XXV
THE FUTURE PROSPECTS OF PSYCHOANALYTIC THERAPY

AN ADDRESS DELIVERED BEFORE THE SECOND INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS AT NUREMBERG IN 1910

(1910)

SINCE the objects for which we are assembled here to-day are mainly practical, I shall choose a practical theme for my introductory address and appeal to your interest in medical, not in scientific, matters. I can imagine what your opinion about the success of our therapy probably is, and I assume that most of you have already passed through the two stages which all beginners go through, that of enthusiasm at the unexpected increase in our therapeutic achievements, and that of depression at the magnitude of the difficulties which stand in the way of our efforts. Whichever of these stages in development, however, each of you may happen to be going through at the moment, my intention to-day is to show you that we have by no means come to the end of our resources for combating the neuroses, and that we may expect a substantial improvement in our therapeutic prospects before very long.

This improvement will come, I think, from three sources:

1. From internal progress.
2. From increased prestige.
3. From the general effect of our work.

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1. Under 'internal progress' I understand advances (a) in our analytical knowledge, (b) in our technique.

(a) Advances in our knowledge. We are, of course, still a long way from knowing all that is required for an understanding of the unconscious minds of our patients. Now it is clear that every advance in our knowledge means an increase in the power of our therapy. As long as we understood nothing, we accomplished nothing; the more we understand the more we shall achieve. At its beginning psycho-analytic treatment was inexorable and exhaustive. The patient had to say everything himself, and the physician's part consisted of urging him on incessantly. To-day things have a more friendly air. The treatment is made up of two parts, out of what the physician infers and tells the patient, and out of the patient's work of assimilation, of 'working through', what he hears. The mechanism of our curative method is indeed quite easy to understand; we give the patient the conscious idea of what he may expect to find (bewusste Erwartungsvorstellung), and the similarity of this with the repressed unconscious one leads him to come upon the latter himself. This is the intellectual help which makes it easier for him to overcome the resistances between conscious and unconscious. Incidentally, I may remark that it is not the only mechanism made use of by the analytic method; you all know that far more powerful one which lies in the use of the 'transference'. I intend soon to undertake an exposition of these various factors, which are so important for an understanding of the cure, in a Practice of Psycho-Analysis. And, further, in speaking to you I need not rebut the objection that the way in which we practise the method to-day obscures its testimony to the correctness of our hypotheses: you will not forget that this evidence is to be found elsewhere, and that a therapeutic procedure cannot be performed in the same way as a theoretical investigation.

Now let me refer briefly to various fields in which we both have much to learn that is new and do actually make new discoveries daily. First of all, there is the matter of symbolism in dreams and in the unconscious—a fiercely contested subject, as you know! It is no small credit to our colleague, W. Stekel, that, indifferent to all the objections of our opponents, he has undertaken a study of dream-symbols. In this there is indeed much still to learn; my Traumdeutung, which was written in 1899, awaits important amplification from researches into symbolism.

I will say a few words about one of the symbols that has lately been recognized. Not long ago it came to my knowledge that a psychologist whose views are not too distant from ours had remarked to one of us that we undoubtedly overestimate the hidden sexual significance of dreams; his most frequent dream was of going upstairs, and there could certainly be nothing sexual about that. Our attention being thus drawn to it, we began to study the incidence of stairs, steps and ladders in dreams, and soon could establish the fact that stairs and such things are certainly a symbol of coitus. The underlying element which the two things have in common is not difficult to discover; one climbs an acclivity in rhythmic movements, accompanied by increasing breathlessness, and in a few rapid leaps can be down below again. Thus the rhythm of coitus reappears in climbing steps. We will not forget to adduce the usages of speech in this connection. It shows us that 'mounting' is used quite simply as a symbol for the sexual act. In German one says 'the man is a Steiger, nachsteigen'. In French the steps of a stair are called 'marches'; 'un vieux marcheur', ein alter Steiger both mean an old profligate. The dream-material from which these newly recognized symbols are derived will in due time be put before you by the committee we are about to form for collecting and studying symbols. An account of another interesting symbol, of the idea of 'rescue' and its changes in significance, will appear in the second volume of our
Jahrbuch. However, I must break off here or I shall not reach my other points.

