



On the Therapeutic Action of Psycho-Analysis

Hans W. Loewald, M.D. 

Advances in our understanding of the therapeutic action of psycho-analysis should be based on deeper insight into the psycho-analytic process. By 'psycho-analytic process' I mean the significant interactions between patient and analyst which ultimately lead to structural changes in the patient's personality. Today, after more than fifty years of psycho-analytic investigation and practice, we are in a position to appreciate, if not to understand better, the role which interaction with environment plays in the formation, development, and continued integrity of the psychic apparatus. Psycho-analytic ego-psychology, based on a variety of investigations concerned with ego-development, has given us some tools to deal with the central problem of the relationship between the development of psychic structures and interaction with other psychic structures, and of the connexion between ego-formation and object-relations.

If 'structural changes in the patient's personality' means anything, it must mean that we assume that ego-development is resumed in the therapeutic process in psycho-analysis. And this resumption of ego-development is contingent on the relationship with a new object, the analyst. The nature and the effects of this new relationship are under discussion. It should be fruitful to attempt to correlate our understanding of the significance of object-relations for the formation and development of the psychic apparatus with the dynamics of the therapeutic process. A first approach to this task is made here.

Problems, however, of more or less established psycho-analytic theory and tradition concerning object-relations, the phenomenon of transference, the relations between instinctual drives and ego, as well as concerning the function of the analyst in the analytic situation, have to be dealt with. I, at any rate, found it unavoidable, for clarification of my own thinking, to diverge repeatedly from the central theme so as to deal with such problems.

The paper, therefore, is anything but a systematic presentation of the subject-matter. The four parts of the paper intend to light up the scenery from different angles, in the hope that the central characters will be recognizable although they may scarcely speak themselves. A more systematic approach to the subject would also have to deal extensively with the pertinent literature, a task which I have found impossible to assume at this time.

Before I proceed, I wish to make it clear that this is *not* a paper on psycho-analytic technique. It does not attempt to suggest modifications or variations in technique. Psycho-analytic technique has changed since the beginning of psycho-analysis and is going to continue to change. A better understanding of the therapeutic action of psycho-analysis may lead to changes in technique, but anything such clarification may entail as far as technique is concerned will have to be worked out carefully and is not the topic of this paper.

While the fact of an object-relationship between patient and analyst is taken for granted, classical formulations concerning therapeutic action and concerning the role of the analyst in the analytic relationship do not reflect our present understanding of the dynamic organization of the psychic apparatus. I speak here of psychic apparatus and not merely of ego. I believe that modern psycho-analytic ego-psychology represents far more than an addition to the psycho-analytic theory of instinctual drives. In my opinion, it is the elaboration of a more comprehensive theory of the dynamic

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organization of the psychic apparatus, and psycho-analysis is in the process of integrating our knowledge of instinctual drives, gained during earlier stages of its history, into such a psychological theory. The impact psycho-analytic ego-psychology has on the development of psycho-analysis indicates that ego-psychology is not concerned

with just another part of the psychic apparatus, but is giving a new dimension to the conception of the psychic apparatus as a whole. I shall come back to this point later on.

In an analysis, I believe, we have opportunities to observe and investigate primitive as well as more advanced interaction-processes, that is, interactions between patient and analyst which lead to or form steps in ego-integration and disintegration. Such interactions, which I shall call integrative (and disintegrative) experiences, occur many times but do not often as such become the focus of our attention and observation, and go unnoticed. Apart from the difficulty for the analyst of self-observation while in interaction with his patient, there seems to be a specific reason, stemming from theoretical bias, why such interactions not only go unnoticed but frequently are denied. The theoretical bias is the view of the psychic apparatus as a closed system. Thus the analyst is seen, not as a co-actor on the analytic stage on which the childhood development, culminating in the infantile neurosis, is restaged and reactivated in the development, crystallization and resolution of the transference neurosis, but as a reflecting mirror, albeit of the unconscious, and characterized by scrupulous neutrality.

This neutrality of the analyst appears to be required (i) in the interest of scientific objectivity, in order to keep the field of observation from being contaminated by the analyst's own emotional intrusions; and (ii) to guarantee a *tabula rasa* for the patient's transferences. While the latter reason is closely related to the general demand for scientific objectivity and avoidance of the interference of the personal equation, it has its specific relevance for the analytic procedure as such in so far as the analyst is supposed to function not only as an observer of certain processes, but as a mirror which actively reflects back to the patient the latter's conscious and particularly his unconscious processes through verbal communication. A specific aspect of this neutrality is that the analyst must avoid falling into the role of the environmental figure (or of his opposite) the relationship to whom the patient is transferring to the analyst. Instead of falling into the assigned role, he must be objective and neutral enough to reflect back to the patient what roles the latter has assigned to the analyst and to himself in the transference situation. But such objectivity and neutrality now need to be understood more clearly as to their meaning in a therapeutic setting.

Let us take a fresh look at the analytic situation. Ego-development is a process of increasingly higher integration and differentiation of the psychic apparatus and does not stop at any given point except in neurosis and psychosis; even though it is true that there is normally a marked consolidation of ego-organization around the period of the Oedipus complex. Another consolidation normally takes place toward the end of adolescence, and further, often less marked and less visible, consolidations occur at various other life-stages. These later consolidations—and this is important—follow periods of relative ego-disorganization and reorganization, characterized by ego-regression. Erikson has described certain types of such periods of ego-regression with subsequent new consolidations as identity crises. An analysis can be characterized, from this standpoint, as a period or periods of induced ego-disorganization and reorganization. The promotion of the transference neurosis is the induction of such ego-disorganization and reorganization. Analysis is thus understood as an intervention designed to set ego-development in motion, be it from a point of relative arrest, or to promote what we conceive of as a healthier direction and/or comprehensiveness of such development. This is achieved by the promotion and utilization of (controlled) regression. This regression is one important aspect under which the transference neurosis can be understood. The transference neurosis, in the sense of reactivation of the childhood neurosis, is set in motion not simply by the technical skill of the analyst, but by the fact that the analyst makes himself available for the development of a new 'object-relationship' between the patient and the analyst. The patient tends to make this potentially new object-relationship into an old one. On the other hand, to the extent to which the patient develops a 'positive transference' (not in the sense of transference as resistance, but in the sense in which 'transference' carries the whole process of an analysis) he keeps this potentiality of a new object-relationship alive through all the various stages of resistance. The patient can dare to take the plunge into the regressive crisis of the transference

neurosis which brings him face to face again with his childhood anxieties and conflicts, *if* he can hold on to the potentiality of a new object-relationship, represented by the analyst.

We know from analytic as well as from life experience that new spurts of self-development may be intimately connected with such 'regressive' rediscoveries of oneself as may occur through the establishment of new object-relationships, and this means: new discovery of 'objects'. I say new discovery of objects, and not discovery of new objects, because the essence of such new object-relationships is the opportunity they offer for rediscovery of the early paths of the development of object-relations, leading to a new way of relating to objects as well as of being and relating to oneself. This new discovery of oneself and of objects, this reorganization of ego and objects, is made possible by the encounter with a 'new object' which has to possess certain qualifications in order to promote the

process. Such a new object-relationship for which the analyst holds himself available to the patient and to which the patient has to hold on throughout the analysis is one meaning of the term 'positive transference'.²

What is the neutrality of the analyst? I spoke of the encounter with a potentially new object, the analyst, which new object has to possess certain qualifications to be able to promote the process of ego-reorganization implicit in the transference neurosis. One of these qualifications is objectivity. This objectivity cannot mean the avoidance of being available to the patient as an object. The objectivity of the analyst has reference to the patient's transference distortions. Increasingly, through the objective analysis of them, the analyst becomes not only potentially but actually available as a new object, by eliminating step by step impediments, represented by these transferences, to a new object-relationship. There is a tendency to consider the analyst's availability as an object merely as a device on his part to attract transferences onto himself. His availability is seen in terms of his being a screen or mirror onto which the patient projects his transferences, and which reflects them back to him in the form of interpretations. In this view, at the ideal termination point of the analysis no further transference occurs, no projections are thrown on the mirror; the mirror, having nothing now to reflect, can be discarded.

