her physician we have heard, I should say that, despite everything, the 'wild' psycho-analyst did more for her than some highly respected authority who might have told her she was suffering from a 'vasomotor neurosis'. He forced her attention to the real cause of her trouble, or in that direction, and in spite of all her opposition this intervention of his cannot be without some favourable results. But he has done himself harm and helped to intensify the prejudices which patients feel, owing to their natural affective resistances, against the methods of psycho-analysis. And this can be avoided.

Recommendations to Physicians Practicing Psycho-Analysis

Together the six papers on technique that Freud published between 1911 and 1915 (to which, as noted just above, one should add the paper " 'Wild' Psycho-Analysis" of 1910) constitute an impressive array of recommendations. Some aspects of psychoanalytic technique, notably termination of treatment, receive quite skimpy treatment in this series. But they remain classic discussions still eminently worth pondering, and not just as historical documents. Two points are worth emphasizing: Freud is not just being polite when he insists that he is offering recommendations rather than laying down dogma. Variations in technique are inescapable, given the differences among analysts and analysands. At the same time, Freud is severe on those psychoanalysts who display their brilliance by offering quick interpretations. Secondly, as Freud's editors note, Freud did not want these papers to be taken as a substitute for practice: "A proper mastery of the subject could only be acquired from clinical experience and not from books" (SE XII, 87).

The technical rules which I am putting forward here have been arrived at from my own experience in the course of many years, after unfortunate results had led me to abandon other methods. It will easily be seen that they (or at least many of them) may be summed up in a single precept. My hope is that observance of them will spare physicians practising analysis much unnecessary effort and guard them against some oversights. I must however make it clear that what I am asserting is that this technique is the only one suited to my individuality; I do not venture to deny that a physician quite differently constituted might find himself driven to adopt a different attitude to his patients and to the task before him.

(*a*) The first problem confronting an analyst who is treating more than one patient in the day will seem to him the hardest. It is the task of keeping in mind all the innumerable names, dates, detailed memories

and pathological products which each patient communicates in the course of months and years of treatment, and of not confusing them with similar material produced by other patients under treatment simultaneously or previously. If one is required to analyse six, eight, or even more patients daily, the feat of memory involved in achieving this will provoke incredulity, astonishment or even commiseration in uninformed observers. Curiosity will in any case be felt about the technique which makes it possible to master such an abundance of material, and the expectation will be that some special expedients are required for the purpose.

The technique, however, is a very simple one. As we shall see, it rejects the use of any special expedient (even that of taking notes). It consists simply in not directing one's notice to anything in particular and in maintaining the same 'evenly-suspended attention' (as I have called it) in the face of all that one hears. In this way we spare ourselves a strain on our attention which could not in any case be kept up for several hours daily, and we avoid a danger which is inseparable from the exercise of deliberate attention. For as soon as anyone deliberately concentrates his attention to a certain degree, he begins to select from the material before him; one point will be fixed in his mind with particular clearness and some other will be correspondingly disregarded, and in making this selection he will be following his expectations or inclinations. This, however, is precisely what must not be done. In making the selection, if he follows his expectations he is in danger of never finding anything but what he already knows; and if he follows his inclinations he will certainly falsify what he may perceive. It must not be forgotten that the things one hears are for the most part things whose meaning is only recognized later on.

It will be seen that the rule of giving equal notice to everything is the necessary counterpart to the demand made on the patient that he should communicate everything that occurs to him without criticism or selection. If the doctor behaves otherwise, he is throwing away most of the advantage which results from the patient's obeying the 'fundamental rule of psycho-analysis'. The rule for the doctor may be expressed: 'He should withhold all conscious influences from his capacity to attend, and give himself over completely to his "unconscious memory".' Or, to put it purely in terms of technique: 'He should simply listen, and not bother about whether he is keeping anything in mind.'

What is achieved in this manner will be sufficient for all requirements during the treatment. Those elements of the material which already form a connected context will be at the doctor's conscious disposal; the rest, as yet unconnected and in chaotic disorder, seems at first to be submerged, but rises readily into recollection as soon as the patient brings up something new to which it can be related and by which it can be continued. The undeserved compliment of having 'a remarkably good memory' which the patient pays one when one reproduces some detail

after a year and a day can then be accepted with a smile, whereas a conscious determination to recollect the point would probably have resulted in failure.

Mistakes in this process of remembering occur only at times and places at which one is disturbed by some personal consideration that is, when one has fallen seriously below the standard of an ideal analyst. Confusion with material brought up by other patients occurs very rarely. Where there is a dispute with the patient as to whether or how he has said some particular thing, the doctor is usually in the right.

(*b*) I cannot advise the taking of full notes, the keeping of a shorthand record, etc., during analytic sessions. Apart from the unfavourable impression which this makes on some patients, the same considerations as have been advanced with regard to attention apply here too. A detrimental selection from the material will necessarily be made as one writes the notes or shorthand, and part of one's own mental activity is tied up in this way, which would be better employed in interpreting what one has heard. No objection can be raised to making exceptions to this rule in the case of dates, the text of dreams, or particular noteworthy events which can easily be detached from their context and are suitable for independent use as instances. But I am not in the habit of doing this either. As regards instances, I write them down from memory in the evening after work is over; as regards texts of dreams to which I attach importance, I get the patient to repeat them to me after he has related them so that I can fix them in my mind.

(*c*) Taking notes during the session with the patient might be justified by an intention of publishing a scientific study of the case. On general grounds this can scarcely be denied. Nevertheless it must be borne in mind that exact reports of analytic case histories are of less value than might be expected. Strictly speaking, they only possess the *ostensible* exactness of which 'modern' psychiatry affords us some striking examples. They are, as a rule, fatiguing to the reader and yet do not succeed in being a substitute for his actual presence at an analysis. Experience invariably shows that if readers are willing to believe an analyst they will have confidence in any slight revision to which he has submitted his material; if, on the other hand, they are unwilling to take analysis and the analyst seriously, they will pay no attention to accurate verbatim records of the treatment either. This is not the way, it seems, to remedy the lack of convincing evidence to be found in psycho-analytic reports.

