Freud Teaches Psychotherapy

Transference and Countertransference

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On October 1, 1907, a 29-year-old man, suffering from aggressive impulses and fantasies, began an 11-month treatment with Freud. He is described by Freud as a "youngish man of university education" suffering from (a) fears—that something may happen to his father and to a lady he admires (even though his father had been dead for nine years); (b) compulsions— such as impulses to cut his throat with a razor; and (c) prohibitions—some of which were against ridiculous or unimportant things, and which were often so connected as to make it impossible to comply with them all. Freud reported on the progress of the case to his Wednesday evening group a number of times. In April 1908, while the case was in progress, he delivered a four- or five-hour report to the First International Psychoanalytical Congress (Jones 1955, p. 42). The final write-up of the case along with some notes preserved from the original sessions (Freud 1909D;10:153ff) is entitled "Notes upon a Case of Obsessional Neurosis." The case has generally and unfortunately become known as the case of the Rat Man, but following Lipton (1977) we shall use Freud's pseudonym of "Paul Lorenz."

Although Freud reported that the eleven-month treatment was successful, he adds in a footnote that the patient was later killed in World War I. This case and the case of Dora (previously discussed in chapter 11) are the

two most important case histories for psychotherapists; they demand extremely careful study. The eleven-month psychotherapy of Paul Lorenz is probably the best autobiographical sketch of Freud at work. In my judgment, the case represents what is generally known in psychotherapy as a transference cure; that is, it is the interaction in the transference and the countertransference between the patient and the therapist, rather than any brilliant symbolic interpretations that brought about improvement in the patient's mental health. Freud, who did not conceive of the case in this way, spends much of the presentation in theoretical discussion and intellectual explanation, illustrating the great progress he had made in understanding the obsessional neuroses.

Section I, the essence of the case presentation, is unfolded in a more-or-less session-by-session manner thus making it rather difficult to read, but giving a realistic flavor to the impression the patient made on the therapist. I will review briefly some of the highlights of the case before discussing the therapy. The best way to familiarize oneself with the details of the case is to read Freud's presentation which, as usual, is brilliant in its literary impact.

Freud first saw the prospective patient sitting up in his study (a matter to be discussed later). The next day the patient, now on the couch, began by reporting his sudden rejection, when he was 14 or 15, by a 19-year- old student friend, an event which he considered to be the first great blow of his

life. Without transition and without questions from Freud, he launched immediately into a description of his sexual life, a description which involved scenes of creeping under his governess's skirt, watching another governess express abscesses on her buttocks, and sexual play with governesses. Even in childhood he had dealt with this sexual experience in a neurotic way: he was tormented by the feeling that his parents knew his thoughts and that his father might die if he thought about such things as wishing to see girls naked.

In the second session Paul Lorenz presented the famous rat-torture story told to him by the cruel captain. Freud writes that while telling this story, "His face took on a very strange, composite expression. I could only interpret it as one of *horror at pleasure of his own of which he himself was unaware*. He proceeded with the greatest difficulty: 'At that moment the idea flashed through my mind that *this was happening to a person who was very dear to me*' " (1909D;10:166-167). The persons very dear to the patient were the lady he admired and his father. Then the idea occurred to him that unless he paid back the captain and the lieutenant, this thought would come true—he then presented a long, obscure, and detailed story about money that had to be paid. The third session was filled with a classical description of his ambivalent efforts at fulfilling his obsessional vow.

Freud reports how he opens a therapy session (if he says anything at all) by remarking that he asked at the fourth session "And how do you intend

to proceed today?" (p. 174). The patient occupied this session by describing his father's death, nine years before, at which he was not present. When his aunt died, eighteen months after his father's death, the patient began to experience intense self-reproach, which Freud spent the sixth session trying to explain to the patient. In the seventh session the patient admitted his intense ambivalence about his father: he realized that his father's death and the inheritance he would receive might enable him to marry the lady that he admired. This seventh and final session, reported in detail, was taken up by fantasies and reports of aggression toward his younger brother.

