

ing "his fixation on being ill." In rapid succession he now produced all the "material" Freud needed to clear up his inhibitions and relieve his symptoms. By June 1914, Freud regarded him, and the Wolf Man regarded himself, as more or less cured. He felt himself a healthy man and was about to marry.* It had been a most rewarding case for Freud, but, not surprisingly, what continued to interest him most was a matter of technique—his "blackmailing measure" designed to get the Wolf Man to work in the analytic hour. It was a tactic, Freud warned almost a quarter century later, apt to succeed only if utilized at the precisely right moment. For, he noted, "one must not extend the time limit after it has once been fixed; otherwise one has forfeited all credit from then on." It was one of Freud's boldest, and most problematic, contributions to psychoanalytic technique. Satisfied in retrospect, he concluded sonorously by citing with approval an old proverb: "The lion springs only once."

A HANDBOOK FOR TECHNICIANS



Each of Freud's major case histories was more or less explicitly a condensed course in psychoanalytic technique. The process notes that have partially survived for one case, that of the Rat Man, also document Freud's sovereign readiness to disregard his own rules. The meal

Freud gave his best-known obsessive patient—who was hungry and was refreshed—has for decades stirred up comment in psychoanalytic circles, somewhat quizzical and slightly envious. But it was the rules Freud laid down for his craft, far more than his license in interpreting them for himself, that would make the difference for psychoanalysis.

*The future would compel Freud to add darker strokes to this buoyant appraisal of the Wolf Man's mental condition. In 1919, now a refugee from the Russian Revolution and in need of financial support (which Freud and some friends supplied), the Wolf Man briefly reentered analysis with Freud. Part of the Wolf Man's transference, Freud recognized and reported later, had not been cleared up. In the mid-1920s, under the pressure of a paranoid episode, he had some further intensive analysis, with Ruth Mack Brunswick. But he had become psychologically independent enough to marry, to face the loss of his family fortune with a certain mature resignation, and to hold a job. All his life, though, he was a suffering individual; he never realized his considerable talents, and seemed to invite disasters. To the end, he remained appreciative and admiring of Freud, basking a little in being the most famous patient of the most famous of healers.

Freud began discussing the psychotherapist's art very early, in 1895, in the case reports he included in the *Studies on Hysteria*. He would still be writing on technique in old age: his papers "Analysis Terminable and Interminable" and "Constructions in Analysis" were both published in 1937, when he was over eighty. Faustian in his ambitions though normally modest in his therapeutic expectations, Freud was never wholly contented, never wholly at rest. Near the end of his life he came to wonder whether chemical medication might not some day supersede the laborious procedure of putting the patient on the couch and instructing him to talk. But until that day, he thought, the analytic encounter would remain the most dependable road leading away from neurotic suffering.

The history of Freud's recommendations to therapists over forty years is a study in the cultivation of alert passivity. In the late 1880s, he had used hypnotism on his patients; in the early 1890s, he had tried to get them to confess what troubled them, and to stop evading the sore points, by rubbing their foreheads and interrupting their narratives. His report of resolving in a single session the hysterical symptoms of Katharina during his Alpine summer holidays in 1893 still smacks of a hubristic trust in his healing powers, while his intrusive interpretations to Dora reflect an authoritarian style he was on the verge of relinquishing. Certainly by 1904, when he wrote the short paper "Freud's Psychoanalytic Method" for Leopold Löwenfeld's *Psychic Obsessive Manifestations*, most of his characteristic ideas on technique were in place.

Yet in 1910, speaking at the Nürnberg congress, he gave voice in "The Future Chances of Psychoanalytic Therapy" to his new, chastened mood, which was to prove permanent. He warned his fellow analysts that they all still faced demanding, so far unsolved, technical puzzles, and cautioned them that "nearly everything" in the field of technique "still awaits its definitive determination and much is only now beginning to become clear." This included the analyst's countertransference on the analysand and the technical modifications that the widening repertory of psychoanalytic treatment was beginning to impose on its practitioners.

