mode just as his acts do: their aim, for example, may be to please the analyst, to keep him at arm's length, etc.; and, just like words, acts carry messages (e.g. parapraxes*).

d. Lastly, reacting against an extreme thesis which looks upon transference as a purely spontaneous phenomenon—a projection on to its logical conclusion by the analyst—some authors have sought to pursue to its logical conclusion the theory which has transference depend essentially upon a factor specific to the subject, namely the *predisposition to transference*. These authors highlight whatever in the analytic situation tends to facilitate the emergence of such a predisposition.

Some, like Ida Macalpine (13), have accentuated the concrete elements of the analytic environment (constancy of conditions, frustration, the patient's infantile position). Others have looked to the relationship of *demand* that analysis institutes from the outset, and by virtue of which 'the whole past opens up, back to the farthest reaches of earliest infancy. The subject has never done anything but make demands, only by doing so has been able to live, and we carry on this pattern. [...] Regression indicates nothing more than the re-emergence, in the present, of signifiers used in demands that can be filled' (14).

Freud did not ignore the existence of a correlation between the analytic situation as such and the transference. He even pointed out that, although various types of transference can be identified (maternal, fraternal, etc.), 'the real relations of the subject to his doctor' mean that 'the "father-image" [...] is the decisive factor' (5e).

(12) For the consequences of this episode, see Ernest Jones's *Sigmund Freud*, I.

(β) It will be noted that 'positive' and 'negative' here refer to the nature of the affects transferred, not to the favourable or unfavourable long-term effects of the transference on the treatment. According to Daniel Lagache, 'it would be more comprehensive and more precise to speak of the positive or negative effects of the transference. We know that the transference of positive feelings may have negative effects; on the other hand, the expression of negative feelings may constitute a decisive advance' (15).

(γ) The use of this term by Freud is worth noting (16).

(δ) Cf. what are called 'dreams of compliance'—meaning dreams whose analysis reveals that the wish they fulfil is that of satisfying the analyst, confirming his interpretations, etc.

(1) Cf. ENGLISH, H. B. and ENGLISH, A. C. *A Comprehensive Dictionary of Psychological and Psychoanalytical Terms* (1958), articles on 'Transfer' and 'Transference'.

(2) Cf. FREUD, S. *An Outline of Psycho-Analysis* (1940a [1938]), G.W., XVII, 100; S.E., XXII, 174-75.

(3) FREUD, S. *The Interpretation of Dreams* (1900d): a) Cf. G.W., II-III, 568; S.E., V, 562. b) G.W., II-III, 568; S.E., V, 562.

(4) FREUD, S. 'The Psychotherapy of Hysteria', in *Studies on Hysteria* (1895d): a) G.W., I, 309; S.E., II, 303. b) Cf. G.W., I, 308-9; S.E., II, 303. c) Cf. G.W., I, 308-9; S.E., II, 303.

Transitional Object

He must get him to re-experience some portion of his forgotten life, but must see to it, on the other hand, that the patient retains some degree of aloofness, which will enable him, in spite of everything, to recognise that what appears to be reality is in fact only a reflection of a forgotten past' (5).

(a) S. Rado, in his communication to the Salzburg Congress of 1924 on the theory of the cure, 'The Economic Principle in Psycho-Analytic Technique' (6), described the 'therapeutic neurosis' in preanalytic techniques (hypnosis and catharsis), as distinct from the neurosis which arises in psycho-analytic treatment: only in psycho-analysis can the transference neurosis be analysed and resolved.

- (1) Cf. JUNG, C. G. *Über die Psychologie der Dementia praecox* (Halle, 1907); 'Wandlungen und Symbole der Libido', *Jahrbuch Fsa.-Forsch.*, 1911, 1912.
- (2) Cf. ABRAHAM, K. 'The Psycho-Sexual Differences between Hysteria and Dementia Praecox', *Selected Papers* (London: Hogarth, 1927; New York: Basic Books, 1953).
- (3) Cf. FREUD, S. 'On Narcissism: An Introduction' (1914c).
- (4) FREUD, S.: a) G.W., X, 134-35; S.E., XII, 154 b) G.W., X, 135; S.E., XII, 154.
- (5) FREUD, S. *Beyond the Pleasure Principle* (1920g), G.W., XIII, 17; S.E., XVIII, 18-19.
- (6) Cf. RADO, S., in *IJJP*, 1925, VI, 35-44.

Transitional Object

= D.: Übergangsobjekt. - Es.: objeto transicional. - Fr.: objet transitionnel. - I.: oggetto transizionale. - P.: objeto transicional.

Term introduced by D. W. Winnicott to designate a material object with a special value for the sucking and young child, particularly when it is on the point of falling asleep (e.g. the corner of a blanket or nappin that is sucked).

Reliance on such objects, according to Winnicott, is a normal phenomenon which allows the child to make the transition from the first oral relationship with the mother to the 'true object-relationship'.

The gist of Winnicott's ideas on the transitional object will be found in an article entitled 'Transitional Objects and Transitional Phenomena' (1953).

a. On the level of clinical description, Winnicott brings out a type of behaviour often observed in the infant which he calls the relationship with the transitional object.

Between the ages of four and twelve months, the infant is frequently seen to form an attachment to a specific object such as a bundle of wool or the corner of a blanket or eiderdown, etc., which it sucks and holds close to itself and which becomes especially vital to it at the time of going to sleep. This 'transitional object' retains its significance for a long time before gradually losing it; it may re-emerge later, notably with the approach of a period of depression.

Winnicott subsumes certain gestures and various oral activities (e.g. babbling) under one heading—the heading of *transitional phenomena*.

b. Genetically speaking, the transitional object lies 'between the thumb and the teddy bear' (12). For while this object is 'an almost inseparable part of the

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infant' (1b), distinct in this sense from the future toy, it is also 'the first not-me possession'.

