

LACAN AND FREUD ON *THE STRUCTURE OF*

PSYCHOSIS:

***THE TECHNIQUE OF PSYCHOANALYSIS,
THE CONCEPTS OF TRANSFERENCE, FREE
ASSOCIATION, WORKING THROUGH AND
CONSTRUCTION IN ANALYSIS***

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THE STRUCTURE OF PSYCHOSIS

This essay will compare Freud's and Lacan's views about the structure of psychosis. For Freud psychosis was a form of primary narcissism. The psychotic withdraws his libido from objects and things and redirectes it onto his ego. It will be shown that for Freud the paranoiac's delusions are due to an idea the ego rejects. The ego projects this rejected idea outside itself such that this idea the Ego does not recognize as ever having. The psychotics delusions are the irrupting from the outside of these rejected ideas back into the ego. These delusions are an attempt by the psychotic to cathext his libido onto objects he initially de-cathexted in his primary narcissism. It will be shown that Freud makes a structural distinction between paranoia and dementia praecox where what distinguishes dementia praecox from paranoia is that the latter has the process of projection and the former hallucinatory hysteria. It is from this concept of projection, it will be shown, that Lacan derives his concept of foreclosure. Foreclosure for Lacan is the defining structural element of psychosis. It will be shown that for Lacan psychosis comes about when 'the Name-Of -The Father' is foreclosed and thus a gap, or hole in the signifying chain is created. In foreclosure 'the Name-Of -The Father' is suppressed and the psychotic behaves as if he never had 'the Name-Of -The Father'. When foreclosure happens the suppressed 'the Name-Of -The Father' can irrupt back from the outside in the form of delusions and, or hallucinations. Foreclosure and projection are for Freud and Lacan forms of defense.

The term psychosis was introduced by Feuchtersleben, in 1845, to denote mental illness as distinct from neurosis, which denoted afflictions of the nervous system.¹ Psychoanalysis distinguishes between perversions, neurosis and psychosis.² Psychosis comprises the different structures of paranoia including delusional conditions; schizophrenia (called also dementia praecox) and melancholia and mania.³ This essay will show that both Freud and Lacan make a structural distinction between paranoia and schizophrenia. Freud talks of psychosis in general and paranoia and dementia praecox in particular. Lacan in the main deals in the main with paranoia. It should be pointed out that where neurosis is due to repression, psychosis is due to projection according to Freud and foreclosure according to Lacan. Repression is the defensive mechanism whereby an idea is buried in the unconscious and foreclosure whereby an idea is expelled from the unconscious.⁴

J. Laplanche & J.B. Pontalis point out that Freud went through at least two phases in his writings about psychosis.⁵ In the first phase Freud tied his explanation of psychosis to his theory of sexuality. In the second phase Freud tied his theory of psychosis to libidinal instincts and narcissism. Freud in the first phase tries to show the defensive conflicts against sexuality, which he asserts are at work in certain neuroses, can also be used to explain psychoses.⁶ In this phase of Freud's writings he advances a theory about the defensive mechanism of psychosis i.e. projection. Lacan will take up this theory in one of its forms in his theory about the structure of

¹ J. Laplanche & J.B. Pontalis, 'Psychosis' in *The Language of Psycho-Analysis*, Hogarth Press, 1983, p.372.

² *ibid.*, p.370.

³ *ibid.*, p.370.

⁴ D. Evans, 'Foreclosure' in *An Introductory Dictionary of Lacanian Psychoanalysis*, Brunner-Routledge, 1996, p.65.

⁵ J. Laplanche & J.B. Pontalis, *op.cit.* p.371.

⁶ *ibid.*, p.371.

psychosis centered on foreclosure. Also these early formulations of psychotic defense will add further clarification to Freud's later writings about the structure of psychosis centered on projection.

