The Truth About Freud's Technique
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On Beginning the Treatment (1913)

This is undoubtedly the most important and by far comprehensive paper that Freud devoted to technical questions. It is the heart of the current series of six and outpaces any of the other papers Freud ever wrote on technique. It contains the most specific set of instructions Freud was to make on his method of treatment. Apparently he was never certain he should have written it at all. Perhaps reflecting this hesitation, Freud suggested that rules shouldn’t be taken too literally or interpreted too narrowly. In fact, they should be regarded as simply “recommendations.” We shouldn’t assume that he wanted “to claim any unconditional acceptance for them” (1958e, 123). His uneasiness in talking about rules of any kind is evident.

Freud compared the instruction of psychoanalysis to the game of chess, wherein the novice who seeks advice from reading books “will soon discover that only the openings and end-games admit of an exhaustive systematic presentation and that the infinite variety of moves which develop after the opening defy any such description” (123). It’s ironic how few books on psychoanalysis actually discuss the beginning of treatment. Most of them concern the territory between the beginning and end, and there is no shortage of debate concerning the meaning and handling of termination. The central theme, however, of this paper is beginnings, and we shall see why this is such a vital question for the psychoanalyst to ponder.

Naturally, the first topic to consider should concern one’s selection of patients. Freud refers to an earlier paper, “On Psychotherapy” (1953c), for a more exhaustive treatment of this question. But in fact, he reveals far more about this issue in the present paper. Actually, the entire paper
implicitly ponders this problem. The first recommendation—a “trial analysis” to determine one’s suitability for analysis—concerns an ethical issue. Why waste someone’s time and money by encouraging him to suppose that analysis might help if the analyst isn’t confident it can? A trial period might indicate whether a positive transference can be obtained and whether the patient’s suffering was beyond the scope of psychoanalysis. Freud believed that even if people were willing to pay the cost of analysis it would nonetheless be unethical to accept them for treatment if the analyst doubted they were “analyzable.”

Unlike other forms of therapy that promise immediate results, psychoanalysis requires at the outset a considerable expenditure of time and cost. This is a sacrifice that analytic patients learn to appreciate. This counsel is just as applicable today as it was in 1905 or in 1913, now that psychoanalysis is competing with literally hundreds of therapies, many of which offer quick “cures.” Psychoanalysts simply can’t lower themselves to this standard. They have to adopt a moral ground if they ever hope to become particularly credible, their most important tool. By whatever method analysts determine someone’s suitability—whether through trial periods or diagnostic interviews or intuition wedded to experience—the point is the same. They have to believe that they can help this person through the analytic work they are making available.

Given such high standards for the analyst, what about the patient? In his paper “On Psychotherapy,” Freud listed four criteria for determining a person’s analyzability. In fact, the first is concerned with the question of character. Freud believed “one should look beyond the patient’s illness and form an estimate of his [her] whole personality; those patients who do not possess a reasonable degree of education and a fairly reliable character should be refused” (1953c, 263; emphasis added). The question concerning a “reasonable degree of education” is rather complicated. We’ll return to it later. But the need for a reliable character can’t be emphasized too highly. When he analyzed Dora, Freud assumed that his patients would “comply” with the treatment and behave honestly. Whatever else it conveys, the term reliable character implies a capacity for honesty and candor. Irregardless of the unconscious motives that comprise a neurosis, Freud believed that poor character couldn’t be treated like a “symptom” that would, in time, be cured by analysis. Honesty is a prerequisite to treatment, not its consequence:
It must not be forgotten that there are healthy people as well as unhealthy ones who are good for nothing in life, and that there is a temptation to ascribe to their illness everything that incapacitates them, if they show any sign of neurosis. In my opinion a neurosis is by no means a stamp of degeneracy, though it may often enough be found in one person along with the signs of degeneracy. (263; emphasis added)

Psychoanalysis doesn’t necessarily help liars or deceivers overcome their lying and deceptions. When we see the number of patients who are nowadays treated for character disorders—including the so-called narcissistic pathologies that include lying as a principal symptom—you have to wonder what these analysts discovered that Freud missed. Whether Freud was thinking of Dora when he wrote this passage—the same year the Dora case was published—we couldn’t know. Many analysts today may have diagnosed Dora as narcissistic rather than hysterical. Some might have even refused to treat her “analytically,” and others still claim that new techniques make such patients more amenable to psychoanalysis. But Freud was probably thinking about Dora in the following passage when he said, “Nor is the method applicable to people who are not driven to seek treatment by their own sufferings, but who submit to it only because they are forced to by the authority of relatives” (263–64).