From the libidinal point of view, the activity we are concerned with here is still oral in character. What has changed is the status of the object. In the very earliest oral activity (relationship to the breast) we find what Winnicott calls a 'primary creativity': '... the breast is created by the infant over and over again out of the infant's capacity to love or (one can say) out of need. [...] The mother places the actual breast just where the infant is ready to create, and at the right moment' (1c). Later on, reality-testing* will come into operation. Between these two phases lies the relationship to the transitional object—a halfway house between subjective and objective in which the object 'comes from without from one point of view, but not so from the point of view of the baby. Neither does it come from within; it is not an hallucination' (1d).

c. The transitional object although it constitutes an intermediate step towards the perception of an object clearly differentiated from the subject—towards a 'true object-relationship'—is not for all that destined to see its function abolished by the subject's later development: 'The transitional object and the transitional phenomena start each human being off with what will always be important for them, i.e. a neutral area of experience which will not be challenged' (1e). According to Winnicott, they belong to the sphere of *illusion*: 'This intermediate area of experience, unchallenged in respect of its belonging to inner or external (shared) reality, constitutes the greater part of the infant's experience and throughout life is retained in the intense experiencing that belongs to the arts and to religion and to imaginative living, and to creative scientific work' (1f).

(1) WINNICOTT, D. W. 'Transitional Objects and Transitional Phenomena', *IJJP*, 1953, XXXIV, 2: a) 89, b) 92, c) 95, d) 91, e) 95, f) 97.

Trauma (Psychical)

= D.: Trauma. - Es.: trauma, traumatismo. - Fr.: trauma, traumatisme. - I.: trauma. - P.: trauma, traumatismo.

An event in the subject's life defined by its intensity, by the subject's incapacity to respond adequately to it, and by the upheaval and long-lasting effects that it brings about in the psychical organisation.

In economic terms, the trauma is characterised by an influx of excitations that is excessive by the standard of the subject's tolerance and capacity to master such excitations and work them out psychically.

'Trauma' is a term that has long been used in medicine and surgery. It comes from the Greek *τραῦμα*, meaning wound, which in turn derives from *τιρῶδωκα*, to pierce. It generally means any injury where the skin is broken as a consequence of external violence, and the effects of such an injury upon the organism as a whole; the implication of the skin being broken is not always present, however—we may speak, for example, of 'closed head and brain traumas'.

- d) Cf. G.W., I, 285-86; S.E., II, 282-83. e) Cf. G.W., I, 308-9; S.E., II, 303. f) G.W., I, 307; S.E., II, 301. g) G.W., I, 309; S.E., II, 303.
- (5) FREUD, S. 'The Dynamics of Transference' (1912b): a) Cf. G.W., VII, 370; S.E., XII, 104. b) G.W., VIII, 365; S.E., XII, 100. c) G.W., VIII, 374; S.E., XII, 108. d) G.W., VIII, 369; S.E., XII, 103. e) G.W., VIII, 365-66; S.E., XII, 100.
- (6) FREUD, S. 'Fragment of an Analysis of a Case of Hysteria' (1905e [1901]), G.W., V, 279; S.E., VII, 116.
- (7) Cf. FERENCZI, S. 'Introjection and Transference' (1909), in *First Contributions*, 35-93.
- (8) FREUD, S. 'Notes upon a Case of Obsessional Neurosis' (1909d), G.W., VII, 429; S.E., X, 209.
- (9) FREUD, S. 'Remembering, Repeating and Working-Through' (1914g), G.W., X, 134-35; S.E., XII, 154.
- (10) FREUD, S. 'Two Encyclopaedia Articles' (1923a), G.W., XIII, 223; S.E., XVIII, 247.
- (11) FREUD, S. *Beyond the Pleasure Principle* (1920g): a) G.W., XII, 16; S.E., XVIII, 18. b) G.W., XIII, 17; S.E., XVIII, 19. c) G.W., XIII, 18; S.E., XVIII, 20. d) G.W., XIII, 16-17 S.E., XVIII, 18.
- (12) BALINT, M. *Primary Love and Psycho-analytic Technique* (London: Hogarth Press, 1952), 225; 2nd edition (London: Tavistock, 1965), 212.
- (13) Cf. MACALPINE, I. 'The Development of the Transference', *P.Q.*, 1950, XIX, 4.
- (14) LACAN, J. 'La direction de la cure et les principes de son pouvoir', *La Psychanalyse*, 1961, VI, 180. Reprinted in *Écrits* (Paris: Seuil, 1967), 617-18.
- (15) LAGACHE, D. 'Le problème du transfert', *R.F.P.*, 1952, XVI, 102.
- (16) Cf., for example, FREUD, S. 'Constructions in Analysis' (1937d), G.W., XVI, 44; S.E., XXIII, 258.

Transference Neurosis

= D.: Übertragungsneurose. -Es.: neurosis de transferencea. -Fr.: névrose de transfert. -I.: nevrosi di transfert. -P.: neurose de transferencia.

I. Nosographically, a category of neuroses-comprising anxiety hysteria*, conversion hysteria* and obsessional neurosis*-which Freud distinguishes from the narcissistic neuroses* within the group of psychoneuroses*. In contrast to the narcissistic neuroses, the transference neuroses are characterised by the libido's always being displaced on to real or imaginary objects instead of being withdrawn from these and directed on to the ego. They are consequently more amenable to psycho-analytic treatment, for they lend themselves to the constitution, during the treatment, of a transference neurosis in sense II.

II. In the theory of the psycho-analytic cure, this term refers to an artificial neurosis into which the manifestations of the transference tend to become organised. It is built around the relationship with the analyst and it is a new edition of the clinical neurosis; its elucidation leads to the uncovering of the infantile neurosis.