Every one of you will know from his own experience the total change in one's attitude to a new case when once one has thoroughly mastered the structure of some typical cases of illness. Assuming now that we had narrowly defined the regular elements in the composition of the various forms of neurosis, just as we have already succeeded in doing for hysterical symptom-formation, how much more assured we should be in our prognoses! Just as an obstetrician knows by examining the placenta whether it has been completely expelled or whether noxious fragments of it still remain, so we should be able, independently of the success of the cure and the patient's present condition, to say whether the work had been completely carried to an end or whether we had to expect relapses and fresh onsets of illness.

(b) I will hasten on to the innovations in the field of technique, where indeed nearly everything still awaits definitive settlement, and much is only now beginning to come clear. There are now two aims in psycho-analytic technique: to save the physician effort and to open up for the patient the freest access to his unconscious. You know that our technique has been transformed in important respects. At the time of the cathartic treatment we set ourselves the aim of elucidating the symptoms, then we turned away from the symptoms to discovering the 'complexes', to use Jung's indispensable word; now, however, our work is aimed directly at finding out and overcoming the 'resistances', and we can with justification rely on the complexes coming to light as soon as the resistances have been recognized and removed. Some of you have since shown a desire to formulate and classify these resistances. Now I beg you to examine your material and see whether you can confirm the following statement: In male patients the most important resistances to the treatment seem to be derived from the father-complex and to express themselves in fear of the father, and in defiance and incredulity towards him.

Other innovations in technique relate to the physician himself. We have begun to consider the 'counter-transference', which arises in the physician as a result of the patient's influence on his unconscious feelings, and have nearly come to the point of requiring the physician to recognize and overcome this counter-transference in himself. Now that a larger number of people have come to practise psycho-analysis and mutually exchange their experiences, we have noticed that every analyst's achievement is limited by what his own complexes and resistances permit, and consequently we require that he should begin his practice with a self-analysis and should extend and deepen this constantly while making his observations on his patients. Anyone who cannot succeed in this self-analysis may without more ado regard himself as unable to treat neurotics by analysis.

We are also now coming to the opinion that the analytic technique must undergo certain modifications according to the nature of the disease and the dominating instinctual trends in the patient. Our therapy was, in fact, first designed for conversion-hysteria; in anxiety-hysteria (phobias) we must alter our procedure to some extent. The fact is that these patients cannot bring out the material necessary for resolving the phobia so long as they feel protected by retaining their phobic condition. One cannot, of course, induce them to give up their protective measures and work under the influence of anxiety from the beginning of the treatment. One must therefore help them by interpreting their unconscious to them until they can make up their minds to do without the protection of their phobia and expose themselves to a now comparatively moderate degree of anxiety. Only when they have done so does the material necessary for achieving solution of the phobia become accessible.
Other modifications of technique which seem to me not yet ready for discussion will be required in the treatment of obsessional neurosis. In this connection very important questions arise, which are not yet elucidated: how far the instincts involved in the conflict in the patient are to be allowed some gratification during the treatment, and what difference it then makes whether these impulses are active (sadistic) or passive (masochistic) in nature.

I hope you have received the impression that, when all that can at present be merely glimpsed is known and when we have established all the improvements in technique to which deeper experience with our patients must lead us, then our medical practice will reach a degree of precision and certainty of success which is not to be had in all medical specialties.

2. I said that we had much to expect from the increase in prestige which must accrue to us as time goes on. I need hardly say much to you about the importance of authority. Only very few civilized persons are capable of existing without reliance on others or are even capable of coming to an independent opinion. You cannot exaggerate the intensity of man's inner irresolution and craving for authority. The extraordinary increase in the neuroses since the power of religion has waned may give you some indication of it. The impoverishment of the ego due to the tremendous effort in repression demanded of every individual by culture may be one of the principal causes of this state of things.