In the same year, Freud published an energetic short paper attacking what he called "wild" analysis. Considering the casual use—really, abuse—of psychoanalytic vocabulary that would become fashionable in the 1920s, "On 'Wild' Analysis" proved prescient. He recalled an awkward visit from an "elderly lady," a divorcée in her late forties, "fairly well preserved" and "evidently not yet finished with her womanliness." After her divorce, she had begun to suffer from anxiety states, only intensified following a visit to a young physician who had bluntly told her that her symptoms were caused by "sexual neediness." He had offered her a choice of three ways back to health: she

could return to her husband, take a lover, or masturbate. None of these alternatives appealed to this "elderly lady." Yet, since her physician had named Freud as the discoverer of the dismal insights he had spread out before her, and suggested that Freud would confirm his diagnosis, she had come to him.

Instead of being flattered or grateful, Freud was irate. He recognized that patients, especially those harassed by nervous disorders, are not necessarily the most reliable of reporters. But even if the distraught lady before him had distorted, or invented, her doctor's unfeeling prescriptions, a word of warning seemed to him in order. To begin with, that amateurish medical psychotherapist had ignorantly assumed that analysts mean by "sexual life" exclusively coitus, rather than a far larger, far more differentiated domain of conscious feelings and unconscious urges. Freud conceded that his patient might perhaps be suffering from an "actual neurosis," a disorder caused by somatic factors—for her, the recent suspension of sexual activity—and if so, a recommendation for "a change in her somatic sexual activity" would have been natural enough. Most probably, though, her physician had misread her situation, and if he had, his prescription was worthless. But his technical errors were if anything graver than his diagnostic ones: it is a gross distortion of the psychoanalytic process to think that merely telling a patient what seems to be wrong, even if the diagnosis happens to be correct, will bring about a cure. Analytic technique must serve to overcome resistances. "Attempts to surprise the patient by brusquely communicating the secrets his physician has divined on a first visit during consulting hours are technically objectionable." What is more, they will "punish themselves" by subjecting the analyst to "the patient's hearty enmity": he will discover that he has lost whatever influence he had enjoyed. In short, before one ventures to offer analytic comments of any sort, one must know a great deal about "psychoanalytic precepts." They supply the place of that vague virtue, "physician's tact."

To forestall this sort of wild analysis and to codify what he had learned in his clinical practice, Freud published a series of papers on technique between 1911 and 1915. Moderate in tone as they were, they had a distinct polemical edge. "Your assent to the most recent technical article," Freud wrote to Abraham in 1912, "was very valuable to me. You are bound to have noticed my critical intentions." He had begun to think about writing on the subject some years earlier, while he was analyzing, or had just terminated, some of his most consequential cases. As usual, his clinical experience and his published writings fed on each other. "Except for Sunday," he told Ferenczi in late November 1908, "I barely get around to writing a few lines on a general methodology of psychoanalysis, of which so far 24 pages are done." It was going slowly, more slowly than the ever-enthusiastic Ferenczi expected;

two weeks later, Freud had managed ten more pages and thought that by Christmas, when Ferenczi was expected on a visit to Berggasse 19, he would be able to show him only a handful more. By February 1909, he planned to set the project aside until the summer holidays, and in June he could report to Jones only that "the essay on the technique is half finished, no leisure now to bring it to an end." But while his analytic work kept him from writing his papers on technique, it also provided him with invaluable material. "The pat[ients] are disgusting," he informed Ferenczi in October, "and give me an opportunity for new technical studies."

His plans for these studies grew more ambitious. In his address to the psychoanalytic congress in Nürnberg, Freud announced that he would "before long endeavor to deal with" interpretation, transference, and the rest of the clinical situation "in a 'General Methodology of Psychoanalysis.'" But Freud's "before long" grew into nearly two years. "When is your book on Methodik coming out?" Jones wondered later that year. "There must be many people eagerly awaiting that, both friends and foes." They would have to be patient; the first installment, "On the Handling of Dream Interpretation in Psychoanalysis," did not appear until December 1911. The other papers on technique, a round half dozen, straggled into print during the next few years. Other pressing work, and the demands of psychoanalytic politics, had intervened to slow Freud down. What is more, he was taking the assignment very seriously, and had done so from the outset. "I believe," he predicted to Ferenczi when he had committed no more than two dozen pages to paper, that the methodology "must become quite important to those who are already doing analyses." Time proved him right.