(*d*) One of the claims of psycho-analysis to distinction is, no doubt, that in its execution research and treatment coincide; nevertheless, after a certain point, the technique required for the one opposes that required for the other. It is not a good thing to work on a case scientifically while treatment is still proceeding—to piece together its structure, to try to

foretell its further progress, and to get a picture from time to time of the current state of affairs, as scientific interest would demand. Cases which are devoted from the first to scientific purposes and are treated accordingly suffer in their outcome; while the most successful cases are those in which one proceeds, as it were, without any purpose in view, allows oneself to be taken by surprise by any new turn in them, and always meets them with an open mind, free from any presuppositions. The correct behaviour for an analyst lies in swinging over according to need from the one mental attitude to the other, in avoiding speculation or brooding over cases while they are in analysis, and in submitting the material obtained to a synthetic process of thought only after the analysis is concluded. The distinction between the two attitudes would be meaningless if we already possessed all the knowledge (or at least the essential knowledge) about the psychology of the unconscious and about the structure of the neuroses that we can obtain from psycho-analytic work. At present we are still far from that goal and we ought not to cut ourselves off from the possibility of testing what we have already learnt and of extending our knowledge further.

(*e*) I cannot advise my colleagues too urgently to model themselves during psycho-analytic treatment on the surgeon, who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skilfully as possible. Under present-day conditions the feeling that is most dangerous to a psycho-analyst is the therapeutic ambition to achieve by this novel and much disputed method something that will produce a convincing effect upon other people. This will not only put him into a state of mind which is unfavourable for his work, but will make him helpless against certain resistances of the patient, whose recovery, as we know, primarily depends on the interplay of forces in him. The justification for requiring this emotional coldness in the analyst is that it creates the most advantageous conditions for both parties: for the doctor a desirable protection for his own emotional life and for the patient the largest amount of help that we can give him to-day. A surgeon of earlier times took as his motto the words: 'Je le pansai, Dieu le guérit.' {"I dressed his wounds, God cured him."} The analyst should be content with something similar.

(*f*) It is easy to see upon what aim the different rules I have brought forward converge. They are all intended to create for the doctor a counterpart to the 'fundamental rule of psycho-analysis' which is laid down for the patient. Just as the patient must relate everything that his self-observation can detect, and keep back all the logical and affective objections that seek to induce him to make a selection from among them, so the doctor must put himself in a position to make use of everything he is told for the purposes of interpretation and of recognizing the concealed unconscious material without substituting a censorship of his

own for the selection that the patient has forgone. To put it in a formula: he must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone. Just as the receiver converts back into sound-waves the electric oscillations in the telephone line which were set up by sound-waves, so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient's free associations.

But if the doctor is to be in a position to use his unconscious in this way as an instrument in the analysis, he must himself fulfil one psychological condition to a high degree. He may not tolerate any resistances in himself which hold back from his consciousness what has been perceived by his unconscious; otherwise he would introduce into the analysis a new species of selection and distortion which would be far more detrimental than that resulting from concentration of conscious attention. It is not enough for this that he himself should be an approximately normal person. It may be insisted, rather, that he should have undergone a psycho-analytic purification and have become aware of those complexes of his own which would be apt to interfere with his grasp of what the patient tells him. There can be no reasonable doubt about the disqualifying effect of such defects in the doctor; every unresolved repression in him constitutes what has been aptly described by Stekel as a 'blind spot' in his analytic perception.

Some years ago I gave as an answer to the question of how one can become an analyst: 'By analysing one's own dreams.' This preparation is no doubt enough for many people, but not for everyone who wishes to learn analysis. Nor can everyone succeed in interpreting his own dreams without outside help. I count it as one of the many merits of the Zurich school of analysis that they have laid increased emphasis on this requirement, and have embodied it in the demand that everyone who wishes to carry out analyses on other people shall first himself undergo an analysis by someone with expert knowledge. Anyone who takes up the work seriously should choose this course, which offers more than one advantage; the sacrifice involved in laying oneself open to another person without being driven to it by illness is amply rewarded. Not only is one's aim of learning to know what is hidden in one's own mind far more rapidly attained and with less expense of affect, but impressions and convictions will be gained in relation to oneself which will be sought in vain from studying books and attending lectures. And lastly, we must not under-estimate the advantage to be derived from the lasting mental contact that is as a rule established between the student and his guide.

An analysis such as this of someone who is practically healthy will, as may be imagined, remain incomplete. Anyone who can appreciate the high value of the self-knowledge and increase in self-control thus

acquired will, when it is over, continue the analytic examination of his personality in the form of a self-analysis, and be content to realize that, within himself as well as in the external world, he must always expect to find something new. But anyone who has scorned to take the precaution of being analysed himself will not merely be punished by being incapable of learning more than a certain amount from his patients, he will risk a more serious danger and one which may become a danger to others. He will easily fall into the temptation of projecting outwards some of the peculiarities of his own personality, which he has dimly perceived, into the field of science, as a theory having universal validity; he will bring the psycho-analytic method into discredit, and lead the inexperienced astray.

(*g*) I shall now add a few other rules, that will serve as a transition from the attitude of the doctor to the treatment of the patient.

Young and eager psycho-analysts will no doubt be tempted to bring their own individuality freely into the discussion, in order to carry the patient along with them and lift him over the barriers of his own narrow personality. It might be expected that it would be quite allowable and indeed useful, with a view to overcoming the patient's existing resistances, for the doctor to afford him a glimpse of his own mental defects and conflicts and, by giving him intimate information about his own life, enable him to put himself on an equal footing. One confidence deserves another, and anyone who demands intimacy from someone else must be prepared to give it in return.

But in psycho-analytic relations things often happen differently from what the psychology of consciousness might lead us to expect. Experience does not speak in favour of an affective technique of this kind. Nor is it hard to see that it involves a departure from psycho-analytic principles and verges upon treatment by suggestion. It may induce the patient to bring forward sooner and with less difficulty things he already knows but would otherwise have kept back for a time through conventional resistances. But this technique achieves nothing towards the uncovering of what is unconscious to the patient. It makes him even more incapable of overcoming his deeper resistances, and in severer cases it invariably fails by encouraging the patient to be insatiable: he would like to reverse the situation, and finds the analysis of the doctor more interesting than his own. The resolution of the transference, too—one of the main tasks of the treatment—is made more difficult by an intimate attitude on the doctor's part, so that any gain there may be at the beginning is more than outweighed at the end. I have no hesitation, therefore, in condemning this kind of technique as incorrect. The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him. In practice, it is true, there is nothing to be said against a psychotherapist combining a certain amount of analysis with some suggestive influence in order to achieve a perceptible result

in a shorter time—as is necessary, for instance, in institutions. But one has a right to insist that he himself should be in no doubt about what he is doing and should know that his method is not that of true psycho-analysis.

