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FINAL CONTRIBUTIONS TO THE
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THE PRINCIPLE OF RELAXATION AND NEOCATHARSIS
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At the conclusion of this essay many of you will very likely have the impression that I ought not to have called it 'Progress in Technique', seeing that what I say in it might be more fittingly termed retrogressive or reactionary. But I hope that this impression will soon be dispelled by the reflection that even a retrograde movement, if it be in the direction of an earlier tradition, undeservedly abandoned, may advance the truth, and I honestly think that in such a case it is not too paradoxical to put forward an accentuation of our past knowledge as an advance in science. Freud's psycho-analytical researches cover a vast field: they embrace not only the mental life of the individual, but group psychology and study of human civilization; recently also he has extended them to the ultimate conception of life and death. As he proceeded to develop a modest psychotherapeutic method into a complete system of psychology and philosophy, it was inevitable that the pioneer of psycho-analysis should concentrate now on this and now on that field of investigation, disregarding everything else for the time being. But of course the withdrawal from facts earlier arrived at by no means implied that he was abandoning or contradicting them. We, his disciples, however, are inclined to cling too literally to Freud's latest pronouncements, to proclaim the most recently discovered to be the sole truth and thus at times to fall into error.

My own position in the psycho-analytical movement has made me a kind of cross between a pupil and a teacher, and perhaps this double role gives me the right and the ability to point out where we are tending to be one-sided, and, without foregiving what is good in the new teaching, to plead that justice shall be done to that which has proved its value in days past.

The technical method and the scientific theory of psycho-analysis are so closely and almost inextricably bound up with one another that I cannot in this paper confine myself to the purely technical side; I must review part of the contents of this scientific doctrine as well. In the earliest period of psycho-analysis, a period of which I will give as concise a summary as possible, there was no talk of any such division, and, even in the period immediately succeeding, the separation of technique and theory was purely artificial and was made solely for purposes of teaching.

A genial patient and her understanding physician shared in the discovery of the forerunner of psycho-analysis, namely, the cathartic treatment of hysteria. The patient found out for herself that certain of her symptoms disappeared when she succeeded in linking up fragments of what she said and did in an altered state of consciousness with forgotten impressions from her early life. Breuer's remarkable contribution to psychotherapy was this: not only did he pursue the method indicated by the patient, but he had faith in the reality of the memories which emerged, and did not, as was customary, dismiss them out of hand as the fantastic inventions of a mentally abnormal patient. We must admit that Breuer's capacity for belief had strict limitations. He could follow his patient only so long as her speech and behaviour did not overstep the bounds marked out by civilized society. Upon the first manifestations of uninhibited instinctual life he left not only the patient but the whole method in the lurch. Moreover, his theoretical deductions, otherwise extremely penetrating, were confined as far as possible to the purely intellectual aspect, or else, passing over everything in the realm of psychic emotion, they linked up directly with the physical.

Psychotherapy had to wait for a man of stronger calibre, who

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would not recoil from the instinctual and animal elements in the mental organization of civilized man; there is no need for me to name this pioneer. Freud's experience forced him relentlessly to the assumption that in every case of neurosis a *conditio sine qua non* is a sexual trauma. But when in certain cases the patient's statements proved incorrect, he too had to wrestle with the temptation to pronounce all the material they had produced untrustworthy and therefore unworthy of scientific consideration. Fortunately, Freud's intellectual acumen saved psycho-analysis from the imminent danger of being once more lost in oblivion. He perceived that, even though certain of the statements made by patients were untrue and not in accordance with reality, yet the psychic reality of their lying itself remained an incontestable fact. It is difficult to picture how much courage, how much vigorous and logical thinking, and how much self-mastery was necessary for him to be able to free his mind from disturbing affects and pronounce the deceptive unveracity of his patients to be hysterical fantasy, worthy as a psychic reality of further consideration and investigation.