Freud in his work *The Neuro-psychoses of defense* introduces an account about the defense of psychosis. In this account Freud claims that the defense comprises the ego rejecting ideas it does not like and going on to behave as if it never had the ideas in the first place. As Freud states, "... [here is] a kind of defense. Here, the ego rejects the incompatible idea together with its affect and behaves as if the idea had never occurred to the ego at all."⁷ It will be shown that this idea is taken up by Lacan and is expressed in his idea about foreclosure. Freud goes on to say in the same article that when the ego rejects the incompatible idea it, in effect, detaches itself in part, or wholly from reality. Freud states this clearly when he says, "...the ego breaks away from the incompatible idea, but the latter is inseparably connected with a piece of reality, so that, in so far as the ego achieves this result, it, too, has detached itself wholly or in part from reality."⁸ We will see that this idea fits with Freud's later ideas, in his second phase, around the primary narcissism of psychosis.

Between 1911 and 1914 Freud formulated his theory on the structure of psychosis around his theory of the libidinal instincts and his ideas of narcissism. In his '*Psychoanalytic notes on an autobiographical case of paranoia (dementia paranoides)*' Freud lays out a libidinal account of psychosis. In this account psychosis is a

⁷ S. Freud, 'The Neuro-psychoses of defense', in *SE*, Vol. 111, Tran, J. Strachey, Hogarth Press, 1973, p.58.

⁸ *ibid.*, p.59.

regression to a primary narcissism where the libidinal de-cathexis of people, objects and things in the external world to a cathexis of the libido onto the ego. As Freud states, "... the turning away of the libido from the external world is a particularly clearly-marked feature in dementia praecox. From this feature we infer that the repression is affected by means of detachment of the libido."⁹ And again, "...[t]he patient has withdrawn from the people in his environment and from the external world generally the libidinal cathexis which he has hitherto directed on to them."¹⁰ Freud goes so far as to say that it is this loss of libidinal interest in the world that accounts for the paranoiac's altered position with regard to reality. On this point Freud says, "... [it] therefore appears to me far more probable that the paranoiac's altered relation to the world is to be explained entirely or in the main by the loss of his libidinal interest."¹¹ In his work *Libido theory and narcissism* Freud says that this libidinal de-cathexis is also a major element in dementia praecox. As Freud states, "...the main characteristic of dementia praecox...is to be that in it the libidinal cathexis of objects was lacking ...it is turned back on the ego...these first explanations ... have becomes the basis of our attitude to the psychosis."¹²

In *On narcissism: An introduction* Freud refers to this de-cathexis as a regression to narcissism. Here Freud states, "...the libido that has been withdrawn from the external world has been directed to the ego and thus gives rise to an attitude which may be called narcissism."¹³ In psychosis Freud claims that the psychotic, in this primary

⁹ S. Freud, 'Psycho-Analytic Notes on An Autobiographical Account of A Case of Paranoia (Dementia Paranoides)', in *SE*, Vol. X11, Tran J. Strachey, 2001. p.77.

¹⁰ *ibid.*, p.70.

¹¹ *ibid.*, p.75.

¹² S. Freud, 'Libido Theory and Narcissism' in *Introductory Lectures on psychoanalysis*, Trans J. Strachey, 1982, Penguin, p.464- 465.

¹³ S. Freud, 'On Narcissism : An Introduction', In *On Metapsychology* Tran J. Strachey, Penguin, 1991. p.67.

narcissism, does not replace the objects he has de-cathexed by objects in phantasy.¹⁴ This is in stark contrast to the neurotic who likewise withdraws his libido from reality but does replace the objects by objects in phantasy.¹⁵ Now this does not say that the psychotic does not replace the objects he has de-cathexed. In fact, the replacement of the de-cathexed objects plays a major structural role in Freud's structural account of psychosis.