Freud's paper "On Beginning the Treatment," with its reassuring, reasonable tone, is representative of the series as a whole; he was offering flexible suggestions rather than ironclad edicts. The felicitous metaphor—chess openings—that he enlisted to elucidate the strategic initial moment in psychoanalysis is calculated to woo his readers; the chess player, after all, is not tied to a single, dictated line of procedure. Indeed, Freud observed, it is only just that the psychoanalyst should have some choices open to him: the histories of individual patients are too diverse to permit the application of rigid, dogmatic rules. Still, Freud left no doubt that certain tactics are plainly indicated: the analyst should select his patients with due care, since not every sufferer is stable enough, or intelligent enough, to sustain the rigors of the psychoanalytic situation. It is best if patient and analyst have not met before, either socially or in a medical setting—certainly one among his recommendations that Freud himself was most inclined to flout. Then, the patient duly chosen and a starting time set, the analyst is advised to take the initial

meetings as an opportunity for probing; for a week or so, he should reserve judgment on whether psychoanalysis is in fact the treatment of choice.

Such provisional sessions are not like consultations; in fact, during these trial soundings, the psychoanalyst is bound to be even more silent than usual. Then, if he decides to drop the case, "one spares the patient the painful impression of a miscarried attempt at cure." Yet the experimental time for exploration is not over after these sessions. The symptoms of a patient who presents himself as a mild hysteric or obsessional neurotic may actually be masking the onset of a psychosis not amenable to analytic treatment. Especially in the early weeks, Freud warned, the analyst must not succumb to the heady illusion of certainty.

The trial period, then, is fully integrated into the analytic process: the patient lies on the couch with the analyst behind him, out of sight, listening intently. Those innumerable cartoons depicting that analyst in his chair, notebook on his lap or by his side, have perpetuated a misconception that Freud explicitly addressed in these early papers; he cautioned analysts against taking notes during the session, since doing so would only distract their attention. Besides, they could trust their memories to retain what they needed. He acknowledged that the couch and the invisible analyst were a heritage from hypnotism, and that he had a subjective reason for insisting on this arrangement: "I cannot stand being stared at eight hours a day (or longer) by others." Yet Freud also offered less subjective grounds for commending these "ceremonials": since he let his unconscious take over during the analytic hour, he did not want his patients to watch his facial expressions, lest they be unduly swayed by his responses.

Admittedly the analytic situation, that thoughtfully orchestrated state of deprivation, is stressful for the analysand. But that is precisely its unique virtue. "I know," Freud wrote, "that many analysts do it differently, but I do not know if it is the passion for doing it differently, or an advantage they have discovered in it, that has a larger share in this deviation." As for himself, he had no doubt: the psychoanalytic situation invites the patient to regress, to free himself from the constraints that ordinary social intercourse imposes. Whatever arrangements foster this regression—the couch, the analyst's silences and neutral tone—can only aid in the work of the analysis itself.

From the first day on, while the analysis is getting under way, analyst and analysand have practical, worldly matters to settle. As we know, psychoanalysis is professionally, almost proverbially, allergic to being shamefaced about anything. The very matters that nineteenth-century middle-class culture deemed too delicate for discussion, notably sex and money, are so laden with emotional freight that to veil them with decent silence or, perhaps even worse, with circumlocutions, is to cripple psychoanalytic inquiry from the

start. The analyst must anticipate that the cultivated men and women visiting his consulting room will "treat matters of money as they do matters of sex, with the same inconsistency, prudishness, and hypocrisy." Freud acknowledged that money chiefly serves self-preservation and power, but insisted that "powerful sexual factors" are also implicated in attitudes toward it. Hence candor is of the essence. While the patient may not immediately recognize this, his own best interests and the self-interest of the analyst coincide in their practical negotiations. The patient agrees to lease a certain hour of the analyst's time and pays for it whether he avails himself of it or not. This, Freud observed, may seem rather grasping, downright ungentle, for a medical man, but no other arrangement seems at all practicable. Special monetary favors imperil the analyst's livelihood; as Freud's letters to his intimates of these years attest, he rejoiced in the news that their practices were prospering. But Freud's dislike of financial compromises had more than the analyst's affluence in view; such compromises endanger the continuity and intensity of the patient's analytic involvement by encouraging resistance. If an analysand falls ill with an ailment that is authentically organic, the analyst should break off the analysis, dispose of the hour, and take the patient back, after his recovery, as soon as time is available.