The three other criteria for analyzability that Freud mentions chiefly concern diagnostic issues—the question of whether analysis is amenable to psychotics or those in crisis—and the question of age, because young and old patients may be unsuitable. However, psychoanalysis in modified forms is now commonly employed on children, psychotic patients, and a whole range of people who are increasingly depicted as “narcissistic” or “borderline,” depending on the prejudice of the person making the diagnosis. It is still commonly accepted that people into their fifties are not suited for psychoanalysis. Implied in all of these criteria for analyzability is Freud’s principal concern to distinguish the aims and methods of psychoanalytic treatment from the other therapies, all of which he called “suggestive.” The reason it is necessary to determine a prospective patient’s analyzability is because of what is endured by going through an analysis. For one thing, it is costly. Why would people undergo analytic treatment unless they expected to gain something from it? Psychoanalysis is aimed at changing the person who undergoes it. In contrast, Freud
believed that suggestive therapies were incapable of bringing about the radical changes that a cure implied. This is one of the reasons why Freud advised against the expression of sympathy in psychoanalytic treatment, a common component of the suggestive psychotherapies.

Today there are many more suggestive therapies available than when Freud invented psychoanalysis. But we don’t refer to them as “suggestive”—we call them supportive. If patients aren’t suitable for psychoanalytic treatment—in other words, if they aren’t analyzable—they may opt instead for supportive treatment. These therapies are far more popular because they rely on expressions of sympathy and because they aren’t as demanding in terms of cost, commitment, and effort. Freud was concerned that some analysts might be tempted to modify their analytic principles for these essentially unanalyzable patients, while pretending to treat them analytically, with the implicit promise of a cure when one wasn’t likely.

What are we to make of all the modified forms of psychoanalysis that have evolved since Freud’s day? Many of them say they can successfully treat patients who were thought to be unanalyzable. This implies that, in spite of their modifications, they still promote the objectives of psychoanalysis: some form of cure. But many modified analytic therapies have also modified their aims. They “psychoanalyze” patients, it’s true; but they don’t presume the kind of outcome that Freud believed epitomizes analytic treatment. Any improvement, however temporary it may be, is called a success, particularly with so-called borderline patients. Consequently, many people ask whether these modified forms of treatment constitute a psychoanalysis. We even distinguish between psychoanalysis on the one hand and psychoanalytic-psychotherapy on the other. These distinctions are so complex that we sometimes lose sight of the basic point Freud is making throughout this paper: Are these patients, in our endeavor to help them, capable of being at all honest? If they aren’t, what can we hope to achieve in the “treatment”? And can we genuinely call such a treatment “analytic”?—modified or no?

Another of Freud’s criteria for analyzability, a reasonable degree of education, has sometimes been construed as an intellectual bias, suggesting that only people with a university education are suitable for analysis. Freud never actually spelled out what he meant by a “reasonable education,” but it’s doubtful he was advocating the kind of intellectual or academic gifts that lend themselves to overly conceptualizing one’s prob-
lems. People seeking analysis should possess an inquiring mind and an openness to learning for its own sake. This suggests an ability to tolerate befuddledment, confusion and uncertainty. In other words, the patient should be "educable." Naturally, patients who appreciate the arts and literature would have interested Freud specifically because he was personally interested in these subjects. But Freud never advocated "prerequisites" of this kind. He believed, however, that anyone who seeks analysis should be alive to inquiry. Unlike the contemporary university student, the educated person in Freud's day wasn't especially "technically" minded. He was more likely to be grounded in the humanities, an increasing rarity in our age.

Freud advised against analyzing friends because it could jeopardize the transference. This advice, however, wasn't always followed by Freud. Many of his patients became friends and supporters during their analysis or after. Many analysts today praise Freud for his advice on this matter but condemn his actual behavior. But there isn't necessarily a contradiction between a "word of caution" on the one hand and expecting analysts to use their own judgment on the other. Freud had every right to experiment with his own rules and he did so all his life. It is remarkable how, if anything, Freud's views on technique became more relaxed as he got older. This is true of other analysts as well. Perhaps age breeds a degree of confidence and even indulgence that youth mistrusts. Freud was conservative with his advice and knew that many analysts would feel uncomfortable getting too close to their patients. But Freud was socially active and very charismatic. It isn't surprising that many of his patients were eager to support his ideas. Many of them continued to adore him after their analysis was over. Perhaps the more "unlovable" analysts are less likely to condone even a semblance of intimacy between themselves and their patients. But why should this become the standard for others to follow?

