SOME FUNDAMENTAL THOUGHTS ON PSYCHOTHERAPY (1928)[1]

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When I use the expression psychotherapy I must define my meaning of the term; it is somewhat different from what has so far been considered psychotherapy.

I shall leave out the word psyche for the moment; it seems to me more important to find out first what therapy means. Originally therapy meant service, not treatment. The person who serves acknowledges the person he serves as his master, the person who treats works an object with his hand (German *behandeln*) -in its literal and its figurative meaning. The doctor's fate is to serve and to treat patients: his activity is ambivalent. Yet there is a great, a decisive difference if the emphasis is on the serving or the treating, and I do not consider it accidental that the word therapy combined itself almost automatically with the word psyche. As soon as the word psyche is defined more accurately one can see that psychotherapy means something different from psychological treatment. I shall come back to this later, here I merely want to emphasise that behind the two expressions therapy and treatment hides the inner conflict of our profession, that they express the fight every doctor has to fight daily and hourly, and that the two words express the specific tendency that has predominated in medical theory and practice during the changing course of time. The doctor who treats patients believes that he practices medicine only with part of his personality, be it his knowledge or his ability, according to his philosophy he will call his activity a science or an art, or even -if his professional ethos, which partly promotes and partly hinders modesty, allows it- a craft that is rooted in experience, yet he always activates only a part of his human personality, and the word treatment will always mislead him into believing that he should guide and could or should direct the processes under consideration. A person who serves knows that he has to do what his master says; he knows that he is in service with his whole being and not just with his knowledge or with his skill, that he is obliged to guess at the wishes and needs of his master, that he has to adapt himself in everything, in his deepest nature to his master's nature, and if he cannot do this he has to admit it quite openly and leave it to the master if he can and will put up with his servant's idiosyncracies willingly and without resentment, or not. He can try and execute his individual services in a way that surpasses his master's expectations a thousand fold, yet he will always remain aware of the fact that he is in service with his whole being, his strength and his weakness, and has to ask forgiveness and forbearance for every action done against his master's will, for every idiosyncracy of his nature that offends the taste or the mood of his master.

To illustrate the meaning of all this I shall now turn to the word psyche. As things are at the moment psyche, for us, means consciousness and the unconscious in Freud's meaning of the term, no more and no less; unconscious is what was once conscious and was repressed into regions which are either retrievable or not retrievable to consciousness. Everything that is outside consciousness and the unconscious and what I call the vegetative aspect does not belong to the psyche.

Before I continue I must say two words about an expression which I originally added to the theory for my own use, the expression 'the It'. This expression, which means nothing else but the whole of all the life forces that make up an individual from the moment of his conception, is used by Freud in a different sense; he uses 'Es' (Id) to denote the hitherto unknown parts of living matter and juxtaposes (*setzt*) -the word (*setzt*) is typical of his way of using the term- the Id and the Ego. He thus does something which is the exact opposite of what I intended with the choice of the word 'Es' (It); because for me the Ego is one of the many outward expressions of the It. The consequence is that my *Book of the It* is incomprehensible to all

those people who adopted the later, Freudian meaning of the word. I repeat that I see the It as the sum of all the life forces making up an individual, and believe that the It is something absolutely different from what I have just called the vegetative aspect of human life.

Having thus defined the psyche as the whole of all the conscious and unconscious or repressed forces of the individual, and therapy as service, it has become easier to say what psychotherapy is. Yet there are still a number of difficulties which ought to be discussed.

To sum up what we have said so far: the person who wants to practice psychotherapy makes it known that he wants to serve with his psyche, with the whole of his conscious and unconscious being. Now it will be easily understood that only something which is conscious can be used for the purposes of treatment. The unconscious cannot be used for treatment; it serves, but the doctor does not treat with its help; it is outside his intentionality, it is effective but only recognisable in its effects.

This requires the doctor to expand the range of his consciousness as much as possible and to limit the unconscious of his psyche as much as possible; he ought to make unconscious matters conscious. He should at least increase his store of preconscious matter, that is, of matter lying close to the surface of consciousness and easily reached by it. He has to acquire a knowledge of the unconscious. How can he do this? There is only one sure way, by service. One has to put oneself fully in the service of the patient, observe every conscious or unconscious or vegetative expression of his, and make these the guidelines of one's medical activity as order or reprimand. The patient alone knows how he has to be treated, of course, neither his consciousness nor his unconscious suffice for this, but his It knows and utters its wishes and requests clearly, clearly for those who want to and are able to serve it, clearly in its conscious, unconscious, and vegetative processes.

