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The Enigma of Honesty: The Fundamental Rule of Psychoanalysis¹

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The Fundamental Rule of Psychoanalysis

Psychoanalysis is both a collection of ideas and a method based upon those ideas whose goal is the right way to live. Hence, psychoanalysis is an “ethic” in the sense that it concerns the manner by which individuals conduct themselves. Derived from the Greek *ethike tekhnē*, meaning “the moral art,” *ethike* is in turn derived from the Greek *ethos*, meaning “character.” Both the character of a person who aspires to behave ethically and the customs of a people by which one's standards are measured derive from the concept. Morality, a subsidiary of ethics, pertains to distinctions between right and wrong and good and bad, whereas ethics, according to the Greeks, concerns the pursuit of happiness, the nature of which produces a state of equanimity by obtaining freedom from mental anguish.

If psychoanalysis is an ethic whose goal is liberation from psychic conflict, then the nature of that conflict must have something to do with the way one lives, thinks, and behaves. While the character of an individual is no doubt decisive in the outcome of a patient's treatment, the psychoanalytic experience essentially revolves around a kind of work that is performed and accomplished, the outcome of which succeeds or fails. Yet the conventional standard of “success” could never serve as the measure of the treatment outcome since the task of the analytic experience is to come to terms with those failures, losses, and disappointments that we have never managed to accept. By analyzing the customs of a given patient — the manner by which

that person lives — that patient is in a better position to change what needs to be changed and discover a better life.

If psychoanalysis is an ethic then what kind of ethic does it foster? What are the rules by which it is administered and what is the basis of its method? In *Freud: The Mind of the Moralist*, Philip Rieff (1959) argued that the basis of Freud's conception of psychoanalysis rested on what he characterized as an “ethic of honesty.” According to Rieff, “Psychoanalysis ... demands a special capacity for candour which not only distinguishes it as a healing movement but also connects it with the drive toward disenchantment characteristic of modern literature and of life among the intellectuals” (p. 315).

Freud's prescription for society's overzealous efforts at controlling our irrepressible impulses was the treatment method he conceived, psychoanalysis. It served to give the neurotic a second chance for a more satisfying existence by replacing secretive repressions with a more honest effort at coping with life's inevitable disappointments. As Rieff points out,

“We first meet the ethic of honesty in characteristic Freudian guise — as merely a therapeutic rule: ... the patient must promise ‘absolute honesty’”
(p. 315).

For the purposes of my thesis I shall define “neurotic” as an individual who is incapable of honesty, in the sense that Freud understood this term. Moreover, the kind of honesty I employ is not identical with the conventional meaning of the term. Etymologically, the term, “honest,” derives from the Latin *honestus*, meaning “an honourable person” — in other words, a person of good moral character. This sense of the term is in contrast to the conventional definition which reduces honesty to a person who neither lies, cheats, nor steals. As I will show, the way Freud employs the term is consistent with the etymological use of the term which characterizes the honest person as one who is sincere, truthful, and candid. Hence, Freud viewed the honest individual as one who has nothing to hide, a person who is true to his or her word. In this paper I shall undertake to explore what candour entails in light of the role that honesty plays in the psychoanalytic situation. If we allow that the capacity for candour to which Rieff refers is the basis for Freud's analytic technique, it remains to be seen what the fundamental rule of analysis is comprised of. Moreover, what, in turn, is the

fundamental rule's relationship to free association? Are they, as most analysts assume, one and the same, or does a relation exist between them which serves to distinguish one from the other, comprising separate though related concepts? I shall argue that a distinction should be made between the two terms, a distinction that is vital to the ethic of honesty that Rieff situated at the heart of Freud's technique. By employing this tack, I hope to show that Freud conceived the therapeutic aspects of psychoanalysis as an "ethic," and that free association is not only a "process" in which the patient is engaged, but an activity that, in order to *breathe*, is necessarily *experienced*, as a facet of the here-and-now relationship with the analyst.

I shall begin by asking: what is free association, and how should one distinguish it from the fundamental rule? First, the fundamental rule is a contract that analytic patients are asked to enter into in the early stages of analysis. Freud called it a pledge, or a promise. In effect, when patients agree to free associate they *promise* to do so. On the other hand, the act of free associating isn't a pledge but a spontaneous form of conversation in which patients are invited to participate throughout the course of the treatment. In fact, free association does not refer to *associations*, as such. For example, the word association test by which one is asked to respond to a word with the first thing that comes to mind wasn't what Freud intended by this term. The English, "free association", was Strachey's mistranslation of the German *freier Einfall*, which combines the words "free" and "irruption." In the original German it simply denotes a thought that spontaneously comes to mind as it "falls" or erupts into consciousness. The term, "association," conveys an entirely different connotation that, when used in this context, lends to the mistaken assumption that patients are asked to connect an idea with the first thing that comes to mind.

To free associate in the manner that Freud intended is simply an admonition to be candid during the therapy session. It entails nothing more complicated than the willingness to speak spontaneously and unreservedly, as one sometimes does when not the least self-conscious about what is being disclosed to another person. Obviously, Freud's conception of free association doesn't make much sense unless one appreciates the degree to which we ordinarily conceal most of what spontaneously comes to mind in the course of conversation. Seen from this angle, the fundamental rule — wherein I *consent* to reveal the thoughts

that occur to me — is a precondition for grasping the nature of free association as it was originally conceived.

Free association is not, strictly speaking, a “process” but a form of verbal meditation that requires considerable discipline to perform. Moreover, it entails speaking unreservedly while remaining attentive to what is being disclosed, something one doesn't ordinarily do. Most of us either speak impulsively without awareness of what we say, or think through everything we are about to disclose before speaking. Once patients realize the frequency with which they customarily resist disclosing things about themselves, they come to appreciate why *complying* with this rule plays an integral role in the treatment experience. Hence, a patient's capacity to free associate hinges on complying with the fundamental rule.

Yet conventional depictions of the fundamental rule typically equate it with free association. For example, Laplanche and Pontalis (1973) depict the fundamental rule as the

rule which structures the analytic situation: the analysand is asked to say what he thinks and feels, selecting nothing and omitting nothing, from what comes into his mind, even where this seems to him unpleasant to have to communicate, ridiculous, devoid of interest or irrelevant. (p. 178)

This is a fairly apt definition of what the fundamental rule is typically taken to mean, insofar as it equates the fundamental rule with the act of free associating. The view that the fundamental rule relies on an ethical imperative that invokes a moral conflict isn't noted.

Thus, in ‘Five Lectures on Psychoanalysis’, published in 1910, Freud enumerates three possible ways of reaching the unconscious and seems to look upon them as of equal status. These ways are the working out of ideas of the person who performs the main rule, the interpretation of dreams, and the interpretation of parapraxes. (p. 178)

According to this description the “fundamental rule of free association” is nothing more than a means of gaining access to unconscious material. There is no mention of the rule's ethical imperative or the crisis of conscience that compliance with the rule engenders. While this view admittedly acknowledges the

role of self-disclosure, it is nevertheless an impoverished form of disclosure that ignores the moral dilemma that Freud devised this technical principle to foster.

Alternately, Laplanche and Pontalis depict free association as “a method according to which voice must be given to all thoughts without exception, which enter the mind, whether such thoughts are based upon a specific element ... or produced spontaneously” (p. 169). Hence, their depiction of free association more or less repeats what they say about the fundamental rule. Lest their intention to equate the two rules be in doubt, they add, “The rule of free association is identical with the fundamental rule” (p. 170). Laplanche and Pontalis' treatment of these technical principles is not, however, an isolated affair but typical of how the two terms are customarily depicted (see Stone, 1961; Fenichel: 1953, pp. 318-330; Kris, 1982; Glover: 1955, pp. 18-34; Gill: 1994, pp. 79-100).²

For example, in *Psychoanalytic Terms and Concepts*, published by the American Psychoanalytic Association under the editorship of Moore and Fine (1990), free association (and the fundamental rule) is characterized as follows:

The patient in psychoanalytic treatment is asked to express in words all thoughts, feelings, wishes, sensations, images, and memories, without reservation, as they spontaneously occur. This requirement is called the fundamental rule of psycho-analysis. In following the rule, the patient must often overcome conscious feelings of embarrassment, fear, shame, and guilt. His or her cooperation is motivated in part by knowledge of the purpose for which he or she is in analysis — to deal with conflicts and overcome problems. (p. 78)

Like Laplanche and Pontalis, Moore and Fine also overlook the ethical component to the fundamental rule and emphasize in its stead its simple “requirement.” According to their characterization of this rule patients are motivated to comply with it, not due to their conscience, but for a utilitarian purpose: in order to “overcome problems.” In other words, the rule's efficacy is reduced to nothing more than a task that one accomplishes or doesn't. There is no indication of the need to unburden oneself in principle, of the quest to know oneself, or the need to feel closer to others by confiding in them. Finally, there is no acknowledgement of every human being's yearning for self-discovery, as an irrepressible human impulse.

More of the same can be found in Rycroft's (1968) *A Critical Dictionary of Psychoanalysis*, where he characterizes the fundamental rule as, "The injunction that [the patient] do his best to tell the analyst whatever comes to mind without reservation" (p. 11). Rycroft opts to emphasize the historical context in which the fundamental rule was first introduced, as an alternative to the hypnotic method. Rycroft reminds us that before Freud formulated the free association method, access to the unconscious was limited to the employment of a hypnotic trance or state. Subsequently, free association made it possible for patients to reveal their repressions to their analysts by simply speaking unreservedly, while remaining conscious of doing so. Hence,

Free association technique relies on three assumptions: a) that all lines of thought tend to lead to what is significant; b) that the patient's therapeutic needs and knowledge that he is in treatment will lead his associations towards what is significant except insofar as resistance operates; and c) that resistance is minimized by relaxation and maximized by concentration. (p. 54)

As with the other characterizations of the fundamental rule we examined, the conclusion one derives from Rycroft's treatment of it is that the fundamental rule and free association are basically identical.³

To summarize what we have gleaned from Laplanche and Pontalis, Moore and Fine, and Rycroft about the relationship between the fundamental rule and free association:

- 1) All the authors cited equate the two rules as identical.
- 2) In so doing, they completely ignore the ethical precept on which the fundamental rule is founded.
- 3) Hence, they reduce analytic treatment to a psychological process that is characterized by the act of free association (and its interpretation) alone.
- 4) In turn, free association is conceived as merely one means among others (e.g., dream interpretation and analysis of parapraxes) of gaining access to the patient's unconscious.
- 5) Finally, the importance of candour and its impact on the interpersonal dimension of the treatment situation is virtually ignored by their respective characterizations of this rule.

