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Remembering, Repeating and Working-Through (Further Recommendations on the Technique of Psycho-Analysis II)

Author: **Sigmund Freud**

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Editor's Note

Erinnern, Wiederholen Und Durcharbeiten

James Strachey

(*a*) German Editions:

1914 *Int. Z. Psychoanal.*, 2 (6), 485-91.

1918 *S.K.S.N.*, 4, 441-52. (1922, 2nd ed.)

1924 *Technik und Metapsychol.*, 109-19.

1925 *G.S.*, 6, 109-19.

1931 *Neurosenlehre und Technik*, 385-96.

1946 *G.W.*, 10, 126-36. ↗

(*b*) English Translation:

'Further Recommendations in the Technique of Psycho-Analysis: Recollection, Repetition, and Working-Through' 1924 *C.P.*, 2, 366-76. (Tr. Joan Riviere.)

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

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At its original appearance (which was at the end of 1914) the title of this paper ran: ‘Weitere Ratschläge zur Technik der Psychoanalyse (II): Erinnern, Wiederholen und Durchar-beiten.’ The title of the English translation of 1924, quoted above, is a rendering of this. From 1924 onwards the German editions adopted the shorter title.

This paper is noteworthy, apart from its technical interest, for containing the first appearance of the concepts of the ‘compulsion to repeat’(p. **150**) and of ‘working-through’(p. **155**)

It seems to me not unnecessary to keep on reminding students of the far-reaching changes which psycho-analytic technique has undergone since its first beginnings. In its first phase—that of Breuer's catharsis—it consisted in bringing directly into focus the moment at which the symptom was formed, and in persistently endeavouring to reproduce the mental processes involved in that situation, in order to direct their discharge along the path of conscious activity. Remembering and abreacting, with the help of the hypnotic state, were what was at that time aimed at. Next, when hypnosis had been given up, the task became one of discovering from the patient's free associations what he failed to remember. The resistance was to be circumvented by the work of interpretation and by making its results known to the patient. The situations which had given rise to the formation of the symptom and the other situations which lay behind the moment at which the illness broke out retained their place as the focus of interest; but the element of abreaction receded into the background and seemed to be replaced by the expenditure of work which the patient had to make in being obliged to overcome his criticism of his free associations, in accordance with the fundamental rule of psycho-analysis. Finally, there was evolved the consistent technique used today, in which the analyst gives up the attempt to bring a particular moment or problem into focus. He contents himself with studying whatever is present for the time being on the surface of the patient's mind, and he employs the art of interpretation mainly for the purpose of recognizing the resistances which appear there, and making them conscious to the patient. From this there results a new sort of division of labour: the doctor uncovers the resistances which are unknown to the patient; when these have been got the better of, the patient often relates the forgotten situations and connections without any difficulty. The aim of these different techniques has, of course,

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remained the same. Descriptively speaking, it is to fill in gaps in memory; dynamically speaking, it is to overcome resistances due to repression.

We must still be grateful to the old hypnotic technique for having brought before us single psychical processes of analysis in an isolated or schematic form. Only this could have given us the courage ourselves to create more complicated situations in the analytic treatment and to keep them clear before us.

In these hypnotic treatments the process of remembering took a very simple form. The patient put himself back into an earlier situation, which he seemed never to confuse with the present one, and gave an account of the mental processes belonging to it, in so far as they had remained normal; he then added to this whatever was able to emerge as a result of transforming the processes that had at the time been unconscious into conscious ones.

At this point I will interpolate a few remarks which every analyst has found confirmed in his observations.[1] Forgetting impressions, scenes or experiences nearly always reduces itself to shutting them off. When the patient talks about these 'forgotten' things he seldom fails to add: 'As a matter of fact I've always known it; only I've never thought of it.' He often expresses disappointment at the fact that not enough things come into his head that he can call 'forgotten'—that he has never thought of since they happened. Nevertheless, even this desire is fulfilled, especially in the case of conversion hysterias. 'Forgetting' becomes still further restricted when we assess at their true value the screen memories which are so generally present. In some cases I have had an impression that the familiar childhood amnesia, which is theoretically so important to us, is completely counterbalanced by screen memories. Not only *some* but *all* of what is essential from childhood has been retained in these memories. It is simply a question of knowing how to extract it out of them by analysis. They represent the forgotten years of childhood as adequately as the manifest content of a dream represents the dream-thoughts.

The other group of psychical processes—phantasies, processes of reference, emotional impulses, thought-connections—

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1. [In the first edition only, this and the following three paragraphs (which make up the 'interpolation') were printed in smaller type.]