Naturally the technique of psycho-analysis was coloured by these successive advances. The highly emotional relation between physician and patient, which resembled that in hypnotic suggestion, gradually cooled down to a kind of unending association-experiment; the process became mainly intellectual. They joined, as it were, their mental forces in the attempt to reconstruct the repressed causes of the illness from the disconnected fragments of the material acquired through the patient's associations. It was like filling in the spaces in an extremely complicated crossword puzzle. But disappointing therapeutic failures, which would assuredly have discouraged a weaker man, compelled Freud once more to restore in the relation between analyst and patient the affectivity which, as was now plain, had for a time been unduly neglected. However, it no longer took the form of influence by hypnosis and suggestion—an influence very hard to regulate, and one whose nature was not understood. Rather more consideration and respect were accorded to the signs of *transference of affect* and of *affective resistance* which manifested themselves in the analytical relation.

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This was, roughly speaking, the position of analytical technique and theory at the time when I first became an enthusiastic adherent of the new teaching. Curiously enough, the first impetus in that direction came to me through Jung's association experiments. You must permit me in this paper to depict the development of the technique from the subjective standpoint of a single individual. It seems as though the fundamental biogenic law applies to the intellectual evolution of the individual as of the race; probably there exists no firmly established science which does not, as a separate branch of knowledge, recapitulate the following phases: first, enlightenment, accompanied by exaggerated optimism, then the inevitable disappointment, and, finally, a reconciliation between the two affects. I really do not know whether I envy our younger colleagues the ease with which they enter into possession of that which earlier generations won by bitter struggles. Sometimes I feel that to receive a tradition, however valuable, ready-made, is not so good as achieving something for oneself.

I have a lively recollection of my first attempts at the beginning of my psycho-analytical career. I recall, for instance, the very first case I treated. The patient was a young fellow-physician whom I met in the street. Extremely pale and obviously struggling desperately for breath, he grasped my arm and implored me to help him. He was suffering, as he told me in gasps, from nervous asthma. He had tried every possible remedy, but without success. I took a hasty decision, led him to my consulting-room, got him to give me his reactions to an association test, and plunged into the analysis of his earlier life, with the help of this rapidly sown and harvested crop of associations. Sure enough, his memory pictures soon grouped themselves round a trauma in his early childhood. The episode was an operation for hydrocele. He saw and felt with objective vividness how he was seized by the hospital attendants, how the chloroform-mask was put over his face, and how he tried with all his might to escape from the anaesthetic. He repeated the straining of the muscles, the sweat of anxiety, and the interrupted breathing which he must have experienced on this traumatic occasion. Then he opened his eyes, as though awaking
from a dream, looked about him in wonder, embraced me triumphantly, and said he felt perfectly free from the attack.