(*h*) Another temptation arises out of the educative activity which, in psycho-analytic treatment, devolves on the doctor without any deliberate intention on his part. When the developmental inhibitions are resolved, it happens of itself that the doctor finds himself in a position to indicate new aims for the trends that have been liberated. It is then no more than a natural ambition if he endeavours to make something specially excellent of a person whom he has been at such pains to free from his neurosis and if he prescribes high aims for his wishes. But here again the doctor should hold himself in check, and take the patient's capacities rather than his own desires as guide. Not every neurotic has a high talent for sublimation; one can assume of many of them that they would not have fallen ill at all if they had possessed the art of sublimating their instincts. If we press them unduly towards sublimation and cut them off from the most accessible and convenient instinctual satisfactions, we shall usually make life even harder for them than they feel it in any case. As a doctor, one must above all be tolerant to the weakness of a patient, and must be content if one has won back some degree of capacity for work and enjoyment for a person even of only moderate worth. Educative ambition is of as little use as therapeutic ambition. It must further be borne in mind that many people fall ill precisely from an attempt to sublimate their instincts beyond the degree permitted by their organization and that in those who have a capacity for sublimation the process usually takes place of itself as soon as their inhibitions have been overcome by analysis. In my opinion, therefore, efforts invariably to make use of the analytic treatment to bring about sublimation of instinct are, though no doubt always laudable, far from being in every case advisable.

(*i*) To what extent should the patient's intellectual co-operation be sought for in the treatment? It is difficult to say anything of general applicability on this point: the patient's personality is the determining factor. But in any case caution and self-restraint must be observed in this connection. It is wrong to set a patient tasks, such as collecting his memories or thinking over some particular period of his life. On the contrary, he has to learn above all—what never comes easily to anyone—that mental activities such as thinking something over or concentrating the attention solve none of the riddles of a neurosis; that can only be done by patiently obeying the psycho-analytic rule, which enjoins the exclusion of all criticism of the unconscious or of its derivatives. One must be especially unyielding about obedience to that rule with patients who practise the art of sheering off into intellectual discussion during

their treatment, who speculate a great deal and often very wisely about their condition and in that way avoid doing anything to overcome it. For this reason I dislike making use of analytic writings as an assistance to my patients; I require them to learn by personal experience, and I assure them that they will acquire wider and more valuable knowledge than the whole literature of psycho-analysis could teach them. I recognize, however, that under institutional conditions it may be of great advantage to employ reading as a preparation for patients in analysis and as a means of creating an atmosphere of influence.

I must give a most earnest warning against any attempt to gain the confidence or support of parents or relatives by giving them psycho-analytic books to read, whether of an introductory or an advanced kind. This well-meant step usually has the effect of bringing on prematurely the natural opposition of the relatives to the treatment—an opposition which is bound to appear sooner or later—so that the treatment is never even begun.

Let me express a hope that the increasing experience of psycho-analysts will soon lead to agreement on questions of technique and on the most effective method of treating neurotic patients. As regards the treatment of their relatives I must confess myself utterly at a loss, and I have in general little faith in any individual treatment of them.

On Beginning the Treatment

This paper is a fascinating mixture of practical recommendations—including the tender subject of the analyst's right to his fee—and of gambits essential to the analytic situation, most notably that of the so-called "fundamental rule," without which no analysis can progress at all. It stands as a reminder that the relationship between analyst and analysand is complex indeed, and that virtually anything the analyst does (or seems to be doing) is likely to have some impact on his patient. The paper dates from 1913.

Anyone who hopes to learn the noble game of chess from books will soon discover that only the openings and end-games admit of an exhaustive systematic presentation and that the infinite variety of moves which develop after the opening defy any such description. This gap in instruction can only be filled by a diligent study of games fought out by masters. The rules which can be laid down for the practice of psycho-analytic treatment are subject to similar limitations.

In what follows I shall endeavour to collect together for the use of practising analysts some of the rules for the beginning of the treatment. Among them there are some which may seem to be petty details, as,

indeed, they are. Their justification is that they are simply rules of the game which acquire their importance from their relation to the general plan of the game. I think I am well-advised, however, to call these rules 'recommendations' and not to claim any unconditional acceptance for them. The extraordinary diversity of the psychical constellations concerned, the plasticity of all mental processes and the wealth of determining factors oppose any mechanization of the technique; and they bring it about that a course of action that is as a rule justified may at times prove ineffective, whilst one that is usually mistaken may once in a while lead to the desired end. These circumstances, however, do not prevent us from laying down a procedure for the physician which is effective on the average.

Some years ago I set out the most important indications for selecting patients {in "a Psychotherapy" (1905)} and I shall therefore not repeat them here. They have in the meantime been approved by other psycho-analysts. But I may add that since then I have made it my habit, when I know little about a patient, only to take him on at first provisionally, for a period of one to two weeks. If one breaks off within this period one spares the patient the distressing impression of an attempted cure having failed. One has only been undertaking a 'sounding' in order to get to know the case and to decide whether it is a suitable one for psychoanalysis. No other kind of preliminary examination but this procedure is at our disposal; the most lengthy discussions and questionings in ordinary consultations would offer no substitute. This preliminary experiment, however, is itself the beginning of a psycho-analysis and must conform to its rules. There may perhaps be this distinction made, that in it one lets the patient do nearly all the talking and explains nothing more than what is absolutely necessary to get him to go on with what he is saying.

There are also diagnostic reasons for beginning the treatment with a trial period of this sort lasting for one or two weeks. Often enough, when one sees a neurosis with hysterical or obsessional symptoms, which is not excessively marked and has not been in existence for long—just the type of case, that is, that one would regard as suitable for treatment—one has to reckon with the possibility that it may be a preliminary stage of what is known as dementia praecox ('schizophrenia', in Bleuler's terminology; 'paraphrenia', as I have proposed to call it), and that sooner or later it will show a well-marked picture of that affection. I do not agree that it is always possible to make the distinction so easily. I am aware that there are psychiatrists who hesitate less often in their differential diagnosis, but I have become convinced that just as often they make mistakes. To make a mistake, moreover, is of far greater moment for the psycho-analyst than it is for the clinical psychiatrist, as he is called. For the latter is not attempting to do anything that will be of use, whichever kind of case it may be. He merely runs the risk of making

a theoretical mistake, and his diagnosis is of no more than academic interest. Where the psycho-analyst is concerned, however, if the case is unfavourable he has committed a practical error; he has been responsible for wasted expenditure and has discredited his method of treatment. He cannot fulfil his promise of cure if the patient is suffering, not from hysteria or obsessional neurosis, but from paraphrenia, and he therefore has particularly strong motives for avoiding mistakes in diagnosis. In an experimental treatment of a few weeks he will often observe suspicious signs which may determine him not to pursue the attempt any further. Unfortunately I cannot assert that an attempt of this kind always enables us to arrive at a certain decision; it is only one wise precaution the more.

