at the same time some of the characteristics which we have come to know from the study of dreams. The unconscious impulses do not want to be remembered in the way the treatment desires them to be, but endeavour to reproduce themselves in accordance with the timelessness of the unconscious and its capacity for hallucination.[1] Just as happens in dreams, the patient regards the products of the awakening of his unconscious impulses as contemporaneous and real; he seeks to put his passions into action without taking any account of the real situation. The doctor tries to compel him to fit these emotional impulses into the nexus of the treatment and of his life-history, to submit them to intellectual consideration and to understand them in the light of their psychical value. This struggle between the doctor and the patient, between intellect and instinctual life, between understanding and seeking to act, is played out almost exclusively in the phenomena of transference. It is on that field that the victory must be won—the victory whose expression is the permanent cure of the neurosis. It cannot be disputed that controlling the phenomena of transference presents the psycho-analyst with the greatest difficulties. But it should not be forgotten that it is precisely they that do us the inestimable service of making the patient's hidden and forgotten erotic impulses immediate and manifest. For when all is said and done, it is impossible to destroy anyone *in absentia* or *in effigie*.[2]

[1] [This is elaborated in a later technical paper 'Recollecting, Repeating and Working-Through' (1914*g*), p. 150 ff. below.]

[2] [Cf. the similar remark near the bottom of p. 152 below.]

RECOMMENDATIONS TO PHYSICIANS PRACTISING PSYCHO-ANALYSIS
(1912)

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RATSCHLÄGE FÜR DEN ARZT
BEI DER PSYCHOANALYTISCHEN BEHANDLUNG

(*a*) GERMAN EDITIONS:

1912 *Zbl. Psychoan.*, **2** (9), 483–9.
1918 *S.K.S.N.*, **4**, 399–411. (1922, 2nd ed.)
1924 *Technik und Metapsychol.*, 64–75.
1925 *G.S.*, **6**, 64–75.
1931 *Neurosenlehre und Technik*, 340–51.
1943 *G.W.*, **8**, 376–87.

(*b*) ENGLISH TRANSLATION:

'Recommendations for Physicians on the Psycho-Analytic Method of Treatment'

1924 *C.P.*, **2**, 323–33. (Tr. Joan Riviere.)

The present translation, with a changed title, is a modified version of the one published in 1924.

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RECOMMENDATIONS TO PHYSICIANS PRACTISING PSYCHO-ANALYSIS

THE technical rules which I am putting forward here have been arrived at from my own experience in the course of many years, after unfortunate results had led me to abandon other methods. It will easily be seen that they (or at least many of them) may be summed up in a single precept. [Cf. p. 115.] My hope is that observance of them will spare physicians practising analysis much unnecessary effort and guard them against some oversights. I must however make it clear that what I am asserting is that this technique is the only one suited to my individuality; I do not venture to deny that a physician quite differently constituted might find himself driven to adopt a different attitude to his patients and to the task before him.

(*a*) The first problem confronting an analyst who is treating more than one patient in the day will seem to him the hardest. It is the task of keeping in mind all the innumerable names, dates, detailed memories and pathological products which each patient communicates in the course of months and years of treatment, and of not confusing them with similar material produced by other patients under treatment simultaneously or previously. If one is required to analyse six, eight, or even more patients daily, the feat of memory involved in achieving this will provoke incredulity, astonishment or even commiseration in uninformed observers. Curiosity will in any case be felt about the technique which makes it possible to master such an abundance of material, and the expectation will be that some special expedients are required for the purpose.

The technique, however, is a very simple one. As we shall see, it rejects the use of any special expedient (even that of taking notes). It consists simply in not directing one's notice to anything in particular and in maintaining the same 'evenly-suspended attention' (as I have called it)[1] in the face of all that

[1] [The reference seems to be to a sentence in the case history of 'Little Hans' (1909*b*), *Standard Ed.*, **10**, 23, though the wording there is slightly

one hears. In this way we spare ourselves a strain on our attention which could not in any case be kept up for several hours daily, and we avoid a danger which is inseparable from the exercise of deliberate attention. For as soon as anyone deliberately concentrates his attention to a certain degree, he begins to select from the material before him; one point will be fixed in his mind with particular clearness and some other will be correspondingly disregarded, and in making this selection he will be following his expectations or inclinations. This, however, is precisely what must not be done. In making the selection, if he follows his expectations he is in danger of never finding anything but what he already knows; and if he follows his inclinations he will certainly falsify what he may perceive. It must not be forgotten that the things one hears are for the most part things whose meaning is only recognized later on.