The replacement by the psychotic by objects that he has de-cathexed is an attempt at recovery on the part of the psychotic designed to lead the libido back to its objects. On these points Freud states that the psychotic, "... seems really to have withdrawn his libido from people and things in the external world, without replacing them in phantasy. When he does so replace them, the process seems to be a secondary one and so be part of an attempt at recovery, designed to lead the libido back to objects."¹⁶ Freud calls the process that undoes the act of repression or de-cathexis and leads the libido back to its objects projection.¹⁷

Freud claims that the most striking feature of symptom-formation in paranoia is the process of projection.¹⁸ In projection "...[a]n internal perception is suppressed, and instead its content, after undergoing a certain kind of distortion, enters consciousness in the form of an external perception ..."¹⁹ Now here is required a point of clarification. Freud notes that this suppression is not internally projected out rather it returns from without because it was not so much suppressed as abolished. As Freud

¹⁴ *ibid.*, p.66.

¹⁵ *ibid.*, p.66.

¹⁶ *ibid.*, p.66.

¹⁷ *ibid.*, p.71.

¹⁸ *ibid.*, p.66.

¹⁹ S. Freud, *Psycho-Analytic Notes on An Autobiographical Account of A Case of Paranoia (Dementia Paranoides)*, in *SE*, Vol. X11, Tran J. Strachey, 2001. p.66.

states, "...[i]t was incorrect to say that the perception which was suppressed internally is projected outwards; the truth is rather, as we now see, that what was abolished internally returns from without."²⁰ We can gain clarification of what Freud means by 'abolished' if we go back to his statement in, *The Neuro-psychoses of defense* where Freud said the ego rejects an incompatible idea and behaves as if it never had the idea in the first place. Freud was tempted to regard projection as the defining process of paranoia but stopped at this by realizing that other forms of paranoia and pathology did not involve projection.²¹ Projection is the process used by a paranoiacs to recover from his libidinal de-cathexis. The paranoiac's delusion or, "... delusional formation, which we take to be the pathological product is in reality an attempt at recovery, a process of reconstruction."²² The symptoms of the paranoiacs are the irruptions of the repressed [suppressed] from the outside. In other words what has been abolished from the ego returns in the form of symptom-formations. Freud points this out when he says, "... the most important thing as regards pathological phenomena, is that of failure of repression, of irruption [symptom-formation], of return of the repressed."²³ The megalomaniac symptoms that Schreber had i.e. his " world catastrophe" are an example, according to Freud of the irruption of the suppressed, a return from without of ideas Schreber abolished from consciousness. These returning irrupting ideas represent his libido trying to make contact with what was initially de-cathexed . As Freud notes, "...the end of the world is the projection of this internal catastrophe; his subjective world has come to an end since his withdrawal of his love from it."²⁴ Freud argues that the process of projection marks paranoia off structurally from dementia praecox. In dementia praecox the psychotic uses an hysterical hallucinatory

²⁰ *ibid.*, p.71.

²¹*ibid.*, p.66.

²² *ibid.*, p.71.

²³ *ibid.*, p.68.

²⁴ *ibid.*, p.70.

mechanism to recover de-cathexed objects whereas the paranoiac uses projection. As Freud states, "...this attempt at recovery, which observers mistake for the disease itself, does not, as in paranoia, make use of projection, but employs a hallucinatory (hysterical) mechanism. This is one of the two major respects in which dementia praecox differs from paranoia ..."²⁵ The process of projection links up with Lacan's structural account of psychosis via his concept of foreclosure.

Lacan links foreclosure with the signifying network, or language and relates it to the defining structure of psychosis. It should be pointed out, as Evans does, that Lacan maintains a structural distinction between paranoia and schizophrenia and that it is paranoia that Lacan focuses on in regard to psychosis.²⁶ To go right to the heart of Lacan's account of psychosis we state his definition:

"It is in an accident in this register [signifying chain i.e. language] and in what takes place in it namely, the foreclosure of the name-of-the-father in the place of the Other, and in the failure of the paternal metaphor, that I designate the defect that gives psychosis its essential condition, and the structure that separates it from neurosis."²⁷

'The Name-Of-The Father', capitalized, in Lacan's work *The Psychosis* represents the fundamental signifier which allows all other significations to take place. The Name-Of-The Father creates a subject's identity as it names him by positioning him in the symbolic order as well as signifying the no of the incest taboo contained in the

²⁵ *ibid.*, p.77.

