

giving an account of the collection of facts which had been observed. I take no pride in having avoided speculation; the material for my hypotheses was collected by the most extensive and laborious series of observations. The decidedness of my attitude on the subject of the unconscious is perhaps specially likely to cause offence, for I handle unconscious ideas, unconscious trains of thought, and unconscious impulses as though they were no less valid and unimpeachable psychological data than conscious ones. But of this I am certain—that any one who sets out to investigate the same region of phenomena and employs the same method will find himself compelled to take up the same position, however much philosophers may expostulate.

Some of my medical colleagues have looked upon my theory of hysteria as a purely psychological one, and have for that reason pronounced it *ipso facto* incapable of solving a pathological problem. They may perhaps discover from this paper that their objection was based upon their having unjustifiably transferred what is a characteristic of the technique on to the theory itself. It is the therapeutic technique alone that is purely psychological; the theory does not by any means fail to point out that neuroses have an organic basis—though it is true that it does not look for that basis in any pathological anatomical changes, and provisionally substitutes the conception of organic functions for the chemical changes which we should expect to find but which we are at present unable to apprehend. No one, probably, will be inclined to deny the sexual function the character of an organic factor, and it is the sexual function that I look upon as the foundation of hysteria and of the psychoneuroses in general. No theory of sexual life will, I suspect, be able to avoid assuming the existence of some definite sexual substances having an excitant action. Indeed, of all the clinical pictures which we meet with in clinical medicine, it is the phenomena of intoxication and abstinence in connection with the use of certain chronic poisons that most closely resemble the genuine psychoneuroses.<sup>1</sup>

But, once again, in the present paper I have not gone fully into all that might be said to-day about 'somatic compliance', about the infantile germs of perversion, about the erotogenic

<sup>1</sup> [Cf. the third of Freud's *Three Essays* (1905d), this volume p. 216, and his second paper on sexuality and the aetiology of the neuroses (1906a), this volume p. 279.]

zones, and about our predisposition towards bisexuality; I have merely drawn attention to the points at which the analysis comes into contact with these organic bases of the symptoms. More than this could not be done with a single case. And I had the same reasons that I have already mentioned for wishing to avoid a cursory discussion of these factors. There is a rich opportunity here for further works, based upon the study of a large number of analyses.

Nevertheless, in publishing this paper, incomplete though it is, I had two objects in view. In the first place, I wished to supplement my book on the interpretation of dreams by showing how an art, which would otherwise be useless, can be turned to account for the discovery of the hidden and repressed parts of mental life. (Incidentally, in the process of analysing the two dreams dealt with in the paper, the technique of dream-interpretation, which is similar to that of psycho-analysis, has come under consideration.) In the second place, I wished to stimulate interest in a whole group of phenomena of which science is still in complete ignorance to-day because they can only be brought to light by the use of this particular method. No one, I believe, can have had any true conception of the complexity of the psychological events in a case of hysteria—the juxtaposition of the most dissimilar tendencies, the mutual dependence of contrary ideas, the repressions and displacements, and so on. The emphasis laid by Janet upon the '*idée fixe*' which becomes transformed into a symptom amounts to no more than an extremely meagre attempt at schematization.<sup>1</sup> Moreover, it is impossible to avoid the suspicion that, when the ideas attaching to certain excitations are incapable of becoming conscious, those excitations must act upon one another differently, run a different course, and manifest themselves differently from those other excitations which we describe as 'normal' and which have ideas attaching to them of which we become conscious. When once things have been made clear up to this point, no obstacle can remain in the way of an understanding of a therapeutic method which removes neurotic symptoms by transforming ideas of the former kind into normal ones.

I was further anxious to show that sexuality does not simply intervene, like a *deus ex machina*, on one single occasion, at some point in the working of the processes which characterize hysteria,

<sup>1</sup> [See, for instance, Chapter II ('*Les idées fixes*') of Janet, 1894.]

but that it provides the motive power for every single symptom, and for every single manifestation of a symptom. The symptoms of the disease are nothing else than *the patient's sexual activity*. A single case can never be capable of proving a theorem so general as this one; but I can only repeat over and over again—for I never find it otherwise—that sexuality is the key to the problem of the psychoneuroses and of the neuroses in general. No one who disdains the key will ever be able to unlock the door. I still await news of the investigations which are to make it possible to contradict this theorem or to limit its scope. What I have hitherto heard against it have been expressions of personal dislike or disbelief. To these it is enough to reply in the words of Charcot: 'Ça n'empêche pas d'exister.'<sup>1</sup>