I could describe many other 'cathartic' successes similar to this, at about this time. But I soon discovered that, in nearly all the cases where the symptoms were thus cured, the results were but transitory, and I, the physician, felt that I was myself being gradually cured of my exaggerated optimism. I tried by means of a deeper study of Freud's work and with the help of such personal counsel as I might seek from him to master the technique of association, resistance, and transference. I followed as exactly as possible the technical hints that he published during this period. I think I have already told elsewhere how, with the deepening of my psychological knowledge as I followed these technical rules, there was a steady decrease in the striking and rapid results I achieved. The earlier, cathartic therapy was gradually transformed into a kind of analytical re-education of the patient, which demanded more and more time. In my zeal (I was still a young man) I tried to think out means for shortening the period of analysis and producing more visible therapeutic results. By a greater generalization and emphasizing of the principle of frustration (to which Freud himself subscribed at the Congress at Budapest in 1918), and with the aid of artificially produced accentuations of tension ('active therapy'), I tried to induce a freer repetition of early traumatic experiences and to lead up to a better solution of them through analysis. You are doubtless aware that I myself, and others who followed me, sometimes let ourselves be carried away into exaggerations of this active technique. The worst of these was the measure suggested by Rank and, for a time, accepted by myself—the setting of a term to the analysis. I had sufficient insight to utter a timely warning against these exaggerations, and I threw myself into the analysis of the ego and of character-development, upon which in the meantime Freud had so successfully entered. The somewhat one-sided ego-analysis, in which too little attention was paid to the libido (formerly regarded as omnipotent), converted analytical treatment largely into a process designed to afford us the fullest possible insight into the topography, dynamics, and economy of symptom-formation, the distribution of energy between the patient's id, ego, and super-ego being exactly traced out. But when I worked from this standpoint, I could not escape the impression that the relation between physician and patient was becoming far too much like that between teacher and pupil. I also became convinced that my patients were profoundly dissatisfied with me, though they did not dare to rebel openly against this didactic and pedantic attitude of the analyst. Accordingly, in one of my papers on technique I encouraged my colleagues to train their patients to a greater liberty and a freer expression in behaviour of their aggressive feelings towards the physician. At the same time I urged analysts to be more humble-minded in their attitude to their patients and to admit the mistakes they made, and I pleaded for a greater elasticity in technique, even if it meant the sacrifice of some of our theories. These, as I pointed out, were not immutable, though they might be valuable instruments for a time. Finally, I was able to state that not only did my patients' analysis not suffer from the greater freedom accorded them, but, after all their aggressive impulses had exhausted their fury, positive transference and also much more positive results were achieved. So you must not be too surprised if, once more, I have to tell you of fresh steps forward, or, if you will have it so, backward in the path that I have followed. I am conscious that what I have to say is not at all likely to be popular with you. And I must admit that I am afraid it may win most unwelcome popularity amongst the true reactionaries. But do not forget what I said at the beginning about progress and retrogression; in my view a return to what was good in the teaching of the past most emphatically does not imply giving up the good and valuable contributions made by the more recent development of our science. Moreover, it would be presumptuous to imagine that any one of us is in a position to say the last word on the potentials of the technique or theory of analysis. I, for one, have learnt humility through the many vicissitudes which I have just sketched. So I would not represent what I am about to say as in any way final. In fact, I think it very possible that in a greater or lesser degree it will be subject to various limitations as time goes on.
In the course of my practical analytical work, which extended over many years, I constantly found myself infringing one or another of Freud's injunctions in his 'Recommendations on Technique'. For instance, my attempt to adhere to the principle that patients must be in a lying position during analysis would at times be thwarted by their uncontrollable impulse to get up and walk about the room or speak to me face to face. Or again, difficulties in the real situation, and often the unconscious machinations of the patient, would leave me with no alternative but either to break off the analysis or to depart from the general rule and carry it on without remuneration. I did not hesitate to adopt the latter alternative—not without success. The principle that the patient should be analysed in his ordinary environment and should carry on his usual occupation, was very often impossible to enforce. In some severe cases I was even obliged to let patients stay in bed for days and weeks and to relieve them of the effort of coming to my house. The sudden breaking-off of the analysis at the end of the hour very often had the effect of a shock, and I would be forced to prolong the treatment until the reaction had spent itself; sometimes I had to devote two or more hours a day to a single patient; often, if I would not or could not do this, my inflexibility produced a resistance which I felt to be excessive and a too literal repetition of traumatic incidents in the patient's childhood; it would then take a long time even partly to overcome the bad effects of this unconscious identification of his. One of the chief principles of analysis is that of frustration, and this certain of my colleagues, and, at times, I myself applied too strictly. Many patients suffering from obsessional neurosis saw through it directly and utilized it as a new and quite inexhaustible source of resistance-situations, until the physician finally decided to knock this weapon out of their hands by indulgence (Nachgiebigkeit).

I had the greatest conscientious scruples about all these infringements of a fundamental rule (and about many others which I cannot instance in detail here), until my mind was set at rest by the authoritative information that Freud's 'Recom-

mendations' were really intended only as warnings for beginners and were designed to protect them from the most glaring blunders and failures; his precepts contained, however, hardly any positive instructions, and considerable scope was left for the exercise of the analyst's own judgement, provided that he was clear about the metapsychological consequences of his procedure.