²⁶ D. Evans, *An Introductory Dictionary of Lacanian Psychoanalysis*, Brunner-Routledge, 1996, p.157.

²⁷ J. Lacan, 'On a Question Preliminary to any Possible Treatment of Psychosis', *Ecrits, A Selection*, Routledge, 1977, p.238.

Oedipal prohibition.²⁸ Thus when this fundamental signifier is not included in the symbolic order we can see how a hole appears. Without ‘the Name-Of-The Father’ in the signifying chain the signifying chain lacks its prime component and thus there appears a hole or gape with regard to signification or meaning; all the other signifiers are not held together by anything. When this happens we have psychosis according to Lacan.

This in psychosis ‘the Name-Of-The Father’ is not integrated in the symbolic universe [signifying chain i.e. language] of the psychotic i.e. it is foreclosed, with the result, as Evans notes, “... a hole is left in the symbolic order.”²⁹ This hole in the symbolic order results in the psychotic being imprisoned in the imaginary.³⁰ Lacan claims that, “...[if] the neurotic inhabits language, the psychotic is inhabited, possessed by language.”³¹ We will now unpack the terms in Lacan’s definition so as to gain greater clarity in regard to what it means.

We see in Lacan’s definition that ‘the Name-Of-The Father’ suffers foreclosure by the psychotic. ‘The Name-Of-The Father’ is abolished from the signifying chain and as such leaves a hole in the signifying chain. This foreclosure links up with what Freud said in *The Neuro-psychoses of defense* namely, “...the ego rejects the incompatible idea together with its affect and behaves as if the idea had never occurred to the ego at

²⁸ D. Evans, ‘Name-Of-The Father’ op.cit, p.119

²⁹ D. Evans, op.cit, p.155.

³⁰ ibid., p.156.

³¹ J. Lacan, *The Seminar, Book 111, The Psychosis, 1955-56*, trans R. Grigg, Routledge, 1993, p.250.

all.”³² We see then how Lacan’s structural definition of psychosis links up with Freud’s account of the irruption of the repressed [suppressed] into the psychotic’s consciousness. Thus Lacan’s notion of ‘the Name-Of-The Father’ and foreclosure means, in terms of Freud’s above account, the psychotic suppresses ‘the Name-Of-The Father’ and behaves as if he never had the thought, but ‘the Name-Of-The Father’ can irrupt or appear from with out in the form of delusions or hallucinations in a psychotic attack. Just like in Freud’s understanding of the psychotic, in Lacan’s understanding, due to foreclosure, the psychotic suffers from hallucinations and or delusions when the foreclosed ‘the Name-Of-The Father’ irrupts back into the real, and because of the collision with the unassailable ‘the Name-Of-The Father’ the psychotic is unable to assimilate it in his consciousness.³³

Lacan claims that two conditions must be met for psychosis to emerge. The first condition is that the subject must have a psychotic structure i.e. foreclosure, and secondly, ‘the Name-Of-The Father’ must be in symbolic opposition with the subject.³⁴ If the first is absent then no conflict will manifest when ‘the Name-Of-The Father’ appears. Lacan maintains that a neurotic can never become a psychotic.³⁵ If in the absence of ‘the Name-Of-The Father’ the psychotic structure, of foreclosure, will lay latent; as a consequence then it is possible for a psychotic not to exhibit symptoms.³⁶

³² S. Freud, ‘The Neuro-psychoses of defense’, in *SE*, Vol. 111, Tran J.Strachey, Hogarth Press, 1973, p.58.

³³ D, Evans. ‘Foreclosure’, op.cit, p.65.

³⁴ D, Evans. ‘Psychosis’, op.cit, p.155.

³⁵ *ibid.*, p.155.

³⁶ *ibid.*, p.155.