It will be seen that the rule of giving equal notice to everything is the necessary counterpart to the demand made on the patient that he should communicate everything that occurs to him without criticism or selection. If the doctor behaves otherwise, he is throwing away most of the advantage which results from the patient's obeying the 'fundamental rule of psychoanalysis'.[1] The rule for the doctor may be expressed: 'He should withhold all conscious influences from his capacity to attend, and give himself over completely to his "unconscious memory".' Or, to put it purely in terms of technique: 'He should simply listen, and not bother about whether he is keeping anything in mind.'

What is achieved in this manner will be sufficient for all requirements during the treatment. Those elements of the material which already form a connected context will be at the doctor's conscious disposal; the rest, as yet unconnected and in chaotic disorder, seems at first to be submerged, but rises readily into recollection as soon as the patient brings up something new to which it can be related and by which it can be continued. The undeserved compliment of having 'a remarkably good memory' which the patient pays one when one reproduces some detail after a year and a day can then be accepted with a smile,

different. The present phrase occurs again later, in 'Two Encyclopaedia Articles' (1923*a*), *Standard Ed.*, **18**, 239.]

[1] [See footnote 2, above, p. 107.]

whereas a conscious determination to recollect the point would probably have resulted in failure.

Mistakes in this process of remembering occur only at times and places at which one is disturbed by some personal consideration (see below [p. 116])—that is, when one has fallen seriously below the standard of an ideal analyst. Confusion with material brought up by other patients occurs very rarely. Where there is a dispute with the patient as to whether or how he has said some particular thing, the doctor is usually in the right.[1]

(*b*) I cannot advise the taking of full notes, the keeping of a shorthand record, etc., during analytic sessions. Apart from the unfavourable impression which this makes on some patients, the same considerations as have been advanced with regard to attention apply here too.[2] A detrimental selection from the material will necessarily be made as one writes the notes or shorthand, and part of one's own mental activity is tied up in this way, which would be better employed in interpreting what one has heard. No objection can be raised to making exceptions to this rule in the case of dates, the text of dreams, or particular noteworthy events which can easily be detached from their context and are suitable for independent use as instances.[3] But I am not in the habit of doing this either. As regards instances, I write them down from memory in the evening after work is over; as regards texts of dreams to which I attach importance, I get the patient to repeat them to me after he has related them so that I can fix them in my mind.

(*c*) Taking notes during the session with the patient might

[1] A patient will often assert that he has already told the doctor something on a previous occasion, while the doctor can assure him with a quiet feeling of superiority that it has come up now for the first time. It then turns out that the patient had previously had the intention of saying it, but had been prevented from performing his intention by a resistance which was still present. His recollection of his intention is indistinguishable to him from a recollection of its performance. [Freud enlarged on this point not long afterwards in a short paper on 'Fausse Reconnaissance' occurring during analysis (1914*a*), *Standard Ed.*, **13**, 201.]

[2] [A footnote to the same effect had been inserted by Freud in his 'Rat Man' case history (1909*d*), *Standard Ed.*, **10**, 159.]

[3] [Presumably for scientific purposes.]

be justified by an intention of publishing a scientific study of the case. On general grounds this can scarcely be denied. Nevertheless it must be borne in mind that exact reports of analytic case histories are of less value than might be expected. Strictly speaking, they only possess the *ostensible* exactness of which 'modern' psychiatry affords us some striking examples. They are, as a rule, fatiguing to the reader and yet do not succeed in being a substitute for his actual presence at an analysis. Experience invariably shows that if readers are willing to believe an analyst they will have confidence in any slight revision to which he has submitted his material; if, on the other hand, they are unwilling to take analysis and the analyst seriously, they will pay no attention to accurate verbatim records of the treatment either. This is not the way, it seems, to remedy the lack of convincing evidence to be found in psycho-analytic reports.

(*d*) One of the claims of psycho-analysis to distinction is, no doubt, that in its execution research and treatment coincide; nevertheless, after a certain point, the technique required for the one opposes that required for the other. It is not a good thing to work on a case scientifically while treatment is still proceeding—to piece together its structure, to try to foretell its further progress, and to get a picture from time to time of the current state of affairs, as scientific interest would demand. Cases which are devoted from the first to scientific purposes and are treated accordingly suffer in their outcome; while the most successful cases are those in which one proceeds, as it were, without any purpose in view, allows oneself to be taken by surprise by any new turn in them, and always meets them with an open mind, free from any presuppositions. The correct behaviour for an analyst lies in swinging over according to need from the one mental attitude to the other, in avoiding speculation or brooding over cases while they are in analysis, and in submitting the material obtained to a synthetic process of thought only after the analysis is concluded. The distinction between the two attitudes would be meaningless if we already possessed all the knowledge (or at least the essential knowledge) about the psychology of the unconscious and about the structure of the neuroses that we can obtain from psycho-analytic work. At present we are still far from that goal and

we ought not to cut ourselves off from the possibility of testing what we have already learnt and of extending our knowledge further.