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which, as purely internal acts, can be contrasted with impressions and experiences, must, in their relation to forgetting and remembering, be considered separately. In these processes it particularly often happens that something is 'remembered' which could never have been 'forgotten' because it was never at any time noticed—was never conscious. As regards the course taken by psychical events it seems to make no difference whatever whether such a 'thought-connection' was conscious and then forgotten or whether it never managed to become conscious at all. The conviction which the patient obtains in the course of his analysis is quite independent of this kind of memory.

In the many different forms of obsessional neurosis in particular, forgetting is mostly restricted to dissolving thought-connections, failing to draw the right conclusions and isolating memories.

There is one special class of experiences of the utmost importance for which no memory can as a rule be recovered. These are experiences which occurred in very early childhood and were not understood at the time but which were *subsequently* understood and interpreted. One gains a knowledge of them through dreams and one is obliged to believe in them on the most compelling evidence provided by the fabric of the neurosis. Moreover, we can ascertain for ourselves that the patient, after his resistances have been overcome, no longer invokes the absence of any memory of them (any sense of familiarity with them) as a ground for refusing to accept them. This matter, however, calls for so much critical caution and introduces so much that is novel and startling that I shall reserve it for a separate discussion in connection with suitable material.[1]

Under the new technique very little, and often nothing, is left of this delightfully smooth course of events.[2] There are some

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1. [This is, of course, a reference to the 'Wolf Man' and his dream at the age of four. Freud had only recently completed his analysis, and he was probably engaged in writing the case history more or less simultaneously with the present paper, though it was only published some four years later **(1918b)**. Before that time, however, Freud entered into a discussion of this special class of childhood memories in the later part of Lecture XXIII of his *Introductory Lectures* **(1916-17)**.]

2. [Freud picks up his argument from where he left it at the beginning of the 'interpolation' on the previous page.]

cases which behave like those under the hypnotic technique up to a point and only later cease to do so; but others behave differently from the beginning. If we confine ourselves to this second type in order to bring out the difference, we may say that the patient does not *remember* anything

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of what he has forgotten and repressed, but *acts* it out.[1] He reproduces it not as a memory but as an action; he *repeats* it, without, of course, knowing that he is repeating it.

For instance, the patient does not say that he remembers that he used to be defiant and critical towards his parents' authority; instead, he behaves in that way to the doctor. He does not remember how he came to a helpless and hopeless deadlock in his infantile sexual researches; but he produces a mass of confused dreams and associations, complains that he cannot succeed in anything and asserts that he is fated never to carry through what he undertakes. He does not remember having been intensely ashamed of certain sexual activities and afraid of their being found out; but he makes it clear that he is ashamed of the treatment on which he is now embarked and tries to keep it secret from everybody. And so on.

Above all, the patient will *begin* his treatment with a repetition of this kind. When one has announced the fundamental rule of psycho-analysis to a patient with an eventful life-history and a long story of illness and has then asked him to say what occurs to his mind, one expects him to pour out a flood of information; but often the first thing that happens is that he has nothing to say. He is silent and declares that nothing occurs to him. This, of course, is merely a repetition of a homosexual attitude which comes to the fore as a resistance against remembering anything [p. **138**]. As long as the patient is in the treatment he cannot escape from this compulsion to repeat;[2] and in the end we understand that this is his way of remembering.

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1. [This had been made plain by Freud very much earlier, in his postscript to his analysis of 'Dora'**(1905e)**, *Standard Ed.*, **7**, **119**, where the topic of transference is under discussion.]

2. [This seems to be the first appearance of the idea, which, in a much more generalized form, was to play such an important part in Freud's later theory of the instincts. In its present clinical application, it reappears in the paper on 'The Uncanny' **(1919h)**, *Standard Ed.*, **17**, **238**, and is used as part of the evidence in support of the general thesis in Chapter III of *Beyond the Pleasure Principle* **(1920g)**, *Standard Ed.*, **18**, **18** ff., where there is a reference back to the present paper.]

What interests us most of all is naturally the relation of this compulsion to repeat to the transference and to resistance. We soon perceive that the transference is itself only a piece of repetition, and that the repetition is a transference of the forgotten past not only on to the doctor but also on to all the other aspects of the current situation. We must be prepared to find, therefore, that the patient yields to the compulsion to repeat, which now replaces the impulsion to remember, not only in his personal attitude to his doctor but also in every other activity and

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relationship which may occupy his life at the time—if, for instance, he falls in love or undertakes a task or starts an enterprise during the treatment. The part played by resistance, too, is easily recognized. The greater the resistance, the more extensively will acting out (repetition) replace remembering. For the ideal remembering of what has been forgotten which occurs in hypnosis corresponds to a state in which resistance has been put completely on one side. If the patient starts his treatment under the auspices of a mild and unpronounced positive transference it makes it possible at first for him to unearth his memories just as he would under hypnosis, and during this time his pathological symptoms themselves are quiescent. But if, as the analysis proceeds, the transference becomes hostile or unduly intense and therefore in need of repression, remembering at once gives way to acting out. From then onwards the resistances determine the sequence of the material which is to be repeated. The patient brings out of the armoury of the past the weapons with which he defends himself against the progress of the treatment— weapons which we must wrest from him one by one.