I. In sense I, the term 'transference neurosis' was introduced by Jung as the opposite of 'psychosis' (1). In psychosis, libido was said to be 'introverted' (Jung) or to cathect the ego (Abraham (2) and Freud (3)). This reduces the patient's capacity to transfer his libido on to objects, and he is consequently not

very amenable to a form of treatment founded on transference. The upshot was that those neuroses to which psycho-analytic treatment was first applied were defined as conditions in which this transference capacity exists, and they were called 'transference neuroses'.

Freud's system of classification-as set out, for example, in the *Introductory Lectures on Psycho-Analysis* (1916-17)-can be summarised as follows: transference and narcissistic neuroses stand in opposition to one another within the group of psychoneuroses. This group as a whole is in turn contrasted with the group of actual neuroses* (whose mechanism is deemed to be essentially somatic) in that psychoneurotic symptoms are the symbolic expression of a psychical conflict.

It may be remarked that, although the distinction between the two categories of the psychoneuroses still retains its validity, it is no longer accepted that this distinction can be drawn purely and simply on the grounds of the presence or absence of transference. On the contrary, the accepted view today is that the apparent absence of transference in psychoneurotic conditions is in most cases merely one trait (which may be very pronounced) of that mode of transference peculiar to psychotics.

II. Freud introduces the notion of transference neurosis in sense II in 'Remembering, Repeating and Working-Through' (1914g), where it is related to the idea that the patient *repeats* his infantile conflicts within the transference. 'Provided only that the patient shows compliance enough to respect the necessary conditions of the analysis, we regularly succeed in giving all the symptoms of the illness a new transference meaning and in replacing his ordinary neurosis by a "transference-neurosis" of which he can be cured by the therapeutic work' (4a).

The lesson of this passage would seem to be that the difference between transference reactions and transference neurosis proper is that in such a neurosis the whole of the patient's pathological behaviour comes to be re-orientated around his relationship to the analyst. The transference neurosis could be said to do two jobs: first, it coordinates formerly disparate transference reactions (Glover's 'floating transference'), and, secondly, it allows the whole of the symptoms and pathological behaviour of the patient to take on a new function by becoming related to the analytic situation.

Freud sees the establishment of a transference neurosis as a positive factor in the dynamics of the cure: 'The new condition has taken over all the features of the illness; but it represents an artificial illness which is at every point accessible to our intervention' (4b).

From this standpoint, the following pattern of development constitutes the ideal model of the course of the cure: the clinical neurosis is transformed into a transference neurosis, whose elucidation leads to the uncovering of the infantile neurosis (x).

It must nevertheless be noted that Freud later put forward a less one-sided view of the transference neurosis when, in stressing the sway of the compulsion to repeat, he draws attention to the risks run if its development is allowed to get out of hand: 'It has been the physician's endeavour to keep this transference neurosis within the narrowest limits: to force as much as possible into the channel of memory and to allow as little as possible to emerge as repetition. [...] The physician cannot as a rule spare his patient this phase of the treatment.

Sense (or Feeling) of Inferiority

= D.: Mindervertekeiségérzés. -Es.: sentimiento de inferioridad. -Fr.: sentiment d'infériorité. -L.: senso d'inferiorità. -P.: sentimiento de inferioridade.

For Adler, a feeling based on an actual organic inferiority. In the inferiority complex, the individual strives with varying degrees of success to compensate for his deficiency. Adler assigns a very general aetiological significance to this kind of mechanism, which is operative in his view in all affections.

According to Freud, a sense of inferiority has no special relation to organic inferiority. Nor is it a fundamental aetiological factor but should instead be understood and interpreted as a symptom.

In psycho-analytic literature the term 'sense of inferiority' has an Adlerian ring to it. Adler's theory sets out to account for neuroses, mental illnesses and, more generally speaking, the formation of the personality, in terms of reactions to inferiorities whose appearance dates from childhood and which may be organic (however minor), morphological or functional in character: 'The constitutional inferiority and similarly effective childhood situations give rise to a feeling of inferiority which demands a compensation in the sense of an enhancement of the self-esteem. Here the fictional, final purpose of the striving for power [...] draws all psychological forces in its direction' (1).

Freud several times demonstrated the oneness of these inadequacy and poverty of these conceptions: '... whether a man is a homosexual or a necrophile, a hysteric suffering from anxiety, an obsessional neurotic cut off from society, or a raving lunatic, the "Individual Psychologist" of the Adlerian school will declare that the impelling motive of his condition is that he wishes to assert himself, to overcompensate for his inferiority' (2a).

Although a theory such as this is unacceptable as far as aetiology is concerned, this obviously does not mean that psycho-analysis denies the importance of the sense of inferiority, its frequent occurrence or its function in the causal chain of psychological motivation. Freud gives some indications regarding its origin without, however, going into the matter systematically. He considers that the sense of inferiority is a response to the two (real or phantasied) injuries that the child may suffer—namely, loss of love and castration*: 'A child feels inferior if he notices that he is not loved, and so does an adult. The only bodily organ which is really regarded as inferior is the atrophied penis, a girl's clitoris' (2b).

From a structural point of view, the sense of inferiority is said to express the tension existing between the ego and the super-ego which passes judgement on it. This explanation underscores the kinship between the sense of inferiority and the sense of guilt*, but it also makes it hard to distinguish between them. Several writers since Freud have tried to clarify the distinction. Daniel Lagache makes the sense of guilt more particularly dependent on his 'Super-Ego/Ego-Ideal system', and the sense of inferiority on the Ideal Ego* (3).

Clinically, the importance of guilt and inferiority feelings in the different forms of depression has often been emphasised. Pasche has sought to isolate

Sexual Instinct

a specific form—'inferiority depression'—which in his opinion is particularly common today (4).