(*e*) I cannot advise my colleagues too urgently to model themselves during psycho-analytic treatment on the surgeon, who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skilfully as possible. Under present-day conditions the feeling that is most dangerous to a psycho-analyst is the therapeutic ambition to achieve by this novel and much disputed method something that will produce a convincing effect upon other people. This will not only put him into a state of mind which is unfavourable for his work, but will make him helpless against certain resistances of the patient, whose recovery, as we know, primarily depends on the interplay of forces in him. The justification for requiring this emotional coldness in the analyst is that it creates the most advantageous conditions for both parties: for the doctor a desirable protection for his own emotional life and for the patient the largest amount of help that we can give him to-day. A surgeon of earlier times took as his motto the words: 'Je le pansai, Dieu le guérit.'[1] The analyst should be content with something similar.

(*f*) It is easy to see upon what aim the different rules I have brought forward converge. [See p. 111.] They are all intended to create for the doctor a counterpart to the 'fundamental rule of psycho-analysis' which is laid down for the patient. Just as the patient must relate everything that his self-observation can detect, and keep back all the logical and affective objections that seek to induce him to make a selection from among them, so the doctor must put himself in a position to make use of everything he is told for the purposes of interpretation and of recognizing the concealed unconscious material without substituting a censorship of his own for the selection that the patient has forgone. To put it in a formula: he must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting

[1] ['I dressed his wounds, God cured him.' The saying is attributed to the French surgeon, Ambroise Paré (*c.* 1517–1590).]

microphone. Just as the receiver converts back into sound-waves the electric oscillations in the telephone line which were set up by sound waves, so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient's free associations.

But if the doctor is to be in a position to use his unconscious in this way as an instrument in the analysis, he must himself fulfil one psychological condition to a high degree. He may not tolerate any resistances in himself which hold back from his consciousness what has been perceived by his unconscious; otherwise he would introduce into the analysis a new species of selection and distortion which would be far more detrimental than that resulting from concentration of conscious attention. It is not enough for this that he himself should be an approximately normal person. It may be insisted, rather, that he should have undergone a psycho-analytic purification and have become aware of those complexes of his own which would be apt to interfere with his grasp of what the patient tells him. There can be no reasonable doubt about the disqualifying effect of such defects in the doctor; every unresolved repression in him constitutes what has been aptly described by Stekel[1] as a 'blind spot' in his analytic perception.

Some years ago I gave as an answer to the question of how one can become an analyst: 'By analysing one's own dreams.'[2] This preparation is no doubt enough for many people, but not for everyone who wishes to learn analysis. Nor can everyone succeed in interpreting his own dreams without outside help. I count it as one of the many merits of the Zurich school of analysis that they have laid increased emphasis on this requirement, and have embodied it in the demand that everyone who wishes to carry out analyses on other people shall first himself undergo an analysis by someone with expert knowledge. Anyone who takes up the work seriously should choose this course, which offers more than one advantage; the sacrifice involved in laying oneself open to another person without being driven to

[1] [Stekel, 1911*a*, 532.]

[2] [The reference is to the third of Freud's Clark University lectures (1910*a* [1909]), *Standard Ed.*, **11**, 33. Some account of his varying views on the subject will be found in an Editor's footnote to the 'History of the Psycho-Analytic Movement' (1914*d*), ibid., **14**, 20–1.]

it by illness is amply rewarded. Not only is one's aim of learning to know what is hidden in one's own mind far more rapidly attained and with less expense of affect, but impressions and convictions will be gained in relation to oneself which will be sought in vain from studying books and attending lectures. And lastly, we must not under-estimate the advantage to be derived from the lasting mental contact that is as a rule established between the student and his guide.[1]

An analysis such as this of someone who is practically healthy will, as may be imagined, remain incomplete. Anyone who can appreciate the high value of the self-knowledge and increase in self-control thus acquired will, when it is over, continue the analytic examination of his personality in the form of a self-analysis, and be content to realize that, within himself as well as in the external world, he must always expect to find something new. But anyone who has scorned to take the precaution of being analysed himself will not merely be punished by being incapable of learning more than a certain amount from his patients, he will risk a more serious danger and one which may become a danger to others. He will easily fall into the temptation of projecting outwards some of the peculiarities of his own personality, which he has dimly perceived, into the field of science, as a theory having universal validity; he will bring the psycho-analytic method into discredit, and lead the inexperienced astray.

(*g*) I shall now add a few other rules, that will serve as a transition from the attitude of the doctor to the treatment of the patient.

Young and eager psycho-analysts will no doubt be tempted to bring their own individuality freely into the discussion, in order to carry the patient along with them and lift him over the barriers of his own narrow personality. It might be expected that it would be quite allowable and indeed useful, with a view to overcoming the patient's existing resistances, for the doctor to afford him a glimpse of his own mental defects and conflicts and, by giving him intimate information about his own life,

[1] [See, however, a less optimistic view expressed in Section II of 'Analysis Terminable and Interminable' (1937*c*). That paper, one of the very last of Freud's writings, touches at many other points (especially in Section VII) on the subject discussed in this and the next paragraph.]

enable him to put himself on an equal footing. One confidence deserves another, and anyone who demands intimacy from someone else must be prepared to give it in return.