This is only a half-truth. The analyst in actuality does not only reflect the transference distortions. In his interpretations he implies aspects of undistorted reality which the patient begins to grasp step by step as transferences are interpreted. This undistorted reality is mediated to the patient by the analyst, mostly by the process of chiselling away the transference distortions, or, as Freud has beautifully put it, using an expression of Leonardo da Vinci, 'per via di levare' as in sculpturing, not 'per via di porre' as in painting. In sculpturing, the figure to be created comes into being by taking away from the material; in painting, by adding something to the canvas. In analysis, we bring out the true form by taking away the neurotic distortions. However, as in sculpture, we must have, if only in rudiments, an image of that which needs to be brought into its own. The patient, by revealing himself to the analyst, provides rudiments of such an image through all the distortions—an image which the analyst has to focus in his mind, thus holding it in safe keeping for the patient to whom it is mainly lost. It is this tenuous reciprocal tie which represents the germ of a new object-relationship.

The objectivity of the analyst in regard to the patient's transference distortions, his neutrality in this sense, should not be confused with the 'neutral' attitude of the pure scientist towards his subject of study. Nevertheless, the relationship between a scientific observer and his subject of study has been taken as the model for the analytic relationship, with the following deviations: the subject, under the specific conditions of the analytic experiment, directs his activities towards the observer, and the observer communicates his findings directly to the subject with the goal of modifying the findings. These deviations from the model, however, change the whole structure of the relationship to the extent that the model is not representative and useful but, indeed, misleading. As the subject directs his activities towards the analyst, the latter is not integrated by the subject as an observer; as the observer communicates his findings to the patient, the latter is no longer integrated by the 'observer' as a subject of study.

While the relationship between analyst and patient does not possess the structure, scientist—scientific subject, and is not characterized by neutrality in that sense on the part of the analyst, the analyst may become a scientific observer to the extent to which he is able to observe objectively the patient and himself in interaction. The interaction itself, however, cannot be adequately

² A discussion of the concept of transference will be found in the fourth part of this paper.

represented by the model of scientific neutrality. It is unscientific, based on faulty observation, to use this model. The confusion about the issue of countertransference has to do with this. It hardly needs to be pointed out that such a view in no way denies or minimizes the role scientific knowledge, understanding, and methodology play in the analytic process; nor does it have anything to do with advocating an emotionally-charged attitude toward the patient or 'role-taking'. What I am attempting to do is to disentangle the justified and necessary requirement of objectivity and neutrality from a model of neutrality which has its origin in propositions which I believe to be untenable.

One of these is that therapeutic analysis is an objective scientific research method, of a special nature to be sure, but falling within the general category of science as an objective, detached study of natural phenomena, their genesis and interrelations. The ideal image of the analyst is that of a detached scientist. The research method and the investigative procedure *in themselves*, carried out by this scientist, are said to be therapeutic. It is not self-explanatory why a research project should have a therapeutic effect on the subject of study. The therapeutic effect appears to have something to do with the requirement, in analysis, that the subject, the patient himself, gradually become an associate, as it were, in the research work, that he himself become increasingly engaged in the 'scientific project' which is, of

course, directed at himself. We speak of the patient's observing ego on which we need to be able to rely to a certain extent, which we attempt to strengthen and with which we ally ourselves. We encounter and make use of, in other words, what is known under the general title: identification. The patient and the analyst identify to an increasing degree, if the analysis proceeds, in their ego-activity of scientifically guided self-scrutiny.

If the possibility and gradual development of such identification is, as is always claimed, a necessary requirement for a successful analysis, this introduces then and there a factor which has nothing to do with scientific detachment and the neutrality of a mirror.³ This identification does have to do with the development of a new object-relationship of which I spoke earlier. In fact, it is the foundation for it.

The transference neurosis takes place in the influential presence of the analyst and, as the analysis progresses, more and more 'in the presence' and under the eyes of the patient's observing ego. The scrutiny, carried out by the analyst and by the patient, is an organizing, 'synthetic' ego-activity. The development of an ego function is dependent on interaction. Neither the self-scrutiny, nor the freer, healthier development of the psychic apparatus whose resumption is contingent upon such scrutiny, take place in the vacuum of scientific laboratory conditions. They take place in the presence of a favourable environment, by interaction with it. One could say that in the analytic process this environmental element, as happens in the original development, becomes increasingly internalized as what we call the observing ego of the patient.

There is another aspect to this issue. Involved in the insistence that the analytic activity is a strictly scientific one (not merely *using* scientific knowledge and methods) is the notion of the dignity of science. Scientific man is considered by Freud as the most advanced form of human development. The scientific stage of the development of man's conception of the universe has its counterpart in the individual's state of maturity, according to *Totem and Taboo*. Scientific self-understanding, to which the patient is helped, is in and by itself therapeutic, following this view, since it implies the movement towards a stage of human evolution not previously reached. The patient is led towards the maturity of scientific man who understands himself and external reality not in animistic or religious terms but in terms of objective science. There is little doubt that what we call the scientific exploration of the universe, including the self, may lead to greater mastery over it (within certain limits of which we are becoming painfully aware). The activity of mastering it, however, is not itself a scientific activity. If scientific objectivity is assumed to be the most mature stage of man's understanding of the universe, indicating the highest degree of the individual's state of maturity, we may have a vested interest in viewing psycho-analytic therapy as a purely scientific activity and its effects as due to such scientific objectivity. Beyond the issue of a vested interest, I believe it to be necessary and timely to question the assumption, handed to us from the nineteenth

³ I am speaking here of 'mirror' in the naïve sense in which it has mostly been used to denote the 'properties' of the analyst as a 'scientific instrument'. A psychodynamic understanding of the mirror as it function in human life may well reestablish it as an appropriate description of at least certain aspects of the analyst's function.

century, that the scientific approach to the world and the self represents a higher and more mature evolutionary stage of man than the religious way of life. But I cannot pursue this question here.

I have said that the analyst, through the objective interpretation of transference distortions, increasingly becomes available to the patient as a new object. And this not primarily in the sense of an object not previously met, but the newness consists in the patient's rediscovery of the early paths of the development of object-relations leading to a new way of relating to objects and of being oneself. Through all the transference distortions the patient reveals rudiments at least of that core (of himself and 'objects') which has been distorted. It is this core, rudimentary and vague as it may be, to which the analyst has reference when he interprets transferences and defences, and not some abstract concept of reality or normality, if he is to reach the patient. If the analyst keeps his central focus on this emerging core he avoids moulding the patient in the analyst's own image or imposing on the patient his own concept of what the patient should become. It requires an objectivity and neutrality the essence of which is love and respect for the individual and for individual development. This love and respect represent that counterpart in 'reality', in interaction with which the organization and reorganization of ego and psychic apparatus take place.

The parent-child relationship can serve as a model here. The parent ideally is in an empathic relationship of understanding the child's particular stage in development, yet ahead in his vision of the child's future and mediating this vision to the child in his dealing with him. This vision, informed by the parent's own experience and knowledge of growth and future, is, ideally, a more articulate and more integrated version of the core of being which the child presents to the parent. This 'more' that the parent sees and knows, he mediates to the child so that the child in

identification with it can grow. The child, by internalizing aspects of the parent, also internalizes the parent's image of the child—an image which is mediated to the child in the thousand different ways of being handled, bodily and emotionally. Early identification as part of ego-development, built up through introjection of maternal aspects, includes introjection of the mother's image of the child. Part of what is introjected is the image of the child as seen, felt, smelled, heard, touched by the mother. It would perhaps be more correct to add that what happens is not wholly a process of introjection, if introjection is used as a term for an intrapsychic activity. The bodily handling of and concern with the child, the manner in which the child is fed, touched, cleaned, the way it is looked at, talked to, called by name, recognized and re-recognized—all these and many other ways of communicating with the child, and communicating to him his identity, sameness, unity, and individuality, shape and mould him so that he can begin to identify himself, to feel and recognize himself as one and as separate from others yet with others. The child begins to experience himself as a centred unit by being centred upon.