To ensure continuity and intensity, Freud saw most patients six times a week. The exceptions were mild cases and those close to the end of treatment, for whom three days seemed sufficient. Even the interruption of Sunday exacts its price; that is why analysts, he wrote, speak jokingly of the "Monday crust." What is more, the analysis must necessarily stretch out over a substantial period; it is doing the analysand no favor to make a secret of the fact that his analysis may take several years. On this issue, as everywhere in the analytic situation, honesty with the patient is quite literally the best policy: "In general I consider it more honorable, but also more appropriate, to call his attention from the outset to the difficulties and sacrifices of analytic therapy, without necessarily trying to frighten him off; thus one deprives him of any right to claim later on that one had enticed him into a treatment whose extent and significance he had not known." In return, the analyst leaves the analysand free to break off the analysis at any time, a freedom of which some of his early patients, Freud said a little ruefully, had availed themselves all too readily. He could not forget Dora, and Dora had not been the only deserter from Freud's couch.

AMONG THE COMMUNICATIONS the analyst makes to his patient at the very outset, the "fundamental rule" is the one that is truly indispensable: he enjoins the analysand to yield himself up to free association, to say absolutely everything that comes to his mind. It is no doubt important for the analysand

to keep his hours and pay his fees. But if he slights these obligations, his lapses can be analyzed. They are, as analysts like to say, grist for the mill. But a consistent failure to obey the fundamental rule must wreck the analysis. In his paper "On Beginning the Treatment," Freud was positively loquacious about this rule. It is true that he was aiming this paper, and its companions, at fellow analysts. "Who still remains outside," he told Ferenczi with respect to the "methodology" he proposed to write, "won't understand a single word of it." But he seems a little anxious even about his chosen audience, and hence rather emphatic, as though to make absolutely sure there will be no misunderstanding. The patient's talk with his therapist will not resemble any conversation he has ever carried on: he is supposed to dismiss from his discourse all order, syntax, logic, discipline, decorum, and considerations of style as irrelevant, in fact harmful. What the patient is most disinclined to mention is precisely what most urgently needs to be ventilated. Freud's key prescription for all analysands is absolute honesty—as impossible to enforce completely as it would be fatal to set aside.

The analysand's weapon in the campaign against his neurosis is talk; the analyst's weapon is interpretation, a very different sort of talk. For while the analysand's verbal activity must be as uninhibited as possible, the analyst's, in sharp contrast, must be thoughtfully dosed. In the strange enterprise that is psychoanalysis, half battle and half alliance, the analysand will cooperate as much as his neurosis lets him. The analyst for his part is, one hopes, not hampered by his own neurosis; in any event, he is required to deploy a highly specialized sort of tact, some of it acquired in his training analysis, the rest drawn from his experience with analytic patients.* It calls for restraint, for silence at most of the analysand's productions and comment on a few. Much of the time, patients will experience their analyst's interpretations as precious gifts that he doles out with far too stingy a hand.

Psychoanalytic interpretation is a subversive reading; it raises startling, often uncomfortable doubts about the ostensible messages the analysand thinks he is conveying. In short, the analyst's interpretation calls the analysand's attention to what he is really saying or doing. To interpret the silent, unmoving wolves in the Wolf Man's dream as distorted representations of a vigorous sexual act is to smoke out a memory, at once terrifying and thrilling, from its lair of repression. To interpret the Rat Man's obsessive ceremonies as signifying unconscious hatred of the persons he loves most is,

*The requirement that every prospective psychoanalyst must undergo a training analysis of his own did not appear in these papers, and almost none of the analysts to whom they were addressed had themselves been analyzed. The requirement is a development of the years following the First World War.

again, to drag what had been repressed into the light of day. The rewards of analysts' interpretations were by no means always so spectacular, but their purpose was always, at the least, to chip away at self-deception.