But in psycho-analytic relations things often happen differently from what the psychology of consciousness might lead us to expect. Experience does not speak in favour of an affective technique of this kind. Nor is it hard to see that it involves a departure from psycho-analytic principles and verges upon treatment by suggestion. It may induce the patient to bring forward sooner and with less difficulty things he already knows but would otherwise have kept back for a time through conventional resistances. But this technique achieves nothing towards the uncovering of what is unconscious to the patient. It makes him even more incapable of overcoming his deeper resistances, and in severer cases it invariably fails by encouraging the patient to be insatiable: he would like to reverse the situation, and finds the analysis of the doctor more interesting than his own. The resolution of the transference, too—one of the main tasks of the treatment—is made more difficult by an intimate attitude on the doctor's part, so that any gain there may be at the beginning is more than outweighed at the end. I have no hesitation, therefore, in condemning this kind of technique as incorrect. The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him. In practice, it is true, there is nothing to be said against a psychotherapist combining a certain amount of analysis with some suggestive influence in order to achieve a perceptible result in a shorter time—as is necessary, for instance, in institutions. But one has a right to insist that he himself should be in no doubt about what he is doing and should know that his method is not that of true psycho-analysis.

(*h*) Another temptation arises out of the educative activity which, in psycho-analytic treatment, devolves on the doctor without any deliberate intention on his part. When the developmental inhibitions are resolved, it happens of itself that the doctor finds himself in a position to indicate new aims for the trends that have been liberated. It is then no more than a natural ambition if he endeavours to make something specially excellent of a person whom he has been at such pains to free from his neurosis and if he prescribes high aims for his wishes.

But here again the doctor should hold himself in check, and take the patient's capacities rather than his own desires as guide. Not every neurotic has a high talent for sublimation; one can assume of many of them that they would not have fallen ill at all if they had possessed the art of sublimating their instincts. If we press them unduly towards sublimation and cut them off from the most accessible and convenient instinctual satisfactions, we shall usually make life even harder for them than they feel it in any case. As a doctor, one must above all be tolerant to the weakness of a patient, and must be content if one has won back some degree of capacity for work and enjoyment for a person even of only moderate worth. Educative ambition is of as little use as therapeutic ambition. It must further be borne in mind that many people fall ill precisely from an attempt to sublimate their instincts beyond the degree permitted by their organization and that in those who have a capacity for sublimation the process usually takes place of itself as soon as their inhibitions have been overcome by analysis. In my opinion, therefore, efforts invariably to make use of the analytic treatment to bring about sublimation of instinct are, though no doubt always laudable, far from being in every case advisable.

(*i*) To what extent should the patient's intellectual co-operation be sought for in the treatment? It is difficult to say anything of general applicability on this point: the patient's personality is the determining factor. But in any case caution and self-restraint must be observed in this connection. It is wrong to set a patient tasks, such as collecting his memories or thinking over some particular period of his life. On the contrary, he has to learn above all—what never comes easily to anyone—that mental activities such as thinking something over or concentrating the attention solve none of the riddles of a neurosis; that can only be done by patiently obeying the psycho-analytic rule, which enjoins the exclusion of all criticism of the unconscious or of its derivatives. One must be especially unyielding about obedience to that rule with patients who practise the art of sheering off into intellectual discussion during their treatment, who speculate a great deal and often very wisely about their condition and in that way avoid doing anything to overcome it. For this reason I dislike making use of analytic

writings as an assistance to my patients; I require them to learn by personal experience, and I assure them that they will acquire wider and more valuable knowledge than the whole literature of psycho-analysis could teach them. I recognize, however, that under institutional conditions it may be of great advantage to employ reading as a preparation for patients in analysis and as a means of creating an atmosphere of influence.

I must give a most earnest warning against any attempt to gain the confidence or support of parents or relatives by giving them psycho-analytic books to read, whether of an introductory or an advanced kind. This well-meant step usually has the effect of bringing on prematurely the natural opposition of the relatives to the treatment—an opposition which is bound to appear sooner or later—so that the treatment is never even begun.

Let me express a hope that the increasing experience of psycho-analysts will soon lead to agreement on questions of technique and on the most effective method of treating neurotic patients. As regards the treatment of their relatives I must confess myself utterly at a loss, and I have in general little faith in any individual treatment of them.

ON BEGINNING THE TREATMENT

(FURTHER RECOMMENDATIONS ON THE TECHNIQUE OF PSYCHO-ANALYSIS I)

(1913)