FREUD TEACHES PSYCHOTHERAPY

TECHNICAL SUGGESTIONS

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Freud classifies cases on the basis of three modes of development (Nunberg and Federn 1967). The severe but instructive cases show much difficulty at the beginning and later go smoothly. The insoluble cases begin splendidly and with high promise of success; later, severe difficulties appear. The typical cases show a moderate level of difficulty in the middle of the treatment. These classifications constitute both a warning about cases that seem to begin with great gains, and an encouragement in those cases that begin with severe problems. Yet Freud often stresses that one cannot determine at the beginning of a treatment whether a case is severe or mild.

Freud mentions certain "tricks" that patients use in the service of resistance, such as talking the treatment over every day with an intimate friend or, as he describes it in the case of women who in their past history were subjected to sexual aggression and of men with strong homosexuality in repression, the tendency to have nothing to say. In those patients who are able to talk freely in psychotherapy, Freud makes the most important recommendation that major interventions and interpretations be withheld until a proper rapport is

formed with the patient. To insure this rapport, Freud explains, "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 images of the people by whom he was accustomed to be treated with affection." (1913C;12:139-140). This means that as long as the patient's communications run on without obstruction the transference is not interpreted; brilliant interpretations or solutions are not to be "flung in the patient's face," as Freud puts it. He continues by warning us to avoid the common beginner's mistake of taking "an intellectualistic view of the situation" (p. 141).

One of my favorite brief papers by Freud is "The Psychogenesis of a Case of Homosexuality in a Woman" (1920A;18:146-174). This paper is packed with important observations as well as some glimpses of Freud as a psychotherapist hard at work. The first clinical point he makes concerns the treatment of patients who are brought for cure by the order of somebody else, as for example, "My wife suffers from nerves, and for that reason gets on badly with me; please cure her, so that we may lead a happy married life again." As another example,

"Parents expect one to cure their nervous unruly child. By a healthy child they mean one who never causes his parents trouble, and gives them nothing but pleasure. The physician may succeed in curing the child, but after that it goes its own way all the more decidedly, and the parents are far more dissatisfied than before" (p. 150).

Freud continues by noting that the treatment of homosexuality is never easy and succeeds only in those specially favorable circumstances where there is strong motivation for change. He points out that often a patient comes to be treated through social pressure and with a secret plan to obtain from the striking failure of the treatment a demonstration that everything possible has been done against the homosexuality, to which the patient can now resign himself with an easy conscience.

How, for example, does Freud approach the situation where the parents bring a child to be "cured"? He reports that he carefully avoided promising any prospect of cure and "I merely said I was prepared to study the girl carefully for a few weeks or months" (p. 152) for the purpose of deciding whether a long-term intensive psychotherapy or a psychoanalysis would be worthwhile. In fact, in

this case, he realized that a treatment with himself (as a male) would be a mistake, so he broke the treatment off and recommended a woman therapist.

This paper also contains some pointers on family dynamics. For example, mothers with daughters of nearly marriageable age usually feel embarassed in regard to them, "while the daughters are apt to feel for their mothers a mixture of compassion, contempt and envy which does nothing to increase their tenderness for them" (p. 157).

Revenge on the father was an important motivation in the homosexual patient discussed here by Freud, and leads to a brief description of the psychodynamics of her suicide attempt. Freud points out that probably no one finds the mental energy required to kill himself unless, in the first place, "in doing so he is at the same time killing an object with whom he has identified himself, and, in the second place, is turning against himself a death-wish which has been directed against someone else" (p. 162). Freud continues by saying that it is typical in a case of suicide that several quite different motives, all of great strength, collaborate to make such a deed possible. This is a good warning against simplistic and journalistic explanations of

suicide.