We have learnt that the patient repeats instead of remembering, and repeats under the conditions of resistance. We may now ask what it is that he in fact repeats or acts out. The answer is that he repeats everything that has already made its way from the sources of the repressed into his manifest personality—his inhibitions and unserviceable attitudes and his pathological character-traits. He also repeats all his symptoms in the course of the treatment. And now we can see that in drawing attention to the compulsion to repeat we have acquired no new fact but only a more comprehensive view. We have only made it clear to ourselves that the patient's state of being ill cannot cease with the beginning of his analysis, and that we must treat his illness, not as an event of the past, but as a present-day force. This state

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of illness is brought, piece by piece, within the field and range of operation of the treatment, and while the patient experiences it as something real and contemporary, we have to do our therapeutic work on it, which consists in a large measure in tracing it back to the past.

Remembering, as it was induced in hypnosis, could not but give the impression of an experiment carried out in the laboratory. Repeating, as it is induced in analytic treatment according to the newer technique, on the other hand, implies conjuring up a piece of real life; and for that reason it

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cannot always be harmless and unobjectionable. This consideration opens up the whole problem of what is so often unavoidable—'deterioration during treatment'.

First and foremost, the initiation of the treatment in itself brings about a change in the patient's conscious attitude to his illness. He has usually been content with lamenting it, despising it as nonsensical and under-estimating its importance; for the rest, he has extended to its manifestations the ostrich-like policy of repression which he adopted towards its origins. Thus it can happen that he does not properly know under what conditions his phobia breaks out or does not listen to the precise wording of his obsessional ideas or does not grasp the actual purpose of his obsessional impulse.[1] The treatment, of course, is not helped by this. He must find the courage to direct his attention to the phenomena of his illness. His illness itself must no longer seem to him contemptible, but must become an enemy worthy of his mettle, a piece of his personality, which has solid ground for its existence and out of which things of value for his future life have to be derived. The way is thus paved from the beginning for a reconciliation with the repressed material which is coming to expression in his symptoms, while at the same time place is found for a certain tolerance for the state of being ill. If this new attitude towards the illness intensifies the conflicts and brings to the fore symptoms which till then had been indistinct, one can easily console the patient by pointing out that these are only necessary and temporary aggravations and that one cannot overcome an enemy who is absent or not within range. The resistance, however, may exploit the situation for its own ends and abuse the licence to be ill. It seems to say: 'See what happens

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1. [See examples of this in the case histories of 'Little Hans' **(1909b)**, *Standard Ed.*, **10**, **124**, and of the 'Rat Man' **(1909d)**, *Standard Ed.*, **223**.]

if I really give way to such things. Was I not right to consign them to repression?' Young and childish people in particular are inclined to make the necessity imposed by the treatment for paying attention to their illness a welcome excuse for luxuriating in their symptoms.

Further dangers arise from the fact that in the course of the treatment new and deeper-lying instinctual impulses, which had not hitherto made themselves felt, may come to be 'repeated'. Finally, it is possible that the patient's actions outside the transference may do him temporary

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harm in his ordinary life, or even have been so chosen as permanently to invalidate his prospects of recovery.

The tactics to be adopted by the physician in this situation are easily justified. For him, remembering in the old manner— reproduction in the psychical field—is the aim to which he adheres, even though he knows that such an aim cannot be achieved in the new technique. He is prepared for a perpetual struggle with his patient to keep in the psychical sphere all the impulses which the patient would like to direct into the motor sphere; and he celebrates it as a triumph for the treatment if he can bring it about that something that the patient wishes to discharge in action is disposed of through the work of remembering. If the attachment through transference has grown into something at all serviceable, the treatment is able to prevent the patient from executing any of the more important repetitive actions and to utilize his intention to do so *in statu nascendi* as material for the therapeutic work. One best protects the patient from injuries brought about through carrying out one of his impulses by making him promise not to take any important decisions affecting his life during the time of his treatment—for instance, not to choose any profession or definitive love-object —but to postpone all such plans until after his recovery.