Nevertheless, the exceptional cases have become so numerous that I feel impelled to propound another principle, not hitherto formulated, even if tacitly accepted. I mean the principle of indulgence, which must often be allowed to operate side by side with that of frustration. Subsequent reflection has convinced me that my explanation of the way in which the active technique worked was really a very forced one: I attributed everything that happened to frustration, i.e. to a 'heightening of tension'. When I told a patient, whose habit it was to cross her legs, that she must not do so, I was actually creating a situation of libidinal frustration, which induced a heightening of tension and the mobilization of psychic material hitherto repressed. But when I suggested to the same patient that she should give up the noticeably stiff posture of all her muscles and allow herself more freedom and mobility, I was really not justified in speaking of a heightening of tension, simply because she found it difficult to relax from her rigid attitude. It is much more honest to confess that here I was making use of a totally different method which, in contrast to the heightening of tension, may safely be called relaxation. We must admit, therefore, that psycho-analysis employs two opposite methods: it produces heightening of tension by the frustration it imposes and relaxation by the freedom it allows.

But with this, as with every novelty, we soon find that it contains something very, very old— I had almost said, something commonplace. Are not both these principles inherent in the method of free association? On the one hand, the patient is compelled to confess disagreeable truths, but, on the other, he is permitted a freedom of speech and expression of his feelings such as is hardly possible in any other department of life. And long before psycho-analysis came into existence there were two elements in the training of children and of the masses: tende-
ness and love were accorded to them, and at the same time they were required to adapt themselves to painful reality by making hard renunciations.

If the International Psycho-Analytical Association were not so highly cultivated and self-disciplined an assembly, I should probably be interrupted at this point in my discourse by a general uproar and clamour. Such a thing has been known to happen even in the British House of Commons, usually so dignified, when a particularly infuriating speech has been made. 'What on earth do you really mean?' some of you would shout. 'We have scarcely reconciled ourselves to some extent to the principle of frustration, which you yourself carried to all lengths in your active technique, when you upset our laboriously placated scientific conscience by confronting us with a new and confusing principle, whose application will be highly embarrassing to us.' 'You talk of the dangers of excessive frustration,' another and no less shrill voice would chime in. 'What about the dangers of coddling patients? And, anyhow, can you give us any definite directions about how and when one or the other principle is to be applied?'

Softly, ladies and gentlemen! We are not yet advanced far enough to enter on these and similar details. My only object for the moment was to prove that, even though we may not admit it, we do actually work with these two principles. But perhaps I ought to consider certain objections which naturally arise in my own mind too. The fact that the analyst may be made uncomfortable by being confronted with new problems surely need not be seriously discussed!

To compose your minds I will say with all due emphasis that the attitude of objective reserve and scientific observation which Freud recommends to the physician remains, as ever, the most trustworthy and, at the beginning of an analysis, the only justifiable one, and that, ultimately, the decision as to which is the appropriate method must never be arrived at under the influence of affective factors but only as the result of intelligent reflection. My modest endeavours have for their object merely a plain definition of what has hitherto been vaguely described as the 'psychological atmosphere'. We cannot deny that it is possi-
and cool aloofness on the analyst’s part was experienced by the patient as a continuation of his infantile struggle with the grown-ups’ authority, and made him repeat the same reactions in character and in symptoms as formed the basis of the real neurosis. Hitherto my idea about terminating the treatment had been that one need not be afraid of these resistances and might even provoke them artificially; I hoped (and to some extent I was justified) that, when the patient’s analytical insight had gradually closed to him all avenues of resistance, he would be cornered and obliged to take the only way left open, namely, that which led to health. Now I do not deny that every neurotic must inevitably suffer during analysis; theoretically it is self-evident that the patient must learn to endure the suffering which originally led to repression. The only question is whether sometimes we do not make him suffer more than is absolutely necessary. I decided on the phrase ‘economy of suffering’ to express what I have realized and am trying to convey—and I hope it is not far-fetched—namely, that the principles of frustration and indulgence should both govern our technique.