In analysis, if it is to be a process leading to structural changes, interactions of a comparable nature have to take place. At this point I only want to indicate, by sketching these interactions during early development, the positive nature of the neutrality required, which includes the capacity for mature object-relations as manifested in the parent by his or her ability to follow and at the same time be ahead of the child's development.

Mature object-relations are not characterized by a sameness of relatedness but by an optimal range of relatedness and by the ability to relate to different objects according to their particular levels of maturity. In analysis, a mature object-relationship is maintained with a given patient if the analyst relates to the patient in tune with the shifting levels of development manifested by the patient at different times, but always from the viewpoint of potential growth, that is, from the viewpoint of the future. It seems to be the fear of moulding the patient in one's own image which has prevented analysts from coming to grips with the dimension of the future in analytic theory and practice, a strange omission considering the fact that growth and development are at the centre of all psycho-analytic concern. A fresh and deeper approach to the superego problem cannot be taken without facing this issue.

The patient, in order to attain structural changes in his ego-organization, needs the relatedness with a consistently mature object. This, of course, does not mean that during the course of the analysis the analyst is *experienced* by the patient always or most of the time as a mature object. In the analyst it requires the establishment and exercise of special 'skills' during the analytic hour, similar in structure to other professional skills (including the fact that

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as a skill it is practised only during the professional work period) and related to the special, but not professionally articulated and concentrated attitudes of parents when dealing with their children.

I am trying to indicate that the activity of the analyst, and specifically his interpretations as well as the ways in which they are integrated by the patient, need to be considered and understood in terms of the psychodynamics of the ego. Such psychodynamics cannot be worked out without proper attention to the functionings of integrative processes in the ego-reality field, beginning with such processes as introjection, identification, projection (of which we know something), and progressing to their genetic derivatives, modifications, and transformations in later life-stages (of which we understand very little, except in so far as they are used for defensive purposes). The more intact the ego of the patient, the more of this integration taking place in the analytic process occurs without being noticed or at least without being considered and conceptualized as an essential element in the analytic process. 'Classical' analysis with 'classical' cases easily leaves unrecognized essential elements of the analytic process, not because they are not present but because they are as difficult to see in such cases as it was difficult to discover 'classical' psychodynamics in normal people. Cases with obvious ego defects magnify what also occurs in the typical analysis of the neuroses, just as in neurotics we see magnified the psychodynamics of human beings in general. This is not to say that there is no difference between the analysis of the classical psychoneuroses and of cases with obvious ego defects. In the latter, especially in borderline cases and psychoses, processes such as I tried to sketch in the child-parent relationship take place in the therapeutic situation on levels relatively close and similar to those of the early child-parent relationship. The further we move away from gross ego defect cases, the more do these integrative processes take place on higher levels of sublimation and by modes of communication which show much more complex stages of organization.

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The elaboration of the structural point of view in psycho-analytic theory has brought about the danger of isolating the different structures of the psychic apparatus from one another. It may look nowadays as though the ego is a creature of and functioning in conjunction with external reality, whereas the area of the instinctual drives, of the id, is as such unrelated to the external world. To use Freud's archeological simile, it is as though the functional relationship between the deeper strata of an excavation and *their* external environment were denied because these deeper strata are

not in a functional relationship with the present-day environment; as though it were maintained that the architectural structures of deeper, earlier strata are due to purely 'internal' processes, in contrast to the functional interrelatedness between present architectural structures (higher, later strata) and the external environment that we see and live in. The id, however—in the archeological analogy being comparable to a deeper, earlier stratum—as such integrates with its correlative 'early' external environment as much as the ego integrates with the ego's more 'recent' external reality. The id deals with and is a creature of 'adaptation' just as much as the ego—but on a very different level of organization.

Earlier I referred to the conception of the psychic apparatus as a closed system and said that this view has a bearing on the traditional notion of the analyst's neutrality and of his function as a mirror. It is in this context that I now enter into a discussion of the concept of instinctual drives, particularly as regards their relation to objects, as formulated in psycho-analytic theory. I shall preface this discussion with a quotation from Freud which is taken from the introduction to his discussion of instincts in his paper 'Instincts and Their Vicissitudes'. He says: 'The true beginning of scientific activity consists ... in describing phenomena and then in proceeding to group, classify and correlate them. *Even at the stage of description it is not possible to avoid applying certain abstract ideas to the material in hand, ideas derived from somewhere or other but certainly not from the new observations alone.* Such ideas—which will later become the basic concepts of the science—are still more indispensable as the material is further worked over. They must at first necessarily possess some degree of indefiniteness; there can be no question of any clear delimitation of their content. So long as they remain in this condition, we come to an understanding about their meaning by making repeated references to the material of observation *from which they appear to have been derived, but upon which, in fact, they have been imposed.* Thus, strictly speaking, they are in the nature of conventions—although everything depends on their not being arbitrarily chosen

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but determined by their having significant relations to the empirical material, relations that we seem to sense before we can clearly recognize and demonstrate them. It is only after more thorough investigation of the field of observation that we are able to formulate its basic scientific concepts with increased precision, and progressively so to modify them that they become serviceable and consistent over a wide area. Then, indeed, the time may have come to confine them in definitions. The advance of knowledge, however, does not tolerate any rigidity even in definitions. Physics furnishes an excellent illustration of the way in which even "basic concepts" that have been established in the form of definitions are constantly being altered in their content.' The concept of instinct (*Trieb*), Freud goes on to say, is such a basic concept, 'conventional but still somewhat obscure', and thus open to alterations in its content (3, pp. 117–18) (italics mine).

In this same paper, Freud defines instinct as a stimulus; a stimulus not arising in the outer world but 'from within the organism'. He adds that 'a better term for an instinctual stimulus is a "need"', and says that such 'stimuli are the signs of an internal world'. Freud lays explicit stress on one fundamental implication of his whole consideration of instincts here, namely that it implies the concept of purpose in the form of what he calls a biological postulate. This postulate 'runs as follows: the nervous system is an apparatus which has the function of getting rid of the stimuli that reach it, or of reducing them to the lowest possible level'. An instinct is a stimulus from within reaching the nervous system. Since an instinct is a stimulus arising within the organism and acting 'always as a constant force', it obliges 'the nervous system to renounce its ideal intention of keeping off stimuli' and compels it 'to undertake involved and interconnected activities by which the external world is so changed as to afford satisfaction to the internal source of stimulation' (3, pp. 118–20).

Instinct being an inner stimulus reaching the nervous apparatus, the object of an instinct is 'the thing in regard to which or through which the instinct is able to achieve its aim', this aim being satisfaction. The object of an instinct is further described as 'what is most variable about an instinct', 'not originally connected with it', and as becoming 'assigned to it only in consequence of being peculiarly fitted to make satisfaction possible' (3, p. 122). It is here that we see instinctual drives being conceived of as 'intrapsychic', or originally not related to objects.