Thus we see how Freud and Lacan give a structural account of psychosis. We saw how Freud like Lacan make a structural distinction between paranoia and schizophrenia. For Freud psychosis is a form of primary narcissism. In psychosis according to Freud the libido is de-cathexed from objects and things and cathected onto the ego. The process that explains the paranoiac's delusion is that of projection. In projection the paranoiac suppresses certain ideas and behaves as if he never had them. These ideas irrupt from the outside in the form of delusions in a paranoia attack. This process of projection differentiates dementia praecox from paranoia. In the former the causes of the hallucinations is a hallucinatory hysteria. Lacan takes up Freud's ideas around projection and formulates them in his concept of foreclosure. Foreclosure is what structurally defines psychosis. For Lacan the psychotic forecloses 'the Name-Of -The Father.' 'The Name-Of -The Father' is the fundamental signifier. It is 'the Name-Of -The Father' that creates a person's identity by placing him in the signifying chain. When this foreclosure happens there is a hole in the signifying world and hallucinations and, or delusions can irrupt into the psychotic's consciousness. Foreclosure of 'the Name-Of -The Father' means that 'the Name-Of -The Father' is suppressed and the psychotic behaves as if he never had it. Then it can irrupt from without in the form of hallucinations and, or delusions. For Lacan we saw that a psychotic may not exhibit any symptoms if 'the Name-Of-The Father' is absent, and thus foreclosure and hence psychosis may lay latent.

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**THE TECHNIQUE OF PSYCHOANALYSIS. THE CONCEPTS OF
TRANSFERENCE, FREE ASSOCIATION, WORKING THROUGH AND
CONSTRUCTION IN ANALYSIS.**

This essay will deal with the technique of psychoanalysis. This technique involves transference; free association; working through and construction. This essay will show how all these techniques are linked together and feed in upon each other in the overall therapeutic endeavor of psychoanalysis. It will be shown that transference is a process of resistance and involves the patient repeating past infantile patterns and projecting them into the relationship he has with the doctor. Transference it will be seen is a distortion of objective reality in that the patient views the doctor relationship through the eyes of unconscious phantasy, infantile imago's and stereotype plates or patterns. I will show that transference involves a mechanism of transference and a dynamics of transference which Freud called transference neurosis. Transference it will be shown is a form of resistance. This resistance hinders the technique of free association. Free association it will be shown is the technique where by the analyst gets access to the unconscious of the patient and as such gains insight into the causes of the patients condition. Free association links up with working through where by the analyst confronts the patients resistances and gradually by working through the resistances the patients gains an intellectual insight into the resistances to eventually achieve an emotional insight. All these techniques link up in the analysts constructions. Constructions it will be shown are built up on the material of free associations repetitions and connections formed through transference. These constructions then build up the history of the patients childhood and fill in the gaps of forgotten, or

repressed memories. Constructions it will be seen bring together the techniques of psychoanalysis

Transference for Freud was a process where by there was an actualization of unconscious content. It was a process whereby the patient transferred onto the analysis past infantile experiences and strong emotive feelings such as hatred, jealousy, sexual attraction, love, feelings of dependency. In his article, "*The Dynamics of Transference*", Freud makes a distinction between the mechanisms of transference and the dynamics of transference. Put simply the mechanism of transference was that process whereby stereotypical plates laid down in infancy are activated up in the setting of analysis and out of which arises the dynamics of the patients contemporary relationship with the analyst.

In regard to the mechanism of transference the stereotype plates play a major role. Stereotype plates are those methods a person has acquired in the handling and conduct of life- such as the way a person approaches love.³⁷ These plates are constantly repeated and reprinted.³⁸ Now those portions of the libidinal impulses that are held up in the course of development and are kept away from consciousness can only be expressed in phantasy.³⁹ Now if a person is unsatisfied in love they will approach every new person with an anticipatory ideas based upon these stereotypes plates and phantasies.⁴⁰ The libido that has been repressed feeds the subjects

³⁷ S, Freud, "The Dynamics of Transference", in *The Standard Edition of the Complete Works of Sigmund Freud, Case History of Schreber, Papers on Technique and Other Works*, Trans by J. Strachey, Vintage, 2000, p.100.