Deciding what to interpret, and when, is a subtle matter; the essential character of psychoanalytic therapy is bound up with it. In responding with irritation to wild analysis, Freud had already excoriated glib and hasty interpretations which, no matter how accurate, must bring an analysis to a premature, calamitous end. Now, addressing his colleagues directly in his paper "On Beginning the Treatment," Freud poured his scorn over such facile analysts, peacocks more intent on displaying their brilliance than on helping their patients: "It is not hard for a very practiced analyst to detect the patient's concealed wishes emerging audibly from his complaints and reports on his illness, but what a measure of complacency and thoughtlessness he must possess to tell a stranger unfamiliar with all psychoanalytic presuppositions, on the shortest of acquaintances, that he is incestuously fixated on his mother, that he harbors death wishes against his supposedly beloved wife, that he carries within himself the intention of cheating his boss, and so on! I have heard that there are analysts who boast of such instant diagnoses and rapid treatments, but I warn everyone against following such examples." The prudent psychoanalyst always pursues his therapeutic aims indirectly, first interpreting his analysand's resistance and then his transference. Extracting confessions of childhood crimes, imagined far more often than real, will follow.

Freud's discussion of resistance places the phenomenon squarely within the therapeutic context, where it obviously belongs. In *The Interpretation of Dreams* he had already defined it plainly: "Whatever disturbs the progress of the work is a resistance." Now, in his paper "The Dynamics of Transference," he stressed its perseverance: "Resistance accompanies the treatment at every step; every single association, every act of the patient's, must reckon with this resistance, represents a compromise between the forces aiming at cure and those opposing it." Clinical experience was teaching Freud and his fellow analysts how ingenious and indefatigable analysands' resistance could be, even in those most sincerely committed to analysis. Virtually anything, it seems, can serve it in the psychoanalytic hour: forgetting dreams, remaining silent on the couch, trying to convert the treatment into an intellectual discussion of psychoanalytic theory, holding back essential information, being consistently late, treating the analyst as an enemy. Defensive stratagems such as these are only the most obvious devices available to the forces of resistance. It may also disguise itself as compliance to the analyst's presumed wishes. The so-called good patient—the patient who dreams copiously, associates without

hesitation, finds all interpretations brilliant, never shows up late for his hour, pays all his bills promptly—is a particularly intractable case precisely because his intentions are so difficult to unravel.

To resist efforts at cure must appear peculiarly irrational. The utility of resistance for masochists, who get their pleasure from pain, is easy to recognize, but it seems pointless for sufferers who have presumably come into analysis for relief from their symptoms. Their voluntary submission to the effort and expense and sheer unpleasantness of psychoanalytic treatment should vouch for the sincerity of their wish to get well. But the unconscious obeys different, scarcely fathomable laws of its own. A neurosis is a compromise enabling the neurotic to come to terms, however miserably, with repressed wishes and memories. To make the unconscious conscious, which is the announced aim of psychoanalytic therapy, is to threaten the patient with the reemergence of feelings and recollections that he believes are best buried. The argument that the neurotic will be better off recalling repressed material, no matter how distressing, carries rational conviction. And there are elements within the patient ready to make a compact with health; without them, no analysis would be possible. But these elements must do battle with an opposition wishing to leave well enough alone. The analyst seeks to mobilize, and ally himself with, the “normal” forces in the analysand’s psyche. He is, after all, a dependable partner—the listener shocked by no revelation, bored at no repetition, censorious of no wickedness. Like the priest in the confessional, he invites confidences; unlike the priest, he never lectures, never imposes penances no matter how mild. Freud had this alliance in mind when he noted that the analyst should begin to reveal his patient’s deeper secrets only after the analysand has formed a solid transference, a “regular rapport,” with him.*

IT DID NOT escape Freud’s attention that the transference is laden with contradictions. The case of Dora had already established for him that the emotional bond the patient tries to impose on the analyst, made up of bits and pieces from passionate, usually earlier, attachments to others, is at once the most intractable impediment to cure and its most effective agent. Now, in his papers on technique, notably “The Dynamics of Transference” and, even more, “Observations on Transference Love,” he spelled out the paradoxical workings of transference in greater detail: it is the supreme weapon of resistance, and its nemesis.