In his later writings Freud gradually moves away from this position. Instincts are no longer defined as (inner) stimuli with which the nervous apparatus deals in accordance with the scheme of the reflex arc, but instinct, in *Beyond the Pleasure Principle*, is seen as 'an urge inherent in organic life to restore an earlier state of things which the living entity has been obliged to abandon under the pressure of external disturbing forces' (4, p. 36). Here he defines instinct in terms equivalent to the terms he used earlier in describing the function of the nervous apparatus itself, the nervous apparatus, the 'living entity', in its interchange with 'external disturbing forces'. Instinct is no longer an intrapsychic stimulus, but an expression of the function, the 'urge' of the nervous apparatus to deal with environment. The intimate and fundamental relationship of instincts, especially in so far as libido (sexual instincts, Eros) is concerned, with objects, is more clearly brought out in 'The Problem of Anxiety', until finally, in *An Outline of Psycho-analysis*, 'the

aim of the first of these basic instincts [Eros] is to establish ever greater unities and to preserve them thus—in short, to bind together'. It is noteworthy that here not only the relatedness to objects is implicit; the aim of the instinct Eros is no longer formulated in terms of a contentless 'satisfaction', or satisfaction in the sense of abolishing stimuli, but the aim is clearly seen in terms of integration. It is: 'to bind together'. And while Freud feels that it is possible to apply his earlier formula, 'to the effect that instincts tend towards a return to an earlier [inanimate] state', to the destructive or death instinct, 'we are unable to apply the formula to Eros (the love instinct)' (5, p. 6).

The basic concept Instinct has thus indeed changed its content since Freud wrote 'Instincts and Their Vicissitudes'. In his later writings he does not take as his starting point and model the reflex-arc scheme of a self-contained, closed system, but bases his considerations on a much broader, more modern biological framework. And it should be clear from the last quotation that it is by no means the ego alone to which he assigns the function of synthesis, of binding together. Eros, one of the two basic instincts, is itself an integrating force. This is in accordance with his concept of primary narcissism as first formulated in 'On Narcissism, an Introduction', and further elaborated in his later writings, notably

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in 'Civilization and Its Discontents', where objects, reality, far from being originally not connected with libido, are seen as becoming gradually differentiated from a primary narcissistic identity of 'inner' and 'outer' world (see my paper on 'Ego and Reality') (14).

In his conception of Eros, Freud moves away from an opposition between instinctual drives and ego, and toward a view according to which instinctual drives become moulded, channelled, focused, tamed, transformed, and sublimated in and by the ego organization, an organization which is more complex and at the same time more sharply elaborated and articulated than the drive-organization which we call the id. But the ego is an organization which continues, much more than it is in opposition to, the inherent tendencies of the drive-organization. The concept Eros encompasses in one term one of the two basic tendencies or 'purposes' of the psychic apparatus as manifested on both levels of organization.

In such a perspective, instinctual drives are as primarily related to 'objects', to the 'external world' as the ego is. The organization of this outer world, of these 'objects', corresponds to the level of drive-organization rather than of ego-organization. In other words, instinctual drives organize environment and are organized by it no less than is true for the ego and its reality. It is the mutuality of organization, in the sense of organizing each other, which constitutes the inextricable interrelatedness of 'inner and outer world'. It would be justified to speak of primary and secondary processes not only in reference to the psychic apparatus but also in reference to the outer world in so far as its psychological structure is concerned. The qualitative difference between the two levels of organization might terminologically be indicated by speaking of environment as correlative to drives, and of reality as correlative to ego. Instinctual drives can be seen as originally not connected with objects only in the sense that 'originally' the world is not organized by the primitive psychic apparatus in such a way that objects are differentiated. Out of an 'undifferentiated stage' emerge what have been termed part-objects or object-nuclei. A more appropriate term for such pre-stages of an object-world might be the noun 'shapes'; in the sense of configurations of an indeterminate degree and a fluidity of organization, and without the connotation of object-fragments.

The preceding excursion into some problems of instinct-theory is intended to show that the issue of object-relations in psycho-analytic theory has suffered from a formulation of the instinct-concept according to which instincts, as inner stimuli, are contrasted with outer stimuli, both, although in different ways, affecting the psychic apparatus. Inner and outer stimuli, terms for inner and outer world on a certain level of abstraction, are thus conceived as originally unrelated or even opposed to each other but running parallel, as it were, in their relation to the nervous apparatus. And while, as we have seen, Freud in his general trend of thought and in many formulations moved away from this framework, psycho-analytic theory has remained under its sway except in the realm of ego-psychology. It is unfortunate that the development of ego-psychology had to take place in relative isolation from instinct-theory. It is true that our understanding of instinctual drives has also progressed. But the extremely fruitful concept of organization (the two aspects of which are integration and differentiation) has been insufficiently, if at all, applied to the understanding of instinctual drives, and instinct-theory has remained under the aegis of the antiquated stimulus-reflex-arc conceptual model—a mechanistic frame of reference far removed from modern psychological as well as biological thought. The scheme of the reflex-arc, as Freud says in 'Instincts and Their Vicissitudes' (p. 118), has been given to us by physiology. But this was the mechanistic physiology of the nineteenth century. Ego-psychology began its development in a quite different climate already, as is clear from Freud's biological reflections in *Beyond the Pleasure Principle*. Thus it has come about that the ego is seen as an organ of adaptation to and integration and differentiation with and of the outer world, whereas instinctual drives were left behind in the realm of stimulus-reflex

physiology. This, and specifically the conception of instinct as an 'inner' stimulus impinging on the nervous apparatus, has affected the formulations concerning the role of 'objects' in libidinal development and, by extension, has vitiated the understanding of the object-relationship between patient and analyst in psycho-analytic treatment.⁴

⁴ It is obvious that the conception of instinct as an internal stimulus is connected with Freud's discovery of infantile sexuality as stimulating sexual phantasies which earlier he attributed purely to environmental seductive traumatization. It should be clear, however, that the formulation of that problem in such alternatives as 'internal' phantasies versus 'environmental' seduction is itself open to the same questions and reconsiderations which we are discussing throughout this paper.

Returning to the discussion of the analytic situation and the therapeutic process in analysis, it will be useful to dwell further on the dynamics of interaction in early stages of development.

The mother recognizes and fulfils the need of the infant. Both recognition and fulfilment of a need are at first beyond the ability of the infant, not merely the fulfilment. The understanding recognition of the infant's need on the part of the mother represents a gathering together of as yet undifferentiated urges of the infant, urges which in the acts of recognition and fulfilment by the mother undergo a first organization into some directed drive. In a remarkable passage in the 'Project for a Scientific Psychology', in a chapter which has been called 'The Experience of Satisfaction' (6), Freud discusses this constellation in its consequences for the further organization of the psychic apparatus and in its significance as the origin of communication. Gradually, both recognition and satisfaction of the need come within the grasp of the growing infant itself. The processes by which this occurs are generally subsumed under the headings identification and introjection. Access to them has to be made available by the environment, here the mother, who performs this function in the acts of recognition and fulfilment of the need. These acts are not merely necessary for the physical survival of the infant but necessary at the same time for its psychological development in so far as they organize, in successive steps, the infant's relatively uncoordinated urges. The whole complex dynamic constellation is one of mutual responsiveness where nothing is introjected by the infant that is not brought to it by the mother, although brought by her often unconsciously. And a prerequisite for introjection and identification is the gathering mediation of structure and direction by the mother in her caring activities. As the mediating environment conveys structure and direction to the unfolding psychophysical entity, the environment begins to gain structure and direction in the experience of that entity; the environment begins to 'take shape' in the experience of the infant. It is now that identification and introjection as well as projection emerge as more defined processes of organization of the psychic apparatus and of environment.

We arrive at the following formulation: the organization of the psychic apparatus, beyond discernible potentialities at birth (comprising undifferentiated urges and Anlagen of ego-facilities), proceeds by way of mediation of higher organization on the part of the environment to the infantile organism. In one and the same act—I am tempted to say, in the same breath and the same sucking of milk—drive direction and organization of environment into shapes or configurations begin, and they are continued into ego-organization and object-organization, by methods such as identification, introjection, projection. The higher organizational stage of the environment is indispensable for the development of the psychic apparatus and, in early stages, has to be brought to it actively. Without such a 'differential' between organism and environment no development takes place.