(1) ADLER, A. *Über den nervösen Charakter* (1912). Trans.: *The Neurotic Constitution* (New York: Dodd, Mead & Co., 1926). Quoted in H. H. and R. R. Ansbacher (eds.), *The Individual Psychology of Alfred Adler* (New York: Basic Books, 1956), 111.

(2) FREUD, S. *New Introductory Lectures on Psycho-Analysis* (1933a [1932]: a) G.W., XV, 152; S.E., XXII, 141. b) G.W., XV, 11; S.E., XXII, 65.

(3) LAGACHE, D. 'La psychanalyse et la structure de la personnalité', *La Psychanalyse*, 1961, VI, 40-48.

(4) PASCHE, F. 'De la dépression', *R.F.P.*, 1963, No. 2-3, 191.

Sexual Instinct

= D.: Sexualtrieb. -Es.: instinto sexual. -Fr.: pulsion sexuelle. -L.: istinto or pulsione sessuale. -P.: impulso or puição sexual.

Internal pressure which psycho-analysis deems to be at work in a much vaster area than the field of sexual activity as generally conceived. It is the sexual instinct *par excellence* which exemplifies certain characteristics of the Freudian instinct* that distinguish it from instinct in the biological sense. Its object* is not determined, while its modalities of satisfaction (or aims*) are variable: though more particularly bound to the functioning of specific bodily areas (erotogenic zones*), this instinct is able to achieve satisfaction through the most varied activities, to which it relates by anacis*. This diversity in the somatic sources* of sexual excitation means that the sexual instinct is not unified from the start but that to begin with it is fragmented into component instincts* obtaining satisfaction locally (organ-pleasure*).

Psycho-analysis shows that the sexual instinct in man is closely bound up with the action of ideas or phantasies which serve to give it specific form. Only at the end of a complex and hazardous evolution is it successfully organised under the primacy of genitality, so taking on the apparently fixed and final aspect of instinct in the traditional sense.

From the economic point of view, Freud postulates the existence of a single energy at work throughout the vicissitudes of the sexual instinct: *libido**.

From the dynamic point of view, he sees the sexual instinct as an invariably present pole of the psychological conflict: it is the special object of repression into the unconscious.

The definition above indicates what an upheaval psycho-analysis wrought in the idea of a 'sexual instinct'—and this as much in the concept's extension as in its comprehension (see 'Sexuality'). This upheaval affects both the notion of instinct and the notion of sexuality. One could even say that his critique of the 'popular' or 'biological' conception of sexuality, which brings Freud to recognise the activity of a sole 'energy'—the libido—in very diverse phenomena, many of them a very far cry from the sexual act, coincides with the uncovering of the

thing that creates a fundamental difference in man between instinct in Freud's sense (*Trieb*) and instinct in the traditional sense (*Instinkt*). In this context, it is arguable that the Freudian view of the instinct, worked out on the basis of the study of human sexuality, is only fully validated in the case of the sexual instinct (see 'Instinct', 'Anaclisis', 'Instincts of Self-Preservation').

Freud maintained throughout his work that the action of repression is directed especially against the sexual instinct; consequently he gives this instinct a major role in psychological conflict*, but he leaves the question of the ultimate basis of this special status open. 'Theoretically there is no objection to supposing that any sort of instinctual demand might occasion the same repressions and their consequences; but our observation shows us invariably, so far as we can judge, that the excitations which play this pathogenic part arise from the component instincts of sexual life' (2) (see 'Scene of Seduction', 'Oedipus Complex', 'Deferred Action').

Set in opposition to the self-preservative instincts in Freud's first instinct theory, the sexual instinct is assimilated in his final dualism into the category of the life instincts*, or Eros*. Whereas in the first dualistic scheme it was a force answerable only to the pleasure principle*, hard to 'educate', operating in accordance with the primary process* and forever threatening the equilibrium of the psychical apparatus from within, it is transformed under the denomination of the life instinct into a force seeking to 'bind', to construct and preserve vital unities; conversely, it is its antagonist the death instinct* which now functions according to the principle of absolute discharge.

This metamorphosis cannot be properly understood without taking into account the whole conceptual revision carried through by Freud from 1920 onwards (see 'Death Instincts', 'Ego', 'Binding').

(1) Cf. FREUD, S. *Three Essays on the Theory of Sexuality* (1905d), G.W., V, 33; S.E., VII, 133.

(2) FREUD, S. *An Outline of Psycho-analysis* (1940a [1938]), G.W., XVII, 112; S.E., XXIII, 186.

Sexuality

= D.: Sexualität. - Es.: sexualidad. - Fr.: sexualité. - I.: sessualità. - P.: sexualidade.

In psycho-analytic practice and theory, sexuality does not mean only the activities and pleasure which depend on the functioning of the genital apparatus: it also embraces a whole range of excitations and activities which may be observed from infancy onwards and which procure a pleasure that cannot be adequately explained in terms of the satisfaction of a basic physiological need (respiration, hunger, excretory function, etc.); these re-emerge as component factors in the so-called normal form of sexual love.

It is well known that psycho-analysis attributes a very great deal of importance to sexuality in the development and mental life of the human individual. This

claim cannot be understood, however, if it is not realised to what extent it assumes a transformation of the concept of sexuality. We do not intend to demarcate the function of sexuality in the psycho-analytic view of mankind here, but merely to clarify the way psycho-analysis uses this concept in terms both of its extension and of its comprehension.

If one sets out with the commonly held view that defines sexuality as an instinct*, in the sense of pre-determined behaviour typifying the species and having a relatively fixed *object** (partner of the opposite sex) and *aim** (union of the genital organs in coitus), it soon becomes apparent that this approach can only provide a very inadequate account of the facts that emerge as much from direct observation as from analysis.