³⁸ *ibid.*, p.100.

³⁹ *ibid.*, p.100.

⁴⁰ *ibid.*, p.100.

phantasies⁴¹. In this regard the libido has entered on a regressive path and feeds the subjects infantile imago's around the stereotype plates.⁴² Now in regard to the dynamic transference Freud notes that the libidinal cathexis that is held back i.e. that which is unsatisfied is directed onto the analyst. Freud states that “... this cathexis will have recourse to prototypes, in the subjects; or, to put the position another way, the cathexis will introduce the doctor into one of the psychical ‘series’ which the patient has formed.”⁴³ Thus the dynamics transference [i.e. patient doctor relationship], according to Freud, has been set up by the repressed stereotypes which have invested libidinal impulses attached to the infantile imago's. The transference to the doctors is according to Freud based upon conscious and unconscious anticipatory ideas centered around the stereotype plates.⁴⁴

In his article ‘Observations on Transference Love’ Freud offers a slightly contrasting account of transference. In this work Freud argues that transference is a activation and repetition of unconscious desires stemming from childhood. Freud argues in regard to transference love that it is not part of the present setting of the analysis but a repetition and copy from the past and earlier reactions including infantile ones.⁴⁵ The dynamic situation of the patients transference love directed onto the doctor is woven with infantile phantasies and object choices.⁴⁶ Here Freud's account runs parallel to his account in *The Dynamics of Transference* since in *Observations on Transference Love* Freud claims that the transference love is based upon infantile patterns, or stereotype

⁴¹ *ibid.*, p. 100.

⁴² *Ibid.*, p.102.

⁴³ *ibid.*, p.100.

⁴⁴ *ibid.*, p.100.

⁴⁵ S. Freud, ‘Observations on Transference Love’, in *The Standard Edition of the Complete Works of Sigmund Freud, Case History of Schreber, Papers on Technique and Other Works*, Trans by J. Strachey, Vintage, 2000, p.167.

⁴⁶ *ibid.*, p.167.

plates. It should be remembered that transference can be positive i.e. based upon friendly or affectionate feelings as well as negative i.e. based upon aggression and hate.⁴⁷

In his article *Remembering, Repeating and Working Through* Freud gives a name to this dynamic transference. In this work Freud refers to it as transference neurosis. The transference neurosis is an artificial neurosis⁴⁸. The transference neurosis is built upon and around the relationship of the doctor patient. It is an artificial and new edition to the clinical neurosis through which the infantile neurosis is uncovered. As Freud notes “ ... we regularly succeed in giving all the symptoms of the illness [clinical neurosis] a new transference meaning and replacing his ordinary neurosis by a transference –neurosis.”⁴⁹ This transference neurosis is an intermediate space between illness and real life and through which the transition from one to the other is made.⁵⁰ The transference neurosis is, according to Freud, the play ground in which the patients compulsions to repeat are allowed to take place and are thus rendered harmless by giving the compulsions a field in which to assert themselves.⁵¹

Thus we see two things about the transference. Firstly the transference is a distortion of present reality via the secondly re-activation and re-experiencing of past infantile patterns. The Distortion of reality is due to the displacement of past infantile patterns or stereotype plates onto the present relationship with the doctor. These distortions are

⁴⁷ S, Freud, “The Dynamics of Transference”, in *The Standard Edition of the Complete Works of Sigmund Freud, Case History of Schreber, Papers on Technique and Other Works*, Trans by J. Strachey, Vintage, 2000, p.105.

⁴⁸ S. Freud., *Remembering, Repeating and Working Through*, in *The Standard Edition of the Complete Works of Sigmund Freud, Case History of Schreber, Papers on Technique and Other Works*, Trans by J. Strachey, Vintage, 2000, p.154.

⁴⁹ *ibid.*, p.154.

⁵⁰ *ibid.*, p.154.