The patient, who comes to the analyst for help through increased self-understanding, is led to this self-understanding by the understanding he finds in the analyst. The analyst operates on various levels of understanding. Whether he verbalizes his understanding to the patient on the level of clarifications of conscious material, whether he indicates or reiterates his intent of understanding, restates the procedure to be followed, or whether he interprets unconscious, verbal or other, material, and especially if he interprets transference and resistance — the analyst structures and articulates, or works towards structuring and articulating, the material and the productions offered by the patient. If an interpretation of unconscious meaning is timely, the words by which this meaning is expressed are recognizable to the patient as expressions of what he experiences. They organize for him what was previously less organized and thus give him the 'distance' from himself which enables him to understand, to see, to put into words and to 'handle' what was previously not visible, understandable, speakable, tangible. A higher stage of organization, of both himself and his environment, is thus reached, by way of the organizing understanding which the analyst provides. The analyst functions as a representative of a higher stage of organization and mediates this to the patient, in so far as the analyst's understanding is attuned to what is, and the way in which it is, in need of organization.

I am speaking of what I have earlier called integrative experiences in analysis. These are experiences of interaction, comparable in their structure and significance to the early understanding between mother and child. The latter is a model, and as such always of limited value,

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but a model whose usefulness has recently been stressed by a number of analysts (see for instance René Spitz (17) and which in its full implications and in its perspective is a radical departure from the classical 'mirror model'.

Interactions in analysis take place on much higher levels of organization. Communication is carried on predominantly by way of language, an instrument of and for secondary processes. The satisfaction involved in the analytic interaction is a sublimated one, in increasing degree as the analysis progresses. Satisfaction now has to be understood, not in terms of abolition or reduction of stimulation leading back to a previous state of equilibrium, but in terms of absorbing and integrating 'stimuli', leading to higher levels of equilibrium. This, it is true, is often achieved by temporary regression to an earlier level, but this regression is 'in the service of the ego', that is, in the service of higher organization. Satisfaction, in this context, is a unifying experience due to the creation of an identity of experience in two 'systems', two psychic apparatuses of different levels of organization, thus containing the potential of growth. This identity is achieved by overcoming a differential. Properly speaking, there is no experience of satisfaction and no integrative experience where there is no differential to be overcome, where identity is simply 'given', that is existing rather than to be created by interaction. An approximate model of such existing identity is perhaps provided in the intra-uterine situation, and decreasingly in the early months of life in the symbiotic relationship of mother and infant.

Analytic interpretations represent, on higher levels of interaction, the mutual recognition involved in the creation of identity of experience in two individuals of different levels of ego-organization. Insight gained in such interaction is an integrative experience. The interpretation represents the recognition and understanding which makes available to the patient previously unconscious material. 'Making it available to the patient' means lifting it to the level of the preconscious system, of secondary processes, by the operation of certain types of secondary processes on the part of the analyst. Material, organized on or close to the level of drive-organization, of the primary process, and isolated from the preconscious system, is made available for organization on the level of the preconscious system by the analyst's interpretation, a secondary process operation which mediates to the patient secondary process organization. Whether this mediation is successful or not depends, among other things, on the organizing strength of the patient's ego attained through earlier steps in ego-integration, in previous phases of the analysis, and ultimately in his earlier life. To the extent to which such strength is lacking, analysis—organizing interaction by way of language communication—becomes less feasible.

An interpretation can be said to comprise two elements, inseparable from each other. The interpretation takes with the patient the step towards true regression, as against the neurotic compromise formation, thus clarifying for the patient his true regression-level which has been covered and made unrecognizable by defensive operations and structures. Secondly, by this very step it mediates to the patient the higher integrative level to be reached. The interpretation thus creates the possibility for freer interplay between the unconscious and preconscious systems, whereby the preconscious regains its originality and intensity, lost to the unconscious in the repression, and the unconscious regains access to and capacity for progression in the direction of higher organization. Put in terms of Freud's metapsychological language: the barrier between Ucs and Pcs, consisting of the archaic cathexis (repetition compulsion) of the unconscious and the warding-off anticathexis of the preconscious, is temporarily overcome. This process may be seen as the internalized version of the overcoming of a differential in the *interaction process* described above as integrative experience.⁵ Internalization itself is dependent on interaction and is made possible again in the analytic process. The analytic process then consists in certain integrative experiences between patient and analyst as the foundation for the internalized version of such experiences: reorganization of ego, 'structural change'.

The analyst in his interpretations reorganizes, reintegrates unconscious material for himself as well as for the patient, since he has to be attuned to the patient's unconscious, using, as we say, his own unconscious as a tool, in order to arrive at the organizing interpretation. The analyst has to move freely between the unconscious and the organization of it in thought and language, for and with the patient. If this is not so—a good example is most instances of the use of technical

⁵ For a further discussion of the inner connexions between the opening of barriers between Ucs and Pcs, and the internalization of interaction, in their significance for the transference problem, see Part IV of this paper.

language—language is used as a defence against leading the unconscious material into ego-organization, and ego-activity is used as a defence against integration. It is the weakness of the 'strong' ego—strong in its defences—that it guides the psychic apparatus into excluding the unconscious (for instance by repression or isolation) rather than into lifting the unconscious to higher organization and, at the same time, holding it available for replenishing regression to it.

Language, when not defensively used, is employed by the patient for communication which attempts to reach the analyst on his presumed or actual level of maturity in order to achieve the integrative experience longed for. The analytic patient, while striving for improvement in terms of inner reorganization, is constantly tempted to seek improvement in terms of unsublimated satisfaction through interaction with the analyst on levels closer to the primary process, rather than in terms of internalization of integrative experience as it is achieved in the process which Freud has described as: where there was id there shall be ego. The analyst, in his communication through language, mediates higher organization of material hitherto less highly organized, to the patient. This can occur only if two conditions are fulfilled: (i) the patient, through a sufficiently strong 'positive transference' to the analyst, becomes again available for integrative work with himself and his world, as against defensive warding-off of psychic and external reality manifested in the analytic situation in resistance. (ii) The analyst must be in tune with the patient's productions, that is, he must be able to regress within himself to the level of organization on which the patient is stuck, and to help the patient, by the analysis of defence and resistance, to realize this regression. This realization is prevented by the compromise formations of the neurosis and is made possible by dissolving them into the components of a subjugated unconscious and a superimposed preconscious. By an interpretation, both the unconscious experience and a higher organizational level of that experience are made available to the patient: unconscious and preconscious are joined together in the act of interpretation. In a well-going analysis the patient increasingly becomes enabled to perform this joining himself.

Language, in its most specific function in analysis, as interpretation, is thus a creative act similar to that in poetry, where language is found for phenomena, contexts, connexions, experiences not previously known and speakable. New phenomena and new experience are made available as a result of reorganization of material according to hitherto unknown principles, contexts, and connexions.

Ordinarily we operate with material organized on high levels of sublimation as 'given reality'. In an analysis the analyst has to retrace the organizational steps which have led to such a reality-level so that the organizing process becomes available to the patient. This is regression in the service of the ego, in the service of reorganization—a regression against which there is resistance in the analyst as well as in the patient. As an often necessary defence against the relatively unorganized power of the unconscious, we tend to automatize higher organizational levels and resist regression out of fear lest we may not find the way back to higher organization. The fear of reliving the past is fear of toppling off a plateau we have reached, and fear of that more chaotic past itself, not only in the sense of past content but more essentially of past, less stable stages of organization of experience, whose genuine reintegration requires psychic 'work'. Related to it is the fear of the future, pregnant with new integrative tasks and the risk of losing what had been secured. In analysis such fear of the future may be manifested in the patient's defensive clinging to regressed, but seemingly safe levels.