As you all know, we analysts do not attach great scientific importance to therapeutic effects in the sense of an increased feeling of well-being on the patient’s part. Only if our method results not merely in his improvement but in a deeper insight into the process of his recovery may we speak of real progress in comparison with earlier methods of treatment. The extent to which patients improved when I employed this relaxation-therapy in addition to the older method was in many cases quite astonishing. In hysteries, obsessional neurotics, and even in neurotic characters the familiar attempts to reconstruct the past went forward as usual. But, after we had succeeded in a somewhat deeper manner than before in creating an atmosphere of confidence between physician and patient and in securing a fuller freedom of affect, hysterical physical symptoms would suddenly make their appearance, often for the first time in an analysis extending over years. These symptoms included paraesthesias and spasms, definitely localized, violent emotional movements, like miniature hysterical attacks, sudden alterations of the state of consciousness, slight vertigo and a clouding of consciousness often with subsequent amnesia for what had taken place. Some patients actually begged me to tell them how they had behaved when in these states. It was easy to utilize these symptoms as fresh aids to reconstruction—as physical memory symbols, so to speak. But there was this difference—this time, the reconstructed past had much more of a feeling of reality and concreteness about it than heretofore, approximated much more closely to an actual recollection, whereas still then the patient had spoken only of possibilities, or, at most, of varying degrees of probability and had yearned in vain for memories. In certain cases these hysterical attacks actually assumed the character of trances, in which fragments of the past were relived and the physician was the only bridge left between the patients and reality. I was able to question them and received important information about dissociated parts of the personality. Without any such intention on my part and without my making the least attempt to induce a condition of this sort, unusual states of consciousness manifested themselves, which might also be termed autohypnotic. Willingly, one was forced to compare them with the phenomena of the Breuer-Freud catharsis. I must confess that at first this was a disagreeable surprise, almost a shock, to me. Was it really worth while to make that enormous detour of analysis of associations and resistances, to unravel the maze of the elements of egopsychoanalysis, and even to traverse the whole metapsychology in order to arrive at the good old ‘friendly attitude’ to the patient and the method of catharsis, long believed to have been discarded? But a little reflection soon set my mind at rest. There is all the difference in the world between this cathartic termination to a long psycho-analysis and the fragmentary eruptions of emotion and recollection which the primitive catharsis could provoke and which had only a temporary effect. The catharsis of which I am speaking is, like many dreams, only a confirmation from the unconscious, a sign that our toilsome analytical construction, our technique of dealing with resistance and transference, have finally succeeded in drawing near to the aetiological reality. There is little that the palaeo-catharsis has in common with this neo-catharsis. Nevertheless we must admit that here, once more, a circle has been completed. Psycho-analysis
began as a cathartic measure against traumatic shocks, the effects of which had never spent themselves, and against pent-up affects; it then devoted itself to a deeper study of neurotic fantasies and the various defence mechanisms against them. Next, it concentrated rather on the personal affective relation between analyst and patient, being in the first twenty years mainly occupied with the manifestations of instinctual tendencies, and, later, with the reactions of the ego. The sudden emergence in modern psycho-analysis of portions of an earlier technique and theory should not dismay us; it merely reminds us that, so far, no single advance has been made in analysis which has had to be entirely discarded as useless, and that we must constantly be prepared to find new veins of gold in temporarily abandoned workings.