I. *Extension*. a. The existence and commonness of the sexual perversions, an inventory of which was undertaken by some psychopathologists at the end of the nineteenth century (Krafft-Ebing, Havelock Ellis), shows that there is a great diversity in the choice of sexual objects and in the types of activity used to obtain satisfaction.

b. Freud establishes the existence of numerous points of overlap between perverse and so-called normal sexuality: the appearance of temporary perversions when the usual form of satisfaction becomes impossible; and the normal presence of types of behaviour—in the form of activity leading up to and accompanying coitus (forepleasure)—which also occur in the perversions either as a substitute for coitus or as an indispensable precondition of satisfaction.

c. Psycho-analysis of the neuroses reveals that symptoms constitute sexual wish-fulfillments realised in a fashion involving their displacement and their modification through compromise with defences, etc. Behind specific symptoms, furthermore, it is often perverse sexual wishes that are to be found.

d. It is the existence of an infantile sexuality, considered by Freud to operate from the start of life, which is responsible above all for the widening of the field which psycho-analysis looks upon as the sexual domain. When we speak of infantile sexuality, our object is not merely to acknowledge the existence of precocious excitations and genital needs, but also the existence of activity resembling perverse behaviour in adults. In the first place, infantile sexuality involves parts of the body—erotogenic zones*—which are not only the genital ones; secondly, such activity—thumb-sucking, for instance—is directed towards pleasure quite independently of the carrying out of biological functions (e.g. nutrition). In this sense, psycho-analysis refers to sexuality as anal, oral, etc.

II. *Comprehension*. This broadened extension of the sexual field leads Freud, of necessity, to attempt to lay down the criteria of the specifically sexual nature of these varied activities. Once we have said that the sexual cannot be reduced to the genital* (any more than the psyche can be confined to conscious mental life), the question arises of what justification the psycho-analyst has for attributing a sexual character to processes in which the genital is not concerned. The question applies principally to the case of infantile sexuality, since with adult perversions genital excitation is present as a general rule.

Freud offers a particularly straightforward treatment of this problem in Chapters XX and XXI of the *Introductory Lectures on Psycho-Analysis* (1916-17): '“Why,”’ he has an imaginary critic object, “are you so obstinate in describing as being already sexuality what on your own evidence are indefinable

manifestations in childhood out of which sexual life will later develop? Why should you not be content instead with giving them a physiological description and simply say that in an infant at the breast we already observe activities, such as sensual sucking or holding back the excreta, which show us that he is striving for 'organ-pleasure' (*Organlust*)" (1a).

Although Freud leaves this question open, he does put forward the clinical argument that the analysis of symptoms in the adult leads us back to these pleasurable childhood activities, and this via the intermediary of material that is unquestionably sexual (1b). To postulate the sexual nature of the infantile activities themselves is to go a step farther, it is true, but Freud argues that what we find at the end of a process of development which we are able to trace back stage by stage ought to be present—at least in *potentia*—from the beginning of that process. He is forced to acknowledge, however, that 'at the moment we are not in possession of any generally recognized criterion of the sexual nature of a process' (1c).

Freud often declares that such a criterion should be sought in the realm of biochemistry. In psycho-analysis, all that can be affirmed is that there exists a sexual energy or libido; clinical experience, while it cannot help us define this energy, does show us its development and transformations.

* * *

Thus Freud's thinking seems to come to a dead end both as regards the essence of sexuality (the last word on this being left to a hypothetical biochemical definition) and as regards its genesis, in that he goes no further than postulating that sexuality exists virtually from the beginning.

This difficulty is most apparent where infantile sexuality is concerned, but it is also in this area that we may be able to find pointers towards a solution.

a. In terms of the quasi-physiological description of infantile sexual behaviour, Freud has already shown that the emergence of the sexual instinct is rooted in the functioning of the great mechanisms that are responsible for the preservation of the organism. In a first stage, he argues, the instinct can only be discerned in the guise of that pleasure which is accorded as a marginal result of the achievement of the function (pleasure derived from sucking over and above the appeasement of hunger). Only at a second stage is this marginal pleasure sought for its own sake, irrespective of any alimentary needs, irrespective of any functional pleasure, without any external object and in an entirely localised fashion on the plane of an erotogenic zone.

Anaclisis*, erotogenic zones*, auto-erotism*: these are, for Freud, the three closely interwoven aspects that define infantile sexuality (2). It is clear that when Freud attempts to ascertain the point at which the sexual instinct emerges, this instinct (*Trieb*) appears almost as a perversion of instinct in the traditional sense (*Instinkt*)—a perversion in which the specific object and the organic purpose both vanish.

b. In a rather different temporal perspective, Freud insisted on many occasions upon the notion of deferred action*, according to which comparatively undefined precocious experiences are subsequently invested, as a result of fresh experiences, with a meaning that they did not have originally. May we say then that in the last analysis infantile experiences such as sucking are non-sexual

to begin with and that their sexual character is only acquired secondarily, once genital activity has made its appearance? Such a conclusion, in so far as it lays the emphasis on the retroactive element in the constitution of sexuality, would seem to invalidate both what we were saying above about the emergence of the sexual and, *a fortiori*, the genetic approach which holds that the sexual is already present implicitly from the beginning of psychobiological development.

This is in fact a major difficulty of the Freudian sexual theory: in so far as sexuality is not a ready-made mechanism but is established during the course of the individual's history, changing in both its mechanics and its aims, it cannot be understood solely in terms of a biological evolution; on the other hand, however, the facts show that infantile sexuality is not a retroactive illusion.

c. In our view, a way out of this difficulty may be found in the idea of primal phantasies*, an idea which serves in a way as a counterweight to the notion of deferred action. When Freud speaks of primal phantasies, he is appealing to the 'phylogenetic explanation' and referring to specific phantasies (primal scene, castration, seduction) which are encountered in every subject and which inform human sexuality. Sexuality cannot therefore be explained solely in terms of the endogenous maturation of the instinct—it has to be seen as being constituted at the core of intersubjective structures which predate its emergence in the individual.