Nor is the case of whose history and treatment I have published a fragment in these pages well calculated to put the value of psycho-analytic therapy in its true light. Not only the briefness of the treatment (which hardly lasted three months) but another factor inherent in the nature of the case prevented results being brought about such as are attainable in other instances, where the improvement will be admitted by the patient and his relatives and will approximate more or less closely to a complete recovery. Satisfactory results of this kind are reached when the symptoms are maintained solely by the internal conflict between the impulses concerned with sexuality. In such cases the patient's condition will be seen improving in proportion as he is helped towards a solution of his mental problems by the translation of pathogenic into normal material. The course of events is very different when the symptoms have become enlisted in the service of external motives, as had happened with Dora during the two preceding years. It is surprising, and might easily be misleading, to find that the patient's condition shows no noticeable alteration even though considerable progress has been made with the work of analysis. But in reality things are not as bad as they seem. It is true that the symptoms do not disappear while the work is proceeding; but they disappear a little while later, when the relations between patient and physician have been dissolved. The postponement of recovery or improvement is really only caused by the physician's own person.

<sup>1</sup> [One of Freud's favourite quotations; see his obituary of Charcot (1893f).]

I must go back a little, in order to make the matter intelligible. It may be safely said that during psycho-analytic treatment the formation of new symptoms is invariably stopped. But the productive powers of the neurosis are by no means extinguished; they are occupied in the creation of a special class of mental structures, for the most part unconscious, to which the name of '*transferences*' may be given.

What are transferences? They are new editions or facsimiles of the impulses and phantasies which are aroused and made conscious during the progress of the analysis; but they have this peculiarity, which is characteristic for their species, that they replace some earlier person by the person of the physician. To put it another way: a whole series of psychological experiences are revived, not as belonging to the past, but as applying to the person of the physician at the present moment. Some of these transferences have a content which differs from that of their model in no respect whatever except for the substitution. These then—to keep to the same metaphor—are merely new impressions or reprints. Others are more ingeniously constructed; their content has been subjected to a moderating influence—to *sublimation*, as I call it—and they may even become conscious, by cleverly taking advantage of some real peculiarity in the physician's person or circumstances and attaching themselves to that. These, then, will no longer be new impressions, but revised editions.

If the theory of analytic technique is gone into, it becomes evident that transference is an inevitable necessity. Practical experience, at all events, shows conclusively that there is no means of avoiding it, and that this latest creation of the disease must be combated like all the earlier ones. This happens, however, to be by far the hardest part of the whole task. It is easy to learn how to interpret dreams, to extract from the patient's associations his unconscious thoughts and memories, and to practise similar explanatory arts: for these the patient himself will always provide the text. Transference is the one thing the presence of which has to be detected almost without assistance and with only the slightest clues to go upon, while at the same time the risk of making arbitrary inferences has to be avoided. Nevertheless, transference cannot be evaded, since use is made of it in setting up all the obstacles that make the material inaccessible to treatment, and since it is only after the transference

has been resolved that a patient arrives at a sense of conviction of the validity of the connections which have been constructed during the analysis.

Some people may feel inclined to look upon it as a serious objection to a method which is in any case troublesome enough that it itself should multiply the labours of the physician by creating a new species of pathological mental products. They may even be tempted to infer from the existence of transferences that the patient will be injured by analytic treatment. Both these suppositions would be mistaken. The physician's labours are not multiplied by transference; it need make no difference to him whether he has to overcome any particular impulse of the patient's in connection with himself or with some one else. Nor does the treatment force upon the patient, in the shape of transference, any new task which he would not otherwise have performed. It is true that neuroses may be cured in institutions from which psycho-analytic treatment is excluded, that hysteria may be said to be cured not by the method but by the physician, and that there is usually a sort of blind dependence and a permanent bond between a patient and the physician who has removed his symptoms by hypnotic suggestion; but the scientific explanation of all these facts is to be found in the existence of 'transferences' such as are regularly directed by patients on to their physicians. Psycho-analytic treatment does not *create* transferences, it merely brings them to light, like so many other hidden psychical factors. The only difference is this—that spontaneously a patient will only call up affectionate and friendly transferences to help towards his recovery; if they cannot be called up, he feels the physician is 'antipathetic' to him, and breaks away from him as fast as possible and without having been influenced by him. In psycho-analysis, on the other hand, since the play of motives is different, all the patient's tendencies, including hostile ones, are aroused; they are then turned to account for the purposes of the analysis by being made conscious, and in this way the transference is constantly being destroyed. Transference, which seems ordained to be the greatest obstacle to psycho-analysis, becomes its most powerful ally, if its presence can be detected each time and explained to the patient.<sup>1</sup>