Now I shall compare Freud's characterization of the fundamental rule with the ones we just examined. Freud (**1912a**) introduced the fundamental rule (*Grundregel* in German) for the first time in the second of his six technical papers, "The Dynamics of Transference." This was after his analyses of Dora (c1905) and the Rat Man (c1909), his most famous analytic patients. This collection of six technical papers, published between 1911 and 1915, comprised his most exhaustive treatment of the analytic process, outlining Freud's so-called classical technique.⁴ Though Freud only belatedly grasped the significance of this rule after nearly twenty years of treating patients, it finally occurred to him that the need for such a rule was not only desirable but even ubiquitous to the psychoanalytic experience. Indeed, non-compliance exemplified transference resistance. Freud hinted at the need for such a rule at the lectures he delivered at Clark University in 1911. Strachey, however, claims that the rule was alluded to earlier still in *The Interpretation of Dreams* (published in 1900), "... in a passage where Freud urges the patient to overcome his 'internal criticisms' while reporting the content of his dreams" (in Freud: **1912b**, ff. p. 107).

Strachey believes this was the first time Freud explicitly invoked the fundamental rule, albeit in the context of dream analysis. Yet, he overlooks the fact that Freud made no mention on that occasion of the requisite *pledge* to disclose one's associations. The reference cited by Strachey only pertains to as such, in the limited context of dream analysis. Hence, Strachey also equates free association with the fundamental rule in that he fails to grasp that neither the act of speaking unreservedly (free association) nor the pledge to do so (the fundamental rule) had crystallized in Freud's mind as early as 1900. Although Freud admonished his patients to verbalize their thoughts as early as 1900, he had yet to implore his patients to do so, hence compelling them to unreservedly.

Again, it is the actual *promise* to bare all that entails the fundamental rule, not the simple *act* of doing so.

Freud's Instructions To His Patients

The first time Freud (**1913**) finally brought the two concepts together was in the fourth of his technical papers, "On Beginning the Treatment." There, Freud describes how analysts might

introduce their patients to the fundamental rule and the free association method. This brief recommendation comprises the most thorough description Freud ever offered on *the relationship between* the technique of free association and the fundamental rule.

What the material is with which one starts the treatment is on the whole a matter of indifference — whether it is the patient's life history or the history of his illness or his recollections of childhood. But in any case the patient must be left to do the talking and must be free to choose at what point he shall begin. We therefore say to him: “Before I can say anything to you I must know a great deal about you; please tell me what you know about yourself.”

The only exception to this is in regard to the fundamental rule of psycho-analytic technique which the patient has to observe. This must be imparted to him at the very beginning: “One more thing before you start. What you tell me must differ in one respect from an ordinary conversation.

Ordinarily you rightly try to keep a connecting thread running through your remarks and you exclude any intrusive ideas when they occur to you and any side-issues, so as not to wander too far from the point. But in this case you must proceed differently. You will notice that as you relate things various thoughts will occur to you which you would like to put aside on the ground of certain criticisms and objections. You will be tempted to say to yourself that this or that is irrelevant here, or is quite unimportant, or nonsensical, so that there is no need to say it. You must never give in to these criticisms, but must say it in spite of them — indeed, you must say it precisely because you feel an aversion to doing so. Later on you will find out and learn to understand the reason for this injunction, which is really the only one you have to follow. So say whatever goes through your mind.” (pp. 134-135)

Next, Freud invokes the *free association* method in his famous “railway carriage” analogy: “Act as though, for instance, you were a traveller sitting next to the window of a railway carriage and describing to someone inside the carriage the changing views which you see outside” (p. 135). Then, in the next sentence, Freud introduces the *fundamental rule*: “Finally, never forget

that you have *promised to be absolutely honest*, and never leave anything out because, for some reason or other, it is unpleasant to tell it” (p. 135) [Emphasis added].

This critical sentence brings the fundamental rule into relief by drawing a categorical distinction between the promise to comply and the act of free associating. Despite his insistence that patients struggle with the effects of the fundamental rule being imposed on them, Freud acknowledged the inherent difficulty that submitting to such a rule entails:

Much might be said about our experiences with the fundamental rule of psychoanalysis. One occasionally comes across people who behave as if it had been made for themselves. Others offend against it from the very beginning. It is indispensable and also advantageous to lay down the rule in the first stages of the treatment. Later, under the dominance of resistances, obedience to it weakens, and there comes a time in every analysis when the patient disregards it. We must remember from our own self-analysis how irresistible the temptation is to yield to these pretexts put forward by critical judgment rejecting certain ideas. (ff. p. 135)

Yet the point Freud took such pains in this passage to emphasize has been systematically omitted from the interpretations of the fundamental rule we examined earlier. In contrast, Freud was not merely invoking a psychological “process,” per se, but a form of commitment that entails *a pledge to be honest with another person*. By invoking a pledge to be truthful Freud also crystallized the specific feature of free association that distinguishes it from conventional forms of self-reflection, the promise to hold nothing back. Whatever we are tempted to conceal, by the very incidence of our temptation to, we are nevertheless compelled because of this rule to direct our attention to the things we instinctively suppress. In other words, the kind of truth that psychoanalysts seek to determine isn't wedded to a correspondence with the analyst's view of reality or, worse, with the arbitrary dictates of a theoretical construction, regardless of how clever or insightful a given interpretation may be. Instead, psychoanalytic truth is determined solely by what patients *endeavour to conceal*. Hence, the kind of truth that is sought is limited to what patients systematically withhold or, more specifically, what they fear to disclose. Whatever *remains*

concealed (or “unconscious”) constitutes the entirety of the kind of truths that analysts are capable of unearthing. Apart from this narrow criterion, so-called objective truth has virtually no relevance to the outcome of the treatment situation.

Though this was a novel idea when Freud introduced it, the efficacy for invoking such a rule was a logical extension of his thesis, formulated fifteen years earlier, explaining the etiology of neurosis: that harbouring secrets elicits a breach in one's perception of reality that subsequently manifests psychic conflict. In Freud's analysis of Dora, for example, the central theme that ran through his report of the case concerned the prevalence of secrecy in the genesis of her psychopathology. Freud believed that when life challenges us with disappointments too painful to bear, we instinctively repress our experience of those disappointments by momentarily forgetting them. In Dora's case, Freud (1905a) attributed her hysterical symptoms to somatic displacements of forbidden desires and concluded that the only hope for relief from her symptoms lay in, “the revelation of those intimacies and the betrayal of those secrets” (1905a, p 8).⁵ Psychoanalysis aspires to undo the effect of such secrets by baring them to someone who won't condemn the patient for harbouring them. Why, then, did Freud's treatment of Dora end in failure?

When Freud analyzed Dora in 1900 he had only recently conceived the method he had substituted for hypnosis, his so-called “talking cure.” But Freud didn't realize then that only someone who is already uncommonly honest will be willing to spontaneously disclose the contents of her mind. Dora resisted her analysis bitterly and was convinced throughout her brief treatment that Freud was in cahoots with her father. Consequently, she never relented her opposition to what she construed as Freud's efforts to bend her to his will. Freud was still a decade away from acknowledging the need to augment the free association method with a second rule that would bind his patients to him in common cause, by taking him into their confidence. Only later did he realize that unless patients agree to self-disclosure in principle they will ultimately lack the motivation to work through their inevitable resistance to the anxieties that self-disclosure elicits. Yet, the vast majority of analysts have subsequently ignored this principle entirely. Klein's use of “deep” interpretations (which ostensibly bypass the patient's ego) dispenses with the fundamental rule as a matter of course, and with it the efficacy for a therapeutic alliance. Similarly, Lacan's

use of the “short session” as a means of throwing patients off balance circumvents the interpersonal dynamics that the fundamental rule was intended to engender. These are only two of the most extreme examples of post-Freudian analytic schools (notwithstanding that both schools claim to be “Freudian”) that have either ignored the fundamental rule or abandoned it outright. Consequently, analysts have felt obliged to manipulate their patients with a host of intrusive “innovations” in technique over the second half of the last century to compensate for the patient's inevitable resistance to self-disclosure.

The failure of Dora's analysis also alerted Freud to another critical lesson that has virtually disappeared from the psychoanalytic literature: the problem of analyzability. Since self-disclosure is critical to the success of every psychoanalytic treatment, patients need to *actively embrace* the admonition to be candid. Though she was never explicitly admonished to abide by this rule, it is doubtful that Dora, due to her tender age, possessed the self-discipline she would have needed to comply with such a rule in the first place.

Psychoanalysis and Jurisprudence

When Freud finally introduced this rule in 1912, the pledge to be honest added an ethical dimension to psychoanalytic technique that had heretofore been implicit, but not explicit. It was so central to Freud's conception of the treatment that he deemed it “fundamental.” Why? Though it was the only rule he said that he imposed on his patients there were other, equally indispensable, rules that Freud advised both analysts and their patients to follow, including neutrality, abstinence, therapeutic ambition, confidentiality, working through, and so on. What was so special about this one? Freud designated this rule fundamental because he realized that honesty epitomizes both the means and the end of every analytic encounter. By inviting his patients to be honest and enlisting their pledge to do so, Freud transformed the patient at the beginning of analysis from a person who simply tells stories into a moral agent who determines what is true by saying it. It is significant, for example, that only the patient is in a position to determine what the truth is. Unlike a court of law in which a witness's testimony is challenged so that a jury may decide what is so, Freud advised analysts against the practice of

confirming what patients say by questioning their family or their friends. The *patient's word* is the sole authority for what is true because the kind of truth psychoanalysis obtains is not objectively verifiable.⁶ Instead, the kind of truth it unearths is derived exclusively from the patient's experience.

Yet, psychoanalysis probably has more in common with jurisprudence than with psychiatry or psychology. In a court of law, for example, one's goal — allow me this fiction — is to get to the truth. To this end, jurors must keep an open mind by not permitting themselves, when formulating their opinion, to be swayed by personal bias or prejudice. Instead, they are counselled to base their conclusions on the evidence presented and nothing more. Indeed, the only rationale for overturning their verdict or obtaining a new trial is if it subsequently comes to light that their decision was contaminated by the omission of evidence, false testimony, and so on. The utter objectivity — or neutrality — that jurors are expected to employ in their deliberations more closely approximates the attitude of the psychoanalyst than that of the psychiatrist who relies instead on his accumulated knowledge of diagnostic nomenclature. By his behaviour, the analyst endeavours to instil the same attitude that he has adopted for himself in his patients: an open-ended, unprejudiced curiosity toward one's mental and emotional condition, one's behaviour, the problems with which one is confronted and the means typically employed when addressing them, however inadequate they may be.