In its content, as in the somatic meanings that it embraces, the 'primal scene' phantasy can be related to a specific libidinal stage—the anal-sadistic stage—but in its actual structure (representation and solution of the mystery of conception) it cannot be explained, in Freud's view, by the simple conjunction of the observable factors: it constitutes a variant of a 'schema' that is *already given* for the subject. On a different structural plane, the same might be said of the Oedipus complex where this is defined as regulating the triangular relationship between child and parents. It is significant that those psychoanalysts who have been the most concerned to describe the play of phantasies inherent to infantile sexuality—the Kleinian school—also consider that the Oedipal structure exerts an influence from an extremely early stage.

d. Freud's reservations about a purely genetic and endogenous conception of sexuality are further pointed up by the importance that he continued to assign to seduction even after recognising the existence of an infantile sexuality (for further discussion of this point, see our commentary on the 'Scene of Seduction').

e. Thus infantile sexuality is connected—at any rate in its origins—to needs traditionally known as instincts, yet it is also independent of them; it is endogenous inasmuch as it follows a course of development and passes through different stages, and exogenous inasmuch as it invades the subject from the direction of the adult world (since the subject is obliged from the outset to find a place in the phantasy universe of the parents, and since they subject him to more or less veiled sexual incitement). There is another respect too in which infantile sexuality is difficult to comprehend: it cannot be accounted for either by an approach that reduces it to a physiological function or by an interpretation 'from above' that claims that what Freud calls infantile sexuality is the love relationship in its varied embodiments. In fact it is always in the form of *desire** that Freud identifies infantile sexuality in psycho-analysis: as opposed

Signal of Anxiety, Anxiety as Signal

to love, desire is directly dependent on a specific somatic foundation; in contrast to need, it subordinates satisfaction to conditions in the phantasy world which strictly determine object-choice and the orientation of activity.

(1) FREUD, S.: a) G.W., XI, 335; S.E., XVI, 323. b) G.W., XI, 336; S.E., XVI, 324. c) G.W., XI, 331; S.E., XVI, 320.

(2) Cf. FREUD, S. *Three Essays on the Theory of Sexuality* (1905d), G.W., V, 83; S.E., VII, 182.

Signal of Anxiety, Anxiety as Signal

= D.: Angstsignal. -Es.: señal de angustia. -Fr.: signal d'angoisse. -
I.: segnale d'angoscia. -P.: sinal de angústia.

Term introduced by Freud, in the context of his revision of the theory of anxiety (1926), to designate a device activated by the ego, when confronted by a situation of danger, in order to avoid being overwhelmed by the inflowing excitations. The signal of anxiety is a reproduction in attenuated form of the anxiety-reaction originally experienced in a traumatic situation; it makes it possible for defensive operations to be set in motion.

This concept makes its first appearance in *Inhibitions, Symptoms and Anxiety* (1926d) and is the key notion of what is usually referred to as the second theory of anxiety. We do not propose to summarise this revision here, nor to discuss its implications for and functions in the development of Freud's ideas. If only because of its conciseness, however, the term '*Angstsignal*' calls for some comment.

a. In the first place, it embodies the gist of the new theory. Freud's first economic account of anxiety treats this as a *result*—as the subjective manifestation of the fact that a quantity of energy has not been mastered. The expression 'signal of anxiety' points up an additional function of anxiety which makes it a motive of ego-defence.

b. The triggering of the signal of anxiety does not necessarily depend upon economic factors—in fact the signal may operate as the 'mnemic symbol' or 'affective symbol' (1) of a situation that has not yet arisen and that has to be avoided.

c. The adoption of the idea of anxiety as signal does not, however, exclude an economic explanation. For one thing, the affect—reproduced now in the form of a signal—must have been passively experienced in the past in the form of so-called *automatic anxiety**. And furthermore a certain quantity of energy has to be mobilised before the signal can be set off.

d. Finally, note that Freud associates the signal of anxiety with the ego. This newly discovered function of anxiety may in fact be identified with what Freud had hitherto persistently described in the context of the secondary process*, showing how unpleasant affects recurring in attenuated form are capable of setting the censorship* in motion.

(1) FREUD, S., G.W., XIV, 120-21; S.E., XX, 93-94.

Somatic Compliance

Somatic Compliance

= D.: somatisches Entgegenkommen. -Es.: complacencia somática. -
Fr.: complaisance somatique. -I.: complacenza somatica. -P.: complacência somática.

Expression introduced by Freud to account for the hysterical 'choice of neurosis', and for the choice of the organ or the somatic apparatus through which conversion* is to operate: the body (especially in the hysteric) or else one particular organ is said to offer a privileged medium for the symbolic expression of the unconscious conflict.

Freud speaks of somatic compliance for the first time apropos of the case of 'Dora'; he takes the view that there is no necessity to choose between a psychological and a somatic origin for hysteria: '... every hysterical symptom involves the participation of both sides. It cannot occur without the presence of a certain degree of *somatic compliance* offered by some normal or pathological process in or connected with one of the bodily organs' (1a). It is this somatic compliance which 'affords the unconscious mental processes a physical outlet' (1b); hence it is a determining factor in the 'choice of neurosis'.