Lengthy preliminary discussions before the beginning of the analytic treatment, previous treatment by another method and also previous acquaintance between the doctor and the patient who is to be analysed, have special disadvantageous consequences for which one must be prepared. They result in the patient's meeting the doctor with a transference attitude which is already established and which the doctor must first slowly uncover instead of having the opportunity to observe the growth and development of the transference from the outset. In this way the patient gains a temporary start upon us which we do not willingly grant him in the treatment.

One must mistrust all prospective patients who want to make a delay before beginning their treatment. Experience shows that when the time agreed upon has arrived they fail to put in an appearance, even though the motive for the delay—i.e. their rationalization of their intention—seems to the uninitiated to be above suspicion.

Special difficulties arise when the analyst and his new patient or their families are on terms of friendship or have social ties with one another. The psycho-analyst who is asked to undertake the treatment of the wife or child of a friend must be prepared for it to cost him that friendship, no matter what the outcome of the treatment may be: nevertheless he must make the sacrifice if he cannot find a trustworthy substitute.

Both lay public and doctors—still ready to confuse psycho-analysis with treatment by suggestion—are inclined to attribute great importance to the expectations which the patient brings to the new treatment. They often believe in the case of one patient that he will not give much trouble, because he has great confidence in psycho-analysis and is fully convinced of its truth and efficacy; whereas in the case of another, they think that he will undoubtedly prove more difficult, because he has a sceptical outlook and will not believe anything until he has experienced its successful results on his own person. Actually, however, this attitude on the part of the patient has very little importance. His initial trust or distrust is almost negligible compared with the internal resistances which

hold the neurosis firmly in place. It is true that the patient's happy trustfulness makes our earliest relationship with him a very pleasant one; we are grateful to him for that, but we warn him that his favourable prepossession will be shattered by the first difficulty that arises in the analysis. To the sceptic we say that the analysis requires no faith, that he may be as critical and suspicious as he pleases and that we do not regard his attitude as the effect of his judgement at all, for he is not in a position to form a reliable judgement on these matters; his distrust is only a symptom like his other symptoms and it will not be an interference, provided he conscientiously carries out what the rule of the treatment requires of him.

No one who is familiar with the nature of neurosis will be astonished to hear that even a man who is very well able to carry out an analysis on other people can behave like any other mortal and be capable of producing the most intense resistances as soon as he himself becomes the object of analytic investigation. When this happens we are once again reminded of the dimension of depth in the mind, and it does not surprise us to find that the neurosis has its roots in psychical strata to which an intellectual knowledge of analysis has not penetrated.

Points of importance at the beginning of the analysis are arrangements about *time* and *money*.

In regard to time, I adhere strictly to the principle of leasing a definite hour. Each patient is allotted a particular hour of my available working day; it belongs to him and he is liable for it, even if he does not make use of it. This arrangement, which is taken as a matter of course for teachers of music or languages in good society, may perhaps seem too rigorous in a doctor, or even unworthy of his profession. There will be an inclination to point to the many accidents which may prevent the patient from attending every day at the same hour and it will be expected that some allowance shall be made for the numerous intercurrent ailments which may occur in the course of a longish analytic treatment. But my answer is: no other way is practicable. Under a less stringent régime the 'occasional' non-attendances increase so greatly that the doctor finds his material existence threatened; whereas when the arrangement is adhered to, it turns out that accidental hindrances do not occur at all and intercurrent illnesses only very seldom. The analyst is hardly ever put in the position of enjoying a leisure hour which he is paid for and would be ashamed of; and he can continue his work without interruptions, and is spared the distressing and bewildering experience of finding that a break for which he cannot blame himself is always bound to happen just when the work promises to be especially important and rich in content. Nothing brings home to one so strongly the significance of the psychogenic factor in the daily life of men, the frequency of malingering and the non-existence of chance, as a few years' practice of psycho-analysis on the strict principle of leasing by the hour. In cases

of undoubted organic illnesses, which, after all, cannot be excluded by the patient's having a psychical interest in attending, I break off the treatment, consider myself entitled to dispose elsewhere of the hour which becomes free, and take the patient back again as soon as he has recovered and I have another hour vacant.

I work with my patients every day except on Sundays and public holidays—that is, as a rule, six days a week. For slight cases or the continuation of a treatment which is already well advanced, three days a week will be enough. Any restrictions of time beyond this bring no advantage either to the doctor or the patient; and at the beginning of an analysis they are quite out of the question. Even short interruptions have a slightly obscuring effect on the work. We used to speak jokingly of the 'Monday crust' when we began work again after the rest on Sunday. When the hours of work are less frequent, there is a risk of not being able to keep pace with the patient's real life and of the treatment losing contact with the present and being forced into by-paths. Occasionally, too, one comes across patients to whom one must give more than the average time of one hour a day, because the best part of an hour is gone before they begin to open up and to become communicative at all.

An unwelcome question which the patient asks the doctor at the outset is: 'How long will the treatment take? How much time will you need to relieve me of my trouble?' If one has proposed a trial treatment of a few weeks one can avoid giving a direct answer to this question by promising to make a more reliable pronouncement at the end of the trial period. Our answer is like the answer given by the Philosopher to the Wayfarer in Aesop's fable. When the Wayfarer asked how long a journey lay ahead, the Philosopher merely answered 'Walk!' and afterwards explained his apparently unhelpful reply on the ground that he must know the length of the Wayfarer's stride before he could tell how long his journey would take. This expedient helps one over the first difficulties; but the comparison is not a good one, for the neurotic can easily alter his pace and may at times make only very slow progress. In point of fact, the question as to the probable duration of a treatment is almost unanswerable.

As the combined result of lack of insight on the part of patients and disingenuousness on the part of doctors, analysis finds itself expected to fulfil the most boundless demands, and that in the shortest time. * * * No one would expect a man to lift a heavy table with two fingers as if it were a light stool, or to build a large house in the time it would take to put up a wooden hut; but as soon as it becomes a question of the neuroses—which do not seem so far to have found a proper place in human thought—even intelligent people forget that a necessary proportion must be observed between time, work and success. This, incidentally, is an understandable result of the deep ignorance which prevails about the aetiology of the neuroses. * * *

Doctors lend support to these fond hopes. Even the informed among

them often fail to estimate properly the severity of nervous disorders. A friend and colleague of mine, to whose great credit I account it that after several decades of scientific work on other principles he became converted to the merits of psycho-analysis, once wrote to me: 'What we need is a short, convenient, out-patient treatment for obsessional neurosis.' I could not supply him with it and felt ashamed; so I tried to excuse myself with the remark that specialists in internal diseases, too, would probably be very glad of a treatment for tuberculosis or carcinoma which combined these advantages.