In effect, patients are invited to play the role of juror at their own inquisition, while assuming the role of Inquisitor. The analyst plays the part of the judge who knows what the rules are and whose task is to monitor their observance, leaving any conclusions to the patient who must follow, for better or worse, his own predilections. In the end, the patient's task is to determine the ethical code he will live by, whatever it may be since, once adopted, it will be his and his alone.

Yet, is it necessary, despite the ethical component to free association, to formally “instruct” one's patients at the beginning of the treatment, as did Freud? Ironically, the ethical insistence that each of us already lives by before entering analysis suggests that the act of instructing patients about the fundamental rule is redundant. The tension that arises in the course of every analytic treatment and the resistance that patients mount against it are consequences of the truism that *whenever human beings speak to*

one another they assume they are telling the truth. Though this is instinctively taken on faith, Freud came to the unsettling conclusion that much of what we say is patently untrue and that the things that remain unsaid may weigh so heavily on the individual they can manifest every form of psychopathology. In the analytic situation the tension increases even further once patients realize that what is being scrutinized in their disclosures has less to do with the veracity of what they say than the degree to which they *unreservedly participate* in the disclosedness of what they customarily conceal.

Hence, the truth value of what one discloses is measured by the *fact* of its disclosure, not its *content*. This is why the type of honest psychoanalysis entails could never be reduced to a conventional standard of morality, such as the claim of never telling a lie or obedience to a set of norms. Because it is rooted solely in the patient's word, what is verbalized becomes a matter of honour, determined by no other measure than the patient's conscience. Due of its inherently personal nature, the truth elicited can never be empirically validated because it can only be *elucidated* through its transmission from one human being to another. Hence, the task of analysis is to uncover what is hidden, not for the purpose of ever finally “knowing” what is concealed but in order to engender a form of transformation that only the act of unburdening oneself can elicit. This is why analytic truth is a solitary truth for which each of us is, alone, responsible. Whether they like it or not, analytic patients must resign themselves to serving as both judge and jury as to how successful their endeavour has been. It is a solitary endeavour because there is no court of appeals and no higher authority that can determine the outcome for them. This is probably the most critical factor that delays the termination of treatment.

Freud recognized that no one can be expected to wholeheartedly embrace the fundamental rule due to the anxiety that compliance evokes. But his insistence that patients make their peace with this rule anyhow assumes that none of us can escape the moral obligation to adopt a standard of truth we can live by, and one we can live *with*. In effect, Freud held a mirror to our face and forced us to decide where to stand, whether to disclose who we are or conceal it. The consequence of this choice continues to stare us in the face for as long as we live because no one can finally evade, however much one may try, the weight of one's own accountability.

Obviously, no one discloses everything; besides, the “quota” of one's disclosures isn't the point. All analytic patients keep secrets that they are simply not willing to share. But because we select what we disclose — and, contrariwise, keep to ourselves — we are nevertheless accountable for the discretion we exercise in these matters, even if we are not fully conscious of doing so. Hence it is our *choice*, and it alone, that determines what ethic we live by and the consequent guilt we must bear.

Freud's Conception of the Superego

Although morality preoccupied Freud throughout his lifetime, the enthusiasm with which analysts have subsequently explored this theme has been tepid at best. Even Freud was never satisfied with his formulations of the role it presumably plays in the treatment situation, including his efforts to situate its efficacy in the language of “psychic agency.” For example, his decision to assign ethical values to the superego only partially explains the dynamics that account for the search for one's truth and the desire to be an honest (i.e., “honourable”) person.

In *The Ego and the Id* Freud (1923) suggested that one of the consequences of the prohibition against incest and patricide was the child's identification with the same-sex parent, thus incorporating the parent's prohibitions, edicts, and values into him- or herself. This is supposed to give the child a capacity for guilt that in turn prompts the child's ego to repress those wishes that the superego deems unacceptable. Hence, the superego is a moral agency in that it serves as an antenna for the customs of the society in which we live. As the child grows older and replaces the parent with other relationships, he fosters an increasingly sophisticated set of ideals, possibilities, and limitations that helps organize the individual's definition of success and failure, and the weight of public opinion.

According to Freud, the superego serves as a conscience by which we decide what is permissible and what isn't, what is likely to be rewarded or what is liable to be punished. In effect, the superego helps us navigate through the treacherous waters of our culture in order to obtain the maximum measure of reward. Hence, it serves an inherently utilitarian purpose by protecting us from being locked up or killed or simply hated for being the person we have become. But how could this agency

possibly account for the patient's capacity to obey the fundamental rule? I don't see how it can.

Since the superego is driven by dynamics that derive from the *frustration of not getting one's way*, it serves as a motive force whereby the individual renounces “prohibited” aims while replacing them with those that are acceptable, or “rewardable.” If one's capacity for honesty were regulated by the superego, then the pursuit of honesty would serve a strictly utilitarian aim: the relief of frustration. Yet experience tells us that honesty can just as easily increase frustration as relieve it because some of the ethical precepts we aspire to are not rewarded by society but, on the contrary, are rejected by it. Since one's code of conduct always takes account of reality — whether, for example, to conform or rebel — the code one chooses to live by is ultimately determined by the ego, not the superego.

Hence, the dialectic between the ego and superego is more complex than we may appreciate. One implication of this observation is that the ego is responsible for our experience of “psychic” freedom whereas the superego is responsible for the limitations of “political” freedom. Freud concluded that there are inevitable and even necessary limitations to the degree of political freedom that a given culture is prepared to grant its citizens. Our rebellion against such restrictions are discouraged through punishment and we are encouraged to submit to these restrictions through reward. This inherent political instability in every culture — including democratic ones — leads in turn to limitations concerning the degree of psychic freedom that any human creature is capable of achieving. Since the superego is a creature of our encounter with society, we are predisposed to think the thoughts and desire the experiences that the culture in which we live values. This serves to explain why psychic freedom and political freedom are necessarily intertwined — and equally compromised — and why the individual's ego is even more responsible for his or her conscience than the superego.

Freud said as much when he attributed a given individual's capacity to benefit from psychoanalytic treatment to one's character. Remember that the word “ethic” is derived from *ethos*, meaning character. But what did Freud understand character to mean? Freud addressed the role of character in at least three different contexts: a) the patient's capacity to delay gratification, “in favour of a more distant one, which is perhaps altogether uncertain” (1915b, p. 170); b) the capacity to develop a

positive transference through which patients may sacrifice the rewards of self-love in the service of a therapeutic goal (i.e., by submitting to the reality principle and forsaking the pleasure principle); and c) the capacity to be honest by observing the fundamental rule in the face of continuing hardship and suffering.

Since it is so basic, the fundamental rule also permits analysts a measure of elasticity in the employment of all the other rules in their arsenal, because all analytic rules, each in its own particular way, are in the service of honesty. When one rereads Freud's technical recommendations in this light the sense one derives from them is refreshingly simple, yet profoundly radical when measured by contemporary standards. Indeed, Freud's technical recommendations read more like meditations on the inherent hypocrisy of our culture than a panacea for the relief of mental anguish. The question of character was so pivotal to Freud's (1905b) conception of the treatment experience he even insisted that "patients who do not possess a ... fairly reliable character should be refused" analysis (p. 263). Freud (1913) also cautioned that, "It is a bad sign if one's patient has to confess that while he was listening to the fundamental rule of analysis he made a mental reservation that he would nevertheless keep this or that to himself" (p. 138). And in his paper "On Psychotherapy" (1905b), Freud went so far as to equate his conception of the psyche with morality.

I would remind you of the well-established fact that certain diseases, in particular the psychoneuroses, are far more readily accessible to mental influences than to any other form of medication. It is not a modern dictum but an old saying of physicians that these diseases are not cured by the drug but by the physician, that is, by the personality of the physician, inasmuch as through it he exerts a mental influence. I am well aware that you favour the view which Vischer, the professor of aesthetics expressed so well in his parody of Faust: "I know that the physical often influences the moral." But would it not be more to the point to say — and is it not more often the case — moral (that is, mental) means can influence a man's moral side? (p. 259)

The moral injunction that the fundamental rule imposes on the clinical situation also serves to enlist each patient's active

participation in the treatment. Once obliged to be candid, patients discover that now they must wrestle with the extraordinary weight of their own conscience, and to live with it. Yet, the resolve to be honest doesn't make one's life less complicated; if anything, it often makes it more difficult. Perhaps its principal virtue is its capacity to expose the secrecy at the bottom of our anxieties. If this is true, then psychoanalysis is severely limited in the scope of pathological conditions it can relieve, because *only those who suffer a guilty conscience can be analyzed*.

Guilt and Authenticity

But what is the basis of our guilt, and what terrible secret could account for it? According to Heidegger (1985), we feel guilty for simply *being who we are* whenever we defy the forces of convention (pp. 307-320). Hence, Heidegger's conception of (existential) guilt — the guilt we suffer when we bear responsibility for our actions — should be distinguished from neurotic guilt, the kind we suffer when conforming to the status quo. Somewhere in between Freud's and Heidegger's respective formulations of guilt, Sartre (1956) conceived a form of guilt in which neurotics feel guilty for refusing to accept responsibility for who they are — the “fundamental choice” that is the basis of their personality. Perhaps one of the most controversial aspects of Sartre's philosophy concerns his notion of authenticity and its correlate, “bad faith.” Briefly, Sartre believed that the etiology of psychopathology could be traced to one's efforts to “fix” oneself into being someone one is not: a “false self.” Not to be confused with Winnicott's use of this term,⁷ Sartre saw falsity as the consequence of confusing one's “false” ego (a product of conforming to others) for the person one genuinely is; i.e., aspects of oneself that one typically conceals from others. One cannot, in fact, ever *remain* “one” person because beneath the facade of one's personality lurks a consciousness⁸ that assumes different guises in relation to the situation one is in, frequently compromising the neurotic's sense of personal identity. It was this aspect of Sartre's conception of the false self that influenced Laing's (1960; 1961; 1967) work with schizophrenics, whom he believed had been so mystified by their social environment it had destroyed their sense of agency.