Freud then launches into a discussion of some obsessional ideas and their explanation, including the famous classical example of how, on the day of the departure of his ambivalently loved lady he felt obliged to remove a stone from the road; the idea had struck him that her carriage would be driving on the same road in a few hours time and might come to grief against this stone. A few minutes later it occurred to him that this idea was absurd—and he was obliged to go back and replace the stone in its original position in the middle of the road, and so on.

The precipitating cause of the neurosis, according to Freud, was a challenge of real life in which he had to decide whether to make a wealthy marriage, following his father's wishes, or whether to pursue his own life and marry the lady he loved in spite of her poverty. The neurosis led to an

incapacity for work which postponed both his education and the decision.

The patient's ambivalent feelings about his father, who had a passionate, violent and often uncontrolled temper, emerge repeatedly in the material. Even at age 27 (several years after his father's death), while having sexual intercourse he thought, "This is glorious—one might murder one's father for this!"—an echo from the childhood neurosis. At 21, after his father died, he developed a compulsion to masturbate. Later, in a complex ritual, he opened the door for his deceased father in the middle of the night; then, coming back into the hall, he took out his penis and looked at it in the mirror. This act seemed to be related to his father's beating him for masturbation—during this beating his father had apparently been overcome by what Freud called "elemental fury." Although it was not repeated, the beating apparently made an important impression on the patient; from that time on the patient described himself as a coward out of fear of the violence of his own rage. (According to the patient's mother the beating was given between ages three and four and was administered because he had bitten someone rather than for such a sexual offense as masturbation.)

Freud presents a careful solution of the complex story of the rat torture and the need to pay back the money to prevent the torture from being inflicted upon his father or the lady he had admired; the solution is based on symbolic interpretations of the meaning of the word "rats," and so forth. This

explanation led to an apparent disappearance of what Freud calls "the patient's rat delirium."

The rat punishment stirred up the patient's anal erotism. Rats are interpreted as representing money, syphilis, penis, and worms. A rat burrowing into the anus unconsciously became equated with the penis burrowing into the anus. Rats came to represent children who bite people in a rage; when the captain told the rat story the patient unconsciously felt the desire to bite his cruel father masked by a more-or-less conscious, derisive feeling toward the captain that the same torture should be applied to the captain. A day and a half later, when the captain (unconsciously, the father) requested him to run an errand repaying some money, he thought in a hostile way that he would pay back the money when his father and the lady he admired could have children (the patient's admired lady was unable to conceive). This in turn was based on two infantile sexual theories: that men can have children and that babies come from the anus. The lady he admired was condemned to childlessness because her ovaries had been removed; the patient, who was extraordinarily fond of children, hesitated to marry her for this reason. The reader must decide whether he or she is convinced by Freud's solution to the rat problem presented in section G of part I.

The second part of the case history is theoretical and discusses various aspects of the psychodynamics of the obsessive compulsive neuroses. These

aspects involve magical thinking and personal superstitions; the omnipotence of thought (a relic of the megalomania of infancy); obsessive ideas (formations of long-standing representing distortions, uncertainty, and doubt) which draw the patient away from reality to abstract subjects; ambivalence with much repressed sadism; displacement of affect and of ideas; isolation—temporal and spatial—of the idea from the affect and from the world to the isolated life of abstractions; and regression, wherein preparatory acts become the substitute for final decisions and thinking replaces acting. Thus an obsessive thought, according to Freud, is one whose function is to represent an act regressively (to be discussed later).