Although it is certainly true that the notion of somatic compliance extends well beyond the field of hysteria and that it raises the general question of the body's expressive powers and particular aptitude for signifying the repressed, it is as well, all the same, to make sure from the start that the different frames of reference within which this matter comes up are not confused. For example:

a. A somatic illness may have an attraction for the expression of the unconscious conflict; thus Freud is able to look upon a rheumatic affection of one of his patients as an 'organic disorder, which was the model copied in her later hysteria' (2).

b. The libidinal cathexis of an erotogenic zone may be displaced in the course of the subject's sexual history on to an area or apparatus of the body which is not intended to serve an erotogenic function (see 'Erotogenic Zone'), and which is thus all the better fitted to operate as a masked expression of a wish provided that it is a repressed one.

c. In so far as the expression 'somatic compliance' is meant to account not only for the choice of a particular bodily organ but also for the choice of the body as such as a means of expression, we find ourselves obliged to pay some attention, notably, to the vicissitudes of the narcissistic cathexis of the subject's own body.

(1) FREUD, S. 'Fragment of an Analysis of a Case of Hysteria' (1905c [1900]): a) G.W., V, 200; S.E., VII, 40. b) G.W., V, 201; S.E., VII, 41.

(2) FREUD, S. *Studies on Hysteria* (1895d), G.W., I, 211; S.E., II, 147.

U

Unconscious (sb. & adj.)

= *D.*: das Unbewusste; unbewusste. – *Es.*: inconsciente. – *Fr.*: inconscient. – *I.*: inconscio. – *P.*: inconsciente.

I. The adjective 'unconscious' is at times used to connote all those contents that are not present in the field of consciousness at a given moment; this is a 'descriptive', not a 'topographical', sense of the word, for no distinction is being made here between the respective contents of the preconscious and unconscious systems.

II. In its 'topographical' sense, the term 'unconscious' describes one of the systems defined by Freud in the context of his first theory of the psychical apparatus: this system comprises the repressed contents which have been denied access to the preconscious-conscious* system by the operation of repression* (primal repression* plus repression proper or 'after-pressure').

The essential characteristics of the unconscious as a system (*Ucs.*) may be enumerated as follows:

- a. Its 'contents' are 'representatives'* of the instincts.
 - b. These contents are governed by the mechanisms specific to the primary process, especially by condensation* and displacement*.
 - c. Strongly affected by instinctual energy, they seek to re-enter consciousness and resume activity (the return of the repressed*), but they can only gain access to the system *Pcs.-Cs.* in compromise-formations* after having undergone the distortions of the censorship*.
 - d. It is more especially childhood wishes that become fixated* in the unconscious. The abbreviation *Ucs.* (German *Ubw.* for *Unbewusst*) designates the unconscious in its substantival form as a system; *ucs.* (*ubw.*) is the shortened form of the adjectival 'unconscious' (*unbewusst*) wherever it is applied in the strict sense to qualify the contents of this system.
- III. Within the framework of the second Freudian topography the term 'unconscious' is used above all in its adjectival form; indeed, no single agency can now hold a monopoly on its application, since not only the id but also parts of the ego and super-ego are described as unconscious. But it should be noted:
- a. That the characteristics attributed to the system *Ucs.* in the first topography fall *grasso modo* to the id in the second.
 - b. That the difference between preconscious and unconscious, even though no longer based on a distinction *between* systems, nevertheless survives *within* systems, since the ego and super-ego are partly preconscious and partly unconscious.

If Freud's discovery had to be summed up in a single word, that word would without doubt have to be 'unconscious'. Consequently, given the limitations of the present work, we do not intend here to trace this discovery from its pre-

Unconscious (sb. & adj.)

Freudian origins through its genesis and successive refinements in Freud. We shall instead restrict ourselves to underlining, in the interests of clarity, a few essential aspects which have often become obscure as a result of the term's wide currency.

I. The Freudian unconscious is primarily – and indissolubly – a topographical* and dynamic* notion formed on the basis of the experience of treatment. This experience showed that the psyche cannot be reduced to the conscious domain and that certain 'contents' only become accessible to consciousness once resistances have been overcome; it revealed that mental life is 'full of active yet unconscious ideas' and that 'symptoms proceed from such ideas' (1); and it led to the postulation of the existence of 'separate psychical groups', and more generally to the recognition of the unconscious as a particular 'psychical locality' that must be pictured not as a second consciousness but as a system with its own contents, mechanisms and – perhaps – a specific 'energy'.

II. What are these *contents*?

a. In his article on 'The Unconscious' (1915e), Freud calls them 'instinctual representatives*'. The fact is that the instinct, lying as it does on the border between somatic and mental, precedes the opposition between conscious and unconscious. In the first place, it can never become an object of consciousness (chiefly the 'ideational representative*'). We may add that one of Freud's very first theoretical models defines the psychical apparatus as a succession of inscriptions (*Niederschriften*) of signs (2) – a notion that is taken up and discussed in his later writings. The unconscious ideas are organised into phantasies or imaginary scenarios to which the instinct becomes fixated and which may be conceived of as true *mises en scène* of desire* (see 'Phantasy').

b. Most Freudian texts prior to the second topography assimilate the unconscious and the repressed. This assimilation is not made without reservations, however: on more than one occasion Freud sets aside a place for contents not constituted by the individual himself – phylogenetic contents which are held to constitute the 'nucleus of the unconscious' (3d).

This idea finds a finished form in the notion of primal phantasies*, understood as pre-individual schemata that inform the subject's infantile sexual experiences (e).

c. Another traditionally recognised equation is that between the unconscious and the *infantile* in us, but here too a rider is needed. Not all infantile experiences are destined to become identical with the subject's unconscious life just because they are lived through naturally in the mode described by phenomenology as unreflective consciousness. For Freud, the first split between the unconscious and the system *Pcs.-Cs.* comes about through the action of infantile repression. The Freudian unconscious is *constituted* – even if the first stage of repression (primal repression) may be considered mythical; it is not an undifferentiated form of experience.