What I am now about to say is really the logical sequel to what I have said already. The recollections which neocatharsis evoked or corroborated lent an added significance to the original traumatic factor in our aetiological equations. The precautions of the hysterics and the avoidance of the obsessive neurotic may, it is true, have their explanation in purely mental formations; nevertheless the first impetus towards abnormal lines of development has always been thought to originate from real psychic traumas and conflicts with the environment—the invariable precursors of the formation of nosogenic mental forces, for instance, of conscience. Accordingly, no analysis can be regarded (at any rate in theory) as complete unless we have succeeded in penetrating to the traumatic material. This statement is based, as I said, on experience acquired in relaxation-therapy; if it be true, it adds considerably (from the theoretical as well as the practical standpoint) to the heuristic value of this modified technique. Having given due consideration to fantasy as a pathogenic factor, I have of late been forced more and more to deal with the pathogenic trauma itself. It became evident that this is far more rarely the result of a constitutional hypersensibility in children (causing them to react neurotically even to a commonplace and unavoidable painful experience) than of really improper, unintelligent, capricious, tactless, or actually cruel treatment. Hysterical fantasies do not lie when they tell us that parents and other adults do indeed go monstrous lengths in the passionate eroticism of their relation with children, while, on the other hand, when the innocent child responds to this half-unconscious play on the part of its elders the latter are inclined to think out severe punishments and threats which are altogether incomprehensible to him and have the shattering effects of a shock. To-day I am returning to the view that, beside the great importance of the Oedipus complex in children, a deep significance must also be attached to the repressed incestuous affection of adults, which masquerades as tenderness. On the other hand, I am bound to confess that children themselves manifest a readiness to engage in genital eroticism more vehemently and far earlier than we used to suppose. Many of the perversions children practise probably indicate not simply fixation to a pre-genital level but regression from an early genital level. In many cases the trauma of punishment falls upon children in the midst of some erotic activity, and the result may be a permanent disturbance of what Reich calls ‘orgastic potency’. But the premature forcing of genital sensations has a no less terrifying effect on children; what they really want, even in their sexual life, is simply play and tenderness, not the violent ebullition of passion.

Observation of cases treated by the neocathartic method gave further food for thought; one realized something of the psychic process in the traumatic primal repression and gained a glimpse into the nature of repression in general. The first reaction to a shock seems to be always a transitory psychosis, i.e. a turning away from reality. Sometimes this takes the form of negative hallucination (hysterical loss of consciousness—fainting or vertigo), often of an immediate positive hallucinatory compensation, which makes itself felt as an illusory pleasure. In every case of neurotic amnesia, and possibly also in the ordinary childhood-amnesia, it seems likely that a psychotic splitting off of a part of the personality occurs under the influence of shock. The dissociated part, however, lives on hidden, ceaselessly endeavouring to make itself felt, without finding any outlet except in neurotic symptoms.
For this notion I am partly indebted to discoveries made by our colleague, Elisabeth Severn, which she personally communicated to me.

Sometimes, as I said, we achieve direct contact with the repressed part of the personality and persuade it to engage in what I might almost call an infantile conversation. Under the method of relaxation the hysterical physical symptoms have at times led us back to phases of development in which, since the organs of thought were not yet completely developed, physical memories alone were registered.

In conclusion, there is one more point I must mention, namely, that more importance than we hitherto supposed must be attached to the anxiety aroused by menstruation, the impression made by which has only been recently properly emphasized by C. D. Daly; together with the threat of castration it is one of the most important traumatic factors.

Why should I weary you, in a discourse which is surely mainly concerned with technique, with this long and not even complete list of half-worked-out theoretical arguments? Certainly not in order that you may wholeheartedly espouse these views, about which I myself am not as yet quite clear. I am content if I have conveyed to you the impression that a proper evaluation of the long neglected traumatogenesis promises to be fruitful, not only for practical therapy but for the theory of our science.

In a conversation with Anna Freud in which we discussed certain points in my technique she made the following pregnant remark: 'You really treat your patients as I treat the children whom I analyse.' I had to admit that she was right, and I would remind you that in my most recent publication, a short paper on the psychology of unwanted children who later become subjects for analysis, I stated that the real analysis of resistances must be prefaced by a kind of comforting preparatory treatment. The relaxation-technique which I am suggesting to you assuredly obliterates even more completely the distinction between the analysis of children and that of adults—a distinction hitherto too sharply drawn. In making the two types of treatment more like one another I was undoubtedly influenced by what I saw of the work of Georg Groddeck, the courageous champion of the psycho-analysis of organic diseases, whom I consulted about an organic illness. I felt that he was right in trying to encourage his patients to a childlike naiveté, and I saw the success thus achieved. But, for my own part, I have remained faithful to the well-tried analytical method of frustration as well, and I try to attain my aim by the tactful and understanding application of both forms of technique.