What about patients who are especially eager to start their analysis? Freud warns against being overly impressed by enthusiastic patients. They won't necessarily retain their enthusiasm as the analysis progresses, when they manifest resistances that, after all, are unconscious. One can never predict what form those resistances will assume or when they may appear. On the other hand, one shouldn't be put off by patients who are initially skeptical and even mistrustful. Freud believed that an absence of trust was "only a symptom like other symptoms and it will not be an interference,
provided he [the patient] conscientiously carries out what the rule of the treatment requires of him (1958e, 126). On the other hand, a patient's suspicions may overwhelm the analysis beyond repair. A concrete example was Freud's analysis of Joseph Wortis, an American psychiatrist whom Freud saw for six months in 1934 at the instigation of Havelock Ellis. Wortis even published an account of his analysis with Freud (Wortis 1954), which, unfortunately, was unsuccessful. According to Wortis's own account, he argued with Freud constantly, attacked psychoanalysis on theoretical grounds, and resisted the treatment throughout. Freud repeatedly urged Wortis to free associate but otherwise tolerated his obstinate behavior as something that he perhaps needed to get off his chest. Wortis never developed a positive transference and, perhaps for that reason, Freud didn't analyze his resistance to the treatment. This brief—ostensibly "didactic"—analysis went nowhere. Many today might ask why Freud didn't analyze Wortis's resistances, especially if mistrust is a symptom. But Freud would no more deprive patients of their suspicions than be misled by their eagerness. He believed that analytic patients had to place their faith in their own efforts from the start, and to base their success on the fruit of those efforts and nothing else.

Freud spent a good deal of time in this paper discussing time and money. The issue concerning time includes the length of each session, frequency of sessions, and the duration of treatment. He advocated daily contact except for Sunday. On the other hand, he thought that three sessions per week was reasonable when treating "slight" cases or when the treatment was well advanced. This implies a flexible attitude that is sorely lacking today. No one disputes the advantages of frequency, though the cost usually mitigates against it. Can a psychoanalysis be conducted two times a week, or even once a week? Four times a week is now a common practice in training institutes. In France and South America, three times a week isn't unheard of. Institutes that are not aligned with the International Psycho-analytic Association are considerably more flexible. At what point does it cease being psychoanalysis, in the sense that its aims have a chance of success? It's understandable that institutes require a more thorough arrangement with their candidates, but surely the frequency issue—like all the other recommendations—should accommodate the specific needs and abilities of each patient. Psychoanalysis is in danger of becoming obsolete because few can afford to pay for it. Two meetings a week isn't unreasonable given costs and restricted schedules. Obviously, more
would be desirable—but is it essential? Only in the particular case can one say. As psychoanalysis is now merely one form of therapy competing with others, things have changed considerably since Freud’s day. One mustn’t forget that most of Freud’s analyses lasted less than one year. Today, five to eight years is becoming the standard.

On the one hand, the analysts’ livelihood should be considered. They have to earn a living. This is why Freud insisted on charging for missed sessions, a requirement that only the most dedicated patient accepts without protest. Many analysts, such as Frieda Fromm-Reichmann, say they could never charge for missed sessions. Should one be unyielding on this point or dispense with it entirely? If analysts charge for missed sessions only occasionally, patients will construe “forgiven” absences as a gift, a sign of the analysts’ love. There is much wisdom in Freud’s prescription but, again, like the other rules, analysts have to work it out for themselves and find the arrangement they can live with. They should avoid feeling guilty on the one hand or resentful of their patient on the other. Besides, the amount charged per session affects how frequently patients can afford to come and how easily they can bear unforeseen absences. The question concerning money can’t always be isolated from how frequently the participants meet.

What about Freud’s rationale for seeing patients daily? He said that “when the hours of work are less frequent, there is a risk of not being able to keep pace with the patient’s real life and of the treatment losing contact with the present and being forced into by-paths” (1958e, 127; emphasis added). Freud’s argument in favor of frequent contact belies the common misconception that it promotes regression and enhances “transference” phenomena. Freud simply wanted to stay in touch with the patient’s “real life.” Similarly, daily contact subverts the patients’ expectation that analysis will be solely concerned with solving problems or improving relationships. This is one of the obstacles analysts encounter when seeing patients less often. Even with three-times-a-week arrangements patients tend to “catch up” on lost days—neglecting the present—or they simply ignore the absences, thereby neglecting their recent history. But this is a practical matter that can easily be worked with and “analyzed.” These lapses may create obstacles, but they needn’t compromise the opportunity to experience what a psychoanalysis is about, in its essence. Likewise, opportunities for resistance can’t be eliminated or avoided however frequently one comes.
There's no doubt that frequent sessions often help patients feel more comfortable with the peculiar nature of psychoanalysis. "Free associating", which Freud emphasized more than most, is enhanced by increased frequency. Psychoanalysis is concerned with determining and attending to unconscious motivations. This requires a special frame of mind, one that involves reflective thoughtfulness and obstinate self-expression. Some find this task impossible to perform no matter how many sessions a week or how many years of analysis. Others take to it like ducks to water. In exceptional cases some patients achieve more twice or even once a week than others accomplish with relentless frequency. But the suggestion that people aren't genuinely "in" analysis because they're only seeing their analyst so often reduces the analytic experience to something numerical and even compulsive. This was never Freud's intention.