III. It is well known that dreams provided Freud with his 'royal road' to the unconscious. The mechanisms which Freud showed to be at work in dreams (*The Interpretation of Dreams* [1900a]) and which constitute the *primary process** – namely, displacement, condensation and symbolism* – are again encountered in other formations of the unconscious (parapraxes, etc.), which are equivalent

Unconscious (sb. & adj.)

to symptoms by virtue of their structure of compromise and their function of 'wish-fulfilment'.

Seeking to define the unconscious as a system, Freud lists its specific characteristics as follows (3b): primary process (mobility of cathexes typical of free energy*); absence of negation, of doubt, of degrees of certitude; indifference to reality and exclusive subordination to the principle of pleasure and displeasure (whose aim is the restitution, by the shortest available route, of perceptual identity*).

IV. Finally, Freud sought to anchor the specific cohesion of the system *Ucs.* and its fundamental distinction from the system *Pcs.* by introducing the economic notion of a 'cathetic energy*' peculiar to each system. The unconscious energy is supposed to apply to ideas that it cathects or decathects, while the transposition of an element from one system to another is effected by a withdrawal of cathexis on the part of the first and a recathexis on the part of the second system.

But this unconscious energy—and herein lies a difficulty of the Freudian view—appears at times as a force attracting the ideas and resisting their coming to consciousness (this situation obtains in the theory of repression, where the attraction exerted by the elements already repressed works hand in hand with the repression by the higher system) (4); at other times, however, the unconscious appears instead as a force trying to make its 'derivatives'* emerge into consciousness—a force only contained thanks to the vigilance of the censorship (3c).

V. Topographical considerations must not blind us to that *dynamic* force of the unconscious so often stressed by Freud: on the contrary, topographical distinctions should be seen as the means of accounting for the conflict, for repetition and for resistances.

* * *

As we know, from 1920 onwards the Freudian theory of the psychical apparatus is subjected to a thoroughgoing revision: new topographical distinctions are introduced that no longer coincide with those between unconscious, pre-*Ucs.*, reappear in the agency of the id, although the chief properties of the system ego also have an unconscious origin and an unconscious portion ascribed to them (see 'Id', 'Ego', 'Super-Ego'; 'Topography').

(a) Although Freud himself never connected primal phantasies (*Urphtantasien*) with the hypothesis of primal repression (*Urwdrängung*), it is impossible to avoid noticing that they fulfil almost identical functions relative to the ultimate origin of the unconscious.

(1) FREUD, S. 'A Note on the Unconscious in Psycho-Analysis' (1912g), G.W., VIII, 433; S.E., XII, 262.

(2) Cf. FREUD, S., letter to Fliess dated December 6, 1896, *ibid.*, 185-86; S.E., I, 233.

(3) Cf. FREUD, S. 'The Unconscious' (1915e): a) G.W., X, 294; S.E., XIV, 195. b) G.W., X, 285-88; S.E., XIV, 186-89. c) G.W., X, 280; S.E., XIV, 181.

(4) Cf. FREUD, S. 'Repression' (1915d), G.W., X, 250-51; S.E., XIV, 148.

Undoing (what has been done)

Undoing (what has been done)

D.: Ungeschehenmachen. —Es.: anulación retroactiva. —Fr.: annulation retroactive. —I.: rendere non accaduto or annullamento retroattivo. —P.: anulação retroativa.

Psychological mechanism whereby the subject makes an attempt to cause past thoughts, words, gestures or actions not to have occurred; to this end he makes use of thought or behaviour having the opposite meaning.

We are concerned here with a compulsion of 'magical' aspect which is especially characteristic of obsessional neurosis.

Freud gives a cursory description of 'undoing' in the case-history of the 'Rat Man' (1909d), where he analyses 'compulsive acts [...] in two successive stages, of which the second neutralises the first'. The 'true significance' of such acts 'lies in their being a representation of a conflict between two opposing impulses of approximately equal strength: and hitherto I have invariably found that this opposition has been one between love and hate' (1a).

In *Inhibitions, Symptoms and Anxiety* (1926d) Freud again spotlights this process, now giving it the name of 'Ungeschehenmachen': to make null and void. He looks upon it, along with isolation*, as the typical form of defence in obsessional neurosis, and he describes it as a magical procedure. He shows in particular how it is at work in the rituals of obsessional patients (2d).

Anna Freud lists undoing in her inventory of the ego's defence mechanisms (3), and it is generally so categorised in the psycho-analytic literature (4d).

It should be pointed out that the mechanism in question takes various forms. Sometimes an act is 'undone' by an opposite one (as when the Rat Man replaces a stone in the middle of the road after having earlier moved it to the same side lest the carriage of his lady friend should run into it). At other times the same act is repeated but the meaning attached to it—whether conscious or unconscious—is the opposite one. Or again, the act of undoing may be contaminated by the act it is supposed to annul. These last two modes of undoing are illustrated by an example given by Fenichel (4b): a subject reproaches himself for having wasted money by buying a newspaper; he would like to undo his purchase by asking for his money back, but he dare not do so; he feels that to buy another paper would relieve him, but by this time the newspaper has closed, so finally he takes out a coin to the value of the paper and throws it to the ground. Freud refers to such sequences in terms of 'diphasic' symptoms: 'An action which carries out a certain injunction is even if it does not go quite so far as to carry out its opposite' (2b).

The classification of undoing among the ego's defence mechanisms also raises the question whether the 'second stage' involved is to be treated merely as a product of the defence. The variety of clinical instances of undoing rules out such a simple answer. Indeed instinctual motives are generally in evidence at both stages, particularly in the shape of the ambivalence* between love and hate; in some cases, in fact, it is the second stage that best displays the triumph of the instinct. In Fenichel's example the subject's entire behaviour indubitably constitutes a symptomatic whole.