To speak more plainly, a psycho-analysis is always a matter of long periods of time, of half a year or whole years—of longer periods than the patient expects. It is therefore our duty to tell the patient this before he finally decides upon the treatment. I consider it altogether more honourable, and also more expedient, to draw his attention—without trying to frighten him off, but at the very beginning—to the difficulties and sacrifices which analytic treatment involves, and in this way to deprive him of any right to say later on that he has been inveigled into a treatment whose extent and implications he did not realize. A patient who lets himself be dissuaded by this information would in any case have shown himself unsuitable later on. It is a good thing to institute a selection of this kind before the beginning of the treatment. With the progress of understanding among patients the number of those who successfully meet this first test increases.

I do not bind patients to continue the treatment for a certain length of time; I allow each one to break off whenever he likes. But I do not hide it from him that if the treatment is stopped after only a small amount of work has been done it will not be successful and may easily, like an unfinished operation, leave him in an unsatisfactory state. In the early years of my psycho-analytic practice I used to have the greatest difficulty in prevailing on my patients to continue their analysis. This difficulty has long since been shifted, and I now have to take the greatest pains to induce them to give it up.

To shorten analytic treatment is a justifiable wish, and its fulfilment, as we shall learn, is being attempted along various lines. Unfortunately, it is opposed by a very important factor, namely, the slowness with which deep-going changes in the mind are accomplished—in the last resort, no doubt, the 'timelessness' of our unconscious processes. When patients are faced with the difficulty of the great expenditure of time required for analysis they not infrequently manage to propose a way out of it. They divide up their ailments and describe some as unbearable, and others as secondary, and then say: 'If only you will relieve me from this one (for instance, a headache or a particular fear) I can deal with the other one on my own in my ordinary life.' In doing this, however, they over-estimate the selective power of analysis. The analyst is certainly able to do a great deal, but he cannot determine beforehand exactly what results he will effect. He sets in motion a process, that of the

resolving of existing repressions. He can supervise this process, further it, remove obstacles in its way, and he can undoubtedly vitiate much of it. But on the whole, once begun, it goes its own way and does not allow either the direction it takes or the order in which it picks up its points to be prescribed for it. The analyst's power over the symptoms of the disease may thus be compared to male sexual potency. A man can, it is true, beget a whole child, but even the strongest man cannot create in the female organism a head alone or an arm or a leg; he cannot even prescribe the child's sex. He, too, only sets in motion a highly complicated process, determined by events in the remote past, which ends with the severance of the child from its mother. A neurosis as well has the character of an organism. Its component manifestations are not independent of one another; they condition one another and give one another mutual support. A person suffers from one neurosis only, never from several which have accidentally met together in a single individual. The patient freed, according to his wish, from his one unendurable symptom might easily find that a symptom which had previously been negligible had now increased and grown unendurable. The analyst who wishes the treatment to owe its success as little as possible to its elements of suggestion (i.e. to the transference) will do well to refrain from making use of even the trace of selective influence upon the results of the therapy which may perhaps be open to him. The patients who are bound to be most welcome to him are those who ask him to give them complete health, in so far as that is attainable, and who place as much time at his disposal as is necessary for the process of recovery. Such favourable conditions as these are, of course, to be looked for in only a few cases.

The next point that must be decided at the beginning of the treatment is the one of money, of the doctor's fee. An analyst does not dispute that money is to be regarded in the first instance as a medium for self-preservation and for obtaining power; but he maintains that, besides this, powerful sexual factors are involved in the value set upon it. He can point out that money matters are treated by civilized people in the same way as sexual matters—with the same inconsistency, prudishness and hypocrisy. The analyst is therefore determined from the first not to fall in with this attitude, but, in his dealings with his patients, to treat of money matters with the same matter-of-course frankness to which he wishes to educate them in things relating to sexual life. He shows them that he himself has cast off false shame on these topics, by voluntarily telling them the price at which he values his time. Ordinary good sense cautions him, furthermore, not to allow large sums of money to accumulate, but to ask for payment at fairly short regular intervals—monthly, perhaps. (It is a familiar fact that the value of the treatment is not enhanced in the patient's eyes if a very low fee is asked.) This is, of course, not the usual practice of nerve specialists or other physicians in our European society. But the psycho-analyst may put himself in the

position of a surgeon, who is frank and expensive because he has at his disposal methods of treatment which can be of use. It seems to me more respectable and ethically less objectionable to acknowledge one's actual claims and needs rather than, as is still the practice among physicians, to act the part of the disinterested philanthropist—a position which one is not, in fact, able to fill, with the result that one is secretly aggrieved, or complains aloud, at the lack of consideration and the desire for exploitation evinced by one's patients. In fixing his fee the analyst must also allow for the fact that, hard as he may work, he can never earn as much as other medical specialists.

For the same reason he should also refrain from giving treatment free, and make no exceptions to this in favour of his colleagues or their families. This last recommendation will seem to offend against professional amenities. It must be remembered, however, that a gratuitous treatment means much more to a psycho-analyst than to any other medical man; it means the sacrifice of a considerable portion—an eighth or a seventh part, perhaps—of the working time available to him for earning his living, over a period of many months. A second free treatment carried on at the same time would already deprive him of a quarter or a third of his earning capacity, and this would be comparable to the damage inflicted by a severe accident.

The question then arises whether the advantage gained by the patient would not to some extent counterbalance the sacrifice made by the physician. I may venture to form a judgement about this, since for ten years or so I set aside one hour a day, and sometimes two, for gratuitous treatments, because I wanted, in order to find my way about in the neuroses, to work in the face of as little resistance as possible. The advantages I sought by this means were not forthcoming. Free treatment enormously increases some of a neurotic's resistances—in young women, for instance, the temptation which is inherent in their transference-relation, and in young men, their opposition to an obligation to feel grateful, an opposition which arises from their father-complex and which presents one of the most troublesome hindrances to the acceptance of medical help. The absence of the regulating effect offered by the payment of a fee to the doctor makes itself very painfully felt; the whole relationship is removed from the real world, and the patient is deprived of a strong motive for endeavouring to bring the treatment to an end.

One may be very far from the ascetic view of money as a curse and yet regret that analytic therapy is almost inaccessible to poor people, both for external and internal reasons. Little can be done to remedy this. Perhaps there is truth in the widespread belief that those who are forced by necessity to a life of hard toil are less easily overtaken by neurosis. But on the other hand experience shows without a doubt that when once a poor man has produced a neurosis it is only with difficulty that he lets it be taken from him. It renders him too good a service in the struggle for existence; the secondary gain from illness which it brings

him is much too important. He now claims by right of his neurosis the pity which the world has refused to his material distress, and he can now absolve himself from the obligation of combating his poverty by working. * * *

As far as the middle classes are concerned, the expense involved in psycho-analysis is excessive only in appearance. Quite apart from the fact that no comparison is possible between restored health and efficiency on the one hand and a moderate financial outlay on the other, when we add up the unceasing costs of nursing-homes and medical treatment and contrast them with the increase of efficiency and earning capacity which results from a successfully completed analysis, we are entitled to say that the patients have made a good bargain. Nothing in life is so expensive as illness—and stupidity.