Once the patient is able to speak, nondefensively, from the true level of regression which he has been helped to reach by analysis of defences, he himself, by putting his experience into words, begins to use language creatively, that is, begins to create insight. The patient, by speaking to the analyst, attempts to reach the analyst as a representative of higher stages of ego-reality organization, and thus may be said to create insight for himself in the process of language-communication with the analyst as such a representative. Such communication on the part of the patient is possible if the analyst, by way of *his* communications, is revealing himself to the patient as a more mature person, as a person who can feel with the patient what the patient experiences and how he experiences it, and who understands it as something more than it has been for the patient. It is this something more, not necessarily more in content but more in organization and significance, that 'external reality', here represented and mediated by the analyst, has to offer to the individual and for which the individual is striving. The analyst, in

doing his part of the work, experiences the cathartic effect of 'regression in the service of the ego' and performs a piece of self-analysis or re-analysis (compare Lucia Tower) (18). Freud has remarked that his own self-analysis

proceeded by way of analysing patients, and that this was necessary in order to gain the psychic distance required for any such work (6, p. 234).

The patient, being recognized by the analyst as something more than he is at present, can attempt to reach this something more by his communications to the analyst which may establish a new identity with reality. To varying degrees patients are striving for this integrative experience, through and despite their resistances. To varying degrees patients have given up this striving above the level of omnipotent, magical identification, and to that extent are less available for the analytic process. The therapist, depending on the mobility and potential strength of integrative mechanisms in the patient, has to be more or less explicit and 'primitive' in his ways of communicating to the patient his availability as a mature object and his own integrative processes. We call analysis that kind of organizing, restructuring interaction between patient and therapist which is predominantly performed on the level of language communicating. It is likely that the development of language, as a means of meaningful and coherent communicating with 'objects', is related to the child's reaching, at least in a first approximation, the oedipal stage of psychosexual development. The inner connexions between the development of language, the formation of ego and of objects, and the oedipal phase of psychosexual development, are still to be explored. If such connexions exist, as I believe they do, then it is not mere arbitrariness to distinguish analysis proper from more primitive means of integrative interaction. To set up rigid boundary lines, however, is to ignore or deny the complexities of the development and of the dynamics of the psychic apparatus.

IV

In the concluding part of this paper I hope to shed further light on the theory of the therapeutic action of psychoanalysis by reexamining certain aspects of the concept and the phenomenon of transference. In contrast to trends in modern psycho-analytic thought to narrow the term transference down to a very specific limited meaning, an attempt will be made here to regain the original richness of interrelated phenomena and mental mechanisms which the concept encompasses, and to contribute to the clarification of such interrelations.

When Freud speaks of transference neuroses in contradistinction to narcissistic neuroses, two meanings of the term transference are involved: (i) the transfer of libido, contained in the 'ego', to objects, in the transference neuroses, while in the narcissistic neuroses the libido remains in or is taken back into the 'ego', not 'transferred' to objects. Transference in this sense is virtually synonymous with object-cathexis. To quote from an important early paper on transference: 'The first loving and hating is a transference of autoerotic pleasant and unpleasant feelings on to the objects that evoke these feelings. The first "object-love" and the first "object-hate" are, so to speak, the primordial transferences. ...' (1). (ii) The second meaning of transference, when distinguishing transference neuroses from narcissistic neuroses, is that of transfer of relations with infantile objects on to later objects, and especially to the analyst in the analytic situation.

This second meaning of the term is today the one most frequently referred to, to the exclusion of other meanings. I quote from two recent, representative papers on the subject of transference. Waelder, in his Geneva Congress paper, 'Introduction to the Discussion on Problems of Transference' (19) says: 'Transference may be said to be an attempt of the patient to revive and re-enact, in the analytic situation and in relation to the analyst, situations and phantasies of his childhood.' Hoffer, in his paper, presented at the same Congress, on 'Transference and Transference Neurosis' (12) states: 'The term "transference" refers to the generally agreed fact that people when entering into any form of object-relationship ... *transfer* upon their objects those images which they encountered in the course of previous *infantile* experiences. ... The term "transference", stressing an aspect of the influence our childhood has on our life as a whole, thus refers to those observations in which people in their contacts with objects, which may be real or imaginary, positive, negative, or ambivalent, "transfer" their *memories* of significant previous experiences and thus " *change the reality* " of their objects, invest them with qualities from the past. ...'

The transference neuroses, thus, are characterized by the transfer of libido to external objects as against the attachment of the libido to the 'ego' in the narcissistic affections; and, secondly, by the transfer of libidinal cathexes

(and defences against them), originally related to infantile objects, on to contemporary objects.

Transference neurosis as distinguished from narcissistic neurosis is a nosological term. At the same time, the term 'transference neurosis' is used in a technical sense to designate the revival of the infantile neurosis in the analytic situation. In this sense of the term, the accent is on the second meaning of transference, since the revival of the infantile neurosis is due to the transfer of relations with infantile objects on to the contemporary object, the analyst. It is, however, only on the basis of transfer of libido to (external) objects in childhood that libidinal attachments to

infantile objects can be transferred to contemporary objects. The first meaning of transference, therefore, is implicit in the technical concept of transference neurosis.

The narcissistic neuroses were thought to be inaccessible to psycho-analytic treatment because of the narcissistic libido cathexis. Psycho-analysis was considered to be feasible only where a 'transference relationship' with the analyst could be established; in that group of disorders, in other words, where emotional development had taken place to the point that transfer of libido to external objects had occurred to a significant degree. If today we consider schizophrenics capable of transference, we hold (i) that they do relate in some way to 'objects', i.e. to pre-stages of objects which are less 'objective' than oedipal objects (narcissistic and object libido, ego and objects are not yet clearly differentiated; this implies the concept of primary narcissism in its full sense). And we hold (ii) that schizophrenics transfer this early type of relatedness onto contemporary 'objects', which objects thus become less objective. If ego and objects are not clearly differentiated, if ego boundaries and object boundaries are not clearly established, the character of transference also is different, in as much as ego and objects are still largely merged; objects—'different objects'—are not yet clearly differentiated one from the other, and especially not early from contemporary ones. The transference is a much more primitive and 'massive' one. Thus, in regard to child-analysis, at any rate before the latency period, it has been questioned whether one can speak of transference in the sense in which adult neurotic patients manifest it. The conception of such a primitive form of transference is fundamentally different from the assumption of an unrelatedness of ego and objects as is implied in the idea of a withdrawal of libido from objects into the ego.

The modification of our view on the narcissistic affections in this respect, based on clinical experience with schizophrenics and on deepened understanding of early ego-development, leads to a broadened conception of transference in the first-mentioned meaning of that term. To be more precise: transference in the sense of transfer of libido to objects is clarified genetically; it develops out of a primary lack of differentiation of ego and objects and thus may regress, as in schizophrenia, to such a pre-stage. Transference does not disappear in the narcissistic affections, by 'withdrawal of libido cathexes into the ego'; it undifferentiates in a regressive direction towards its origins in the ego-object identity of primary narcissism.