Though Heidegger's and Sartre's respective conceptions

of guilt veer off in different directions, they lend credence to Freud's rationale for the fundamental rule: the pledge to behave authentically in the course of the analytic hour. But they also undermine his formulation of the superego by suggesting that guilt — whether neurotic or existential — is the *consequence* of repression instead of its source. Hence, we feel guilty as a consequence of suppressing those anxieties that are an inevitable consequence of living, by circumventing the sacrifices that honesty necessarily entails.⁹

Similarly, Rieff (1959) proposed that guilt is a consequence of the neurotic's unwillingness to pay the price for the happiness he aspires to. Ironically, neurotics prefer to hold their ambitions in check than to suffer the disappointments that the pursuit of happiness entails. This led Rieff to conclude that, “neurosis is the penalty for ambition unprepared for sacrifice” (p. 308). He noted that as early as 1885, during his long engagement to Martha, Freud had already formulated the dynamics of the neurotic personality, engendered by a society that restricts its citizens to gratifications that are deemed “appropriate.” Quoting from a letter Freud wrote to his then-fiancee:

We [neurotics] economize with our health, our capacity for enjoyment, our forces: we save up for something, not knowing ourselves for what. And this habit of constant suppression of natural instinct gives us the character of refinement ... Why do we not get drunk? Because the discomfort and shame of the hangover gives us more “unpleasure” than the pleasure of getting drunk gives us. Why don't we fall in love over again every month? Because with every parting something of our heart is torn away ... Thus our striving is more concerned with avoiding pain than with creating enjoyment. (pp. 309-310)

Hence the pledge to be honest about all those aspirations we secretly harbour but dare not admit is the key to overcoming the guilt we have accrued while suppressing them. That is why the kind of guilt that preoccupied Freud so isn't caused by the failure to conform because it is, at bottom, an “existential” guilt that is a consequence of having *compromised oneself in the service of conforming to a society that is opposed to gratification in principle*. Paraphrasing Freud, Rieff (1959) concludes that:

What makes neurotics talk is “the pressure of a secret which

is burning to be disclosed.” Neurotics carry their secret concealed in their talk — “which, despite all temptation, they never reveal.” (pp. 316-317)

This helps explain why the analyst's task is such an unpopular one, for his role is to mention the unmentionable by eliciting what is obvious but remains obstinately unspoken. Though proven effective as a means of disclosing repressions, the need for such a rule is also an indictment of the disingenuous society to which all of us belongs. This disturbing observation was finally brought home in a paper where Freud (1910) confessed his pessimism about the prospects psychoanalysis could expect from a society that is predisposed against it.

Suppose a number of ladies and gentlemen in good society have planned to have a picnic one day at an inn in the country. The ladies have arranged among themselves that if one of them wants to relieve a natural need she will announce that she is going to pick flowers. Some malicious person, however, has got wind of this secret and has had printed on the programme which is sent round to the whole party: ‘Ladies who wish to retire are requested to announce that they are going to pick flowers.’ After this, of course, no lady will think of availing herself of this flowery pretext, and, in the same way, other similar formulas, which may be freshly agreed upon, will be seriously compromised. What will be the result? The ladies will admit their natural needs without shame and none of the men will object. (p. 149)

Rieff suggests that the analyst is the “malicious person” in Freud's analogy, just as the ladies represent culture. The moral to the story, Rieff (1959) concludes, is that

We must accept our “natural needs,” in the face of a culture which has censored open declarations of [them]. In championing a refreshing openness, Freud disclosed the censoring of nature, thus to ease the strain that had told upon our cultural capacities. (p. 316)

What, then, can the neurotic hope to obtain from analysis if it is incapable of protecting us from those forces in society that inevitably conspire against us? Given its limitations, what

measure of difference can it hope to effect? According to Freud (1910):

A certain number of people, faced in their lives by conflicts which they have found too difficult to solve, have taken flight into neurosis and in this way won an unmistakable, although in the long run too costly, gain from illness. What will these people have to do if their flight into illness is barred by the indiscreet revelations of psychoanalysis? They will have to be honest, confess to the instincts that are at work in them, face the conflict, fight for what they want, or go without it. (pp. 149-150)

By insisting that candour is the precondition of every analytic encounter, Freud established an undeniable interdependence between the act of free association and the fundamental rule on which it relies. Yet, there is an undeniable risk, Rieff (1959) admits,

[I]n the ethic of honesty of which Freud [was] aware. Some lives are so pent-up that a neurosis may be “the least of the evils possible in the circumstances.” Some of those “who now take flight into illness” would find the inner conflict exposed by candour insupportable, and “would rapidly succumb or would cause a mischief greater than their own neurotic illness.” Honesty is not an ethic for weaklings; it will save no one. (p. 322)

Perhaps this explains why psychoanalysts today seem uncomfortable with the characterization of psychoanalysis as a moral enterprise whose aim is to further honesty. What do we stand to gain by becoming more honest, anyway? Does it make us better people, more generous or committed to the community in which we live? Not necessarily. In fact, Rieff warns that “psychoanalysis prudently refrains from urging men to become what they really are,” in part because analysts fear “the honest criminal lurking behind the pious neurotic” (p. 322).

Despite its dangers, Freud believed that honesty, though costly, is less expensive in the long run than its alternative, a society of morons whose ultimate glory is to cow to social convention, in hope of being rewarded for it. After all, this is the same society Freud held accountable for making us

neurotic in the first place, by compelling us to conceal the views, inclinations, and aspirations society opposes. Like the existentialists, Freud believed that being true to one's convictions should always hold precedence over blindly complying with someone else's standard of behaviour. The view that individuals and society are necessarily opposed is a key to understanding Freud's conception of analysis and the specific form of alienation it is limited to relieving. At bottom, it is a kind of alienation that is an inescapable consequence of living. Nietzsche, Sartre, and Heidegger shared with Freud a characterization of contemporary culture in which the individual is a perpetual outsider, a romantic in a postmodernist world who must bear the burden of his convictions and make what peace he is able with the relentless forces of convention. From this perspective, psychoanalysis is unremittingly subversive. Its principal goal is to uncover the latent truth about ourselves by disclosing it. Whatever we do with that truth, and whatever effect we permit it to have on our destiny, is ultimately between ourselves and our conscience.

Thinking Through Free Association

We have seen how the act of free associating and the pledge to do so has been systematically confused with the other, inadvertently lending to the free associative process a wilful disposition in place of an experience to which one submits. Yet any effort to determine the precise features of free association is complicated by the observation that there is little, if any, agreement in the psychoanalytic literature as to what it specifically entails. Is free association, for example, a performance that one can perfect over time? or is it an experience whose mysteries are compromised by one's very efforts to perform it?

Having shown in the previous section that the free association method is not identical with but is nonetheless dependant on the fundamental rule for its efficacy, I shall now review how free association is typically conceived and contrast the conventional characterizations of it with a model that is inherently phenomenological, i.e., one that is rooted in *lived experience*. At the risk of simplification, I shall begin by dividing the vast number of characterizations of the free association method¹⁰ into two broadly defined camps: a) those who believe

that free association entails everything that patients utter in their analysis; and b) those who view it as a state of mind that patients aspire to but seldom, if ever, approximate. Admittedly, there are endless possible variations between the two extremes, each necessarily derived from a given analyst's conception of the treatment situation. Instead of enumerating each one I shall endeavour to synthesize these variations into their essential elements by bringing the basic premise on which each of these perspectives rely into focus.

Classical Conceptions of Free Association

Lipton (1977) argues that virtually everything a patient says subsequent to having been introduced to the fundamental rule comprises the patient's free associations, including arbitration of fees, holiday arrangements, and any ostensibly practical matter; in effect, the entirety of what the patient says over the course of the treatment experience. According to Lipton, a free association is simply anything that is open to interpretation; in other words, virtually everything that a patient says (pp. 266-267). Yet, Lipton notes that nothing a patient says to the analyst is open to interpretation (and hence can be deemed a "free association") until after the fundamental rule has been introduced; in other words, until after the patient *has agreed to comply with the injunction to free associate*. Only then, Lipton insists, does a patient's otherwise innocuous verbalizations become "associations," as such. The reason for this qualification is, according to Lipton, because "the technique of analysis is collaborative by definition and can be used only after the patient has been told the fundamental rule" (p. 267). Hence, the fundamental rule is transformative in that it binds the analyst to the patient in common cause, and to the degree that it engenders doubt in the patient's verbalizations, thereby placing everything a patient says into question.

Whereas Lipton includes virtually everything a patient utters during the analytic hour as a free association, Greenson (1967) adopts a more narrow definition that conceives it as a *state of mind* that is distinct from a conventional conversation. In Greenson's view, the sole purpose of free association is to elicit regression in the patient.

In classical psychoanalysis the predominant means of communicating clinical material is for the patient to attempt free association. Usually this is begun after the preliminary interviews have been concluded. In the preliminary interviews the analyst has arrived at an assessment of the patient's capacity to work in the psychoanalytic situation. Part of that evaluation consisted of determining whether the patient had the resilience in his ego functions to oscillate between the more regressive ego functions as they are needed in free association and the more advanced ego functions required for understanding the analytic interventions, answering direct questions, and resuming everyday life at the end of the hour. (p. 33)

Hence, Greenson conceives the free association experience as a rarefied form of awareness that should be distinguished from the kind that is experienced in ordinary speech. Moreover, the analyst is expected to monitor the patient's performance whenever "free associations" occur in order to guard against behaviour that is antithetical to psychoanalytic aims. This is because, according to Greenson,

free association may be misused in the service of resistance. It is then the task of the analyst to analyze such resistances in order to re-establish the proper use of free association. It may also occur that a patient cannot stop free associating because of a breakdown of ego functions. This is an example of an emergency situation in the course of an analysis. The analyst's task then would be to attempt to re-establish the ego's logical, secondary-process thinking. He may have to employ suggestion and direct commands in order to do so. This is an unanalytic manoeuvre, but it is indicated in the above instance because we may be dealing with an incipient psychotic reaction. (p. 33)

For Greenson, free association is merely a device that serves to elicit the patient's regression to an infantile state, which is then subject to further analysis. This view explains why Greenson pays an inordinate degree of attention to the possibility of "breaking down" under the weight of anxieties that free association may manifest, creating an "emergency situation." Since these considerations (what the patient can and cannot

stand and whether analysis is a suitable form of treatment) are determined by a patient's capacity to be analyzed, it is of critical importance to Greenson that patients who present themselves for analysis be screened in order to determine their capacity for enduring such an experience. What, then, are the preconditions for analyzability as Greenson conceives them?