In the obsessional neuroses the complex is often retained in the consciousness but with a dissociation of its affect. The starting point of a neurosis may be mentioned by the patient in a tone of complete indifference since he is unaware of the significance of the material. The two cardinal symptoms of obsessional neuroses are the tendency to doubting and a recurring sense of compulsion. Fundamentally, a deep ambivalence dominates the patient's life—significant people in the patient's existence are both intensely loved and intensely hated. In the obsessional neuroses these emotional attitudes are sharply separated. Freud saw the doubting as a result of this ambivalence, and the sense of compulsion as an attempt to overcompensate for the doubt and uncertainty. In the obsessional neuroses, the omnipotence of a patient's thoughts, in which the patient is terrified of wishes coming true in the real

world, and the belief in the power to make thoughts come true in some magical way, was applied by Freud to various primitive beliefs in magic and, of course, to religion. Just as he believed infantile sexuality to be the root of hysteria, Freud stressed infantile sexuality as leading to a nuclear complex in the obsessional neuroses. As in the cases of hysteria he believed that the unraveling of these nuclear complexes would automatically lead to a resolution of the neuroses.

From the point of view of the psychotherapist, however, the importance of this case hinges on the transference and the countertransference as well as on Freud's actual behavior, that might be attributed to acting out in the countertransference, at least in (debatable) part; and also to Freud's overall personality, to be discussed later. Patients with obsessive compulsive neuroses, which we now know to be often not far psychologically from schizophrenia, are very good at the intellectual game of interpreting symbols. They tend to disclose their symptoms in a teasing manner, a little bit at a time —a pattern related to their anal erotism and their aggressions. Paul Lorenz, the patient under consideration here, began his treatment by flattering Freud, but although he claimed to have read Freud's work it appears that he read practically none of it. It is not hard to see this subterfuge as the patient's desire to "get in through the back door." The transference rapidly became very intense, with the patient in the second session repeatedly addressing Freud as "captain." Freud relates this salutation to his own statement at the

beginning of the second session, in which he told the patient he was not fond of cruelty like the captain and had no intention of tormenting him unnecessarily. The patient at this point is saying "Oh, yes, you are the captain."

I will endeavor to establish that although Freud showed an intense desire to understand the patient and certainly did not display any fits of temper toward him—he was in some ways extremely benign to him—Freud's personality carried enough forcefulness (or countertransference) to bear a resemblance to both sides of the patient's father—the kind and gentle side and the harsh-tempered side—so that the patient could fasten upon Freud's personality and receive a corrective emotional experience. This case has led some therapists astray in that the exposition emphasizes symbolic and intellectual material; in my opinion, however, the key to the success of the treatment is Freud's personality as well as his interpretation of the patient's *feelings* in the transference. I cannot help but wonder if such a case—in which during the second session the dazed and bewildered patient calls the analyst "captain" and gets up from the sofa—would these days be considered a suitable case for formal psychoanalysis.

Perhaps the best place to mark the development of the transference is in the discussion of the fee. Freud in his characteristically keen way observed that the florin notes with which the patient paid his fee were invariably clean

and smooth. Later on, when Freud had told the patient his hourly fee, the patient thought to himself "So many florins, so many rats" (p. 213), and related this thought to a whole complex of money interests which centered around his father's legacy to him. The cruel captain's request to the patient to pay back charges due upon a packet connects together father, son, captain, money, rats, and Freud. Later on, in an important transference dream, the patient dreamed that he saw Freud's daughter with two patches of dung in place of eyes; it is not difficult to see this as a punishment for Freud's fee (taking money from the patient).

During the dramatic session wherein the patient insists that Freud is the captain, Lorenz broke off when describing the rat torture and got up from the sofa, begging Freud to spare him the recital of the details. Freud is gentle but relentless at this point and even tries to say some of the repulsive phrases for the patient; he does not mention whether or not he ordered the patient back onto the sofa, but I doubt it. There is little doubt, however, that the patient experienced the second session as a beating or torment, but one must add that the patient set up this situation out of an intense need to act out the transference. Clearly, whether Freud liked it or not, the patient was determined to experience Freud as his father. As Freud writes, "Things soon reached a point at which, in his dreams, his waking phantasies, and his associations, he began heaping the grossest and filthiest abuse upon me and my family, though in his deliberate actions he never treated me with anything