How long should analysis last? Freud says that "the question as to the probable duration of a treatment is almost unanswerable" (128). As we noted earlier, analytic treatments have gradually increased in duration since Freud's day. Now we expect analysis to last several years when Freud struggled against the modest requirement of several months! We should avoid, however, being too rigid or demanding when enlisting someone into a treatment whose objective, after all, is to become more reflective and accepting of limitations. Patients should always be warned that analysis takes a long time. How long? Longer than they want it to! It almost seems that each patient has a specific duration in mind at the outset. Whatever it is, it will be a conservative estimate. This is probably because each of us has our own limits. We endure deprivation so long, but we expect our eventual reward. As Freud says (see chapter 5), all patients expect to eventually be rewarded with their analyst's love. Sooner or later they realize this isn't likely to happen. That is when they will probably conclude they have had enough. But in fact, this is when their real work is cut out for them. Yet, this can't be explained at the outset. Patients have to discover what their limits are and, when they do, allow themselves to be struck by them. This is how "progress" is achieved. Ultimately, one's resistance to change will determine the treatment's duration. Yet, Freud only hinted at this problem in this series of technical papers (see chapter 20). It was only much later in his 1937 paper "Analysis Terminable and Interminable" (1964a) when he came to terms with the interminable manner with which time structures each analysis. As with Dora, irrespective of how little patients have achieved in their ther-
apy, should they decide to discontinue the treatment Freud would readily
"allow each one to break off whenever he [she] likes. But I do not hide it
from him that if the treatment is stopped after only a small amount of
work has been done it will not be successful and may easily, like an
unfinished operation, leave him in an unsatisfactory state" (1958e, 129–
30). Freud confessed that in his early years he tried to persuade his
patients to continue with their treatments whereas later he couldn't get
them to leave. Nowadays analysts frequently choose to interpret a pa-
tient's wish to terminate as resistance. If this fails to dissuade them, they
may insist on two or three more sessions to "discuss" the implications of
their decision. One has to question the analyst's motive for resorting to
this ploy. Freud was remarkably tolerant of his patient's decisions, what-
ever they were. He didn't protest when Dora unexpectedly broke off her
treatment, and history appears to suggest that he was right by not in-
sisting she prolong her analysis beyond the point that she wanted to.

In the same vein, patients who want to be analyzed in order to cure
one symptom but not others are wasting their time. Despite Freud's
allusions to surgery and medicine he didn't believe that analysis could be
used "surgically" in order to resolve an isolated problem. As with sexual
impregnation, Freud believed that psychoanalysis sets forces in motion
that, unlike science, can't be controlled or predicted. Happily married
patients may divorce or contented scientists change careers as a conse-
quence of the unforeseen changes a psychoanalysis may unleash. Because it
is solely predicated on determining the truth of one's situation—a truth
that is, by definition, unconscious—no one can say what the nature of
that truth will be, or where it might lead. This is why diagnostics didn't
concern Freud the way they do so many analysts today. It wasn't intended
to cure a specific disease. Psychoanalysis is concerned with the uneasiness
we fall prey to as a consequence of denying the truths that determine our
unique existence. The increasing tendency to split hairs over "differential
diagnosis"—a different diagnosis and consequent technique for each ana-
lytic patient—is a far cry from the tolerant ambiguity that was epitomized
by Freud. Even the length of a session wasn't sacred. If one hour wasn't
enough, why not offer more?

Concerns over money tend to arouse, as every analyst discovers, the
most extraordinary rationalizations and guile. Freud saw a parallel be-
tween our attitudes about money and sex. In effect, "money matters are
treated by civilized people in the same way as sexual matters—with the
same inconsistency, prudishness and hypocrisy” (131). He advocated a
different tack entirely. We should be direct and to the point and avoid
haggling over fees. Freud believed, however, that medical patients often
assume doctors should work for nothing. The same attitude will insinuate
its way into their relationships with analysts as well. We shouldn’t be
surprised to discover that this attitude is consistent with the symptoms
that brought them into treatment in the first place. This is why it isn’t
wise to cater to these sentiments from the very beginning. Obviously, we
don’t have the benefit of interpreting such attitudes because the analysis is
just getting started. As with so many things, we gain more with tact and
directness than all the “analyzing” in the world could ever disclose. That
was why Freud believed that patients should be charged for absences. It
will encourage them to come regularly and protect analysts from the
economic hardship that would follow if their patients only come when
they feel like it. Patients need to acknowledge the reality of the analyst’s
situation. Why protect them from the fact that the analyst actually de-
pends on their regular attendance? Analysts who wish they were omnipo-
tent inevitably have a problem with this issue. They want to believe—and
want their patients to suppose—that they’re above the concerns of ordi-
nary mortals. They even argue it might “damage” patients if they worried
about—or felt responsible for—their analyst’s livelihood. Freud believed
this issue helps to make analysts more real. Protecting patients from the
common necessities of life only encourages their narcissism. It also robs
them of the knowledge that they are making a contribution to the ana-
lyst’s existence, for which they deserve to feel a measure of pride.