The patient is asked: a) to regress but also to progress; b) to be passive and to be active; c) to give up control and to maintain control; and d) to renounce reality testing and to retain reality testing. In order to accomplish this, the analytic patient must have resilient and flexible ego functions. This appears to be in contradiction to our earlier description of a neurosis as being a result of an insufficiency in ego functions. But what is characteristic of the analyzable neurotic is that his defective ego functioning is limited to those areas more or less directly linked up to his symptoms and pathological traits of character. Despite the neurosis, the treatable patient does retain the capacity to function effectively in the relatively conflict-free spheres. (p. 361)

Greenson concludes that because the free associative process pulls analytic patients in two directions at once, analysts should insure that their patients are capable of adapting to such pressures. On the one hand, they are expected to regress and while in a state of regression they are asked to split themselves “in half,” then employ their “observing” ego in the task of dispassionately observing the primitive aspect of their ego as it regresses. The capacity to perform this function — to effectively split oneself in two — is characterized by Greenson as a “skill” that one can learn to perfect over time.

Psychoanalytic therapy requires that the neurotic patient have an ego with sufficient resilience to shift between his opposing ego functions and to blend them, taking into account the limitations that his neurotic conflicts impose ... In order to approximate free association, the patient must be able to give up his contact with reality partially and temporarily. Yet he must be able to give accurate information, to remember, and to be comprehensible ... He must have enough ego resilience so that he has the mobility to regress and the ability to rebound from it ... To put it succinctly, he

must develop the ability to shift between the working alliance and the transference neurosis ... [Finally] we ask the patient to let himself be carried away by his emotions in the analytic hour so that he can feel the experience as genuine. But we do not wish him to become unintelligible or disoriented. (p. 362)

Greenson depicts what amounts to a feat of mental gymnastics — approximating the mechanism of splitting — *as the essence of free association*. Consequently, he reduces the free association experience to a mental condition that occasions regression to an earlier stage of development, in turn eliciting a state of suggestibility which permits patients the wherewithal to critique the state of regression they have obtained. Hence, Greenson conceives the purpose of free association as one of eliciting material that was previously inaccessible to conscious awareness, thereby gaining access to repressed material. While their respective views are ostensibly opposed, Lipton and Greenson nevertheless converge in their claim that free association is supposed to foster an *interpretive response* by the analyst. Both Lipton's and Greenson's characterizations of free association, however, overlook the ethical component of the fundamental rule, the pledge to be honest with one's analyst. Though Lipton and Greenson diverge in much of their respective conceptions of free association, they nevertheless agree that the goal of free association serves no other function than to further analytic interpretation.

Freud's Conception of Free Association

Now I shall compare Lipton's and Greenson's respective views about the efficacy of free association with the one we reviewed earlier. As we saw then, Freud characterized the free associative act one that is ineluctably dependent on the fundamental rule, the ethical imperative to be honest. Is free association, as Lipton and Greenson imply, merely a means to an end; or is it, as Freud suggests, an end in itself, the experience of which is resisted throughout the treatment? It can hardly be denied that free association served as the *raison d'être* for Freud's conceptualization of the psychoanalytic method, even in the so-called late phase of Freud's clinical career. John Dorsey, who was analyzed

by Freud in the last decade of Freud's life, reported that free association comprised the entirety of his treatment experience. According to Dorsey (1976), "Full obedience about the importance of not withholding... *any* mental content for any reason whatsoever was my one psychoanalytic rule" (p. 29).¹¹ Influenced by the hypnotic method promoted by Bernheim and Charcot, Freud initially conceived of free association on the model of a surgical procedure. When employing hypnosis with his patients Freud induced a hypnotic trance before proceeding to "operate" on the contents of their unconscious. While under hypnosis, the patient's previously repressed ideas could be elicited via spontaneous disclosure, even though the manifestation of such disclosures relied entirely on hypnotic suggestion. Even if this method succeeded in eliciting material that was previously unconscious, its therapeutic value was limited because the patient's symptoms invariably returned once the effect of the hypnosis wore off.

Hypnosis was subsequently replaced with the free association method which, unlike the effects of hypnotic trance, allowed patients to disclose the thoughts that came to mind without the prodding of the analyst. Instead of contriving to reverse the patient's repressions while under hypnosis, the analyst interpreted the patient's associations in order to decipher their meaning. Yet, interpretation proved to be no more successful in the long run than hypnosis. Despite the advantage of remaining conscious during the treatment experience, it wasn't the patient's awareness that formulated the meaning of his disclosures but the analyst's. Knowledge about the patient's unconscious was indirectly conveyed, via the analyst, back to the patient who, now under the influence of the positive transference, was urged to adopt the analyst's interpretations. This technique only repeated the same dilemma that was encountered with hypnosis. Since the newer method also relied on suggestion, the patient's unconscious wishes eventually manifested alternative symptoms which served to thwart the short-lived gains of the analyst's interventions.

Freud subsequently refined the free association method into its final form when he introduced the fundamental rule, circa 1912. Henceforward, he enlisted the patient's pledge to be as candid as possible by agreeing, at least in principle, to disclose whatever came to mind. Now it was the patient's spontaneous utterances that assumed center stage, while the importance of interpreting the patient's disclosures receded.

Once Freud realized that the suppression of secrets instigated the conflicts about which his patients complained, free association was viewed as an *opportunity to disclose such secrets to another person*. Seen from this light, Greenson's conception of free association was stuck in the second stage of its evolution, when the practice of inducing patients into a regressive (hypnoid) state of suggestibility was the agent of psychological change. Virtually any use of free association that conceives it as a means of interpreting manifest content, however innovative or original one's interpretations might be, repeats the same error. Freud eventually abandoned interpretation as a mutative component of analysis because it deprived patients of the opportunity to *spontaneously disclose* the hidden content of their conflicts.¹²

By Freud's reckoning, the recollection of repressed memories serves a far greater purpose than the retrieval of pathogenic material: *it is the vehicle by which psychic change is fostered*. In "On Beginning the Treatment," Freud (1913) reported that his earlier, "intellectualist," approach was abandoned because it relied exclusively on interpreting the patient's associations: "Indeed, telling and describing [the] repressed trauma to [the patient] did not even result in any recollection of it coming into his mind" (p. 141).

Lipton's and Greenson's respective conceptions of free association rely almost entirely on analytic interpretation in order to fathom the unconscious meanings of the patient's discourse, while dismissing the potential power of self-disclosure as a mutative agent in its own right. That being said, most of what patients say during the course of treatment is of admittedly marginal significance. Patients are nevertheless admonished to disclose *everything* that comes to mind because no one can know when something of significance will be uttered. Moreover, things that appear trivial today may in hindsight prove monumentally important later on. What, then, determines the *qualitative* difference in the patient's free associations when contrasted with their voluminous quantitative content? Are some associations, in effect "freer," or more mutative, than others?

This was one of the questions Merton Gill (1994) raised in his last book, *Psychoanalysis In Transition*, published shortly before his death. There, Gill adopted Lipton's thesis that free association amounts to "whatever the patient says in response to the request to follow the fundamental rule" (p. 81). Gill argues

hat Lipton's thesis conforms precisely with Freud's depiction of free association, even though, he confesses, "Freud cannot be quoted directly to this effect" (p. 81). Gill nevertheless insists that free association is such a commonplace phenomenon that patients do not need to "learn" it because everyone already knows how to do it. Yet, in apparent contradiction to his own contention, Gill cites Freud as saying that, "The adoption of the required attitude of mind toward ideas that seem to emerge of their own free will' and the abandonment of the critical function that is normally in operation against them [i.e., censorship] seems to be hard of achievement for some people" (quoted in Gill, p. 82).

Though this citation appears to dispute Gill's claim that Freud concurred with his viewpoint, I agree with Gill's contention that, "Freud's view of free association is that it [entails a form of] *expanded* communication, essentially logical and coherent, but including certain kinds of material ordinarily excluded from conversation" (p. 83). Gill nevertheless appears to contradict his own characterization of the so-called ordinariness of "expanded communication" when admitting that, "Freud's discussion of free association implies that the ideas that are included in the expanded communication *are not present* in ordinary states of mind [but that] they emerge because the relaxation of resistance leads to an *altered state of consciousness*" (p. 85) [Emphasis added].

While I agree with Gill's characterization of free association as an expanded form of communication, his difficulty in recognizing that it *also* entails an unconventional state of awareness in order to affect such communication is due, I suspect, to his failure to grasp the significance of the fundamental rule, without which the communication that transpires between patient and analyst are probably no different than those shared with anyone else. Because Gill was unable to appreciate the fundamental rule's impact on the free association experience he was obliged to employ a more active technique to compensate for its absence, epitomized by the analysis of transference. An interventionist at heart, Gill advised that analysts focus all their efforts on the patient's resistance to free associating, thereby rejecting the inherently passive and relatively neutral stance that Freud advocated. Consequently, Gill gave more weight to the resistance that patients employ against self-disclosure than to furthering the patient's ability to self-disclose with more facility. The implications of this oversight are considerable.

Admittedly, we disclose things as a matter of course every day so, as Gill suggests, it entails a perfectly commonplace activity. But the type of disclosure invoked by analysis is unique because the matters disclosed are confided in the strictest confidence. By the same token, the person to whom one's secrets are disclosed listens to them in a manner that isn't typically encountered. *The analyst listens in order to hear what is usually overlooked*. Obviously, this involves an uncommon degree of participation by the person who performs the disclosing, otherwise free association would be reduced to a game of hide and seek. That is why (Gill's protestations to the contrary) patients *learn* to disclose with greater attentiveness and fidelity over time, cuing their associations to the reactions (including interpretations) of the analyst.

Free Association as Self-Disclosure

Free association isn't simply a means of “reporting” the contents of one's mind, but an act of revelation by which the inner recesses of one's being are bared to another person. Hence, acts of self-disclosure serve to change the people who perform them because they alter the situation in which patients confide their confidences. Acts of disclosure invariably elicit anxiety because the contents of one's mind say a great deal about the person who confides them. Free association wouldn't arouse anxiety in the first place if patients weren't reluctant to discover what they harbour. The fact that patients don't know what they are about to disclose at a given moment is a compelling explanation for why free association provokes the measure of anxiety that it does. Resistance to self-disclosure — what I call “disclosure anxiety” — isn't, however, confined to the analytic situation. We experience it as a matter of course because we are always finding ourselves in one situation or another that unexpectedly takes us by surprise. Though we cling to the belief that we are capable of some forms of behaviour but not others, analysis confronts us with the reality that we are fundamentally “other” than we take ourselves to be. Analysis heightens this source of anxiety because its principal motive is to discover precisely those aspects of ourselves that we typically conceal.