Whoever wants to serve a human being whose language he does not understand must try and interpret the signs which are made by the foreign language speaker. Whoever wants to help a mute person must try to get into the sign world of mutes. He will soon find out that the mute mostly uses the same signs that the servant would use if he were mute; signs are the same everywhere. A person who deals with mutes, with the mentally ill, or with delirious persons learns their language merely by being with them. When one involves oneself in the personality of the individual patient — or of the healthy person, it does not matter in the wish of becoming like him, one learns about human universals, there is no doubt about that. Yet this is not enough: the doctor, as well as understanding the language, ought to speak it himself, to speak it consciously. Then he will also acquire the ability to talk to the patient in the language of the unconscious and the vegetative, not as a patient but as a doctor, as a human being who has learned to speak such a language and yet remain healthy with it.

To enter into the patient's personality is a demand that has to be made of the doctor. The doctor must try and sympathise with what may have gone on in a patient's mind before he decided to produce a high temperature with the help of some germ, to make tumours grow, to allow certain microbes to enter his body and stay in his brain for years so that they will be able to destroy this brain sometime; what might have caused him to torture himself with pains, anxieties, compulsive worries; he will find an answer in himself for all these and a thousand other things. And if it is not the right answer, at least it was the right question. To put the right questions is very important.

The concept of service implies that the master -in this case the patient- is always right. In considering this relationship between doctor and patient as established at the start, the doctor can expand his conscious psyche and train his unconscious. Whoever makes a habit of always remaining true to the idea of responsibility, no matter what happens, an idea which is certainly wrong yet has to be adhered to and which one must never abandon -whoever can entertain the belief, full of the miracle of man, that the tendency to cure exists everywhere and would win through if the professional helper, the doctor, had not made mistakes, will soon acquire an extraordinary knowledge of his own unconscious by constant attention to the smallest sign of deterioration and by repeated attempts at tracing these deteriorations to his own mistaken service, and -it sounds like a joke- he acquires this knowledge almost without effort.

So far I have talked only of the psychotherapeutic instrument and its most favourable construction. Yet it is also a question of using this instrument. What is the object the doctor has to serve psychotherapeutically? The answer is self-evident: the patient is the object. I have no doubt -and I believe this holds true for most doctors- that psychotherapy, that is, the putting into service of the doctor's psyche in its conscious and

unconscious aspects, should be practised always and everywhere except when the patient is completely unconscious. This lone exception teaches us the way psychotherapy has to go, where this instrument of the doctor's psyche has to be applied. This can always and only be the patient's psyche, and again both parts of his psyche, the conscious and the unconscious. But this is merely the way that leads to the effect. It would be a fateful error to assume that psychotherapy works only on the psyche. On the contrary one can make sure of the fact that the patient uses the doctor's psychic services for his vegetative system as often as for his psychological system, for better and for worse, for convalescence or for continued illness.

Here I am faced with the strange turning point where the relationship of doctor and patient is reversed, where the patient becomes the doctor and decides himself what he is to do with his servant's services and even whether he wants to accept them at all. To be sure, the doctor can offer his service in a different way too, if he realises that it does not please, and must if need be make the patient accept his service by cunning. He can do a lot in that way. When the patient's It deigns to use what is offered to him, then the doctor's activity is over; he has no influence on what the patient will do after that. He has to wait in the antichamber, inactive, but always on guard, ready to jump as soon as there is an order, or a piece of misfortune, deeply convinced that it is not the master's mood that spoils the healing effects of the service but that he, doctor and servant, has offered misguided service.

So far my argument is easy to understand, yet I admit that it might be wrong. I merely maintain that it is easy to follow. For his psychotherapeutic activity the doctor's instrument is his more or less well-functioning psyche. He applies this instrument to the patient's psyche. As soon as he has done this he stops leading. Then the doctor becomes the patient's instrument.

Before we can continue the argument I must stress a peculiarity of the patient's, the ambivalence of his intentionality. Two forces in constant flux and obscurely interdependent are at work in him, the tendency to recover and the tendency to remain ill. During treatment both tendencies are active without interruption, both make use of the doctor for their contrasting purposes. The fact that the patient is ill reveals a wish to be ill, going to the doctor's -it must not be forgotten that in the patient's terms anybody he asks for help is a doctor, no matter whether he has an official licence or not- is an expression of the will to get better; this sees the doctor as a friend, the will to be ill sees him as the worst enemy.