Free treatment should also be avoided. Freud experimented with free
sessions and discovered they usually increase resistance. This is because it
takes the treatment away from the real world, where analysts and patients
live. Freud wasn’t above making exceptions, however, to patients who fell
on hard times. Some of his followers were helped in this fashion. He even
supported the “Wolf Man” when he lost his fortune. Ironically, Freud has
been criticized for this by analysts who argue it is inherently wrong to
give support to one’s patients. It’s even been suggested that this act of
kindness precipitated the Wolf Man’s brief psychosis! Yet, Freud didn’t
advocate such leniency in his technical recommendations. Instead, he
warned against being gullible where financial benevolence was concerned.
People who are poor are in turn probably poor candidates for analysis.
They derive too much gratification from their pitiable condition to be
sufficiently motivated to change it. This controversial prescription is nonetheless a basic premise of psychoanalysis, following the general rule of abstinence. If the patients' poverty is indeed a symptom and not merely circumstantial, one is advised against the hope that compassion will ever cure them of it. In any case, analysis is an expensive proposition—even twice weekly arrangements are costly. The would-be analysand needs to believe that it's worth the cost and find the means to pay it.

Of all Freud's recommendations, none have been followed more religiously than those concerning frequency of sessions and the recommended posture: the supine position, specifically devised to avoid eye contact with the analyst. Though Freud maintained this was merely his personal preference because he couldn't "put up with being stared at by other people for eight hours a day" (134), he also suggested that it helped "to prevent the transference from mingling with the patient's associations" (134). As a rule, analysts have taken this to mean that if a patient isn't using the couch then the treatment isn't a genuine psychoanalysis. This is a remarkably rigid interpretation of Freud's recommendation. Yet, classical technique—at least the kind that is administered to candidates in training—has generally followed this recommendation to the letter. Many theories have been offered since Freud's death defending this rule. They assume that, Freud's personal motives notwithstanding, he nevertheless intuited a fundamental principle that determines the analytic experience. The prevailing opinion suggests that without it the treatment won't necessarily realize its purpose. Even the unconventional theorist, Jacques Lacan (Schneiderman 1983), included a "linguistic" theory supporting the supine position—despite his alteration of nearly every other classical recommendation, including the length of the analytic hour.

The purpose of this rule was to induce patients into a state of reverie whereby free associations might come more easily, unimpeded by the kind of conversational dialogue that eye-to-eye contact encouraged. There are, however, other ways of avoiding eye-to-eye contact besides lying on a couch, while maintaining some sense of an ordinary, real relationship. Karen Horney (1987), for example, allowed her analytic patients to choose between the couch or the chair. Sullivan (Will 1992) never used the couch, choosing instead to position the chairs at right angles to avoid eye contact. Similarly, R. D. Laing (1977) abandoned using the couch soon after his analytic training, opting instead to situate the chairs at opposite ends of his consulting room, keeping eye-contact to a minimum.
Freud possessed such a strong personality that the couch was probably a relief to his patients. But other analysts become excessively remote when sitting behind their patients. Perhaps this recommendation suits some analysts more than others. One also needs to consider the personality of the patient. Some patients stare more than others and those who do can be unsettling. It might be less awkward to simply ask all one’s patients to use a couch than to single out those who present a problem. But some patients get lost on the couch, dissociate rather than associate, and regress to such a degree that it undermines their analysis. Though many analysts apparently encourage “deep regression” in their patients and advocate the couch to promote it (arguing that without regression an effective transference won’t develop), Freud never offered this rationale as a reason for using the couch. On the contrary, he believed that regression impedes analytic work. In fact, the use of the couch, as Freud conceived it, was supposed to make patients more alert and responsive—it wasn’t intended to make them “crazier.” We don’t know how faithfully even Freud used the couch. He never mentioned it when reporting his analysis of Dora. He also made numerous references about some of his patients walking around the consulting room when they chose, with no apparent protest from him.

Yet, Freud admits that when patients resist the invitation to lie on the couch they should be refused. How does one reconcile this apparent contradiction? Perhaps Freud was concerned about the acceptance of the analyst’s judgment rather than fidelity to a specific posture, per se. In other words, if analysts decide that the couch works best for them, then they should insist on the conditions that serve their interests. Another analyst could just as easily advocate a different arrangement, such as Sullivan’s or Laing’s. The peculiar nature of couch work, however, is more likely to enlist protest and analysts will have to decide for themselves how to deal with it. On the other hand, analysts shouldn’t adhere to the use of the couch simply because they’re “supposed to.” Analysts should decide for themselves what works for them. The couch isn’t a sacrament. It’s supposed to enhance the sort of candor that isn’t easy to perform even under the best circumstances. What is the essential vehicle of this type of candor? Freud advocated “free association,” the best means by which the unconscious can be methodically and reliably disclosed. Yet, Freud devoted less than five pages to free association in his technical papers, surely a disappointment to those seeking an elaborate set of instructions. This is
why the fundamental rule of psychoanalysis (one’s agreement to free associate) is at the heart of this process. The rule is “fundamental” because, without it, Freud believed that the treatment wouldn’t comprise a psychoanalysis. The rule concerning one’s compliance with this process is relatively straightforward, yet difficult to execute. Why? This is how Freud explains the rule and its method of instruction.