At the same time one willingly leaves untouched as much of the patient's personal freedom as is compatible with these restrictions, nor does one hinder him from carrying out unimportant intentions, even if they are foolish; one does not forget that it is in fact only through his own experience and mishaps that a person learns sense. There are also people whom one cannot restrain from plunging into some quite undesirable project during the treatment and who only afterwards become ready for, and accessible to, analysis. Occasionally, too, it is bound to

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happen that the untamed instincts assert themselves before there is time to put the reins of the transference on them, or that the bonds which attach the patient to the treatment are broken by him in a repetitive action. As an extreme example of this, I may cite the case of an elderly lady who had repeatedly fled from her house and her husband in a twilight state and gone no one knew where, without ever having become conscious of her motive for decamping in this way. She came to treatment with a marked affectionate transference which grew in intensity with

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uncanny rapidity in the first few days; by the end of the week she had decamped from me, too, before I had had time to say anything to her which might have prevented this repetition.

The main instrument, however, for curbing the patient's compulsion to repeat and for turning it into a motive for remembering lies in the handling of the transference. We render the compulsion harmless, and indeed useful, by giving it the right to assert itself in a definite field. We admit it into the transference as a playground in which it is allowed to expand in almost complete freedom and in which it is expected to display to us everything in the way of pathogenic instincts that is hidden in the patient's mind. Provided only that the patient shows compliance enough to respect the necessary conditions of the analysis, we regularly succeed in giving all the symptoms of the illness a new transference meaning[1] and in replacing his ordinary neurosis by a 'transference-neurosis'[2] of which he can be cured by the therapeutic work. The transference thus creates an intermediate region between illness and real life through which the transition from the one to the other is made. The new condition has taken over all the features of the illness; but it represents an artificial illness which is at every point accessible to our intervention. It is a piece of real experience, but one which has been made possible by especially favourable conditions, and it is of a provisional nature. From the repetitive reactions[3] which are exhibited in the transference we are led along the familiar paths to the

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1. ['*Übertragungsbedeutung*.' In the editions before 1924 this read '*Übertragungsbedingung*' ('transference-determinant').]
2. [The connection between this special use of the term and the usual one (to denote the hysterias and obsessional neurosis) is indicated in Lecture XXVII of the *Introductory Lectures* **(1916-17)**.]
3. [In the first edition only, this read 'repetitive actions'.]

awakening of the memories, which appear without difficulty, as it were, after the resistance has been overcome.

I might break off at this point but for the title of this paper, which obliges me to discuss a further point in analytic technique. The first step in overcoming the resistances is made, as we know, by the analyst's uncovering the resistance, which is never recognized by the patient, and acquainting him with it. Now it seems that beginners in analytic practice are inclined to look on this introductory step as constituting the whole of their work. I have often been asked to advise upon cases in which the doctor complained that he had pointed out his resistance to the patient

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and that nevertheless no change had set in; indeed, the resistance had become all the stronger, and the whole situation was more obscure than ever. The treatment seemed to make no headway. This gloomy foreboding always proved mistaken. The treatment was as a rule progressing most satisfactorily. The analyst had merely forgotten that giving the resistance a name could not result in its immediate cessation. One must allow the patient time to become more conversant with this resistance with which he has now become acquainted,[1] to *work through* it, to overcome it, by continuing, in defiance of it, the analytic work according to the fundamental rule of analysis. Only when the resistance is at its height can the analyst, working in common with his patient, discover the repressed instinctual impulses which are feeding the resistance; and it is this kind of experience which convinces the patient of the existence and power of such impulses. The doctor has nothing else to do than to wait and let things take their course, a course which cannot be avoided nor always hastened. If he holds fast to this conviction he will often be spared the illusion of having failed when in fact he is conducting the treatment on the right lines.

This working-through of the resistances may in practice turn out to be an arduous task for the subject of the analysis and a trial of patience for the analyst. Nevertheless it is a part of the work which effects the greatest changes in the patient and which distinguishes analytic treatment from any kind of treatment by

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1. ['… sich in den ihm nun bekannten Widerstand zu vertiefen.' Thus in the first edition only. In all the later German editions 'nun bekannten' was altered to 'unbekannten'. This, however, seems to make less good sense: 'to become more conversant with the resistance that is unknown to him.']

suggestion. From a theoretical point of view one may correlate it with the 'abreacting' of the quotas of affect strangulated by repression—an abreaction without which hypnotic treatment remained ineffective.[1]

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1. [The concept of 'working-through', introduced in the present paper, is evidently related to the 'psychical inertia' which Freud discusses in several passages. Some of these are enumerated in an Editor's footnote to a paper on a case of paranoia **(1915f)**, *Standard Ed.*, **14**, **272**. In Chapter XI, Section A (*a*) of *Inhibitions, Symptoms and Anxiety* **(1926d)**, Freud attributes the necessity for 'working-through' to the resistance of the unconscious (or of the id), a subject to which he returns in Section VI of 'Analysis Terminable and Interminable' **(1937c)**.]

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