In saying that the doctor becomes the patient's instrument the moment he starts his psychotherapeutic activity -and that is the moment when patient and doctor meet up for the first time or often the moment when the patient (without having seen the doctor) thinks for the first time that he wants to go to a certain doctor or to any doctor at all- I want to say that from this moment he is going to be used by the patient in a double sense, namely for better and for worse. Both tendencies can make use of the three psychological aspects of the patient: consciousness, the unconscious and the vegetative, and it is possible and even usual that consciousness is used by the will to get better, while the will to remain ill uses the unconscious and the vegetative for its own purposes. Yet quite often the opposite happens, or the two tendencies interchange their methods in the course of treatment. In the same way, for better or for worse, both tendencies can make use of the doctor's three psychological aspects, his consciousness, his unconscious and his vegetative forces.

Having discussed -I hope with reasonable clarity- the patient's ambivalence, I can now examine the question of what the physician treating the patient has to do, while emphasising again that treatment is different from service. The answer seems to be easy: he has to help, for instance somehow intervene purposively, perhaps write out a prescription, make a cut somewhere, check on diet, breathing, bowel movements, sleep and waking hours, give advice, etc. This is usually called 'treatment'; this is essentially what we were taught at university and what we perfect more or less successfully in the course of our medical practice to a personal technique. We have a duty to support the patient's will to get better directly; it is the first thing we have to do, yet the question is whether it is the most important thing. In the majority of cases by far, in my experience more than three quarters of all cases one comes across in one's whole medical practice, it is quite sufficient to give direct support to the will to get better. The doctor who sees this as his task will have numerous successes and, if he has the talent, will bear the honourable name of doctor with justification because he has not only got a licence but has become a doctor by his own efforts. Yet something will disturb his own selfesteem: that so many patients get well without him, with the help of some other perhaps very stupid and incompetent doctor

or quack, a change of climate, an intervening event or some mysterious unknown factor. Gradually he will understand that the essential contribution to a patient's recovery is not his effort but the patient's will to get better. Automatically and more and more often his attention will be drawn to those cases where his help is no use, where the patient stays ill or gets worse. And gradually his deepest interest will become concentrated on the individual's will to be ill; he will recognise that the most difficult part of his duties is not direct help but the prevention of damage. From this insight it is only a step to the understanding that damage is unavoidable since the patient -in the ambivalence in which the will to be ill predominates- wants to be damaged; that the will to be ill can always and easily or not so easily transform the doctor's best efforts even into a damaging force. Nil nocere? Often damage is unavoidable. Often, very often, it is only by the continuation or deterioration of an illness that we can tell whether the patient has used the doctor in order to become more ill, and sometimes the doctor manages in such a case to transform damage into cure -rarely by treatment but by service. And at this point something starts that can properly be called psychotherapy.

The doctor becomes the patient's instrument, I said: the premise is that this instrument is prepared to be used in the wrong way for purposes of falling ill and that it automatically prevents this, or at least makes amends for the damage it has done. Psychotherapeutic activity could be demonstrated by comparing it to a well-known party game in which a person is blindfolded and told to find a needle that is hidden somewhere in the room; the only help he is given in his search is that he holds hands with somebody who is concentrating on the hiding place, and that he can lead this person about the room. Since the person whose hand is being held is forced, by thinking of the hiding place, to stop the searcher from going in the direction of the hiding place, the needle will be found in a short while even by an inexperienced player if he follows the involuntary resistance of the other player. The stronger the resistance the closer the needle. To transfer this to the doctor's activity: at first the doctor has to direct the patient's attention squarely to the will to be ill and the hide-and-seek activities of this tendency, and then he has to trace the resistance which expresses itself in the patient's infinite big and little symptoms, in his consciousness, unconscious and vegetative systems, in his healthy and in his diseased parts.

This allows us to formulate a clear proposition: the fundamental task of all psychotherapy is the tracing and dissolving of resistance. Often enough, of course, one is forced -mainly because one wants to get to one's goal more quickly- to make the service more effective by conscious treatment with the help of the technical skills a doctor can muster from his knowledge, ability, and experience. Yet in the small percentage of cases which absolutely need psychotherapeutic treatment patient, unflagging attention produces good results more certainly and thus faster than does the most carefully worked-out treatment. In cases as difficult as this, treatment should be reserved for moments of danger. There is no doubt that as a doctor one has to be able to master every kind of technical treatment or be in a position to call on specialists using other techniques. Yet it is advisable to be economical in this respect. This applies only to that quarter of patients who require the help of the best qualified doctor, and one should add that not a quarter but at most a tenth of patients are involved. 75 per cent of patients get well by themselves and by some kind of treatment, 15 per cent do not get well under any circumstances, this leaves, at the most, 10 per cent who need the doctor's most intense efforts.