but the greatest respect" (p. 209). This behavior labels the treatment as truly psychoanalytic (whether or not one wishes to call it a formal psychoanalysis), and uncovering in the utilization of the transference, regardless of the "irregularities" or parameters (Lipton 1977). While he talked in this way the patient would get up from the sofa and roam about the room, which apparently Freud permitted him to do; eventually the patient explained that he was avoiding physical nearness to Freud for fear of receiving a beating. Freud writes dramatically, "If he stayed on the sofa he behaved like some one in desperate terror trying to save himself from castigations of terrific violence; he would bury his head in his hands, cover his face with his arm, jump up suddenly and rush away, his features distorted with pain, and so on" (p. 209). Freud's general reaction to all this material seems to have been the model of what we call the analyst's analyzing attitude, in which he remains relatively calm and free of anxiety, while constantly attempting to understand and explain the material. Freud was able to do this because, although the patient was dramatizing his fears and had many destructive fantasies toward Freud and his family, in his deliberate actions and throughout the excellent therapeutic alliance he was consistently proper and polite, never attempting to act out any of his fantasies toward Freud or others (remember that the patient characterized himself as basically a coward). It was the patient's ability to maintain the separation between his correct behavior and his irrational raging transference fantasies that permitted him to receive a

successful uncovering psychotherapy.

At the same time there is no question that Freud as usual was very forceful in his interpretations and in his authoritative conviction of the correctness of his explanations and interpretations. Based on the patient's material, Freud engages in an intellectual philosophical dialogue with the patient, replete with explanations and arguments; Freud was an active psychotherapist in the intellectual sphere. For example (p. 180), he presents to the patient a long explanation of ambivalence based on a quotation from Shakespeare's *Julius Caesar.* The patient admits that the explanation is plausible but, "he was naturally not in the very least convinced by it" (p. 210). Freud adds in a footnote that it is not the aim of such discussions to create conviction, and that a sense of conviction is attained only "after the patient has himself worked over the reclaimed material, and so long as he is not fully convinced the material must be considered as unexhausted." Clearly involved here is a dangerous circularity which does not leave much room for the possibility that the therapist's explanation or interpretation may be wrong. In fact, Freud is so sure of himself that in one place (p. 185- 186), when the patient questions whether all his evil impulses originated from infancy, Freud promises to prove it to him in the course of the treatment. In this situation again Freud is certainly taking the position of the captain or the leader, consistent with the authoritative role of the Viennese physician at the turn of the century.

What I am trying to stress here is *not* a criticism of Freud as a therapist or a person, for I think that his intuitive handling of the patient was outstandingly brilliant. His basic approach was tolerant, reasonable, and consistent with what one expected from a reputable and ethical physician of his time; the patient took advantage of the unavoidably assertive aspects of Freud's behavior to re-enact for himself a dramatic transference in which he feared an extremely hot-tempered father, and to re-experience a relationship with a father of a different nature. In a sense the patient provided himself with a corrective emotional experience; Freud's brilliance as an intuitive psychotherapist was that he allowed the patient to do this. Freud's gratification in the case seems to have come from unraveling the intricate intellectual mysteries of the patient's obsessional symptomatology. Freud's personality and intellectual curiosity were assertive enough to make a transference resemblance possible; at the same time, he provided instances of extremely kind behavior which fit the gentle side of the nature of the patient's father.

We note, for example, in the original transcript of the case, that Freud sent his patient a postcard—perhaps from one of his vacation trips. The postcard is signed "cordially" (p. 293). At another point one of the most dramatically cryptic statements ever written by Freud appears: "Dec. 28— He was hungry and was fed" (p. 303). As is characteristic in obsessional patients, these direct acts of kindness toward the patient stirred up the expected

ambivalent response; they also give us a glimpse of Freud's basic and consistently humane attitude toward his patients—he was anything but disinterested and impersonal.