These conflicting roles are not dialectical mysteries. Freud distinguished

*More recently, analysts have come to call this rapport a “working alliance,” or a “therapeutic alliance,” but it is not ancestor worship for them to reread Freud’s papers on technique and conclude that they have been largely anticipated once again.

among three types of transference that emerge in the psychoanalytic situation: the negative, the erotic, and the sensible. The negative transference, a loading of aggressive, hostile feelings on the psychoanalyst, and the erotic transference, which turns the analyst into an object of passionate love, are both guardians of the resistance. But fortunately there is also a third type, the most rational, least distorted of all, which sees the therapist as a benevolent supportive ally in the struggle against neurosis. Once the first two of these transferences have been exposed, learned from, and disarmed by being brought into consciousness in the analytic hour—Freud called it “the battlefield of transference”—the last, most judicious transference can operate with relatively few obstructions to assist in the long, arduous process of cure. But this reasonable alliance with the analyst can hope to defeat the others only when it is intense enough, and the patient is ready to profit from the analyst’s interpretations. “Our cures,” Freud had told Jung late in 1906, “come about through the fixation of a libido governing in the unconscious (transference).” And this transference “provides the impulsion for comprehending and translating the unconscious; where it refuses to act, the patient does not take this trouble, or does not listen when we present the translation we have found. It is essentially a cure through love.”

It all sounds very straightforward, but Freud was aware that this love is a most treacherous helper. The sensible transference is very vulnerable: only too often, the patient’s warm feeling and active cooperation degenerate into erotic longing, serving not the resolution of the neurosis but its perpetuation. To put it bluntly, analysands are inclined to fall in love with the analyst, a fact of psychoanalytic life that promptly became the burden of bad jokes and sly insinuations. Freud thought such malicious gossip virtually inescapable; psychoanalysis offended too many pieties to remain immune from slanders. But real, embarrassing episodes were troubling enough to have Freud devote a separate paper to the matter. Written in late 1914, and published early the following year, “Observations on Transference Love” was the last of his papers on technique and, he thought, as he told Abraham, “the best and most useful in the whole series.” Hence, he added sardonically, he was “prepared to see it call forth the strongest disapproval.” Yet he wrote it largely to alert analysts to the dangers of transference love and thus to blunt such disapproval.

Transference love is at once distressing and comical, inescapable and devilishly hard to resolve. In ordinary medical practice, Freud wrote, three possible escape routes present themselves: patient and physician may marry; they may part; they may have a clandestine affair and continue the medical treatment. The first of these resolutions, Freud thought, is rare; the second, though common, is unacceptable to psychoanalysts because the ex-patient

will only repeat her behavior with her next physician; the third is prohibited by both "middle-class morality and medical dignity." What the analyst must do, once he finds himself in the enticing spot of having his patient declare her love for him, is to analyze. He must show her that her infatuation only repeats an earlier, virtually always an infantile, experience. The patient's passion for her analyst is not an authentic love but a form of transference and of resistance.*

In this delicate situation, Freud said firmly, the analyst must resist all compromises, no matter how plausible or humane he may believe them to be. To argue with the patient, or to try deflecting her desire into sublimated channels, will prove ineffectual. The fundamental ethical position of the analyst, identical with his professional obligation, must remain his guide: "Psychoanalytic treatment is founded on truthfulness." Nor may the analyst yield to his patient's entreaties, even if he persuades himself that he is only trying to gain influence over her for the sake of speeding her cure. He would soon be disenchanted: "The patient would achieve her aim, he would never achieve his." This unacceptable solution reminded Freud of an amusing anecdote about a pastor and an insurance agent. On his deathbed, the agent, an unbeliever, is compelled to endure the ministrations of a divine, called in by his family in the desperate pious hope that in the presence of mortality the dying man will finally see the light of religious faith. "The conversation lasts so long that those waiting gather hope. At last the door of the sick chamber opens. The unbeliever has not been converted, but the pastor goes away insured."