An example will show what I mean. Let us assume that a cut in the skin has to be made for some reason and that the cut is stitched up and bandaged. The chance is a thousand to one that the wound will heal smoothly, yet on the one thousand and first case the wound will not heal, even after all precautionary measures have been carefully observed. Why is it that the wound does not heal? Because a cure is never brought about by the doctor, but by the patient. The fact that the wound does not heal proves that the patient does not want to be cured and prevents cure by one or more of his life forces -the conscious, unconscious or vegetative systems- the patient puts up resistance. What shall the doctor do? He has to realise that the patient resists. And then, like the blindfolded player who tries to find the needle, he must trace the reason for the resistance with the help of every word, every movement, every sign of life from the healthy or sick person, and make the patient verbalise all the resistance in his consciousness, make conscious what is unconscious and retrievable to consciousness of his resistance, and get the patient's interpretation of everything that is unconscious or vegetative. If it can be avoided, the doctor should not attempt the interpretation himself; his interpretation is almost always used as a new means of resistance, is rarely useful, and often does so much damage that it destroys any hope of a

successful service by the doctor; he has to be prepared to be sacked from service.

I said above that the patient's will to be ill considers the doctor its worst enemy. If this is true - and I consider it to be true- then one can imagine that the will to be ill is constantly on the look -out to find fault with the doctor -be it something that is conscious, unconscious or vegetative. It uses this justified or unjustified objection- the unjustified objection is much more useful for the will to be ill because it forces the patient to feel guilty and thus helps to keep him ill, in order to persuade the patient to use the doctor's service as a ploy to stay ill or to get worse. The will to be ill is not satisfied only with finding reasons for resistance in the doctor; it fashions an image of the doctor and his whole life environment in order to make certain, and this image corresponds to reality only in a few, perhaps only in a single detail. Brush and paint for this picture are taken from the patient's experiential world in which it is active, the conscious, unconscious, or vegetative world. It transfers certain things on to the doctor which are from totally different experiential spheres and have nothing to do with the doctor's personality, in the same way in which the will to get well transfers and fashions an image of the doctor in order to strengthen itself with its help. This fact is important for treatment as well as for service.

Since the will to be ill resists recovery, sees and has to see the concept 'doctor' as an embodiment of the will to get well, since this latter tendency makes the doctor serve, the patient's resistance will always be directed more or less against the doctor; I say always, yet this is merely a personal conviction which is prompted by the fact that I have never seen an exception to this rule in my practice. Thus as a person treating the patient I possess a starting point from which I can trace resistance, for of course it is easier to find a resistance towards my person than a resistance about which I know nothing at all. To search out and make conscious this personal resistance is one of the important means of psychotherapy or really of every therapy. This is the place from which it is easiest to root out the will to be ill.

Yet this is not the only or even the most important reason why I have insisted constantly and for decades that the personal resistance has to be discovered. I have experienced in my own person that this is the most certain, I almost said the only, way to learn how to serve. In order to be able to serve, one has to know one's own idiosyncracies, try as much as possible to get rid of them, and admit frankly what cannot be got rid of. The servant-doctor can only make one fateful mistake: that of hiding things, of hiding them from others and, even worse, from himself. Yet the patient clearly says to those who have ears to hear consciously, unconsciously, and vegetatively: 'you are like that: I know you, it is stupid to hide'. And this clear and audible language of the patient, this resistance in the patient, makes the doctor serve better and better from year to year. Slowly and gradually he will grow in his whole being -conscious, unconscious, vegetative- from a person who treats patients into a servant, a real doctor. Yes, it could even be said that by following this path he comes closer to becoming a full human being. For the wonderful thing about the medical profession is that it can lead one on to being a full human being, and more so and better than any other profession. Yet at the same time it can lead one away from this goal more easily than any other profession. This is certainly true.

I have to correct what I said earlier on: I said -with a definite reason- something that is incorrect. I said the will to be ill invents unjustified objections to the doctor. In the deepest sense of the word these objections are never justified; they are always rooted in the doctor's character, are not idiosyncracies of the fictional image but of the doctor himself. The patient helps the doctor make his unconscious conscious. This is why I believe that the doctor should be grateful to his patient. The patient is the doctor's teacher. Only from the patient will the doctor be able to learn psychotherapy.

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Notas al final

1.- Grundsätzliches über Psychotherapie', 1928. Printed in Psychoanalytische Schriften zur Psychosomatik