At one point (p. 260) he requests the patient to bring a photograph of the lady he admires, an act which stirs up in the patient what Freud described as "violent struggle, bad day." The patient is in conflict about leaving the treatment at this point. But I think it is an excellent technical procedure during uncovering psychotherapy to request patients to bring photographs of the significant people in their lives; I often do this because a photograph fixes better in my mind the person being talked about and brings home to the patient the intensity and the seriousness of my inquiry (as well as providing a mirroring experience). It is interesting that certain patients "never get around to remembering" to bring the pictures.

Freud saw his patients at his home building for almost fifty years; the setting in which he worked appears repeatedly in this case history. We are especially fortunate to have a book of photographs of Freud's offices before he left Vienna (Engleman 1976); at this point the serious student of psychotherapy should have a careful look at it. Freud often illustrated his remarks about the conscious and the unconscious by pointing to the antiques standing about in his rooms. The photographs of his offices vividly portray the impact that these antiques must have had on the patient. In the present

case report, he speaks of the destruction of Pompeii, explaining how everything conscious is subject to a process of wearing away, while what is unconscious is relatively unchangeable. Thus the objects covered by lava in Pompeii remain preserved in their original state, but the destruction of these objects begins when they are dug up; Freud draws the analogy between these facts and the process of uncovering psychotherapy. Interestingly, in the intuitive way of a great teacher, he concludes the explanation by praising his patient-pupil, which of course produces the optimum mental set for the reception of new ideas.

A careful study of the photographs and their captions describing Sigmund Freud's Vienna home and offices in 1938 brings us visually as close as possible to the atmosphere that Freud provided for his patients. Also worthwhile to recapture the old-world ambience of Freud's work is a visit to the Freud museum, which preserves three rooms of Freud's small offices at Bergasse 19, in Vienna, where he lived.

I believe that for psychotherapists, Freud provides both a personal model and a model in his approach to patients that remains unsurpassed for the purpose of imitation and aspiration. This is not hero-worship: as I have pointed out from time to time in this book, Freud had plenty of faults. But it has been my experience, upon returning repeatedly over my professional lifetime to his writings, that Freud as a model of honesty and integrity combined

with a humane attitude toward his patients still remains a most refreshing source from which we may all take inspiration. The same can not be said of most of his early followers.

For example, Gay (Engleman 1976) writes, "Freud was a very busy man, but when he was needed he was there. This was hardly the style of the unshackled Bohemian or of the self-absorbed genius." He continues, "Freud was a supremely honest man." Gay indicates the same quiet decency behind Freud's scientific stance. He explains, ''But he was more humane than he readily allowed. His case histories and his private correspondence disclosed his pleasure in a patient's progress, his delicacy in managing a patient's feelings." Freud's overriding life purpose—to know and to understand what goes on in the human mind—which tended to make him seem single-minded, one-sided, and imperious, produced a high level of concentration on his work that patients experienced as an intense form of caring about them, and as an insistence that the patient take a similarly scientific attitude toward his own psyche. I am certain that both of these aspects of Freud's approach to patients were essential to his therapeutic results. He wrote little about these aspects simply because he took them for granted as the obligation or calling of any physician who is dedicated to his patients' welfare. Besides his basic honesty, which Gay calls "the principle of his existence," Freud was a splendid listener and "he trained his sensitivity to the highest pitch of refinement, for he soon realized that the hysterics who came to him for relief had, literally, much to

tell him."

Ransohoff, in her captions to the photographs (Engleman 1976), emphasizes the same thing. For example, she notes that comfort and well-being are the keynote motives of Freud's consulting room and that "Freud was not the silent, uncommunicative analyst portrayed in caricature. He could be enthusiastic in his responses to his patients. On occasion he would even announce a celebration: by getting up from his seat to select and light one of his favorite, forbidden cigars." She mentions the comment by Lou Andreas-Salome on the evenness of Freud's mood, his serenity, his kindness; and after all, what kind of man could write on his eightieth birthday, "Life at my age is not easy, but spring is beautiful, and so is love."