How do we cope with such anxiety when it insinuates its way into our lives at every turn? Typically, by not thinking about

it. We put the source of our concerns aside and obfuscate our anxieties through all manner of distractions. Consequently, *the kind of self-disclosure free association entails requires giving what we say an uncommon measure of thought*, but a kind of thinking we aren't accustomed to. What kind of thinking does it entail? Lipton (1977) argues that thinking as such is inconsequential to free association because self-disclosures occur independently of rationality. According to this thesis, free association merely serves the function of providing material for the analyst to interpret because it isn't necessary for the patient to think about what he is saying. Lipton is critical of those analysts who interpret excessively on the one hand and employ too much silence on the other because, in his view, the treatment situation is a collaborative one that approximates a conventional conversation.

Ironically, Lipton's view that the psychoanalytic dialogue more or less approximates a conventional conversation is consistent with Freud's clinical behaviour, even if Freud viewed such conversation as incidents of an "altered" form of consciousness. Many of his former patients reported that Freud was so actively engaged with them that their conversations amounted to "a straightforward dialogue" (Racker, 1968, p. 35).¹³ Freud concluded that one's capacity to free associate isn't necessarily compromised by a dialogue format, in contrast to what has evolved as the more conventional psychoanalytic monologue. Yet, Lipton concludes that *thinking*, per se, plays a minimal role in the kind of conversation he conceives free association to entail, because for Lipton conversation serves no other purpose than that of providing the analyst with material to interpret.

Lipton's contention that the treatment experience necessarily minimizes the need for reflective awareness is symptomatic of the fact that the art of conversation is the most neglected component of psychoanalytic technique. There is an extraordinary amount of discussion in the analytic literature about what to interpret and how, but little concerning how to talk to analytic patients and how to listen to what they say. While no one questions that words comprise free association, there is little agreement concerning how such words, once uttered, should be treated. Despite the plethora of interpretative schemes available, all of them can be reduced to serving one of two essential aims: a) to guess what is hidden from awareness; or b) to enable patients to free associate further. All the interpretations in the world,

however, are no substitute for the simple act of *confiding*, an activity for which the patient is alone responsible. Yet patients who try to free associate for the first time discover that saying what comes to mind without censorship isn't as easy as it appears. Freud was so impressed with his patients' resistance to complying with this rule (i.e., free association) that he amended it with the pledge to be candid, thereby enlisting their active cooperation.

But if the analyst's admonition to disclose engenders resistance as a matter of course, why call the patient's associations "free"? And if they are free, how is one to conceive what manner of freedom they foster when the device by which such disclosures are elicited is prompted by a rule one is *expected* to observe? Moreover, is the very notion of freedom antithetical to the means by which the unconscious becomes manifest in the first place, or is it a necessary determinant to the revelations that self-disclosure fosters? Apparently, free association means different things to different analysts, fostering little in the way of agreement as to the phenomenon itself. So what would free association entail if one is to treat it as "free"?

There are any number of ways by which free association may be said to elicit free associations. In a strictly political sense, free association grants permission to say whatever one is moved to without consequence. Hence the analytic contract is rooted in the permission to speak frankly. Since psychoanalysis relies on freedom of expression it would be impossible to "free associate" in a culture that circumscribes the speech act amongst the members of its society, even if the words exchanged are in confidence. While totalitarian societies are specifically *oppressive*, Freud believed that virtually all "civilized" societies are inherently *repressive*, including the most ostensibly democratic ones. This uneasy assessment of Freud's own culture inspired serious reservations about the feasibility of psychoanalysis as an instrument of government-sanctioned mental health treatment schemes. With the exception of the now-defunct alliance between psychoanalysis and American psychiatry, psychoanalytic treatment has traditionally been relegated to the margins of a given society's treatment philosophy. Freud concluded that those who wish to gain psychic freedom must pay the price of submitting to the realities in which they live by reaching a necessary accommodation with their own society. On a more personal level Freud (1910) advocated the necessity of acknowledging, at least

to oneself, what one's wishes happen to be and to decide what one intends to do about them — whether, for example, “to face [their] conflict[s], fight for what they want, or go without” (pp. 149-150).

This is perhaps the most compelling example of why psychoanalysis is a subversive activity, because it favours the psychic freedom of the individual over the repressive forces of one's adopted culture. Yet most analysts insist that free associations are not free, but determined. Laplanche and Pontalis (1973), for example, insist that, “Freedom is not to be understood here, in fact, as implying any absence of determination: the first goal of the rule of free association is [simply] the elimination of the voluntary selection of thoughts” (p. 170). In other words, because the words elicited by free association are *unconsciously determined*, nothing that is manifested by this method is free in the literal sense (if one understands by freedom those acts that are strictly voluntary). Ironically, Laplanche and Pontalis' thesis, reflected by the analytic community at large, inadvertently equates freedom with volunteerism and spontaneous revelation with determinism. In my view, the fact that emotions, attitudes, and behaviour are “determined” by unconscious wishes simply indicates that *the unconscious is freedom in its essence*. If, as Nietzsche offered, one can do as one will but cannot *will* as one will, then the unconscious determinants of one's will are necessarily free, but not “determinably” so.

In effect, the words uttered in psychoanalysis are *determined by one's freedom*, if one agrees that freedom is that which cannot be dictated. In other words, the unconscious “freely” determines — i.e., without constraint or predictability — the speech acts that are manifested through the free association situation. But what determines the unconscious? Heidegger would probably say, nothing. Freedom and determinism, in the manner that Freud conceived them, are more or less identical. Both Lipton and Gill inadvertently confirmed this insight when they suggested that everything patients say are free associations. Ultimately, free associations are free because the mind has no alternative *but* to think what freely (i.e., unpredictably) occurs to it. Once it passes into consciousness it is “out there,” in-the-world, in the Heideggerian sense. It was on this observation that the free association method was conceived.

That being said, some free associations are arguably freer than others. Once patients begin to appreciate the degree to which their words are unconsciously (i.e., freely) determined,

they recognize that what appear to be obstacles to their freedom are actually employed by it.¹⁴ Yet if the mind *is* freedom itself, how does it contrive to “resist” its own freedom? Some forms of freedom — unconscious defenses, for example — seem to wage war against others, such as unconscious desires. The aim of analysis is to give oneself permission to finally *think* the thoughts that spontaneously insinuate their way to the surface, and to experience them, first by giving them voice, and then pondering their significance.

Free Association as a Mode of Thinking

In the final analysis, psychoanalysis makes a distinction, an uneasy one to be sure, between what one is capable of thinking and what one is liable to do. The one doesn't bear a predictable or even necessary relation to the other. Since we are always of two minds about which course we are liable to follow — whether to give voice to our thoughts or resist — Freud concluded that candour was the only means available for subverting the secrecy to which we generally incline, while permitting us recourse to persist in whatever measure of secrecy we choose. Obviously, just “talking” wasn't what he had in mind. Given the freedom (and obligation) to say what comes to mind, Freud observed that analytic patients, when exercising the opportunity presented to them, often say little of consequence and indulge in a manner of discourse — “empty speech” — that conceals more than it reveals.¹⁵ Instead of valuing verbalization for its own sake, Freud concluded that some associations are truer to the spirit of free association than others. He even complimented patients on the production of “good” associations while dismissing the relatively impoverished ones as incidents of “dissociation,” a form of resistance.

What, then, would *genuine* free associations entail? Freud never spelled it out, but he was assuredly not advocating the mere reporting of a patient's life passing by, the railway carriage analogy notwithstanding. He characterized free association as a form of reverie through which conscious volition (resistance) is spontaneously relinquished, momentarily free of the intellectual gymnastics patients customarily employ when left to their own devices. Indeed, instructions to simply verbalize whatever pops into one's head may elicit comical caricatures of

the analytic process which not a few literally-minded patients have indulged in, often to the consternation of their puzzled analysts. Freud never intended that the act of self-disclosure should produce a form of psychobabble. He merely invited his patients to talk about themselves with a view to *taking stock of their experience of doing so*, one step at a time, as their life unfolded in the here-and-now of the psychoanalytic moment. Unavoidably ambiguous, this process occasions a singular frame of reference, a verbal “meditation” in the truest sense of the word. But what does verbalizing meditatively entail?

In addressing this question, I have found it useful to consider Heidegger's conception of “empty speech” and its antithesis, “meditative thinking.” Heidegger's understanding of language is that its purpose is to disclose the deepest recesses of what we are capable of thinking, with the proviso that we attend to our speech acts “thoughtfully.” Heidegger (1966) characterized meditative thinking as a kind of thinking “which is open to its content, [and] open to what is given” (p. 24). In other words, free association, to the degree it approximates meditation, cannot be reduced to just talking because it includes listening as well, with the aim of hearing what one says *while giving thought* to it at the moment it is spoken. Thus Heidegger contrasts meditative thinking with a form of conceptualization we are educated throughout childhood to master, a calculative or academic form of thinking that is quite foreign to the kind of thinking we are capable of performing outside the confines of formal education. It is a kind of thinking we employ without truly *thinking*; a form of intellectualization that comes naturally to neurotics. Heidegger characterizes this type of thinking as one that “computes and races from one prospect to the next ... [that] never stops [or pauses to] collect itself” (p. 46).

Similarly, Freud (1913) condemned (what Heidegger characterized as) calculative forms of conceptualization in one of his most important papers on technique, “On Beginning the Treatment,” where he denigrated the days when psychoanalysts suffered from an “intellectualistic” bias (p. 141). Freud even admonished patients against reading about psychoanalysis while in treatment and to rely on their experience of it instead, for the same reason advocated by Heidegger: as a purgative against conceptualizing what can only be *suffered through experience*. By 1913 Freud realized that the need to fathom the ultimate cause of one's suffering — as though knowing *why* one is neurotic has

mutative value — is antithetical to the spirit of simply submitting to free association. Though Freud didn't know it, this is a phenomenological manner of thinking, not a “rational” (i.e., scientific) one.¹⁶

Seen in this light Gill's preference of transference interpretations over genetic ones obtains little in the way of diminishing the neurotic tendency toward intellectualization. On the contrary, it may encourage it. While analysis of transference is undeniably a necessary component of the treatment experience, its overemphasis reduces analysis to a rationalistic *comprehension* of psychic process, as if that were the decisive element in the outcome. Contrary to what his critics have claimed, Freud introduced the free association method in order to thwart intellectualization, by indoctrinating patients into a type of thinking that is so naked in its naiveté it is impossible to attain it through conventional education. Indeed, formal education suppresses our capacity for meditative thinking instead of developing it.