Hitherto the weight of authority with its enormous 'suggestive' force has been against us. All our therapeutic successes have been achieved in spite of this suggestion; it is surprising that any success was to be had at all in the circumstances. I will not let myself go to the extent of describing to you the agreeable things that happened during the time when I alone represented psycho-analysis. I know that when I assured my patients that I knew how to relieve them permanently of their sufferings they looked round my modest abode, thought of my want of fame and honours, and regarded me like a man who possesses an infallible system in a gambling-place, of whom people say that if he could do what he professes he would look very different. Nor was it really at all pleasant to operate on people's minds while colleagues whose duty it was to assist took a pleasure in spitting into the field of operation, and while at the first signs of blood or restlessness in him the patient's relatives threatened one. An operation may surely cause reactions; in surgery we became used to that long ago. Nobody believed in me, in fact, just as even to-day very few believe in us; under such conditions many an attempt was bound to fail. To estimate the increase in our therapeutic capacities that will ensue when general recognition is accorded us, you should think of the different positions of gynaecologists in Turkey and in the West. All that a woman's physician may do there is to feel the pulse of an arm which is stretched out to him through a hole in the wall. And his curative results are in proportion to the inaccessibility of their object; our opponents in the West wish to restrict our access over our patients' minds to something very similar. But now that the force of public opinion drives sick women to the gynaecologist, he has become their helper and saviour. Now do not say that, even if the weight of public opinion comes to our aid and so much increases our successes, that will in no way prove the validity of our hypotheses. Suggestion is supposed to be able to do anything, and our successes would then be results of suggestion and not of psycho-analysis. Public opinion is at present suggesting hydroathic cures, diet cures, electricity cures for nervous persons, but that does not enable these measures to remove the neuroses. It will be seen whether psycho-analytic treatment can accomplish more than they.

But now, to be sure, I must damp the ardour of your expectations. The community will not hasten
to grant authority to us. It is bound to offer resistance to us, for we adopt a critical attitude towards it; we accuse it of playing a great part itself in causing the neuroses. Just as we make any single person our enemy by discovering what is repressed in him, so the community cannot respond with sympathy to a relentless exposure of its injurious effects and deficiencies; because we destroy illusions we are accused of endangering ideals. It seems, therefore, that the state of things from which I expect such great advantages for our therapeutic results will never arrive. And yet the situation is not so hopeless as one might think at the present time. Powerful though the feelings and the self-interest of men may be, yet intellect is a power too. It has not, perhaps, the power that makes itself felt immediately, but one that is all the more certain in the end. The most mordant verities are heard at last, after the interests they injure and the emotions they rouse have exhausted their frenzy. It has always been so, and the unwelcome truths which we psychoanalysts have to tell the world will undergo the same fate. Only it will not come very quickly; we must be able to wait.

3. Finally, I have to explain to you what I mean by the ‘general effect’ of our work, and how I come to set my hopes on it. This consists in a very remarkable therapeutic constellation which could perhaps not be repeated anywhere else and which will appear strange to you too at first, until you recognize in it something you have long been familiar with. You know, of course, that the psychoneuroses are substitutive gratifications of instincts the existence of which one is forced to deny to oneself and others. Their capacity to exist depends on this distortion and disguise. When the riddle they hold is solved and the solution accepted by the sufferers these diseases will no longer be able to exist. There is hardly anything quite like it in medicine; in fairy-tales you hear of evil spirits whose power is broken when you can tell them their name which they have kept secret.

Now in place of a single sick person put the whole community of persons liable to neuroses, persons ill and persons well; in place of the acceptance of the solution in the first put a general recognition in the second; and a little reflection will show you that this substitution cannot alter the result at all. The success which the therapy has with individuals must appear in the many too. Diseased people cannot let their various neuroses become known—their apprehensive over-anxiousness which is to conceal their hatred, their agoraphobia which betrays disappointed ambition, their obsessive actions which represent self-reproaches for evil intentions and precautions against them—when all their relatives and every stranger from whom they wish to conceal their thoughts and feelings know the general meaning of these symptoms, and when they know themselves that the manifestations of their disease produce nothing which others cannot instantly understand. The effect, however, will not be merely that they will conceal their symptoms—a design, by the way, which would be impossible to execute; for this concealment will destroy the purpose of the illness. Disclosure of the secret will have attacked, at its most sensitive point, the ‘etiological equation’ from which the neuroses descend, will have made the ‘advantage through illness’ illusory, and consequently in the end nothing can come of the changed situation brought about by the indiscretions of physicians but an end of producing these illnesses.