The sobering recognition that his analysand's love is only a transference love will enable the analyst to keep his emotional, to say nothing of his physical, distance. "For the physician it represents a precious enlightenment and a useful warning against any countertransference lying in wait within him. He must recognize that the patient's infatuation is extorted by the analytic situation and cannot be ascribed to the merits of his person; that, in short, he has no reason whatever to be proud of such a 'conquest,' as one would call it outside analysis." The analyst in this situation, which is only a special case of the analytic situation in general, must deny the patient's clamor for gratification. "The cure must be carried through in abstinence; I mean by that not physical self-denial alone, nor the denial of every desire, for this perhaps no patient could tolerate. But I want to state the principle

*In this discussion Freud worked with a simplified model: a male analyst and a female patient. But the same rules hold for female analysts treating male patients and as well for analysts treating patients of the same sex. The ingenuity of the erotic transference is virtually limitless.

that one must permit neediness and yearning to remain as forces favoring work and change, and that one must beware of appeasing them with surrogates."

This blunt prescription was a firm, universal rule for the psychoanalyst at work. However tentative Freud might sound about many of his recommendations, on abstinence he was categorical. Yet on this crucial point, Freud's gift for vivid metaphor generated a certain amount of confusion and unleashed a debate on technique that has never died down. As a model, Freud offered his fellow analysts the surgeon, who "pushes aside all his affects and even his humane compassion and posits a single aim for his mental forces—to carry through the operation as correctly and effectively as possible." A therapist's ambition to provide spectacular cures is, after all, the lethal antagonist of such cures. The all-too-human wish to get close to the patient is no less damaging. Hence Freud felt justified in commending the surgeon's "coldness of feeling," which would ward off such understandable but unprofessional aspirations. To reveal intimate details of his inner life or family relationships is therefore a serious technical error: "The physician should be opaque to the patient and, like a mirror, show nothing but what is shown to him."

These frigid images state Freud's case with a chilling finality that some of his other texts, and even more his practice, partly invalidate. We have seen him bending his rules and at times breaking them, with a sovereign sense of mastery and in the interest of sheer humaneness. He remitted the fees of his analysands when they fell on hard times. He allowed himself cordial comments during the hour. He made friends with his favorite patients. He conducted, as we know, informal analyses in some astonishing settings; analyzing Eitingon during evening strolls through Vienna is only the most spectacular of his informal experiments. But in his papers on technique Freud allowed himself not a hint of such escapades.

There was, of course, no room for them in the handbook Freud was compiling for his colleagues. Everything that obstructs the analysis, he had written, is a resistance, and everything that distracts patients from following the fundamental rule is an obstruction. Even at best, patients introduce more than enough resistances of their own; there is no need for the analyst to add to them with tokens of affection, rational discussions of theory, or earnest aspirations in behalf of his analysands' self-development. To gratify patients by loving them, reassuring them, or just telling them one's vacation plans is to sustain the very habits of thought they have gone into analysis to overcome. It may sound callous, but the analyst must not permit pity for his suffering patients to overwhelm him; this very suffering is an agent in the curative

process.* To take the shortcut of soothing reassurance is only to keep the neurosis in place. It is (one might say) offering Saint Sebastian aspirin to ease his pains. But to enlist as metaphors for the analyst's procedure the cool work of the surgeon, or the blank surface of the mirror, is to slight his partnership, at once taciturn and very human, with the unhappy being on the couch before him.