How Freud stumbled upon free association in the first place is not clear, though it is usually attributed to Ludwig Börne, a well-known author of his day. Börne suggested that if aspiring authors would write down everything that came to mind for a few minutes every day they would soon learn how to write without difficulty. Freud (1900) also credited the German philosopher Friedrich Schiller as another inspiration for this method. In *The Interpretation of Dreams*, he quotes Schiller as saying: “It seems a bad thing and detrimental to the creative work of the mind if Reason makes too close an examination of the ideas as they come pouring in” (p. 103). Freud even suggested that Schiller's depiction of a method (in Schiller's case for artistic creation) that entails “a relaxation of the watch upon the gates of Reason” more or less approximates free association. Though not identical, their respective methods advocate the discipline of allowing the mind free expression without the customary interference (or censorship) that reason typically employs.

When applied in a clinical context, however, free association becomes far more complicated than this simple instruction implies because it includes the presence of another person. Free Association has also been compared to the Catholic confessional because (as we saw earlier) guilt is the principal catalyst that prompts analytic patients to unburden themselves of their secrets. But while the Catholic ritual is devoted to the

confession of sins actually committed, psychoanalysis is concerned with the disclosure of secret ideas, typically of an innocent nature. Another difference is that whereas the sinner is conscious of the sins committed, the secrets that account for the neurotic's guilt are primarily unconscious, hence necessitating the free association method to uncover what they are.

Allowing the mind to wander by *its* devices while perusing its contents as they occur is nothing less than a plea to unreservedly *experience* one's experience¹⁷ while giving it thought, free association in its essence. Yet, any number of analysts, including Lipton and Gill, appear to confuse free association with the simple *recapitulation* of one's thoughts. Moreover, substituting the capacity for reverie with the act of "regurgitating" thoughts devoid of significance or affect encourages intellectualization, effectively thwarting the opportunity to spontaneously experience what one is saying by *hearing* it. Indeed, the inherent subtlety of free association probably accounts for the variety of enigmatic and confusing depictions of its ostensible purpose and application, many of which appear to minimize its significance altogether. Unfortunately, Freud's depiction of free association as analogous to a railroad journey did little to clarify matters and probably complicated them even further. Some commentators have perceived in his characterization of this method a solipsistic depiction of the psychoanalytic situation, the so-called one-person hypothesis. Such criticisms are, in my view, the product of misunderstanding what Freud said. On closer examination, the central thread running through the railroad car analogy was intended to illustrate: a) the relationship between the train passenger and *his experience* of the journey as it unfolds; and b) the relationship between the passenger and *his companion*, the person to whom his experience is being disclosed. The combination of the two facets of free association transforms the journey into an opportunity for self-discovery. The mistaken assumption that this process is solipsistic (i.e., rooted in a one-person psychology) is probably the consequence of an increasing emphasis on the epistemological component of psychoanalysis over its inherently phenomenological structure, that is to say, the *lived experience* of the treatment situation. Whereas the epistemological point of view assumes that the ability to "comprehend" one's experience is the critical issue, the phenomenological view holds that the *experience of self-disclosure* is, in and of itself, the mutative element of

the psychoanalytic method. Consequently, the patient's subsequent understanding of that experience, while no doubt comforting, is not essential to the outcome and may even interfere with it.

If the actual experience of free association has precedence over the quota of knowledge that may be derived from it, then the goal of analytic interpretation must serve to accommodate this factor. Whereas interpretation plays an indispensable role in every treatment experience, its purpose has been profoundly distorted over the course of the past century and oftentimes exaggerated. There are times, for example, when interpretations may even compromise the patient's ability to free associate. When properly employed, a good interpretation subverts the hyper-rationality neurotics are prone to employ by shocking them, in zen-like fashion, into a less defensive state of consciousness. At their best, interpretations help to break the "causal chain" of neurotic fixations while undermining the patient's dependence on abstract explanations. Instead of merely replacing one set of assumptions with another, interpretations can also bolster the patient's efforts to accommodate the experience of "not-knowing," an indispensable precursor to a properly sceptical sensibility.

This relatively passive use of interpretation was also advocated by Winnicott (1990) who, toward the end of his career, employed interpretations only when, "a communication [has] been made that needs acknowledgment [by the analyst]" (p. 66). Winnicott refrained from employing interpretations either as a substitute for what patients were momentarily incapable of disclosing or in anticipation of what they were capable of determining anyhow, if given sufficient time to do so. Winnicott concluded that the principal task of psychoanalysis is to create a (transitional) space in which patients are free to explore their experience by speaking it. Properly employed, interpretations aren't intended to replace one explanation with a more clever one, nor should they serve to merely "translate" unformulated intuitions into more carefully crafted presentations. Instead, the mutative power of interpretations relies on their capacity to subvert explanations altogether by eliciting a different manner of thinking. Ideally, the analyst's interpretations serve to bring the patient's associations into focus, by helping him participate more fully in the act of self-disclosure (Thompson: 1985, p. 150-192).

Phenomenology of Free Association

This aspect of free association is nowhere more aptly demonstrated than in Heidegger's characterization of meditative thinking, or *Gelassenheit*. Though it enjoys parallels with Asian philosophy Heidegger's concept of meditation was derived from Husserl's (1931) phenomenological method of "seeing" and the views of the fourteenth-century German mystic, Meister Eckhart (Schürmann: 1978, pp 192-213). Husserl's method of philosophical inquiry rejected the rationalist bias that has dominated Western thought since Plato in favor of a style of reflective attentiveness that seeks to disclose the individual's "lived experience."¹⁸ Loosely rooted in a sceptic device called *epochē*, Husserl's method entailed the suspension of judgement while relying on the intuitive grasp of knowledge, free of presuppositions. Sometimes depicted as the "science of experience," Husserl's phenomenological method adapted elements of sceptic philosophy¹⁹ to a radical critique of human experience.²⁰

According to Natanson (1973), "The radicality of the phenomenological method is both continuous and discontinuous with philosophy's general effort to subject experience to fundamental, critical scrutiny: to take nothing for granted and to show the warrant for what we claim to know" (p. 63). This sounds easy, but it entails an unusual combination of discipline and detachment to suspend, or bracket, compelling theoretical arguments or what we learn from second-hand "information." The phenomenological method serves to momentarily "erase" the world of speculation by returning us to our primordial experience, whether the subject of inquiry is the feeling of depression, the enigma of love, or the vicissitudes of a psychoanalytic treatment experience. Suspending belief in what we ordinarily take for granted or infer by conjecture diminishes the power of what we customarily embrace as "objective" reality, a close-knit collection of anonymous opinions whose authority rests entirely on how many people embrace a given point of view. According to Safranski (1998),

[Husserl and his followers'] great ambition was to disregard anything that had until then been thought or said about consciousness or the world. They were on the lookout for a new way of letting the things [they investigated] approach them, without covering them up with what they already

knew. Reality should be given an opportunity to “show” itself. That which showed itself, and the way it showed itself, was called “the phenomenon” by the phenomenologists. (p. 72)

After studying with Husserl in his youth Heidegger subsequently distanced himself from what he characterized as Husserl's subjectivistic tendencies. Whereas Husserl conceived of human beings as having been constituted by states of consciousness, Heidegger argued that consciousness is peripheral to the primacy of one's *existence* (i.e., Being) which cannot be reduced to one's consciousness of it. From this angle, one's state of mind is an “effect” rather than a determinant of existence, including those aspects of one's existence that one is not conscious of. By shifting the center of gravity from consciousness (psychology) to existence (ontology), Heidegger altered the subsequent direction of phenomenology, making it at once both personal and mysterious.

One of the consequences of Heidegger's modification of Husserl's conception of phenomenology was its increased relevance to psychoanalysis. Whereas Husserl gave priority to a depiction of consciousness that was fundamentally alien to (Freud's conception of) the unconscious, Heidegger offered a way to conceptualize experience that more readily accommodated those aspects of our existence that lie on the periphery of sentient awareness. Though Heidegger owed (and acknowledged) a considerable debt to Husserl's views on phenomenology, his philosophical method was probably influenced even more profoundly by Meister Eckhart's notion of meditative thinking, or *Gelassenheit*,²¹ usually translated into English as releasement, composure, or resignation. For Eckhart, *Gelassenheit* depicted a kind of submission or relaxation of the will, as in “giving” oneself to God. Whereas Western philosophy has traditionally utilized the will as a means for obtaining knowledge, an indispensable prerequisite for engaging in *Gelassenheit* is to relinquish one's reliance on “wilful” endeavours altogether.

Naturally, any characterization of thinking that eschews conscious volition is fundamentally foreign to styles of conceptual thought that are essential to scientific investigation and scholarship. Heidegger saw the closing of the millennium as a dangerous moment in history, not because we are on the brink of a nuclear holocaust but because we have forgotten how to think and, due to this forgetfulness, are in danger of losing our humanity. What manner of thinking does he offer as an

alternative? According to Heidegger (1968), this question is best answered by enumerating the things that meditative thinking (i.e., free association) is *not* suited for:

1. Thinking does not bring knowledge as do the sciences.
2. Thinking does not produce usable, practical wisdom.
3. Thinking solves no cosmic riddles.
4. Thinking does not endow us directly with the power to act. (p. 159)

According to J. Glenn Gray, in his introduction to Heidegger's *What Is Called Thinking?*:

[This conception of] thinking is not so much an act as a way of living or dwelling — as we in America would put it, a way of life. It is a remembering who we are as human beings and where we belong. It is a gathering and focusing of our whole selves on what lies before us. (In Heidegger, 1968, p. xxii)

Hence Heidegger's version of *Gelassenheit* offers the possibility of engendering an experience with language that supersedes conventional forms of communication. By conceiving phenomenology as a means of eliciting truth through acts of self-disclosure,²² Heidegger was able to employ meditative thinking as a device for revealing what is customarily overlooked or repressed. When we apply Heidegger's "way" of thinking to acts of self-disclosure that are fostered by free association, our conception of "thought" itself may be understood as the moment of actually *hearing* what we disclose when we take another person into our confidence. Hence, free association is free, but only to the degree that we are able to step back and let the world take its course, by giving way to the thoughts that come to mind in the course of conversation.