Before I wind up these remarks on beginning analytic treatment, I must say a word about a certain ceremonial which concerns the position in which the treatment is carried out. I hold to the plan of getting the patient to lie on a sofa while I sit behind him out of his sight. This arrangement has a historical basis; it is the remnant of the hypnotic method out of which psycho-analysis was evolved. But it deserves to be maintained for many reasons. The first is a personal motive, but one which others may share with me. I cannot put up with being stared at by other people for eight hours a day (or more). Since, while I am listening to the patient, I, too, give myself over to the current of my unconscious thoughts, I do not wish my expressions of face to give the patient material for interpretations or to influence him in what he tells me. The patient usually regards being made to adopt this position as a hardship and rebels against it, especially if the instinct for looking (scopophilia) plays an important part in his neurosis. I insist on this procedure, however, for its purpose and result are to prevent the transference from mingling with the patient's associations imperceptibly, to isolate the transference and to allow it to come forward in due course sharply defined as a resistance. I know that many analysts work in a different way, but I do not know whether this deviation is due more to a craving for doing things differently or to some advantage which they find they gain by it.

* * *

What the material is with which one starts the treatment is on the whole a matter of indifference—whether it is the patient's life-history or the history of his illness or his recollections of childhood. But in any case the patient must be left to do the talking and must be free to choose at what point he shall begin. We therefore say to him: 'Before I can say anything to you I must know a great deal about you; please tell me what you know about yourself.'

The only exception to this is in regard to the fundamental rule of psycho-analytic technique which the patient has to observe. This must be imparted to him at the very beginning: 'One more thing before you start. What you tell me must differ in one respect from an ordinary conversation. Ordinarily you rightly try to keep a connecting thread running through your remarks and you exclude any intrusive ideas that may occur to you and any side-issues, so as not to wander too far from the point. But in this case you must proceed differently. You will notice that as you relate things various thoughts will occur to you which you would like to put aside on the ground of certain criticisms and objections. You will be tempted to say to yourself that this or that is irrelevant here, or is quite unimportant, or nonsensical, so that there is no need to say it. You must never give in to these criticisms, but must say it in spite of them—indeed, you must say it precisely *because* you feel an aversion to doing so. Later on you will find out and learn to understand the reason for this injunction, which is really the only one you have to follow. So say whatever goes through your mind. Act as though, for instance, you were a traveller sitting next to the window of a railway carriage and describing to someone inside the carriage the changing views which you see outside. Finally, never forget that you have promised to be absolutely honest, and never leave anything out because, for some reason or other, it is unpleasant to tell it.'[1]

Patients who date their illness from a particular moment usually concentrate upon its precipitating cause. Others, who themselves recognize the connection between their neurosis and their childhood, often begin with an account of their whole life-history. A systematic narrative should never be expected and nothing should be done to encourage it. Every detail of the story will have to be told afresh later on, and it is only with these repetitions that additional material will appear which will supply the important connections that are unknown to the patient.

There are patients who from the very first hours carefully prepare what they are going to communicate, ostensibly so as to be sure of making better use of the time devoted to the treatment. What is thus disguising itself as eagerness is resistance. Any preparation of this sort should be disrecommended, for it is only employed to guard against unwelcome thoughts cropping up. However genuinely the patient may

1. Much might be said about our experiences with the fundamental rule of psycho-analysis. One occasionally comes across people who behave as if they had made this rule for themselves. Others offend against it from the very beginning. It is indispensable, and also advantageous, to lay down the rule in the first stages of the treatment. Later, under the domination of the resistances, obedience to it weakens, and there comes a time in every analysis when the patient disregards it. We must remember from our own self-analysis how irresistible the temptation is to yield to these pretexts put forward by critical judgement for rejecting certain ideas. How small is the effect of such agreements as one makes with the patient in laying down the fundamental rule is regularly demonstrated when something intimate about a third person comes up in his mind for the first time. He knows that he is supposed to say everything, but he turns discretion about other people into a new obstacle. 'Must I really say everything? I thought that only applied to things that concern myself.' It is naturally impossible to carry out analysis if the patient's relations with other people and his thoughts about them are excluded. *Pour faire un omelette il faut casser des oeufs.* * * *

believe in his excellent intentions, the resistance will play its part in this deliberate method of preparation and will see to it that the most valuable material escapes communication. One will soon find that the patient devises yet other means by which what is required may be withheld from the treatment. He may talk over the treatment every day with some intimate friend, and bring into this discussion all the thoughts which should come forward in the presence of the doctor. The treatment thus has a leak which lets through precisely what is most valuable. When this happens, the patient must, without much delay, be advised to treat his analysis as a matter between himself and his doctor and to exclude everyone else from sharing in the knowledge of it, no matter how close to him they may be, or how inquisitive. In later stages of the treatment the patient is usually not subjected to temptations of this sort.

Certain patients want their treatment to be kept secret, often because they have kept their neurosis secret; and I put no obstacle in their way. That in consequence the world hears nothing of some of the most successful cures is, of course, a consideration that cannot be taken into account. It is obvious that a patient's decision in favour of secrecy already reveals a feature of his secret history.

In advising the patient at the beginning of the treatment to tell as few people as possible about it, we also protect him to some extent from the many hostile influences that will seek to entice him away from analysis. Such influences may be very mischievous at the outset of the treatment; later, they are usually immaterial, or even useful in bringing to the fore resistances which are trying to conceal themselves.

If during the course of the anaylsis the patient should temporarily need some other medical or specialist treatment, it is far wiser to call in a non-analytic colleague than to give this other treatment oneself. Combined treatments for neurotic disorders which have a powerful organic basis are nearly always impracticable. The patients withdraw their interest from analysis as soon as they are shown more than one path that promises to lead them to health. The best plan is to postpone the organic treatment until the psychical treatment is finished; if the former were tried first it would in most cases meet with no success.