EVEN IF ANALYST and analysand scrupulously observe all of Freud's technical injunctions, the healing work of the analysis is always slow and never certain. Freud excluded from analytic treatment many types of mental disorder, notably the psychoses, on the ground that the psychotic cannot establish the necessary transference to the analyst. But even hysterics and obsessional neurotics, peculiarly suitable to analytic treatment, often showed snails' progress and dismaying relapses. Elusive memories, stubborn symptoms, an abiding affection for neurotic habits, proved potent obstructions to effectual interpretations and to the kind of transference that assists in the cure. The most trying obstructions to deal with were those transferences which induced the patient to repeat earlier conduct instead of remembering it. Clearly, Freud saw, the one quality the analyst can least afford is impatience. Clinical experience showed that for the analysand to know something intellectually is never good enough. But at long last the time may come when the patient, steadily relapsing, steadily forgetting insights painfully won, will begin to absorb, to "work through," his hard-won knowledge. "The physician," Freud suggested in his paper "Remembering, Repeating, and Working Through," has "nothing more to do than to wait and let things take their course, which cannot be avoided nor always be speeded up." Again, both partners in the analytic enterprise must cultivate patience: "This working through of the resistance may in practice become a wearisome task for the analysand and a trial of patience for the analyst. But it is that part of the work which has the greatest transforming impact on the patient" and which, indeed, distinguishes psychoanalysis from all those treatments that attempt to influence the patient by means of suggestion. The analyst is not simply passive in this important phase; if he finds sufficient compliance in his patient, he should manage to "give all the symptoms of the illness a new transference meaning, to replace his common neurosis with a transference neurosis." This transference neurosis is a unique sort of ailment, a disorder peculiar—and necessary—to the treatment. The analyst may rid the patient of it "by means of the

*As he put it not long after, addressing his colleagues at the Budapest congress in late September 1918: "We must see to it, cruel as it may sound, that the sufferings of the patient . . . do not come to an end prematurely." ("Wege der psychoanalytischen Therapie" [1919], *GW* XII, 188/"Lines of Advance in Psycho-Analytic Therapy," *SE* XVII, 163.)

therapeutic work." There follows a kind of coda, the phase of termination, on which Freud offered only a few sparse comments. It did, he knew, produce miseries of its own; he called them "leave-taking difficulties"—*Abschiedsschwierigkeiten*. The analysis once well under way, the newly acquired knowledge worked through, and the transference neurosis sturdy enough, the desired end will come.

FOR ALL HIS CONCILIATORY and genial rhetoric, Freud presented these papers with an air of complete conviction, the air of a founder and seasoned practitioner. He was only setting out the methods he had found most efficient in his own practice; others might want to proceed in their own way. But despite these politic disclaimers, he left no doubt that he expected his recommendations to assume commanding authority with his followers. The authority was earned; no one else could have written these papers, and his readers candidly admired, freely cited, and visibly profited from them. In 1912, Eitingon thanked Freud warmly for "Recommendations to Physicians Practicing Psychoanalysis," a paper from which, he wrote, he "could learn a great deal." And Eitingon was in large company. Freud's series of papers on technique came to serve as an indispensable handbook for his profession. Justly so: they are as brilliant as anything he ever wrote. It is not that they are the last word on how to conduct an analysis; they are not even Freud's last word. Nor do they constitute an exhaustive or formal treatise. But taken together, as recommendations on how to manage the clinical encounter, on its opportunities and its pitfalls, they are so rich in sturdy analytical sense, so shrewd in anticipating criticisms, that they continue after all these years to serve as a guide to the aspiring, and a resource for the practicing, analyst.

One question they did not resolve, did not even address, was that of just how many analytic patients went away cured. This question was then, and has remained since, a most controversial issue. But in the years when he wrote these papers, Freud and his closest adherents thought that within the limits they themselves had set, the record of analytic successes compared favorably with the therapeutic efforts of their rivals. Nor did Freud permit whatever doubts he might harbor on this score to dim his confidence in his creation as an intellectual instrument for explaining the mind at work. That confidence was not just self-created. Gratifying echoes from the outside world were no longer so scarce as they had once been. By 1915, when Freud published the last in his series of papers on technique, he was far from being the isolated pioneer of the Fliess period or the first years of the Wednesday Psychological Society. And his studies of art and literature, of religion and prehistory, only strengthened his confidence that the writ of his psychology, so persuasively exhibited in his case histories, ran everywhere.