

Psychotherapy Guidebook

**PRIVATION  
PSYCHOTHERAPEUTIC  
TECHNIQUE**

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**Privation**  
**Psychotherapeutic Technique**

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# Privation Psychotherapeutic Technique

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## DEFINITION

The Privation Psychotherapeutic Technique was expounded by Sandor Ferenczi, one of Freud's closest colleagues and personal friends. This technique of bringing about frustration for the purpose of growth was thought by Ferenczi to be an active psychoanalytic technique. In contrast to the typical passive stance assumed by the analyst (one where the patient's free associations are not interfered with except for the purpose of making interpretations), the analyst adapting the privation technique introduces the recommendation that the patient cease certain behavior. The rationale is that this behavior, masturbatory in nature, has become a resistance to treatment. Only by its cessation, Ferenczi suggested, could the tension that this behavior dissipated be allowed to build. More tension would promote the awakening of significant early memories and fantasies. These dormant events, holding the key to the resolution of the patient's pathology, were previously unknown to the patient and therapist. They had been unconsciously acted out via this masturbatory behavior and thus not remembered nor talked about. The behavior Ferenczi considered to be a masturbatory equivalent, worthy of prohibiting, includes women rubbing their thighs together when on the

couch, men sticking their hands in their pockets, urinary habits before sessions, flatus activities, sphincter play in general, handling of the face, movement of the legs, tics, and shaking of the body.

## HISTORY

Like many of the innovative analysts, Ferenczi made his historical discoveries about treatment in his work with patients, the patients he most fervently struggled to cure. He speaks of a patient with whom he had reached an impasse; that is, until he discovered her to be masturbating on the couch via pressing her thighs together.

Ferenczi claimed, “I must confess — and this is characteristic of the slowness with which an incipient new point of view erupts into consciousness — that even then it was a long time before I hit on the idea of forbidding the patient to adopt this position.” According to Ferenczi the eventual effect of this privation was “staggering.” The patient to whom customary genital discharge was inaccessible, experienced intense bodily and psychological pressure, ultimately leading to long-forgotten memory fragments (i.e., childhood events that permitted the discovery of the most important traumatic causes for her illness). Ferenczi claimed significant progress (i.e., the capacity for genital orgasm).

This case was written up in a paper entitled Technical Difficulties in the

Analysis of a Case of Hysteria (Including Observations on Larval Forms of Onanism and “Onanistic Equivalents”) (1919). The paper greatly stimulated Freud’s opinions on active privation in the treatment situation. In his 1919 paper entitled Lines of Advance in Psychoanalytic Therapy, Freud referred to Ferenczi’s ideas, raised some questions about them, then proceeded to enunciate his own fundamental rule of privation.

Freud stated that developments in psychoanalytic therapy will no doubt proceed along new lines, “first and foremost along the one which Ferenczi in his paper on treatment of hysteria has termed the active approach.” Freud questioned, “Are we to leave it to the patient to deal alone with the resistances we have pointed out to him? ... Does it not seem natural that we should help him by putting him into the mental situation most favorable to the solution of the conflict which is our aim? ... Should we hesitate to alter external circumstances by intervening in a suitable manner?” He concluded, “I think activity of such a kind on the part of the analyzing physician is unobjectionable and entirely justified.” Freud continued, “I shall not attempt today to introduce you to this new technique which is still in the course of being evolved, but will content myself with enunciating a fundamental principle which will probably dominate our work in this field. ... Analytic treatment should be carried through as far as possible under privation, in a state of abstinence.”

Other historical analysts, such as Theodore Reik, seemed to subscribe to this general privation rule. Reik likened the psychoanalytic process to the workings of a machine. In order for both to run well, some degree of friction was indispensable.

Debate about whether therapy should take place in an essentially depriving or a gratifying milieu has gone on and still continues. Ferenczi himself later changed his mind and felt that what really is needed for growth is love (i.e., indulgence from the therapist).

## TECHNIQUE

The technique is one where the analyst is on the lookout for masturbatory behavior (e.g., the female patient rubbing her legs together) or what might be highly sublimated masturbatory equivalents (e.g., playing with one's hair). This is especially important to do when the analyst feels therapy has reached a stalemate. This behavior is then forbidden; tension in the patient rises and the tension gets converted into his (the patient's) conscious awareness of libidinal wishes. These wishes then can get traced back to early traumas. The analyst thus has new material to interpret to the patient, the material that will lead to resolution of the neuroses. The impasse has been bypassed.



## APPLICATIONS

According to Ferenczi, the privation technique should not be used in the beginning of treatment before a solid working alliance has been given time to develop. The patient might be prompted to break off treatment if the analyst's introduction of this command is premature. At the end of treatment this technique is often necessary. It frequently induces the last presentation of unconscious material.

Beginning therapists are advised against using it. They may easily go wrong in their application and may furthermore lose the necessary insight into the dynamics of the neuroses.

All neurosis, especially obsessional neuroses and anxiety hysterias, are conditions where the privation technique might be applied. Anxiety neurotics suffering from sexual inhibitions (e.g., women with frigidity problems, men with premature ejaculation and involuntary emission disturbances) might be especially helped. Neurastheniacs, patients suffering from chronic diffuse fatigue, and patients with psychomotor symptomology such as tics, are good candidates for this technique.

Therapists of all types today take their stand on the principle of privation. Robert Langs, an innovative psychoanalyst, strongly believes in creating and maintaining a privation-type therapeutic situation (he terms it a

“secure frame”), where both patient and therapist must be responsible for controlling their acting-out behavior. Likewise est, a therapy as diverse from Langs’s psychoanalytic approach as is any, introduces deprivation behavior for the purposes of facilitating a quick catharsis.