Say whatever goes through your mind. Act as though, for instance, you were a traveler sitting next to the window of a railway carriage and describing to someone inside the carriage the changing views which you see outside. Finally, never forget that you have promised to be absolutely honest, and never leave anything out because, for some reason or other, it is unpleasant to tell it. (135; emphasis added)

This analogy contains the essence of what free association entails. One might reduce it to the simple sentence, “say whatever goes through your mind.” But doing so isn’t so easy because of our tendency to edit what we say to others. Neurotics are less forthcoming than most due to the secrets that structure their neuroses. The part of this analogy that is particularly important is the relationship between travelers sitting by the train’s window and the companions to whom they convey their observations—the relationship between patients and their analysts. The analogy also confirms that the fundamental rule and free association are not one and the same thing, though they are frequently cited interchangeably. Free association is the use of one’s mind that each analytic patient is taught to adopt. But the fundamental rule concerns the patients’ willingness to adopt it, their capacity for honesty and their agreement to speak their mind. This is why character plays a part in determining one’s patients’ capacity for analysis. Are they sufficiently honest to adopt the attitude that analysis requires? That is why analytic treatment rests on this rule. Yet, the concept of candor is vanishing from the analytic lexicon. Analysts today increasingly dismiss ethics—the foundation of Freud’s “fundamental rule”—in favor of psychology. Whereas Freud emphasized the critical importance of candor, now we take inventories of our myriad defenses against self-disclosure. This was why Freud believed that “it is a bad sign if [one’s patient] has to confess that while he [she] was listening to the fundamental rule of analysis he made a mental reservation that he would nonetheless keep this or that to himself” (138). It is better if patients can acknowledge their skepticism because by admitting it they’re at least confiding that their suspicions exist.
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What does it actually mean to free associate? Freud's conception of free association—freier Einfall in German, meaning literally, "free irruption" or "sudden idea"—is predicated on the notion that all of us are quite secretive about the thoughts that ordinarily occur to us. We're not accustomed to sharing most of these thoughts with anybody. When we confess something that really matters we carefully select what we say. We call this "discretion" but, actually, we simply don't want people to know what we're thinking. We worry about the effect that self-disclosure will have on others and what, in turn, they'll think about us. When we free associate, we undermine this type of censorship by disclosing things we ordinarily conceal. Naturally, the habit of censorship persists. Once we accept the "fundamental rule," we try to disclose our thoughts anyhow. Freud believed that by sharing the thoughts we are consciously aware of, unconscious thoughts will work their way to the surface as well, spontaneously and unexpectedly. Hence, free association serves a double purpose: (a) it engenders a relationship between analyst and patient that is founded on the principles of trust and candor; (b) it also provides a vehicle for gaining access to the unconscious, by utilizing one's unswerving participation in this endeavor.

How did Freud think of free association in the first place? It's usually attributed to Breuer's patient, Anna O., who described the method that he and Freud employed as a "talking cure." It is also credited to the writer, Ludwig Bürner, who recommended writing down everything that came to one's mind as a device for learning how to write. But the notion of freely associating is actually more complicated than that. It is sometimes compared to confession. Yet, the type of disclosure it occasions goes much deeper than merely relieving one's burden of guilt. Freud believed that free associating, speaking freely, would open the door to experience. It helps to reveal the nature of earlier experiences we conceal from ourselves. The Socratic injunction, "Know thyself," is obviously a precursor to and influence upon this idea. Freud was thoroughly schooled in the Greeks, but there must have been an intermediary, someone closer to Freud's time who was famous for attending to his most personal, subjective, reminiscences. Anyone who is familiar with the essays of Michel de Montaigne, the sixteenth-century French philosopher, would have to suspect that Freud was acquainted with his writings and, perhaps, influenced by them. Actually, Montaigne wasn't a philosopher in the
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academic sense. Like Freud, he enjoyed ridiculing the philosophers of his day. But Montaigne was a thinker, a skeptic, and a classicist who was devoted to the Socratic injunction, a philosopher in the truest sense. Nearly all of his references are from the Greeks, many of whom, like Socrates, swam against the tide of convention. Montaigne even invented a modern literary form, the essay, which is notable for its predominantly personal style, rooted in autobiography and the writer’s experience. Montaigne even became famous for his essays, his principal form of composition. His impact on Shakespeare has been documented and one recognizes his method of self-inquiry—a form of skeptic detachment—in the investigations of modern existential and phenomenological thinkers such as Nietzsche, Kierkegaard, Husserl, and Heidegger.