Looking at the photographs and visiting the Freud museum one can come to understand why Freud at one point (1926E;20:253) wrote that his "self-knowledge" told him that he had never really been, properly speaking, a doctor. Indeed, although these photographs reveal the study and consulting room of a unique man and a remarkable collector of antiquities, they certainly do not reflect the atmosphere of a doctor's office. One should always remember how remarkably eloquent the setting and atmosphere of the psychotherapist’s consulting room speaks about his or her sense of identity and personality. Behind Freud's chair are large, framed hanging fragments of Pompeian-style wall paintings dominated by mythological figures. Below

these fragments, on a pedestal, is a dignified Roman head—a symbol of a nation dedicated to the rule of law. Ransohoff suggests that "here in Freud's corner the mythological figures from Pompeii and the head of the Roman citizen illuminate contrasting aspects of man: his impulsive animal nature and the civilizing influence of conscience and law. Here is a suggestion of images of the Id and the Superego, two aspects of Freud's hypotheses of the structure of the mind." I cannot help remembering my visit to the chairman of a very prestigious department of psychiatry a couple of years ago. He sat behind an enormous, beautiful desk containing only a bevy of telephones; in back of him were several long shelves containing only one object: a stethoscope.

Zetzel (1970) published a brief paper on "Freud's Rat Man," further investigating the dynamics of the case. She helps to revive for us the situation occurring at the death of his older sister, which took place when he was between three and four years of age—it was at this time that his father had given him the beating. The death of his sister at the height of his infantile neurosis set this patient on the path toward becoming a "decompensated obsessional neurotic" instead of a "well-integrated somewhat obsessional character." She explains that his positive identification with Freud as a father surrogate "may have been the central factor which impelled him towards greater mastery of unresolved intrapsychic conflict" (p. 228).

Gedo and Goldberg (1973) carried this investigation further by

reminding us how Zetzel also pointed out that the patient was unable to grieve or accept the finality of his father's death. Zetzel quoted from Freud's notes: "I pointed out to him that this attempt to deny the reality of his father's death is the basis of his whole neurosis" (Freud 1909D;10:300). Gedo and Goldberg explain that this patient demonstrates Freud's concept of disavowal, what Kohut (1971) has called the "vertical split." According to Zetzel, this disavowal occurred in Paul Lorenz because he could not deal with the prior trauma of his sister's death, a presumed inability that resulted from his experiencing his sexual and hostile impulses as the causative agents of the tragedy. The disavowal produced "a chronic split in the self as the outcome of unmanageable stress" (Gedo and Goldberg 1973, p. 113) in which one aspect of the self remained at the level of magical thinking and grandiosity—outstanding regressive features in the case of Paul Lorenz, as in many obsessional neurotics.

Kanzer (1952) believes that Freud's reply to the Rat Man's begging the psychiatrist to spare him recital of the details of the punishment—that he had no taste whatever for cruelty and no desire to torment him—led the Rat Man to equate Freud with the captain; but Gill and Muslin (1976) argue that the Rat Man had already made this transference and it persisted *despite* Freud's remark. They feel that Freud's earlier interpretation of transference was both an explanation and an effort to avoid the repercussions of the transference—repercussions which could disrupt the treatment. This analysis is more

congruent with Freud's general behavior toward the patient. Gill and Muslin see this case as a demonstration that early interpretation of the transference is sometimes necessary in order to avoid the development of an unmanageable transference situation.

Lipton (1977) presents a scholarly and impressive review of the entire matter, which has already produced a considerable literature. His approach underscores the natural behavior of Freud's physicianly personality on the treatment as producing a therapeutic alliance most beneficial to the un-covering, and warns us against ascribing to "technique" the deliberate assumption of a cold and even discourteous attitude. This latter kind of behavior produces what he calls "iatrogenic narcissistic disorders" by "establishing an ambience in which the patient has little opportunity to establish an object relationship." Reasonably humane physicianly behavior is not a matter of learned technique; it follows naturally from the maturity attained through the successful intensive psychotherapy of the psychotherapist, and in many ways is a measure of the success of the therapist's personal treatment. No treatment can succeed without it.