There follows an extremely useful vignette of Freud at work. The treatment goes forward without any signs of resistance and the patient participates intellectually but he notices that she is absolutely tranquil emotionally. "Once when I expounded to her a specially important part of the theory, one touching her nearly, she replied in an inimitable tone, 'How very interesting,' as though she were a *grande dame* being taken over a museum and glancing through her lorgnon at objects to which she was completely indifferent" (p. 163). Freud recognized how this remark concealed her attitude of defiance and revenge against her father and compared it to the typical intellectual isolation seen in obsessional neuroses where everything that has been accomplished is subject to mental reservations and doubt.

Here is Freud at work: "Then, when one comes to close quarters with the motives for this doubt, the fight with the resistances breaks out in earnest" (p. 164). We see Freud's dedication, tenacity, and willingness to actively participate in the battle against the patient's resistances, as well as his recognition in this case, that because he is a male, the need for defiance is so great that the treatment would stand

a better chance of success if the therapist were a woman. The mark of the professional psychotherapist, in contrast to the novice, is the capacity to recognize silent defenses and resistances at work in the therapy and the willingness to have it out with the patient in regard to these vital defensive systems, even at the risk of incurring great anger on the part of the patient and spoiling the pleasant atmosphere in which the patient, on the surface, seems to be intellectually cooperative.

It is truly astonishing that one of the best summaries of the technical practice of psychoanalytic psychotherapy was written by Freud in his eighties. In fact, I can think of no better sequel to the reading of the present book than for the student to turn immediately to Freud's *An Outline of Psychoanalysis* (1940A;23:141ff), which contains the best succinct depiction of Freud's final views, written for readers who already have some familiarity with the subject. In chapter VI of this work, Freud briefly mentions all the curative factors in intensive psychotherapy—factors discussed at length in my previous books (1969, 1974, 1977a, 1992, 1993a, 1996, 2000).

He identifies the after-education of the neurotic in which the

therapist is put in place of the patient's super-ego and corrects mistakes for which the patient's parents were responsible. He warns us against the temptation to become a teacher, model, and ideal for other people and to create men in our own image, and explains that this behavior only repeats the mistake of the parents who crushed their child's independence by their influence. Only those severely ill patients who have remained infantile, explains Freud, should be treated as children with direct attempts to influence them: "In all his attempts at improving and educating the patient the analyst should respect his individuality. The amount of influence which he may legitimately allow himself will be determined by the degree of developmental inhibition present in the patient" (p. 175).

It is most important for the psychotherapist to understand that in choosing to influence or educate a patient directly, he or she is also making an implicit decision about the patient's potential for maturity. Assuming that the decision to influence the patient directly is not made on the basis of a countertransference problem of the therapist—which is usually the reason—the decision implies that the patient must be treated as a child with little potential for autonomous growth, and therefore, direct modification is the most we can hope for,

switching the patient's dependency from the parents to us. This may be a legitimate technique providing we have a thorough psychodynamic understanding of the patient and have given the patient every chance to realize his or her potential. Thus massive attempts to educate and influence a patient directly do not represent "kindness" but rather an expression of therapeutic despair. I hasten to add that this does not mean we never impart information to or educate patients; it is more a matter of the basic strategy of the psychotherapy itself—whether it will be primarily suggestion and influence, or primarily uncovering. Freud himself realizes this in the work cited, where he explains, "We serve the patient in various functions, as an authority and a substitute for his parents, as a teacher and educator; and we have done the best for him if, as analysts, we raise the mental processes in his ego to a normal level, transform what has become unconscious and repressed into preconscious material and thus return it once more to the possession of his ego" (p. 181).

Psychoanalytic psychotherapy is clearly directed to strengthening the weakened ego. Freud explains that the first part of the help we have to offer is intellectual work and encouragement to the patient to collaborate in the treatment. He reminds us to put off

constructions and explanations to the patient until the patient has so nearly arrived at them that only a single step remains to be taken, though that step is in fact the decisive synthesis. Avoid overwhelming the patient with interpretations, which only increases resistance.