An apparently quite unrelated meaning of transference is found in Chapter 7 of *The Interpretation of Dreams*, in the context of a discussion of the importance of day residues in dreams. Since I believe this last meaning of transference to be fundamental for a deeper understanding of the phenomenon of transference, I shall quote the relevant passages. 'We learn from [the psychology of the neuroses] that an unconscious idea is as such quite incapable of entering the preconscious and that it can only exercise any effect there by establishing a connection with an idea which already belongs to the preconscious, by transferring its intensity on to it and by getting itself "covered" by it. Here we have the fact of "transference" which provides an explanation of so many striking phenomena in the mental life of neurotics. The preconscious idea, which thus acquires an undeserved degree of intensity, may either be left unaltered by the transference, or it may have a modification forced upon it, derived from the content of the idea which effects the transference' (7, pp. 562–3). And later, again referring to day residues: '... the fact that recent elements occur with such regularity points to the existence of a need for transference.' 'It will be seen, then, that the day's residues ... not only borrow something from the Ucs when they succeed in taking a share in the formation of the dream—namely the instinctual force which is at the disposal of the repressed wish—but that they also offer the unconscious something indispensable—namely the necessary point of attachment for a transference. If we wished to penetrate more deeply at this point into the processes of the mind, we should have to throw more light

⁶ Charles Fisher (2) recently has drawn particular attention to this meaning of the term transference. His studies of unconscious-preconscious relationships, while specifically concerned with dream formation, imagery, and perception, have relevance to the whole problem area of the formation of object-relations and the psychological constitution of reality.

upon the interplay of excitations between the preconscious and the unconscious—a subject towards which the study of the psychoneuroses draws us, but upon which, as it happens, dreams have no help to offer' (7, p. 564).⁶

One parallel between this meaning of transference and the one mentioned under (ii)—transfer of infantile object-cathexes to contemporary objects—emerges: the unconscious idea, transferring its intensity to a preconscious idea and getting itself 'covered' by it, corresponds to the infantile object-cathexis, whereas the preconscious idea corresponds to the contemporary object-relationship to which the infantile object-cathexis is transferred.

Transference is described in detail by Freud in the chapter on psychotherapy in *Studies on Hysteria*. It is seen there as due to the mechanism of 'false (wrong) connection'. Freud discusses this mechanism in Chapter 2 of *Studies*

on *Hysteria* where he refers to a 'compulsion to associate' the unconscious complex with one that is conscious and reminds us that the mechanism of compulsive ideas in compulsion neurosis is of a similar nature (8, p. 69). In the paper on 'The Defence Neuro-Psychoses' (9) the 'false connection' is called upon to clarify the mechanism of obsessions and phobias. The 'false connection', of course, is also involved in the explanation of screen memories, where it is called displacement (10). The German term for screen memories, 'Deck-Erinnerungen', uses the same word 'decken', to cover, which is used in the above quotation from *The Interpretation of Dreams* where the unconscious idea gets itself 'covered' by the preconscious idea.

While these mechanisms involved in the 'interplay of excitations between the preconscious and the unconscious' have reference to the psychoneuroses and the dream and were discovered and described in those contexts, they are only the more or less pathological, magnified, or distorted versions of normal mechanisms. Similarly, the transfer of libido to objects and the transfer of infantile object-relations to contemporary ones are normal processes, seen in neurosis in pathological modifications and distortions.

The compulsion to associate the unconscious complex with one that is conscious is the same phenomenon as the need for transference in the quotation from Chapter 7 of *The Interpretation of Dreams*. It has to do with the indestructibility of all mental acts which are truly unconscious. This indestructibility of unconscious mental acts is compared by Freud to the ghosts in the underworld of the *Odyssey*—'ghosts which awoke to new life as soon as they tasted blood' (7, p. 553n.), the blood of conscious-preconscious life, the life of 'contemporary' present-day objects. It is a short step from here to the view of transference as a manifestation of the repetition compulsion—a line of thought which we cannot pursue here.

The transference neurosis, in the technical sense of the establishment and resolution of it in the analytic process, is due to the blood of recognition which the patient's unconscious is given to taste—so that the old ghosts may reawaken to life. Those who know ghosts tell us that they long to be released from their ghost-life and led to rest as ancestors. As ancestors they live forth in the present generation, while as ghosts they are compelled to haunt the present generation with their shadow-life. Transference is pathological in so far as the unconscious is a crowd of ghosts, and this is the beginning of the transference neurosis in analysis: ghosts of the unconscious, imprisoned by defences but haunting the patient in the dark of his defences and symptoms, are allowed to taste blood, are let loose. In the daylight of analysis the ghosts of the unconscious are laid and led to rest as ancestors whose power is taken over and transformed into the newer intensity of present life, of the secondary process and contemporary objects.

In the development of the psychic apparatus the secondary process, preconscious organization, is the manifestation and result of interaction between a more primitively organized psychic apparatus and the secondary process activity of the environment; through such interaction the unconscious gains higher organization. Such ego-development, arrested or distorted in neurosis, is resumed in analysis. The analyst helps to revive the repressed unconscious of the patient by his recognition of it; through interpretation of transference and resistance, through the recovery of memories and through reconstruction, the patient's unconscious activity is led into preconscious organization. The analyst, in the analytic situation, offers himself to the patient as

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a contemporary object. As such he revives the ghosts of the unconscious for the patient by fostering the transference neurosis which comes about in the same way in which the dream comes about: through the mutual attraction of unconscious and 'recent', 'day residue' elements. Dream interpretation and interpretation of transference have this function in common: they both attempt to re-establish the lost connexions, the buried interplay, between the unconscious and the preconscious.

Transferences studied in neurosis and analysed in therapeutic analysis are the diseased manifestations of the life of that indestructible unconscious whose 'attachments' to 'recent elements', by way of transformation of primary into secondary processes, constitute growth. There is no greater misunderstanding of the full meaning of transference than the one most clearly expressed in a formulation by Silverberg, but shared, I believe, by many analysts. Silverberg, in his paper on 'The Concept of Transference' (16), writes: 'The wide prevalence of the dynamism of transference among human beings is a mark of man's immaturity, and it may be expected in ages to come that, as man progressively matures ... transference will gradually vanish from his psychic repertory.' But far from being, as Silverberg puts it, 'the enduring monument of man's profound rebellion against reality and his stubborn persistence in the ways of immaturity', transference is the 'dynamism' by which the instinctual life of man, the id, becomes ego and by which reality becomes integrated and maturity is achieved. Without such transference—of the intensity of the unconscious, of the infantile ways of experiencing life which has no language and little organization, but the indestructibility and power of the origins of life—to the preconscious and to present-day life and contemporary objects — without such transference, or to the extent to which such transference miscarries, human life becomes sterile and an empty shell.

On the other hand, the unconscious needs present-day external reality (objects) and present-day psychic reality (the preconscious) for its own continuity, lest it be condemned to live the shadow-life of ghosts or to destroy life.

I have pointed out earlier that in the development of preconscious mental organization—and this is resumed in the analytic process—transformation of primary into secondary process activity is contingent upon a differential, a (libidinal) tension-system between primary and secondary process organization, that is, between the infantile organism, its psychic apparatus, and the more structured environment: transference in the sense of an evolving relationship with 'objects'. This interaction is the basis for what I have called 'integrative experience'. The relationship is a mutual one—as is the interplay of excitations between unconscious and preconscious—since the environment not only has to make itself available and move in a regressive direction towards the more primitively organized psychic apparatus; the environment also needs the latter as an external representative of its own unconscious levels of organization with which communication is to be maintained. The analytic process, in the development and resolution of the transference neurosis, is a repetition—with essential modifications because taking place on another level—of such a libidinal tension-system between a more primitively and a more maturely organized psychic apparatus.

This differential, implicit in the integrative experience, we meet again, internalized, in the form of the tension-system constituting the interplay of excitations between the preconscious and the unconscious. We postulate thus internalization of an interaction-process, not simply internalization of 'objects', as an essential element in ego-development as well as in the resumption of it in analysis. The double aspect of transference, the fact that transference refers to the interaction between psychic apparatus and object-world as well as to the interplay between the unconscious and the preconscious within the psychic apparatus, thus becomes clarified. The opening up of barriers between unconscious and preconscious, as it occurs in any creative process, is then to be understood as an internalized integrative experience—and is in fact experienced as such.