⁵¹ *ibid.*, p.154.

caused by transferring libidinal impulses related to infantile phantasies of aggression and hate, or love onto the person of the doctor. Thus patient through transference misrepresents the true nature of the patient doctor relationship by seeing it through the eyes of unconscious phantasies and stereotype infantile patterns.

The transference is a form of resistance. As the analyst starts getting close to the cause of the clinical neurosis resistance to the uncovering of the cause sets in the form of transference. As Freud states “ the portion of [a pathogenic] complex which is capable of transference is first pushed forward into consciousness and defended with the greatest obstinacy ... the intensity and the persistence of the transference are an effect and expression of the resistance.”⁵² The resistance will be seen in the patient acting out or repeating past behaviors.⁵³ This acting out, or repeating in transference is a form of remembering by the patient.⁵⁴ A remembering not from memory but from action in which case the patient does not know that he is repeating past experiences.⁵⁵ Freud claims that the greater the resistance the greater the acting out thus the stronger the transference.⁵⁶

Now one of the aims of transference is facilitate the remembering of those gaps in memory that is unconscious and held up by resistance and repression.⁵⁷ Transference is to help the patient to remember things that have never been forgotten because they have never been conscious.⁵⁸ Now there are two paradoxes in regard to transference facilitating remembering unconscious content repressed and held up by resistance.:

⁵² S, Freud, “The Dynamics of Transference, op.cit, p.104.

⁵³ S. Freud., *Remembering, Repeating and Working Through*, op.cit, p.150.

⁵⁴ *ibid.*, p.150.

⁵⁵ *ibid.*, p.150.

⁵⁶ *ibid.*, p.151.

⁵⁷ *ibid.*, pp.147-148.

⁵⁸ *Ibid.*, p.149.

one centers around resistance and the other around the patient gaining insight into his condition. The paradox of resistance is that it is both a form of repetition and thus a resistance to therapy and on the other hand it is a tool to be used to overcome resistance via helping the patient to remember what he is resisting to remember. The paradox of insight, or remembering is that the transference conditions the patients ability to remember, thus the emergence of the patient from transference is held back indefinitely because remembering takes place in the transference which by definition is a distortion of reality. Now the relevance of transference for analysis is that with neurotics its is more intense and it is the most powerful resistance to the patients free associations.

Free association is another technique of psychoanalysis where by all a patients thoughts with out exception are allowed to be voiced spontaneously with out fore thought and under the stipulation of the fundamental rule. Freud believed that all thoughts were determined and thus free associations led directly to the unconscious and thus understanding of the patients condition.⁵⁹ In free association the patient is required "... to put himself in a position of an attentive and dispassionate self-observer, merely to read off all the time the surface of his consciousness and on the one hand to make a duty of the most complete honesty [fundamental rule] while on the other not to hold back any idea from communication ..."⁶⁰ In this way Freud believed that he could uncover the unconscious determinates of a patients neurosis. The first mental responses that came into mind is according to Freud "... the

⁵⁹ S, Freud, The Prehistory of Analytic Technique, in *The Standard Edition of the Complete Works of Sigmund Freud, Vol. XvIII*, trans by J, Strachey, Hogarth Press, 1973, p.254.

⁶⁰ S. Freud, 'Two Encyclopedia Articles, (A) Psychoanalysis', in *The Standard Edition of the Complete Works of Sigmund Freud, Vol. XvIII*, trans by J, Strachey, Hogarth Press, 1973, p.238.

response to the mind's desire for the unfolding of the subject."⁶¹ The process that held up the free associations and thus hindered the discovery of the determinates of a patient's condition was resistance. It was resistance that made the connections between thoughts unrecognizable.⁶² It is interesting to note that Freud claims that it was this technique of free association when applied to neurotics which he gave the name psycho-analysis.⁶³ In *Remembering, Repeating and Working Through* Freud points out that it is by working through his resistances that a patient comes to understand the determinates of his condition via free association.