In his paper "The Dynamics of Transference" (Freud 1912B; 12:98-108) Freud points out that transference in psychotherapy can be a powerful resistance if it is either negative transference or an erotized positive trans-ference; these must be removed by interpretation aimed at making such

transference conscious, while the other aspects of positive transference can be left to persist and become the vehicle of success in the treatment. The recognition of various aspects of the transference and the proper interpretation of transference remain the most difficult skills in the technique of intensive psychotherapy. This recognition and interpretation is actually much more complicated today than it was at the time of Freud, because we now recognize that certain types of narcissistic transferences which also occur in psychotherapy can be very subtle and tricky to recognize and interpret (Kohut 1966, 1968, 1971, 1972, 1977, Chessick 1977).

Freud's "Observations on Transference Love" (Freud 1915A;12:158-174) also opens up the issue of countertransference, which Freud does not discuss at any great length in any of his writings. An important point made in the paper on transference love is:

> The more plainly the analyst lets it be seen that he is proof against every temptation, the more readily will he be able to extract from the situation its analytic content. The patient, whose sexual repression is of course not yet removed but merely pushed into the background, will then feel safe enough to allow all her preconditions for loving, all the phantasies springing from her sexual desires, all the detailed characteristics of her state of being in love, to come to light; and from these she will herself open the way to the infantile roots of her love (p. 166).

It is obvious that the responsibility in this situation falls entirely on the psychotherapist. If the therapist has had a thorough intensive psychotherapy and does not manifest a disruptive countertransference, and as soon as the

patient becomes convinced that he or she is really safe from an assault or a sexual seduction on the part of the therapist, he or she will be rewarded by a flood of important material regarding the infantile roots and fantasies of the patient's erotic drives. This is why it is almost invariably a mistake to engage in any form of physical contact whatsoever with any patient, since at some level this is inevitably interpreted on the part of the patient as a potentially repeatable gesture, regardless of the context in which the physical contact has occurred. Physical contact invariably shifts the focus of the patient's ego away from uncovering and reporting the material and toward the effort of attaining repeated gratification from the therapist.

Freud explains that for those therapists who are still young and not yet bound by strong ties it may be a very hard task indeed to deny the gratification of the patient's love and the sense of narcissistic conquest such love proposes. One crucial battle the analytic psychotherapist must wage in his or her own mind is against the forces which seek to drag one down from the analytic level; the therapist's major protection in this battle comes from his or her own psychotherapy. Thus in intensive psychotherapy we are dealing with highly explosive forces and, as Freud explains, we need to proceed "with as much caution and conscientiousness as a chemist." If such caution and conscientiousness are not observed, the dangers to both patient and psychotherapist are similar to the dangers of handling explosive chemical substances. The permanent ethical obligation on the part of the psycho-

therapist is quite clear; any slipping from this obligation is a mandatory signal for further intensive psychotherapy of the psychotherapist.

A detailed discussion of the dynamics of the transference itself is presented in Freud's very difficult paper "Remembering, Repeating and Working Through" (Freud 1914G;12:146-156). In this extremely condensed paper Freud points out that the transference is actually a manifestation of the compulsion to repeat, a compulsion which is one of the conceptual cornerstones of our understanding of patients in psychotherapy. Freud explains that the compulsion to repeat, by the formation of the transference, replaces the impulsion to remember "not only in his personal attitude to his doctor but also in every other activity and relationship which may occupy his life at the time—if, for instance, he falls in love or undertakes a task or starts an enterprise during the treatment" (p. 151). For example, the patient does not say that he remembers that he used to be defiant and critical toward his parent's authority—instead he behaves that way to the doctor. "He does not remember how he came to a helpless and hopeless deadlock in his infantile sexual researches; but he produces a mass of confused dreams and associations, complains that he cannot succeed in anything and asserts that he is fated never to carry through what he undertakes" (p. 190).