The second phase of our task is the removal of resistances, which is actually more important than strengthening the weakened ego. The overcoming of resistances "is the part of our work that requires the most time and the greatest trouble. It is worth while, however, for it brings about an advantageous alteration of the ego which will be maintained independently of the outcome of the transference and will hold good in life" (p. 179). In another work, written about the same time, (1937C;23:211-254) Freud was not so optimistic. In both works he reminds us that fighting against us are the negative transference; the ego's resistance due to repression—unpleasure at having to lay itself open to the hard work imposed on it; the sense of guilt and the need to be sick and suffer; "a certain psychical inertia, a sluggishness of the libido, which is unwilling to abandon its fixations" (1940A;23:181); the patient's capacity for sublimation; and the relative power of his intellectual functions. The limitations imposed by all these also mark the limitations of our success.

Freud concludes the important chapter VI on technique in *An Outline of Psychoanalysis* with a prescient suggestion about psychopharmacology. He points out that our work depends on *quantitative* relations, "on the quota of energy we are able to mobilize in the patient to our advantage as compared with the sum of energy of the powers working against us" (1940A; 23:182). He hopes in the future to exercise a direct influence by means of particular chemical substances on the amounts of energy and their distribution in the mental apparatus. One can see that the judicious use of effective psychopharmacological agents is completely compatible with the process of psychoanalytic psychotherapy even on a theoretical basis.

Freud's final suggestions on technique are found in a brief paper, "Constructions in Analysis" (1937D;23:256-270). He distinguishes between interpretation, which applies to something that one does to some single element of the material such as an association or parapraxis, and a "construction," in which the therapist lays before the patient a construct or reconstructed piece of the patient's early history as it appears from the material. Novices are especially warned to be very careful about such constructions; but even if the constructions are wrong Freud does not feel that any damage is done except for

wasting the patient's time. Where the construction is wrong, nothing happens, and we have probably made a mistake. When new material comes to light we can make a better construction and correct our error.

Direct utterances of the patient after he has been offered a construction, such as "yes" or "no," "afford very little evidence upon the question whether we have been right or wrong" (p. 263). It is the indirect forms of confirmation which may be trusted, for example, a form of words that is used such as "I shouldn't have ever thought of that" or "I didn't ever think of that." Even better is when the patient answers the construction within an association that contains something similar or analogous to the content of the construction; I find this most confirming of all, along with the appearance of new memories as a response to the construction.

For example, a patient dreams that he is rescuing a number of people from a burning summer cottage—he is the hero and has saved their lives. After suitable associations it is reconstructed that the patient has presented a reaction formation against great hatred for his mother during this phase of his life, Next, the patient suddenly

remembers an incident that occurred at the actual site of the dream, in which his mother impulsively beat him severely for an incident that both he and she knew was not his fault.

Freud also notes that if the treatment is dominated by a negative therapeutic reaction, a proper construction will be followed by an unmistakable aggravation of the patient's symptoms and general condition. Obviously, only the further course of the treatment enables us to decide whether a construction is correct or useless, and Freud makes it clear that an individual construction is a conjecture which awaits examination, confirmation, or rejection. The use of the term "conjecture" at this point is extremely interesting as it leads directly to Popper's notion of science as proceeding by conjectures and refutations. I have discussed this process of hypothesis-formation in the way of interpretations and constructions and their subsequent refutation, at length in *Great Ideas in Psychotherapy* (1977) and in chapter 5 of the present book.

What we search for in uncovering psychotherapy resembles an archeologist's excavation in which we try to picture accurately the patient's forgotten years. Recently I (2011) have tried to illustrate this

and Freud's psychodynamic principles in a novelistic teaching form. Although we hope this picture will be followed by further associations and memories, sometimes we do not succeed and the best we can do is produce an assured conviction in the patient of the truth of the construction, which, as Freud explains, achieves the same therapeutic result as a recaptured memory. The purpose of his discussion is to answer the common objection to uncovering psychotherapy that the patient is in a "heads I win, tails you lose" situation. Clearly, in the proper therapeutic atmosphere the patient and therapist work together as partners in an effort to understand and accept or reject various constructions and interpretations as hypotheses. The patient must participate actively in this; therefore, when resistances arise these must be attended to first. Any therapist who creates a therapeutic atmosphere implying that cure somehow depends on the patient's accepting the therapist's constructions has an obvious narcissistic countertransference problem—quite common among unanalyzed or improperly trained "therapists."