Freud claims that in giving a resistance a name did not result in an immediate cessation of the resistance⁶⁴. Instead Freud argued that it was by working through the resistance via the fundamental rule of free association that the patient became acquainted with the resistance and thus eventually overcome it. As Freud states: "one must allow the patient time to become conversant with this resistance with which he has now become acquainted, to work through it, overcome it by continuing, in defiance of it, the analytic work according to the fundamental rule of analysis."⁶⁵ Freud claims that working through is both arduous for the patient and doctor but nevertheless distinguishes psychoanalytic treatment from any other form of treatment.⁶⁶ Working through is the process that links intellectual awareness with emotional awareness and is part of the transference interpretation which aims to turn the intellectual awareness into emotional awareness.⁶⁷ Intellectual awareness of the

⁶¹ S. Freud, . Op.cit, p.263.

⁶² *ibid.*, p.264.

⁶³ S. Freud., Op.cit, p.239.

⁶⁴ S. Freud., *Remembering, Repeating and Working Through*, op.cit, p.155.

⁶⁵ *ibid.*, p.154.

⁶⁶ *ibid.*, p.155.

⁶⁷ A. Bateman & J. Holmes, *Introduction to Psychoanalysis*, Brunner Routledge, 1995, p.177.

resistance leads to working through and working through consolidates emotional awareness.

Now all these techniques comes together in what Freud calls the construction. It must be born in mind that constructions are different from interpretations. Interpretations applies to what the analysis does to some single element such as a dream or parapraxis.⁶⁸ Constructions applies to the analysis laying before the patient the forgotten parts of his early history.⁶⁹ This construction is made up from material arrived at via free association; repetitions belonging to repressed material and the emotional connections brought to light by the transference.⁷⁰ Thus the construction is an explanation more extensive than an interpretation which seeks to construct the early childhood experiences of the patient in both its real and phantasy aspects. Freud notes that it is often the case that the doctor does not succeed in bringing the repressed material to the recollection of the patient. When this happens the truth construction achieves the same therapeutic result as would the bringing to consciousness the repressed memory. As Freud states “ quite often we do not succeed in bringing the patient to recollect what has been repressed. Instead of that if the analysis is carried out correctly, we produce in him an assured conviction of the truth of the construction which achieves the same therapeutic result as a recaptured memory.”⁷¹ Freud claims that if the construction is wrong then no ill effect comes to the patient. But on the other hand if the construction is correct then the patients symptoms are alleviated and his general condition improves.⁷²

⁶⁸ S. Freud, ‘Constructions in Analysis’, in *The Standard Edition of the Complete Works of Sigmund Freud, Vol. XXIII*, trans by J, Strachey, Hogarth Press, 1973, p.261.

⁶⁹ *ibid.*, p.261.

⁷⁰ *ibid.*, p.258.

⁷¹ *ibid.*, pp.255-256.

⁷² *Ibid.*, p.265.

Thus we see that there are at least four techniques in psychoanalysis: transference, free association, working through and construction. We saw how these techniques are linked in an interconnected way. Construction is linked to transference free association and working through. Free association is linked to transference and working through. In transference we saw that the patient reactivated up infantile patterns phantasies and imagos. These patterns etc interred into the patients doctor relationship by generating a distortion of the contemporary reality. Transference was seen to involve a mechanism of transference as well as a dynamic transference or transference neurosis. The transference was a resistance and a acting out of repetitions of the patients life albeit in an unconscious way. This resistance hindered the activity of free association whereby the patient spontaneously said what came into his head. The working through process is intended to work with this resistance first of all by giving the patient an intellectual understanding of it which then leads to an emotional understanding. The construction brings all this together in generating a history of the patients life based upon the material of free association, repetitions working through and the connections manifested in transference. We saw that transference led to two paradoxes. The first paradox being that The paradox of resistance is that it is transference both a form of repetition and thus a resistance to therapy and on the other hand it is a tool to be used to overcome resistance via helping the patient to remember what he is resisting to remember. The second paradox we saw was that transference can be dissolved by understanding but transference conditions the patients understanding therefore the dissolving of the transference is indefinitely held up

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