If this hope seems utopian to you, you may remember that certain neurotic phenomena have already been dispelled by this means, although only in quite isolated instances. Think how common hallucinations of the Virgin Mary were in peasant-girls in former times. So long as such a phenomenon brought a flock of believers and resulted perhaps in a chapel being built on the sacred spot, the visionary state of these maidens was inaccessible to influence. To-day even the priesthood has changed its attitude to such
things; it allows police and medical men to visit the
seer, and since then the Virgin appears very seldom.
Or allow me to study the same processes, that I have
been describing as taking place in the future, in an
analogous situation which is on a smaller scale and
consequently more easily appreciated. Suppose that
a number of ladies and gentlemen in good society had
planned a picnic at an inn in the forest one day. The
ladies make up their minds that if one of them wants
to relieve a natural need she will say aloud that she is
going to pick flowers; but a wicked fellow hears of
this secret and has printed on the programme which
is sent round to the whole party—‘If the ladies wish to
retire they are requested to say that they are going to
pick flowers.’ Of course after this no lady will think
of availing herself of this flowery pretext, and other
freshly devised formulas of the same kind will be
seriously compromised by it. What will be the result?
The ladies will own up to their natural needs without
shame and none of the men will take exception to it.
Let us return to the serious aspect of our problem.
A number of people who find life’s conflicts too difficult
to solve have taken flight into neurosis and in this way
won an unmistakable, although in the end too costly,
advantage through illness. What would these people
have to do if their flight into illness were barred by the
indiscreet revelations of psycho-analysis? They would
have to be honest, own up to the instincts that are at
work in them, face the conflict, fight for what they
want or go without, and the tolerance from the com-
munity which is bound to ensue as a result of psycho-
analytical knowledge would help them in their task.
Let us remember, however, that it is not for us
to advance upon life as fanatical hygienists or ther-
apeutists. We must admit that this ideal prevention
of all neurotic illness would not be advantageous to
every individual. A good number of those who now
take flight into illness would not support the conflict
under the conditions we have assumed, but would
rapidly succumb or would commit some outrage which
would be worse than if they themselves fell ill of a
neurosis. The neuroses have in fact their biological
function as defensive measures and their social justi-
fication; the ‘advantage through illness’ that they
provide is not always a purely subjective one. Is there
one of you who has not at some time caught a glimpse
behind the scenes in the causation of a neurosis and
had to allow that it was the least of the evils possible
in the circumstances? And should one really require
such sacrifices in order to exterminate the neuroses,
while the world is all the same full of other inextinguish-
able miseries?
Should we therefore abandon our efforts to explain
the hidden meaning of neurotic manifestations, regard-
ing it as dangerous to the individual and harmful to
the interests of society; should we give up drawing
the practical conclusion from a piece of scientific
insight? No; I think that nevertheless our duty lies
in the other direction. The ‘advantage through illness’
provided by the neuroses is indeed on the
whole and in the end detrimental to the individual
as well as to society. The distress that our work of
revelation may cause will but affect a few. The
change to a more honest and honourable attitude in
the world in general will not be bought too dearly by
these sacrifices. But above all, all the energies which
are to-day consumed in the production of neurotic
symptoms, to serve the purposes of a world of phantasy
out of touch with reality, will, even if they cannot at
once be put to uses in life, help to strengthen the outcry
for those changes in our civilization from which alone
we can hope for better things for our descendants.
I will let you go, therefore, with the assurance that
you do your duty in more than one sense by treating
your patients psycho-analytically. You are not merely
working in the service of science, by using the only
and irreplaceable opportunity for discovering the
secrets of the neuroses; you are not only giving your
patients the most efficacious remedy for their sufferings available at the present time; but you are contributing your share to that enlightenment of the many from which we expect to gain the authority of the community in general and thus to achieve the most far-reaching prophylaxis against neurotic disorders.

XXVI

OBSERVATIONS ON 'WILD' PSYCHO-ANALYSIS¹

(1910)

A few days ago an elderly lady, under the protection of a female friend, called upon me for a consultation, complaining of anxiety-states. She was in the second half of the forties, fairly well preserved, and had obviously not yet finished with her womanhood. A divorce from her last husband had been the occasion exciting the anxiety-states; but the anxiety had become greatly intensified, according to her account, since she had consulted a young physician in the suburb she lived in, for he had informed her that her sexual desires were the cause of her anxiety. He said that she could not tolerate the loss of intercourse with her husband, and so there were only three ways by which she could recover her health—she must either return to her husband, or take a lover, or satisfy herself. Since then she had been convinced that she was incurable, for she would not return to her husband, and the other two alternatives were repugnant to her moral and religious feelings. She had come to me, however, because the doctor had said that I was responsible for this new opinion, and that she had only to come and ask me to confirm what he said, and I should tell her that this and nothing else was the truth. The friend who was with her, a still older, pinched and unhealthy-looking woman, then implored me to assure the patient that the doctor was mistaken. It could not possibly be true, for she herself had been

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