PSYCHOANALYSIS OF PSYCHOSES

II. TRANSFERENCE*

BY PAUL FEDERN, M. D.

Neuroses can be psychoanalyzed successfully in spite of unfavorable external conditions. The neurotic learns through psychoanalysis to become master of his fate, within the limits of individual human power. In the psychotic, lasting success depends much more on favorable external circumstances, as was demonstrated in the discussion of "Errors and How to Avoid Them."

Under such favorable external circumstances, psychoanalysis of psychotics can be undertaken and will cure or improve the patient's illness. It is bound to prove unsatisfactory, though, when the rules prescribed by Freud for transference neuroses are stubbornly applied to narcissistic psychoses.

To use a familiar simile: When one is dealing with neurotics, inhibitory dams and sluices can be opened as there is no danger of real inundation because the water level is low. The same method in psychoses means the opening of dams and sluices during inundation. Only in exceptional cases is that the right method, though a risky one; in most cases, it increases destruction.

The method sponsored here is not mere psychotherapy with psychoanalytical knowledge. It is true psychoanalysis, i.e., the acceptance of Freud's own definition of his method: the application of the economical, topical and dynamic viewpoints while using free association and coping with transference and resistance. The economical, topical and dynamic conceptions remain the same; the difference lies in resistance and transference. In psychoses, normal resistances are broken down and have to be reestablished by psychoanalysis; transferences have to be managed differently. Free association as the means of bringing out unconscious material is seldom needed, because too much of the unconscious has been brought out by the psychosis. To say it in antithesis: In neuroses, we want to lift repression, in psychoses to create re-repression.

This discussion will be opened with the topic of transference. This was the stumbling block for psychoanalysts in regard to psychoses. Freud himself said to the writer a few years ago, "Psychotics are a nuisance to psychoanalysis." His arguments in brief are that there is no transference and no healthy ego. Transference is needed to shift object attachments from the unconscious to the psychoanalyst. By becoming transferred, the neurosis enters into reality. Lack of transference in neurotics was unknown to Freud so that he suspected an underlying psychosis when such a lack was noted. This opinion has proved to be wrong in some cases. Not every narcissism is bound to be psychotic. Freud himself detected later that the narcissistic type of libido distribution affords a foundation for aggression and independence and this type may refuse any transference through extraordinary pride and spite. Some analysts are apt, much more than Freud, to provoke this kind of resistance. W. Reich has called it "narcissistic armor" which has to be broken down before positive transference can be established. Campbell is right in saying that psychiatrists see patients deformed by their treatments.

Analysts, however, were wrong in concluding that the psychotic forms no transference. He is eager to make transferences with the healthy and the disordered parts of the ego; these parts can either have the same object or different ones. This transference can be easily lost after having been provoked, or it can last through life. The transference of the psychotic part of the personality is sometimes dangerous and can lead to aggression and slaughter, as well as to deification of the object, and both aggression and deification can put an end to any contact because of deeply-rooted fears. Transference, except in mild borderline cases, cannot be used as a reliable catalytic in the elucidation by psychoanalysis. Every new stage of development can destroy established transference. The psychotic does not sufficiently separate psychoanalysis from life until his ego-structure is almost restored.

This is the reason why it is preferable not to have the patient lie on the psychoanalytic couch. When the neurotic rises from the couch, he returns to his normal behavior and to his conscious relationship to the analyst. Not so the psychotic. He does not fully cope with the half-reality of transference and thereby confuses it