<sup>1</sup> [Footnote added 1923:] A continuation of these remarks upon transference is contained in my technical paper on 'transference-love' (Freud,

I have been obliged to speak of transference, for it is only by means of this factor that I can elucidate the peculiarities of Dora's analysis. Its great merit, namely, the unusual clarity which makes it seem so suitable as a first introductory publication, is closely bound up with its great defect, which led to its being broken off prematurely. I did not succeed in mastering the transference in good time. Owing to the readiness with which Dora put one part of the pathogenic material at my disposal during the treatment, I neglected the precaution of looking out for the first signs of transference, which was being prepared in connection with another part of the same material—a part of which I was in ignorance. At the beginning it was clear that I was replacing her father in her imagination, which was not unlikely, in view of the difference between our ages. She was even constantly comparing me with him consciously, and kept anxiously trying to make sure whether I was being quite straightforward with her, for her father 'always preferred secrecy and roundabout ways'. But when the first dream came, in which she gave herself the warning that she had better leave my treatment just as she had formerly left Herr K.'s house, I ought to have listened to the warning myself. 'Now,' I ought to have said to her, 'it is from Herr K. that you have made a transference on to me. Have you noticed anything that leads you to suspect me of evil intentions similar (whether openly or in some sublimated form) to Herr K.'s? Or have you been struck by anything about me or got to know anything about me which has caught your fancy, as happened previously with Herr K.?' Her attention would then have been turned to some detail in our relations, or in my person or circumstances, behind which there lay concealed something analogous but immeasurably more important concerning Herr K. And when this transference had been cleared up, the analysis would have obtained

1915a) [and in the earlier and more theoretical paper on 'The Dynamics of Transference' (1912b)].—Freud had already discussed transference at some length in the last section but one of his chapter on 'The Psychotherapy of Hysteria' in *Studies on Hysteria* (Breuer and Freud, 1895). But the present passage is the first one in which he indicates the importance of transference as a factor in the therapeutic process of psycho-analysis. The term 'transference' ('*Übertragung*'), which made its first appearance in *Studies on Hysteria*, was used in a slightly different and more generalized sense in some passages in *The Interpretation of Dreams*, 1900a (e.g. in Section C of Chapter VII, Standard Ed., 5, 562 ff.)).

access to new memories, dealing, probably, with actual events. But I was deaf to this first note of warning, thinking I had ample time before me, since no further stages of transference developed and the material for the analysis had not yet run dry. In this way the transference took me unawares, and, because of the unknown quantity in me which reminded Dora of Herr K., she took her revenge on me as she wanted to take her revenge on him, and deserted me as she believed herself to have been deceived and deserted by him. Thus she *acted out* an essential part of her recollections and phantasies instead of reproducing it in the treatment.<sup>1</sup> What this unknown quantity was I naturally cannot tell. I suspect that it had to do with money, or with jealousy of another patient who had kept up relations with my family after her recovery. When it is possible to work transferences into the analysis at an early stage, the course of the analysis is retarded and obscured, but its existence is better guaranteed against sudden and overwhelming resistances.

In Dora's second dream there are several clear allusions to transference. At the time she was telling me the dream I was still unaware (and did not learn until two days later) that we had only *two hours* more work before us. This was the same length of time which she had spent in front of the Sistine Madonna [p. 96], and which (by making a correction and putting 'two hours' instead of 'two and a half hours') she had taken as the length of the walk which she had not<sup>2</sup> made round the lake [p. 99]. The striving and waiting in the dream, which related to the young man in Germany, and had their origin in her waiting till Herr K. could marry her, had been expressed in the transference a few days before. The treatment, she had thought, was too long for her; she would never have the patience to wait so long. And yet in the first few weeks she had had discernment enough to listen without making any such objections when I informed her that her complete recovery would require perhaps a year. Her refusing in the dream to be accompanied, and preferring to go alone, also originated from her visit to the gallery at Dresden, and I was myself to experience them on the appointed day. What they meant was, no

<sup>1</sup> [This important topic was later discussed in another of Freud's technical papers (1914g).]

<sup>2</sup> [In the German editions from 1909 to 1921 this 'not' was accidentally omitted.]

boubt: 'Men are all so detestable that I would rather not marry. This is my revenge.'<sup>1</sup>

If cruel impulses and revengeful motives, which have already been used in the patient's ordinary life for maintaining her symptoms, become transferred on to the physician during treatment, before he has had time to detach them from himself by tracing them back to their sources, then it is not to be wondered at if the patient's condition is unaffected by his therapeutic efforts. For how could the patient take a more effective revenge than by demonstrating upon her own person the helplessness and incapacity of the physician? Nevertheless, I am not inclined to put too low a value on the therapeutic results even of such a fragmentary treatment as Dora's.