As it happens, the very last of his four-volume collection of essays (Montaigne 1925) is titled, Of Experience. In it, the seeds of the free associative method are sown. Freud didn’t mention Montaigne specifically, but given his appreciation for the Greeks and Montaigne’s notoriety we can assume that Freud was intimate with his writings. For example, in his essay on experience, written in the late sixteenth-century, Montaigne talks about gaining access to one’s experience through memory:

I should prefer to understand myself well by study of myself rather than of Plato. From my own experience I find enough to make me as wise as a good scholar. He who brings to memory the violence of his past anger, and how far that excitement carried him, sees the ugliness of that passion more plainly than Aristotle, and conceives a juster hatred of it. He who calls to mind the ills that he has incurred and those that have threatened him, and the trivial occasions that have moved him from one state to another, thereby prepares himself for future changes and for the examination of his condition. (1925, 4: 302; Ives’s translation slightly modified)

This passage could serve as just as apt an instruction to free associate as Freud’s railway carriage analogy. Allowing one’s mind to wander of its own accord is essentially a call to one’s experience. If we restrict ourselves to a summary of thoughts alone we would induce obsessions, “ideas” that are dissociated from one’s affective experience. Experience itself would be effectively suppressed. Montaigne permitted his thoughts as well as his “natural inclinations to take their course” (303). He allowed his mind to wander, to see where it would lead him and what it could possibly disclose. He even claimed, “I study myself more than any other subject;
this is my metaphysic, this is my physic” (301). Where did his self-study ultimately lead? “The prolonged attention that I give to considering myself trains me to judge passably of others also” (305).

Could this injunction have offered the inspiration for the self-analysis that Freud embarked on when he wrote The Interpretation of Dreams? These quotations from Montaigne aren’t isolated incidents; they’re typical of his writings as a whole. In fact, virtually all his essays are free associations, musings about his life and his ails, his concerns and opinions which, together, reveal himself to himself as well as to us, his readers. His essays are free of jargon and speak in a way that is still unusual for the written word. This is probably because he valued the spoken word more highly than the written, which he felt, once penned, diluted the original. His essays are actually verbal expressions put to page, a style of “writing” that Freud imitated in his Introductory Lectures on Psychoanalysis. To free associate isn’t, however, simply talking out loud; it’s a verbal reflection, intended for someone’s ears, for the purpose of disclosing oneself to another. If neurotics have lost touch with themselves because of the secrets they harbor, unburdening themselves of those secrets by giving way to the reminiscences of their experience can put them back in touch again—perhaps for the very first time. Some people are actually incapable of free associating. They simply don’t want to know the source of their anxieties. Nor do they care to be reminded of their suffering. They simply want the bad feelings to go away. Others approach free association as a task, something that has to be mastered and “done well.” They don’t appreciate what might be gained by simply allowing their mind to wander, of its own accord, where it will. They feel that relinquishing control is a dubious proposition, at best.

Freud conceived of psychology as an ethical science. Because dishonesty occasions psychopathology, honesty and candor—the fundamental rule—is the principal path to its cure. This is a Greek conception of “psyche” that shows the depth of Freud’s classical and philosophical roots. It provided the rationale for the fundamental rule and its critical role in analysis. Some patients will do almost anything to undermine the fundamental rule and protect their secrets. This is why resistance is axiomatic. But the extent to which it persists limits any progress the treatment might have, because resistance perpetuates the secretiveness at the heart of one’s symptoms. However, we should always be cautious when addressing those resistances. Freud thought that the interpretation of resis-
tance is a delicate matter. He suggested we hold back from doing so “until an effective transference has been established in the patient, a proper rapport” (1958e, 139). In other words, not until a spirit of collaboration has developed. Naturally, we can’t force this to happen. It will (or won’t) manifest of its own accord. The only thing analysts can do is to avoid becoming embroiled in their patients’ conflicts, by exercising a measure of “neutrality” and the utmost “sympathetic understanding” (140).

Yet, neutrality was never a major concept in Freud’s thinking or a guiding principle. It isn’t even mentioned in Strachey’s index to the Standard Edition. Nevertheless, it’s become a basic term and has assumed the status of a sweeping principle. Laplanche and Pontalis include neutrality in their vocabulary of analytic terminology (1973, 271–72), though they acknowledge that the term, “which has become a classical definition of the analyst’s proper attitude, is nowhere to be found in Freud’s work” (271). They suggest, however, that the idea of neutrality epitomizes the technique that Freud outlined in the technical papers. According to Laplanche and Pontalis, Freud’s counsel against “therapeutic ambition” (which he discussed in “Recommendations to Physicians Practising Psycho-analysis”) demonstrates the efficacy of neutrality, where he advises analysts to adopt the demeanor of the surgeon. The rule against “educative ambition” is another. In neither case, however, does Freud invoke the word neutrality. The term apparently means different things to different analysts, though Laplanche and Pontalis insist that “in no way does it imply or guarantee a sovereign ‘objectivity’ in the person who exercises the profession of psycho-analyst” (271–72). They suggest that it simply pertains to the constraints against analysts imposing their moral values on their patients.