The intensity of unconscious processes and experiences is transferred to preconscious-conscious experiences. Our present, current experiences have intensity and depth to the extent to which they are in communication (interplay) with the unconscious, infantile, experiences representing the indestructible matrix of all subsequent experiences. Freud, in 1897, was well aware of this. In a letter to Fliess he writes, after recounting experiences with his younger brother and his nephew between the ages of 1 and 2 years: 'My nephew and younger brother determined, not only the neurotic side of all my friendships, but also their depth' (6, p. 219).

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The unconscious suffers under repression because its need for transference is inhibited. It finds an outlet in neurotic transferences, 'repetitions' which fail to achieve higher integration ('wrong connections'). The preconscious suffers no less from repression since it has no access to the unconscious intensities, the unconscious prototypical experiences which give current experiences their full meaning and emotional depth. In promoting the transference neurosis, we are promoting a regressive movement on the part of the preconscious (ego-regression) which is designed to bring the preconscious out of its defensive isolation from the unconscious and to allow the unconscious to re-cathect, in interaction with the analyst, preconscious ideas and experiences in such a way that higher organization of mental life can come about. The mediator of this interplay of transference is the analyst who, as a contemporary object, offers himself to the patient's unconscious as a necessary point of attachment for a transference. As a contemporary object, the analyst represents a psychic apparatus whose secondary process organization is stable and capable of controlled regression so that he is optimally in communication with both his own and the patient's unconscious, so as to serve as a reliable mediator and partner of communication, of transference between unconscious and preconscious, and thus of higher, interpenetrating organization of both.

The integration of ego and reality consists in, and the continued integrity of ego and reality depends on, transference of unconscious processes and 'contents' on to new experiences and objects of contemporary life. In pathological transferences the transformation of primary into secondary processes and the continued interplay between them has been replaced by superimpositions of secondary on primary processes, so that they exist side by side, isolated from each other. Freud has described this constellation in his paper on 'The Unconscious': 'Actually there is no lifting of the repression until the conscious idea, after the resistances have been overcome, has *entered into connection* with the unconscious memory-trace. It is only through the making conscious of the latter itself that success is achieved' (italics mine). In an analytic interpretation 'the identity of the information given to the patient with his repressed memory is only apparent. To have heard something and to have experienced something are in their psychological nature two different things, even though the content of both is the same' (11, pp. 175–6). And later, in the same paper, Freud speaks of the thing-cathexis of objects in the Ucs, whereas the 'conscious presentation comprises the presentation of the thing [thing cathexis] plus the presentation of the word belonging to it' (11, p. 201). And further: 'The system Pcs comes about by this thing-presentation being hypercathected through being linked with

the word-presentations corresponding to it. It is these hypercathexes, we may suppose, that bring about a higher psychical organization and make it possible for the primary process to be succeeded by the secondary process which is dominant in the Pcs. Now, too, we are in a position to state precisely what it is that repression denies to the rejected presentation in the transference neuroses: what it denies to the presentation is translation into words which shall remain attached to the object' (11, p. 202).

The correspondence of verbal ideas to concrete ideas, that is to thing-cathexes in the unconscious, is mediated to the developing infantile psychic apparatus by the adult environment. The hypercathexes which 'bring about a higher psychical organization', consisting in a linking up of unconscious memory traces with verbal ideas corresponding to them, are, in early ego-development, due to the organizing interaction between primary process activity of the infantile psychic apparatus and secondary process activity of the child's environment. The terms 'differential' and 'libidinal tension-system' which I used earlier designate energy-aspects of this interaction, sources of energy of such hypercathexes. Freud clearly approached the problem of interaction between psychic apparatuses of different levels of organization when he spoke of the linking up of concrete ideas in the unconscious with verbal ideas as constituting the hypercathexes which 'bring about a higher psychical organization'. For this 'linking up' is the same phenomenon as the mediation of higher organization, of preconscious mental activity, on the part of the child's environment, to the infantile psychic apparatus (compare Charles Rycroft (15)). Verbal ideas are representatives of preconscious activity, representatives of special importance because of the special role language plays in the higher development of the psychic apparatus, but they are, of course, not the only ones. Such linking up occurring in the interaction process becomes increasingly internalized as the interplay and communication between unconscious and preconscious within the psychic apparatus. The need for resumption of such

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mediating interaction in analysis, so that new internalizations may become possible and internal interaction be reactivated, results from the pathological degree of isolation between unconscious and preconscious, or—to speak in terms of a later terminology—from the development of defence processes of such proportions that the ego, rather than maintaining or extending its organization of the realm of the unconscious, excludes more and more from its reach.

It should be apparent that a view of transference which stresses the need of the unconscious for transference, for a point of attachment for a transference in the preconscious, by which primary process is transformed into secondary process—implies the notion that psychic health has to do with an optimal, although by no means necessarily conscious, communication between unconscious and preconscious, between the infantile, archaic stages and structures of the psychic apparatus and its later stages and structures of organization. And further, that the unconscious is capable of change and, as Freud says, 'accessible to the impressions of life' (11, p. 190) and of the preconscious. Where repression is lifted and unconscious and preconscious are again in communication, infantile object and contemporary object may be united into one—a truly new object as both unconscious and preconscious are changed by their mutual communication. The object which helps to bring this about in therapy, the analyst, mediates this union—a new version of the way in which transformation of primary into secondary processes opened up in childhood, through mediation of higher organization by way of early object-relations.

A few words about transference and the so-called 'real relationship' between patient and analyst. It has been said repeatedly that one should distinguish transference (and counter-transference) between patient and analyst in the analytic situation from the 'realistic' relationship between the two. I fully agree. However, it is implied in such statements that the realistic relationship between patient and analyst has nothing to do with transference. I hope to have made the point in the present discussion that there is neither such a thing as reality nor a real relationship, without transference. Any 'real relationship' involves transfer of unconscious images to present-day objects. In fact, present-day objects are objects, and thus 'real', in the full sense of the word (which comprises the unity of unconscious memory traces and preconscious idea) only to the extent to which this transference, in the sense of transformational interplay between unconscious and preconscious, is realized. The 'resolution of the transference' at the termination of an analysis means resolution of the transference neurosis, and thereby of the transference distortions. This includes the recognition of the limited nature of any human relationship and of the specific limitations of the patient-analyst relationship. But the new object-relationship with the analyst, which is gradually being built in the course of the analysis and constitutes the real relationship between patient and analyst, and which serves as a focal point for the establishment of healthier object-relations in the patient's 'real' life, is not devoid of transference in the sense clarified in this paper. I said earlier: '... to the extent to which the patient develops a "positive transference" (not in the sense of transference as resistance, but in the sense of that "transference" which carries the whole process of an analysis) he keeps this potentiality of a new object-relationship alive through all the various stages of resistance.' This meaning of positive transference tends to be discredited in modern analytic writing and teaching, although not in treatment itself.

Freud, like any man who does not sacrifice the complexity of life to the deceptive simplicity of rigid concepts, has said a good many contradictory things. He can be quoted in support of many different ideas. May I, at the end, quote him in support of mine?

He writes to Jung on 6 December, 1906: 'It would not have escaped you that our cures come about through attaching the libido reigning in the subconscious (transference). ... Where this fails the patient will not make the effort or else does not listen when we translate his material to him. It is in essence a cure through love. Moreover it is transference that provides the strongest proof, the only unassailable one, for the relationship of neuroses to love' (13, p. 485). And he writes to Ferenczi, on 10 January, 1910: 'I will present you with some theory that has occurred to me while reading your analysis [referring to Ferenczi's self-analysis of a dream]. It seems to me that in our influencing of the sexual impulses we cannot achieve anything other than exchanges and displacements, never renunciation, relinquishment or the resolution of a complex (Strictly secret!). When someone brings out his infantile complexes he has saved a part of them (the affect) in a current form (transference). He has shed a skin and leaves it for the analyst. God forbid that he should now be naked, without a skin!' (13, p. 496).

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