It was not until fifteen months after the case was over and this paper composed that I had news of my patient's condition and the effects of my treatment. On a date which is not a matter of complete indifference, on the first of April (times and dates, as we know, were never without significance for her), Dora came to see me again: to finish her story and to ask for help once more. One glance at her face, however, was enough to tell

<sup>1</sup> The longer the interval of time that separates me from the end of this analysis, the more probable it seems to me that the fault in my technique lay in this omission: I failed to discover in time and to inform the patient that her homosexual (gynaecophilic) love for Frau K. was the strongest unconscious current in her mental life. I ought to have guessed that the main source of her knowledge of sexual matters could have been no one but Frau K.—the very person who later on charged her with being interested in those same subjects. Her knowing all about such things and, at the same time, her always pretending not to know where her knowledge came from was really too remarkable. [Cf. p. 31.] I ought to have attacked this riddle and looked for the motive of such an extraordinary piece of repression. If I had done this, the second dream would have given me my answer. The remorseless craving for revenge expressed in that dream was suited as nothing else was to conceal the current of feeling that ran contrary to it—the magnanimity with which she forgave the treachery of the friend she loved and concealed from every one the fact that it was this friend who had herself revealed to her the knowledge which had later been the ground of the accusations against her. Before I had learnt the importance of the homosexual current of feeling in psychoneurotics, I was often brought to a standstill in the treatment of my cases or found myself in complete perplexity.

me that she was not in earnest over her request. For four or five weeks after stopping the treatment she had been 'all in a muddle', as she said. A great improvement had then set in; her attacks had become less frequent and her spirits had risen. In the May of that year one of the K.'s two children (it had always been delicate) had died. She took the opportunity of their loss to pay them a visit of condolence, and they received her as though nothing had happened in the last three years. She made it up with them, she took her revenge on them, and she brought her own business to a satisfactory conclusion. To the wife she said: 'I know you have an affair with my father'; and the other did not deny it. From the husband she drew an admission of the scene by the lake which he had disputed, and brought the news of her vindication home to her father. Since then she had not resumed her relations with the family.

After this she had gone on quite well till the middle of October, when she had had another attack of aphonia which had lasted for six weeks. I was surprised at this news, and, on my asking her whether there had been any exciting cause, she told me that the attack had followed upon a violent fright. She had seen some one run over by a carriage. Finally she came out with the fact that the accident had occurred to no less a person than Herr K. himself. She had come across him in the street one day; they had met in a place where there was a great deal of traffic; he had stopped in front of her as though in bewilderment, and in his abstraction he had allowed himself to be knocked down by a carriage.<sup>1</sup> She had been able to convince herself, however, that he escaped without serious injury. She still felt some slight emotion if she heard any one speak of her father's affair with Frau K., but otherwise she had no further concern with the matter. She was absorbed in her work, and had no thoughts of marrying.

She went on to tell me that she had come for help on account of a right-sided facial neuralgia, from which she was now suffering day and night. 'How long has it been going on?' 'Exactly a fortnight.'<sup>2</sup> I could not help smiling; for I was able to show her

<sup>1</sup> We have here an interesting contribution to the problem of indirect attempts at suicide, which I have discussed in my *Psychopathology of Everyday Life* [1901b, Chapter VIII].

<sup>2</sup> For the significance of this period of time and its relation to the theme of revenge, see the analysis of the second dream [p. 105 ff.].

that exactly a fortnight earlier she had read a piece of news that concerned me in the newspaper. (This was in 1902.)<sup>1</sup> And this she confirmed.

Her alleged facial neuralgia was thus a self-punishment—remorse at having once given Herr K. a box on the ear, and at having transferred her feelings of revenge on to me. I do not know what kind of help she wanted from me, but I promised to forgive her for having deprived me of the satisfaction of affording her a far more radical cure for her troubles.

Years have again gone by since her visit. In the meantime the girl has married, and indeed—unless all the signs mislead me—she has married the young man who came into her associations at the beginning of the analysis of the second dream.<sup>2</sup> Just as the first dream represented her turning away from the man she loved to her father—that is to say, her flight from life into disease—so the second dream announced that she was about to tear herself free from her father and had been reclaimed once more by the realities of life.

<sup>1</sup> [No doubt the news was of Freud's appointment to a Professorship in March of that year.]

<sup>2</sup> [P. 96.—In the editions of 1909, 1912 and 1921 the following footnote appeared at this point: "This, as I afterwards learnt, was a mistaken notion."]