The only time when Freud specifically advocates the employment of “neutrality” is in “Observation on Transference-Love” (1958d), where the analyst’s scruples assume critical importance. In his discussion about the effects of erotic transference Freud emphasizes the scrupulous manner with which analysts are called upon to behave. Whatever analysts do, they must deal with their patients’ feelings honestly and not suppress any expressions of love that might arise, but neither should they give the impression that they invite them, either.

Just as little can I advocate a middle course, which would recommend itself to some people as being specially ingenious. This would consist in declaring
that one returns the patient's fond feelings but at the same time in avoiding any physical implementation of this fondness until one is able to guide the relationship into calmer channels and raise it to a higher level. My objection to this expedient is that psycho-analytic treatment is founded on truthfulness. *In this fact lies a great part of its educative effect and its ethical value.* (164; emphasis added)

In other words, Freud insisted on total honesty with one's patients, an ethical—that is, moral—principle. When we respond to our patients feelings, whether they happen to be love or hate, we need to keep this in mind.

Since we demand strict truthfulness from our patients, we jeopardize our whole authority if we let ourselves be caught out by them in a departure from the truth. Besides, the experiment of letting oneself go a little way in tender feelings for the patient is not altogether without danger. Our control over ourselves is not so complete that we may not suddenly one day go further than we had intended. *In my opinion, therefore, we ought not to give up the neutrality towards the patient, which we have acquired through keeping the counter-transference in check.* (164; emphasis added)

Where in Freud's employment of neutrality does he *withhold* his moral position? In fact, he implores the use of morality as a positive—even essential—force in the treatment. Hence, one's ability to be truthful is an inspiration to the patient and lends to analysis "a great part of its educative effect and its ethical value" (164). Being neutral, in this context—the only context in which Freud uses this term—requires the highest ethical standard with one's patients. It means to act without guile. To act otherwise wouldn't be honest. Maintaining neutrality was never meant to suggest that analysts should keep their feelings—much less their morals—to themselves. They need to be true to their morals and use them for the benefit of their patients. This is how countertransference, properly speaking, compromises our capacity for honesty because, by it, we are tempted to compel our patients to serve our ambitions rather than theirs. As long as truthfulness is maintained, the confusion over whose interest is being served is less likely to corrupt the analysis.

How did Freud's conception of neutrality become so distorted (see chapter 24)? Perhaps because many analysts, including Laplanche and Pontalis, confuse it with "abstinence," an allied term that is, nonetheless, markedly different. Abstinence, which was introduced for the first time in the same paper as neutrality, involves the deliberate withholding of af-
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In order to avoid arousing or gratifying the patient's libidinal urges. In fact, the employment of abstinence—which Freud warned against carrying to extremes—may well elicit in patients those very demands which require their analysts to exercise neutrality. In other words, when one's patients encounter abstinence, some become more demanding than before. Analysts—now on the spot—may wish to compensate for their abstinence by becoming more devious or cunning with those patients, concealing instead of revealing what they think. In fact, neutrality compels us to be unreservedly frank, and to acknowledge what we suspect is happening—whatever the outcome.

How does this behavior bring about a cure? Freud offers the briefest remarks about this in his conclusion to this remarkably dense paper. Now he rejects the earlier notion that analytic cures depend primarily on understanding one's conflicts and emphasizes, instead, that resolution of transference is the heart of the matter. If we want to appreciate the specifically psychoanalytic conception of cure, we need to understand what motivates our patients to pursue treatment in the first place. “The primary motive force in therapy is the patient’s suffering and the wish to be cured that arises from it” (1958e, 143). If not one's suffering, then what could motivate anybody to endure the humiliations every analysis entails? Yet, no matter how terrible one's suffering might be, “this motive force is not sufficient to get rid of the illness” (143). If it were, sympathetic concern would go a long way in obtaining relief. “Often enough the transference”—that is, the patient's attachment to his analyst—“is able to remove the symptoms of the disease by itself, but only for a while—only for as long as it itself lasts” (143). In this respect, as far as sympathy is concerned, psychoanalysis is no different from other forms of therapy that offer relief through the influence of the therapist's personality. The specifically analytic contribution to psychotherapy is distinguished by two critical factors: (a) one's desires are sufficiently freed to help combat resistances and, (b) through increased understanding, patients learn how to rally their efforts toward realistic—which is to say, realizable—aims.

Thus the new sources of strength for which the patient is indebted to his [her] analyst are reducible to transference and instruction (through the communications made to him). The patient, however, only makes use of the instruction in so far as he is induced to do so by the transference. (143–44)
In other words, everything hinges on transference. Patients suffer in the first place because they are without love. Its absence prompts them to seek analysis, and continues to serve as the "motive force" that commits them to analysis. Because they long for love, they long for their analysts to love them. They, in turn, come to love their analysts and seek their direction. Once patients can love they are free, to leave and then lose what they had.