To return to the beginning of the treatment. Patients are occasionally met with who start the treatment by assuring us that they cannot think of anything to say, although the whole field of their life-history and the story of their illness is open to them to choose from. Their request that we should tell them what to talk about must not be granted on this first occasion any more than on any later one. We must bear in mind what is involved here. A strong resistance has come to the front in order to defend the neurosis; we must take up the challenge then and there and come to grips with it. Energetic and repeated assurances to the patient that it is impossible for no ideas at all to occur to him at the beginning, and that what is in question is a resistance against the analysis, soon

oblige him to make the expected admissions or to uncover a first piece of his complexes. It is a bad sign if he has to confess that while he was listening to the fundamental rule of analysis he made a mental reservation that he would nevertheless keep this or that to himself; it is not so serious if all he has to tell us is how mistrustful he is of analysis or the horrifying things he has heard about it. If he denies these and similar possibilities when they are put before him, he can be driven by our insistence to acknowledge that he has nevertheless overlooked certain thoughts which were occupying his mind. He had thought of the treatment itself, though nothing definite about it, or he had been occupied with the picture of the room in which he was, or he could not help thinking of the objects in the consulting room and of the fact that he was lying here on a sofa—all of which he has replaced by the word 'nothing'. These indications are intelligible enough: everything connected with the present situation represents a transference to the doctor, which proves suitable to serve as a first resistance. We are thus obliged to begin by uncovering this transference; and a path from it will give rapid access to the patient's pathogenic material. Women who are prepared by events in their past history to be subjected to sexual aggression and men with over-strong repressed homosexuality are the most apt thus to withhold the ideas that occur to them at the outset of their analysis.

The patient's first symptoms or chance actions, like his first resistance, may possess a special interest and may betray a complex which governs his neurosis. A clever young philosopher with exquisite aesthetic sensibilities will hasten to put the creases of his trousers straight before lying down for his first hour; he is revealing himself as a former coprophilic of the highest refinement—which was to be expected from the later aesthete. A young girl will at the same juncture hurriedly pull the hem of her skirt over her exposed ankles; in doing this she is giving away the gist of what her analysis will uncover later: her narcissistic pride in her physical beauty and her inclinations to exhibitionism.

A particularly large number of patients object to being asked to lie down, while the doctor sits out of sight behind them. They ask to be allowed to go through the treatment in some other position, for the most part because they are anxious not to be deprived of a view of the doctor. Permission is regularly refused, but one cannot prevent them from contriving to say a few sentences before the beginning of the actual 'session' or after one has signified that it is finished and they have got up from the sofa. In this way they divide the treatment in their own view into an official portion, in which they mostly behave in a very inhibited manner, and an informal 'friendly' portion, in which they speak really freely and say all sorts of things which they themselves do not regard as being part of the treatment. The doctor does not accept this division for long. He takes note of what is said before or after the session and he brings it forward at the first opportunity, thus pulling down the partition

which the patient has tried to erect. This partition, once again, will have been put together from the material of a transference-resistance.

So long as the patient's communications and ideas run on without any obstruction, the theme of transference should be left untouched. One must wait until the transference, which is the most delicate of all procedures, has become a resistance.

The next question with which we are faced raises a matter of principle. It is this: When are we to begin making our communications to the patient? When is the moment for disclosing to him the hidden meaning of the ideas that occur to him, and for initiating him into the postulates and technical procedures of analysis?

The answer to this can only be: Not until an effective transference has been established in the patient, a proper *rapport* with him. It remains the first aim of the treatment to attach him to it and to the person of the doctor. To ensure this, nothing need be done but to give him time. If one exhibits a serious interest in him, carefully clears away the resistances that crop up at the beginning and avoids making certain mistakes, he will of himself form such an attachment and link the doctor up with one of the imagos of the people by whom he was accustomed to be treated with affection. It is certainly possible to forfeit this first success if from the start one takes up any standpoint other than one of sympathetic understanding, such as a moralizing one, or if one behaves like a representative or advocate of some contending party—of the other member of a married couple, for instance.

This answer of course involves a condemnation of any line of behaviour which would lead us to give the patient a translation of his symptoms as soon as we have guessed it ourselves, or would even lead us to regard it as a special triumph to fling these 'solutions' in his face at the first interview. It is not difficult for a skilled analyst to read the patient's secret wishes plainly between the lines of his complaints and the story of his illness; but what a measure of self-complacency and thoughtlessness must be possessed by anyone who can, on the shortest acquaintance, inform a stranger who is entirely ignorant of all the tenets of analysis that he is attached to his mother by incestuous ties, that he harbours wishes for the death of his wife whom he appears to love, that he conceals an intention of betraying his superior, and so on.[2] I have heard that there are analysts who plume themselves upon these kinds of lightning diagnoses and 'express' treatments, but I must warn everyone against following such examples. Behaviour of this sort will completely discredit oneself and the treatment in the patient's eyes and will arouse the most violent opposition in him, whether one's guess has been true or not; indeed, the truer the guess the more violent will be the resistance.

2. [Cf. the detailed example of this which Freud had already given in his paper " 'Wild' Psycho-Analysis' {see above, pp. 351–56}.]

As a rule the therapeutic effect will be nil; but the deterring of the patient from analysis will be final. Even in the later stages of analysis one must be careful not to give a patient the solution of a symptom or the translation of a wish until he is already so close to it that he has only one short step more to make in order to get hold of the explanation for himself. In former years I often had occasion to find that the premature communication of a solution brought the treatment to an untimely end, on account not only of the resistances which it thus suddenly awakened but also of the relief which the solution brought with it.

But at this point an objection will be raised. Is it, then, our task to lengthen the treatment and not, rather, to bring it to an end as rapidly as possible? Are not the patient's ailments due to his lack of knowledge and understanding and is it not a duty to enlighten him as soon as possible—that is, as soon as the doctor himself knows the explanations? The answer to this question calls for a short digression on the meaning of knowledge and the mechanism of cure in analysis.

It is true that in the earliest days of analytic technique we took an intellectualist view of the situation. We set a high value on the patient's knowledge of what he had forgotten, and in this we made hardly any distinction between our knowledge of it and his. We thought it a special piece of good luck if we were able to obtain information about the forgotten childhood trauma from other sources—for instance, from parents or nurses or the seducer himself—as in some cases it was possible to do; and we hastened to convey the information and the proofs of its correctness to the patient, in the certain expectation of thus bringing the neurosis and the treatment to a rapid end. It was a severe disappointment when the expected success was not forthcoming. How could it be that the patient, who now knew about his traumatic experience, nevertheless still behaved as if he knew no more about it than before? Indeed, telling and describing his repressed trauma to him did not even result in any recollection of it coming into his mind.