I believe that Freud's exemplary personality is a good foundation for identification that can be used by the psychotherapist at work. He was a hard worker and remained so even when he was ill for many

years with cancer of the jaw. His only sport was hiking during his summer vacations, but he was a substantial hiker. A man of tremendous energy with a boundless capacity for work, he was capable of intense concentration. Ellenberger (1970) feels that as time passes it will become more and more difficult to understand Freud, because he belonged to a group of men like Kraepelin, Forel, Bleuler, and others who "had gone through long training in intellectual and emotional discipline; they were men of high culture, puritanical mores, boundless energy, and strong convictions, which they vigorously asserted." Their ascetic and idealistic type is becoming "increasingly foreign to a hedonistic and utilitarian generation." (pp. 468-469). Almost 50 years later Ellenberger's conclusion seems more appropriate and pertinent than ever.

Freud as a human being also represents a worthwhile model. He was capable of physical courage and amazingly stoic endurance in the later years of his life, as a recent book by his physician Schur (1972) illustrates. He allied physical courage with moral courage, and "his conviction of the truth of his theories was so complete that he did not admit contradiction. This was called intolerance by his opponents and passion for truth by his followers" (Ellenberger 1970, p. 463).

Freud lived morally, socially, and professionally according to the highest standards of a man and of a physician of his time and status. He was a person of scrupulous honesty and professional dignity. He kept his appointments exactly, and set all his activities to a timetable, to the hour, the day, the week, and the year. Considerable dignity and decorum were expected of professional men of his day and Freud, who was punctilious about his appearance, lived up to these expectations. In many ways he may be said to have lived a life beyond reproach. In his genuine and human interest in patients, his boundless capacity for work, and his passion to discover the truth, Freud makes a very fine model indeed for any one attempting psychotherapy.

Balogh (1971, borrowing from Jones), gives a stirring picture of Freud at work:

> His time-table gives some idea of the fullness and orderliness of his life during the first fourteen years of this century. His first patient arrived at eight and so he had to be roused at seven, which was not always easy, since he seldom went to bed before one or two in the morning. He saw each patient for fifty-five minutes, taking five minutes off between each to refresh himself with a visit into the main part of the family apartment, which was adjacent to the separate office flat. If you go to Vienna now you will see

> a plaque at 19 Bergasse indicating that Freud lived, and worked there. The family always lived on the first floor, but Freud's first office was at street level, his chair facing towards the garden at the back.
>
> The main meal of the day was family lunch; at this he talked little. If a child were absent, Freud would point silently to the empty place and direct an inquiring look at his wife. She would then explain the reason why the child had not appeared. A visitor present at the meal would find that the conversation with the family rested almost entirely with him, Freud being, no doubt, immersed in thoughts about the morning's work.
>
> After lunch he would take a walk in the city, stopping daily to replenish his stock of cigars at a special *Tabak Trafik.* At 3 P.M. there would be consultations, and then further patients until 9 or even 10 P.M. He allowed himself no break before suppertime until he was 65, when he had a 5 o'clock cup of coffee. After a late supper, at which he would be more communicative, he would retire to his study to write his many letters (always by hand), correct proofs and see to new editions (pp. 70-71).

Therapists interested in a thorough although controversial discussion of Freud's personality in the light of his culture and time are referred to the collection of essays by Gay (1978), and to an exciting collection of photographs and memorabilia edited by E. Freud

et al. (1978). Books about Freud are not so fashionable these days.

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