Now let me try to give a reassuring answer to the probable objections to these tactics. What motive will patients have to turn away from analysis to the hard reality of life if they can enjoy with the analyst the irresponsible freedom of childhood in a measure which is assuredly denied them in actuality? My answer is that even in analysis by the method of relaxation, as in child-analysis, conditions are such that performance does not outrun discretion. However great the relaxation, the analysis will not gratify the patient's actively aggressive and sexual wishes or many of their other exaggerated demands. There will be abundant opportunity to learn renunciation and adaptation. Our friendly and benevolent attitude may indeed satisfy that childlike part of the personality which hunger for tenderness, but not the part which has succeeded in escaping from the inhibitions in its development and becoming adult. For it is no mere poetic licence to compare the mind of the neurotic to a double malformation, something like the so-called teratoma which harbours in a hidden part of its body fragments of a twin-being which has never developed. No reasonable person would refuse to surrender such a teratoma to the surgeon's knife, if the existence of the whole individual were threatened.

Another discovery that I made was that repressed hate often operates more strongly in the direction of fixation and arrest than openly confessed tenderness. I think I have never had this point more clearly put than by a patient whose confidence, after nearly two years of hard struggle with resistance, I won by the method of indulgence. 'Now I like you and now I can let you go,' was her first spontaneous remark on the emergence of a
positive affective attitude towards me. I believe it was in analysis of the same patient that I was able to prove that relaxation lends itself particularly well to the conversion of the repetition-tendency into recollection. So long as she identified me with her hard-hearted parents, she incessantly repeated the reactions of defiance. But when I deprived her of all occasion for this attitude, she began to discriminate the present from the past and, after some hysterical outbursts of emotions, to remember the psychic shocks of her childhood. We see then that, while the similarity of the analytical to the infantile situation impels patients to repetition, the contrast between the two encourages recollection.

I am of course conscious that this twofold method of frustration and indulgence requires from the analyst himself an even greater control than before of counter-transference and counter-resistance. It is no uncommon thing for even those teachers and parents who take their task seriously to be led by imperfectly mastered instincts into excess in either direction. Nothing is easier than to use the principle of frustration in one's relation with patients and children as a cloak for indulgence in one's own unconfessed sadistic inclinations. On the other hand, exaggerated forms and quantities of tenderness may subserve one's own, possibly unconscious, libidinal tendencies, rather than the ultimate good of the individual in one's care. These new and difficult conditions are an even stronger argument in support of the view I have often and urgently put forward, namely, that it is essential for the analyst himself to go through an analysis reaching to the very deepest depths and putting him into control of his own character-traits.

I can picture cases of neurosis—in fact I have often met with them—in which (possibly as a result of unusually profound traumas in infancy) the greater part of the personality becomes, as it were, a teratoma, the task of adaptation to reality being shouldered by the fragment of personality which has been spared. Such persons have actually remained almost entirely at the child-level, and for them the usual methods of analytical therapy are not enough. What such neurotics need is really to be adopted and to partake, for the first time in their lives of the advantages of a normal nursery. Possibly the analytic in-patient treatment recommended by Simmel might be developed with special reference to these cases.

If even part of the relaxation-technique and the findings of neocatharsis should prove correct, it would mean that we should substantially enlarge our theoretical knowledge and the scope of our practical work. Modern psycho-analysis, by dint of laborious effort, can restore the interrupted harmony and adjust the abnormal distribution of energy amongst the intrapsychic forces, thus increasing the patient's capacity for achievement. But these forces are but the representatives of the conflict originally waged between the individual and the outside world. After reconstructing the evolution of the id, the ego, and super-ego many patients repeat in the neocathartic experience the primal battle with reality, and it may be that the transformation of this last repetition into recollection may provide a yet firmer basis for the subject's future existence. His situation may be compared with that of the playwright whom pressure of public opinion forces to convert the tragedy he has planned into a drama with a 'happy ending'. With this expression of optimism I will conclude.