Though unconventional by ordinary standards, Heidegger's views on meditation are consistent with how thought was originally conceived. For example, the etymology of the English "think" literally means "to seem" or "to appear" and is derived from the German *dunken*, meaning "to form in the mind." While current usage emphasizes thought as *conception*, its etymological roots suggest an inherently meditative cast that was corrupted over the centuries, victim to the increasing dominance of science

and technology and a model of education that emphasizes the accumulation and memorization of knowledge. Heidegger's characterization of meditative thinking as one of giving voice to what “appears” in the mind, “takes form,” and “seems to be” the case, conforms precisely with how thought was originally characterized.²³ Hence, if psychoanalysts expect this manner of thinking to be elicited when they invite their patients to free associate, a precondition for their compliance would have to include their ability to *resign* themselves to a measure of thoughtful attentiveness that in turn enables them to finally “hear” themselves speak: thought in its essence.

Perhaps this explains why despite one's best efforts the quality of experience one typically obtains in the analytic hour is superficial at best. This is not a matter, however, of simply hitting the mark or missing it because there are degrees to which each of us is capable of experiencing what we hear ourselves saying, no matter how attentive we may be. Psychoanalysis seeks to transform the experiences we typically take for granted into “happenings” in which we are able to participate more fully, over an indeterminate measure of time. Hence this second order of experience elicits a dimension of self-awareness that psychoanalysis is ideally suited for, even if it does so under the guise of “treating” psychopathology. This is why the kind of experience psychoanalysis ultimately obtains is both ordinary and uncommon — ordinary because each of us is perfectly capable of attaining it, but uncommon because few of us bother.

Notes

¹ Earlier versions of this paper were given at a Public Lecture presentation under the auspices of the **Philadelphia Association**, 4 Marty's Yard, London, England, October 22, 1999, and at the Seventh Annual Conference of the **International Federation for Psychoanalytic Education**, Boca Raton Resort and Club, Boca Raton, Fl., September 27-29, 1996.

² The only exception to this practice that I was able to find in was in Kanzer (1972) and, more recently, Mahony (1987, p. 19), who merely cites Kanzer's paper. However, Kanzer's distinction between the two technical rules only touches on the so-called two-person relationship aspect of the fundamental rule which he contrasts with (what he terms as) the otherwise “narcissistic” nature of free association,

while overlooking the ethical dimension to the fundamental rule.

3 In a private communication, Rycroft acknowledged that a distinction between the fundamental rule and free association should have been noted by him, an oversight that he intended to address in a future edition of his book.

4 See Thompson, **1994**, for an exhaustive study of Freud's technical papers.

5 See my detailed treatment of Freud's analysis of Dora in Thompson, **1994**, pp. 93-132.

6 See Thompson, **1994**, pp. 101-109, for an example of this in Freud's analysis of Dora, where her version of events was unreservedly accepted in favour of her father's.

7 Though Winnicott (**1960**) employs the term, "false self system," in his own work, it bears virtually no resemblance to Sartre's (earlier) coinage of this term.

8 Which Freud depicts as the unconscious, but which Sartre conceives as one's freedom.

9 In other words, existential guilt is *experienced* as anxiety, whereas neurotic guilt is experienced as "deadness."

10 See, for example: Bergmann, M., 1968; Bordin, E., 1966; Chrzanowski, G., 1969; Coltrera, J. and Ross, M., 1967; Fromm, E., 1955; Kelman, H., 1962; Loewenstein, R., 1956; Marmor, J., 1970; Rosner, S., 1973; Seidenberg, H., 1971; and Zilboorg, G., 1952. See also Mahony, P., 1987, pp. 16-56 for a comprehensive bibliography on the psychoanalytic literature on free association.

11 See also Lohser, B. and Newton, P., 1996.

12 While the importance of permitting the patient to discover *for himself* the meaning of his symptomatology has been emphasized by the interpersonal school in America, this stratagem was actually Freud's innovation, which Sullivan adopted and incorporated into his own technical schema.

13 See my treatment of Freud's "non-classical" treatment behaviour in Thompson, **1994**, pp. 230-240.

14 See Merleau-Ponty, **1962**, pp 434-456, for more on the phenomenology of freedom.

15 See Lacan, "The Function and Field of Speech and Language in Psychoanalysis," in 1977, pp. 40-56, for a variation on Heidegger's conception of "empty speech."

16 See Thompson, 1996b, for a more detailed discussion on the phenomenology of thinking.

17 See **Thompson, 2000a**, for a more thorough critique of the role that experience plays in psychoanalytic technique.

18 See **Husserl, 1931**, for his critique of the phenomenological study of experience.

19 See **Thompson, 2000b**, for a more exhaustive examination of the relationship between scepticism and psychoanalysis.

20 See Wachterhauser, 1996, for a study of the relationship between scepticism and phenomenology.

21 See Reiner Schürmann's excellent account of Eckhart's notion of *Gelassenheit* in: **1978**, pp. 16-17; 81-82; 111-121; 191-213; 225-226.

22 See Thompson, **1994**, pp. 51-92, for a critique of Heidegger's conception of truth.

23 See **Thompson, 1996**, for a detailed examination of Heidegger's conception of language and thought in relation to the psychoanalytic experience.

References

- Dorsey, J. (1976) *An American Psychiatrist in Vienna, 1935-1937, and his Sigmund Freud*. Detroit: Center for Mental Health.
- Freud, S. (1905a) *Fragment of an Analysis of a Case of Hysteria*. Standard Edition, 7: 1-122. London: Hogarth Press, 1953.
- Freud, S. (1905b) *On Psychotherapy*. Standard Edition, 7: 257-68. London: Hogarth Press, 1953.
- Freud, S. (1910) *The Future Prospects of Psycho-analytic Therapy*. Standard Edition, 11: 139-51. London: Hogarth Press, 1957.
- Freud, S. (1912) *The Dynamics of Transference*. Standard Edition, 12: 97-108. London: Hogarth Press, 1958.
- Freud, S. (1913) *On Beginning the Treatment (Further Recommendations on the Technique of Psychoanalysis I)*. Standard Edition, 12: 121-44. London: Hogarth Press, 1958.
- Freud, S. (1914) *Remembering, Repeating and Working-Through (Further Recommendations on the Technique of Psycho-Analysis II)*. Standard Edition, 12: 145-56. London: The Hogarth Press, 1958.
- Freud, S. (1915) *Observations on Transference-Love (Further Recommendations on the Technique of Psychoanalysis III)*. Standard Edition, 12: 157-71. London: Hogarth Press, 1958.
- Greenson, R. (1967) *The Technique and Practice of Psycho-analysis, Vol. 1*. Madison, CT: International Universities Press.
- Heidegger, M. (1966) *Discourse on Thinking*. (Trans. John Anderson and Hans Freund) New York: Harper and Row.

- Heidegger, M. (1968) *What Is Called Thinking?* (Trans. J. Glenn Gray) New York: Harper and Row.
- Heidegger, M. (1971) *On The Way to Language.* (Trans. Peter D. Hertz) New York: Harper and Row.
- Heidegger, M. (1985) *History of the Concept of Time.* (Trans. by Theodore Kisiel) Bloomington: Indiana University Press.
- Husserl, E. (1931) *Ideas: General Introduction to Pure Phenomenology.* Trans. W.R.B. Gibson) London: Allen and Unwin.
- Kanzer, M. (1972) *Superego Aspects of Free Association and the Fundamental Rule.* *J. Amer. Psychoanal. Assn.*, 20: 246-266.
- Laing, R. D. (1972) *Metanoia: Some Experiences at Kingsley Hall, London.* In H. M. Ruitenbeek (Ed), *Going Crazy: The Radical Therapy of R.D. Laing and Others* (pp. 11-21). New York: Bantam Books, 1972.
- Laplanche, J. & Pontalis, J.-B. (1973) *The Language of Psycho-analysis.* London: Hogarth Press.
- Lipton, S. (1977) *The Advantages of Freud's Technique as Shown in His Analysis of the Rat Man.* *Int. J. Psycho-Anal.*, Vol. 58, pp. 255-73.
- Merleau-Ponty, M. (1962) *Phenomenology of Perception.* (Trans. Colin Smith) London: Routledge & Kegan Paul.
- Moore, B. & Fine, B. (eds) (1990) *Psychoanalytic Terms and Concepts.* New Haven: Yale University Press and the American Psychoanalytic Association.
- Natanson, M. (1973) *Edmund Husserl: Philosopher of Infinite Tasks.* Evanston: Northwestern University Press.
- Rieff, P. (1959) *Freud: The Mind of the Moralizer.* New York: Viking Press.
- Racker, H. (1968) *Transference and Countertransference.* New York: International Universities Press.
- Rycroft, C. (1968) *A Critical Dictionary of Psycho-analysis.* New York: Basic Books.
- Schürmann, R. (1978) *Meister Eckhart: Mystic and Philosopher.* Bloomington: Indiana University Press.
- Thompson, M. G. (1985) *The Death of Desire: A Study in Psychopathology.* New York: New York University Press.
- Thompson, M. G. (1994) *The Truth About Freud's Technique: The Encounter with the Real.* New York: New York University Press.
- Thompson, M. G. (1996) *Logos, Poetry and Heidegger's Conception of Creativity.* In fort da: *The Journal of the Northern California Society for Psychoanalytic Psychology* Vol. 2, No. 1 (Spring 1996).
- Thompson, M. G. (1997) *The Fidelity to Experience in R. D. Laing's Treatment Philosophy.* In *Contemp. Psychoanal.*, Vol. 33, No. 4 (1997).

- Thompson, M. G. (2000a) The Crisis of Experience Contemporary Psychoanalysis. In *Contemp. Psychoanal.*, Vol. 36, No. 1 (2000).
- Thompson, M. G. (2000b) The Sceptic Dimension to Psychoanalysis: Toward an Ethic of Experience. In *Contemp. Psychoanal.*, Vol. 36, No. 3 (2000).
- Winnicott, D. W. (1960) Ego Distortion in Terms of True and False Self. In *The Maturation Processes and the Facilitating Environment*, D. W. Winnicott. London: The Hogarth Press, 1976.
- Winnicott, D. W. (1990) Interpretation in Psycho-analysis. In *Tactics and Techniques in Psychoanalytic Therapy*, Vol. III: The Implications of Winnicott's Contributions, P. Giovacchini (ed.). Northvale, N.J.: Jason Aronson, 1990.

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