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The strange behaviour of patients, in being able to combine a conscious knowing with not knowing, remains inexplicable by what is called normal psychology. But to psycho-analysis, which recognizes the existence of the unconscious, it presents no difficulty. The phenomenon we have described, moreover, provides some of the best support for a view which approaches mental processes from the angle of topographical differentiation. The patients now know of the repressed experience in their conscious thought, but this thought lacks any connection with the place where the repressed recollection is in some way or other contained. No change is possible until the conscious thought-process has penetrated to that place and has overcome the resistances of repression there. It is just as though a decree were promulgated by the Ministry of Justice to

the effect that juvenile delinquencies should be dealt with in a certain lenient manner. As long as this decree has not come to the knowledge of the local magistrates, or in the event of their not intending to obey it but preferring to administer justice by their own lights, no change can occur in the treatment of particular youthful delinquents. For the sake of complete accuracy, however, it should be added that the communication of repressed material to the patient's consciousness is nevertheless not without effect. It does not produce the hoped-for result of putting an end to the symptoms; but it has other consequences. At first it arouses resistances, but then, when these have been overcome, it sets up a process of thought in the course of which the expected influencing of the unconscious recollection eventually takes place.

It is now time for us to take a survey of the play of forces which is set in motion by the treatment. The primary motive force in the therapy is the patient's suffering and the wish to be cured that arises from it. The strength of this motive force is subtracted from by various factors—which are not discovered till the analysis is in progress—above all, by what we have called the 'secondary gain from illness', but it must be maintained till the end of the treatment. Every improvement effects a diminution of it. By itself, however, this motive force is not sufficient to get rid of the illness. Two things are lacking in it for this: it does not know what paths to follow to reach this end; and it does not possess the necessary quota of energy with which to oppose the resistances. The analytic treatment helps to remedy both these deficiencies. It supplies the amounts of energy that are needed for overcoming the resistances by making mobile the energies which lie ready for the transference; and, by giving the patient information at the right time, it shows him the paths along which he should direct those energies. Often enough the transference is able to remove the symptoms of the disease by itself, but only for a while—only for as long as it itself lasts. In this case the treatment is a treatment by suggestion, and not a psycho-analysis at all. It only deserves the latter name if the intensity of the transference has been utilized for the overcoming of resistances. Only then has being ill become impossible, even when the transference has once more been dissolved, which is its destined end.

In the course of the treatment yet another helpful factor is aroused. This is the patient's intellectual interest and understanding. But this alone hardly comes into consideration in comparison with the other forces that are engaged in the struggle; for it is always in danger of losing its value, as a result of the clouding of judgement that arises from the resistances. Thus the new sources of strength for which the patient is indebted to his analyst are reducible to transference and instruction (through the communications made to him). The patient, however, only makes use of the instruction in so far as he is induced to do so by the transference; and it is for this reason that our first communication

should be withheld until a strong transference has been established. And this, we may add, holds good of every subsequent communication. In each case we must wait until the disturbance of the transference by the successive emergence of transference-resistances has been removed.

Observations on Transference-Love

Freud designed this paper, of which he thought particularly well, to confront quite directly one of the most embarrassing—probably the most embarrassing—side-effect attendant upon psychoanalytic treatment. Reports of male analysts seducing female patients, taking advantage of their susceptible analysands, were widespread, the cause of snide jokes and grave accusations. They were not solely canards; the anecdotal evidence concerning amorous episodes between the physician and the patient he was supposed only to cure, not make love to, was not wholly imaginary.

In writing on transference, it is important to note, Freud did not confine himself to the excited "positive transference" that mimics real love. He also saw two other types of transference: a "negative transference," which loads the analyst with hostile feelings, and a sensible positive transference, in which the analysand rises above illusions about the analyst and approximates the rational conviction that the analyst is a skilled, sympathetic observer, not a lover or an enemy. These various transferences normally exist side by side; hence Freud welcomed Bleuler's term "ambivalence" to characterize the coexistence of love and hate for the same object in all analysands. (See "The Dynamics of Transference" [1912], *SE* XII, 99–120, esp. 105–7.) This paper was published in 1915.

Every beginner in psycho-analysis probably feels alarmed at first at the difficulties in store for him when he comes to interpret the patient's associations and to deal with the reproduction of the repressed. When the time comes, however, he soon learns to look upon these difficulties as insignificant, and instead becomes convinced that the only really serious difficulties he has to meet lie in the management of the transference.

Among the situations which arise in this connection I shall select one which is very sharply circumscribed; and I shall select it, partly because it occurs so often and is so important in its real aspects and partly because of its theoretical interest. What I have in mind is the case in which a woman patient shows by unmistakable indications, or openly declares, that she has fallen in love, as any other mortal woman might, with the doctor who is analysing her. This situation has its distressing and comical aspects, as well as its serious ones. It is also determined by so many and such complicated factors, it is so unavoidable and so difficult to clear

up, that a discussion of it to meet a vital need of analytic technique has long been overdue. But since we who laugh at other people's failings are not always free from them ourselves, we have not so far been precisely in a hurry to fulfil this task. We are constantly coming up against the obligation to professional discretion—a discretion which cannot be dispensed with in real life, but which is of no service in our science. In so far as psycho-analytic publications are a part of real life, too, we have here an insoluble contradiction. * * *

To a well-educated layman (for that is what the ideal civilized person is in regard to psycho-analysis) things that have to do with love are incommensurable with everything else; they are, as it were, written on a special page on which no other writing is tolerated. If a woman patient has fallen in love with her doctor it seems to such a layman that only two outcomes are possible. One, which happens comparatively rarely, is that all the circumstances allow of a permanent legal union between them; the other, which is more frequent, is that the doctor and the patient part and give up the work they have begun which was to have led to her recovery, as though it had been interrupted by some elemental phenomenon. There is, to be sure, a third conceivable outcome, which even seems compatible with a continuation of the treatment. This is that they should enter into a love-relationship which is illicit and which is not intended to last for ever. But such a course is made impossible by conventional morality and professional standards. Nevertheless, our layman will beg the analyst to reassure him as unambiguously as possible that this third alternative is excluded.

It is clear that a psycho-analyst must look at things from a different point of view.

Let us take the case of the second outcome of the situation we are considering. After the patient has fallen in love with her doctor, they part; the treatment is given up. But soon the patient's condition necessitates her making a second attempt at analysis, with another doctor. The next thing that happens is that she feels she has fallen in love with this second doctor too; and if she breaks off with him and begins yet again, the same thing will happen with the third doctor, and so on. This phenomenon, which occurs without fail and which is, as we know, one of the foundations of the psycho-analytic theory, may be evaluated from two points of view, that of the doctor who is carrying out the analysis and that of the patient who is in need of it.

For the doctor the phenomenon signifies a valuable piece of enlightenment and a useful warning against any tendency to a counter-transference which may be present in his own mind. He must recognize that the patient's falling in love is induced by the analytic situation and is not to be attributed to the charms of his own person; so that he has no grounds whatever for being proud of such a 'conquest', as it would be called outside analysis. And it is always well to be reminded of this.