Because of the compulsion to repeat, it is wise to ask all patients not to make any important decisions affecting their life without discussing them at

length in the therapy along with everything else. Freud recommends not making such decisions until finishing the treatment. Since intensive psychotherapy lasts a long time, Freud's request is usually impractical and can be unreasonable. On the other hand, the therapist must prevent if possible the sudden announcement of a major decision already made by the patient and carried through without prior discussion in the psychotherapy—an action which represents a serious form of acting out in the transference. To extract the patient's promise to discuss major decisions before taking action when such action threatens to occur is a form of protection for the patient, but of course the main instrument for curbing this dangerous acting-out lies in the proper recognition and interpretation of the transference.

Another important stimulus to the countertransference of the psychotherapist is the arduous task of working through of resistances, which represents "a trial of patience" (Freud) for the therapist. The first step in overcoming resistance is made by uncovering the resistance and at least acquainting the patient with it intellectually. However, "One must allow the patient time to become more conversant with this resistance with which he has now become acquainted, to *work through* it, to overcome it, by continuing, in defiance of it, the analytic work according to the fundamental rule of analysis" (p. 155). In these situations, a sense of growing impatience in the therapist is an important manifestation of countertransference. Careful study of the therapist's impatience will often reveal new material about what sort of

stimulus the patient is presenting. Most typically it reveals that we are dealing with one of the narcissistic transferences (Kohut 1968). For example, if an idealizing transference has formed, the therapist may become impatient with what appears to be a lack of emotion in the patient each time an inevitable separation occurs through cancellations or vacations. The patient instead displays coldness and withdrawal into aloof irritation, sometimes accompanied by a feeling of fragmentation, hypochondria, and "deadness." The therapist may become astonished by the patient's absolute refusal to recognize any need on the part of the therapist for a vacation, and by the cold, grandiose retreat that occurs when such interruptions are announced. Similarly when the mirroring transferences have formed, the apparent lack of object-relatedness with regard to the therapist may be mistaken for the outgrowth of widespread resistance against the establishment of a transference. It is actually characteristic of the mirroring transference that the obvious and typical manifestations of object-relationship in the transference appear to be entirely absent.

At this point, in a mistaken and unprofitable direction against diffuse, nonspecific, and chronic ego resistances of the patient, the therapist may engage in frenzied therapeutic activity, causing a short-circuiting of the uncovering psychotherapy in a countertransference attempt to force the patient to form an object-relationship. At this point, as Kohut (1968) explains, many analyses of narcissistic personality disorders may be short-circuited

"leading to a brief analysis of subsidiary sectors of the personality in which ordinary transferences do occur while the principal disturbance, which is narcissistic, remains untouched" (p. 101). Really necessary, instead, are a careful working-through of the narcissistic transferences by a calm, well-trained craftsman with clear metapsychological understanding and an absence of suggestive pressure from the inner weight of the personality of the therapist. A lack of emotional involvement in the patient, the feeling of boredom, and the precarious maintenance of attention are described by Kohut as typical warning signs indicating the reaction of the therapist to a mirroring transference. The impatience felt by the therapist in these cases really represents anxiety and rage over being used as a self-object by the narcissistic individual.

The last lecture Freud personally delivered is Lecture 28 of the *Introductory Lectures on Psychoanalysis* (1916X; 15:448-463). As a discussion of the theory of the therapeutic effects of psychoanalysis, it should be compared with one of his last papers, "Analysis Terminable and Interminable" (1937C; 23:211-254), which differs in some important respects. Lecture 28, however, contains the best answer to a constantly repeated criticism of psychoanalytically oriented psychotherapy—that it works primarily by suggestion. Through its emphasis on an understanding of the phenomenon of transference and on clarifying the difference between the manipulation of a patient in a positive transference—which is a form of suggestion, not a form

of uncovering psychotherapy—and its emphasis on the use of the transference and interpretations for the purpose of uncovering unconscious psychic processes, this lecture refutes the argument that psychoanalysis is merely a form of suggestion. Every intensive psychotherapist should read this chapter for himself.

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