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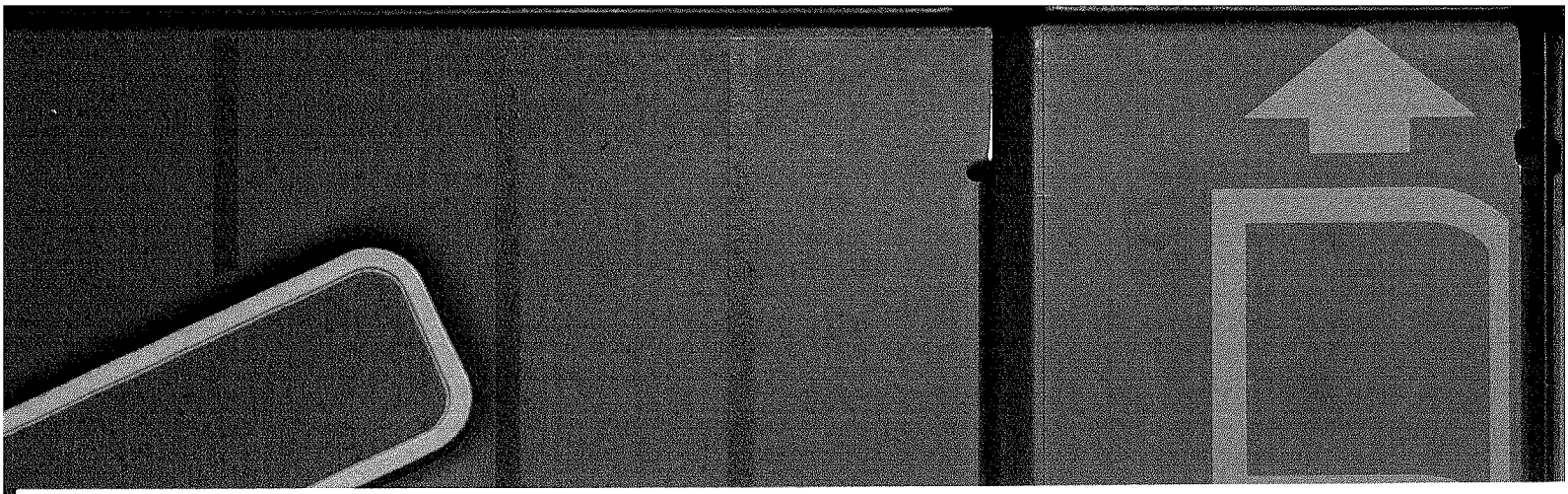

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PATRON: Bradley, Peter - pbradley@ OR
Philosophy & Religious Studies

LHR: 20-57(1969-2000)
TI: Archives of general psychiatry.
ISSN: 0003-990X
ART: Limitations of free assocation
VOL: 22 **NUM:** 2 **DATE:** Feb. 1970 **PAGES:** 160-
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Limitations of Free Association

Judd Marmor, MD, Los Angeles

ONE of the most sacred tenets in the psychoanalytic tradition—one to which I subscribed unquestioningly during most of my professional life—is that regardless of what other limitations might exist in the method of psychoanalysis, the technique of free association was without a doubt the best and most dependable avenue that had yet been devised for bringing into consciousness the unconscious sources of the patient's neurotic difficulties. This conviction rested on certain fundamental cornerstones of psychoanalytic thought—the concepts of psychic determinism, repression, and resistance. The basic assumptions involved were that psychic processes are not capricious in nature and are subject to the fundamental laws of cause and effect. Therefore, bypassing the defensive resistances of the patient by having him say everything that went through his mind meant that whatever he was unwittingly repressing would sooner or later come into consciousness like a cork bobbing to the surface of water and then could be articulated.

Actually, this is often the case and it can hardly be denied that the method of free association has given us unique insights into the roots and meanings of men's fantasies and parapraxic distortions. Nevertheless, the conviction has slowly grown upon me, in the course of over 30 years of clinical experience, that there are serious limitations to the free associational method that have gone largely unrecognized and which have an important bearing on certain shortcomings of classical psychoanalysis *as a therapeutic method.*

One of the clinical facts that has forced itself strongly upon my awareness has been the repeated observation of people who have undergone prolonged and painstaking analyses and yet have been left with clear-cut residual patterns of narcissism, exploitativeness, social aggression, rigidity, compulsiveness, and other similar characterological attitudes. One might reasonably explain this away in many patients on the basis of the fact that either the analyst or the patient had decided to give up the work short of an optimum goal; but when one sees such patterns also present in analysts who have undergone thorough-going and demanding didactic analyses, the former explanation no longer sounds convincing. The suspicion then begins to grow that perhaps there is something in the method itself that in some cases, at least, is failing to get at some of these fundamental personality patterns.

In considering this problem, one is reminded of Ferenzci's reproaching his analyst, Freud, for not having adequately analyzed his (Ferenzci's) repressed hostility. It will be recalled that Freud referred to this incident in his paper on "Analysis Terminable and Interminable" in the following words:

> The man who had been analyzed adopted an antagonistic attitude to his analyst and reproached him for having neglected to complete the analysis. "The analyst," he said, "ought to have known and to have taken account of the fact that a transference-relation could never be

Submitted for publication July 17, 1969.

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merely positive; he ought to have considered the possibilities of a negative transference." The analyst justified himself by saying that, at the time of the analysis, there was no sign of a negative transference. But even supposing he had failed to observe some slight indication of it . . . it was still doubtful, he thought, whether he would have been able to activate a psychical theme or . . . "complex," by merely indicating it to the patient, *so long as it was not at that moment an actuality to him* [italics mine]. Such activation would certainly have necessitated real unfriendly behavior on the analyst's part.[1]

Here we see one of the basic shortcomings in the method of free association; a shortcoming, it seems to me, that has not been adequately recognized in the theoretical preconceptions that have surrounded it. *The fact is that the patient cannot report, even by the method of free association, that which has never actually registered itself on his perceptions, consciously or unconsciously.* In his *Autobiographical Study*, Freud stated that the free associational method "achieved what was expected of it, namely the bringing into consciousness of the *repressed material which was held back by the resistances*"[2] (italics mine). Clearly then, if material has never been registered and therefore is not repressed, the free associational method will not bring it into consciousness. The importance of this fact, as we shall see, is that this may apply to some of the most fundamental aspects of the patient's character structure.

A second basic assumption about the method of free association that Freud explicitly advanced was that it "guarantees to a great extent that . . . nothing will be introduced into it by the expectations of the analyst."[2(p74)] Clinical experience has demonstrated that this simply is not so and that the "free" associations of the patient are strongly influenced by the values and expectations of the therapist. As I have stated elsewhere:

> These inevitably become communicated to our patients in what we choose or do not choose to interpret, in the kinds of questions we ask, in what we implicitly approve of as "healthy" or focus upon as "unhealthy" and even in our nonverbal mannerisms. In face-to-face transactions the expression on the therapist's face, a questioning glance, a lift of the eyebrows, a barely perceptible shake of the head or shrug of the shoulder all act as significant cues to the patient. But even *behind* the couch, our "uh-huhs" as well as our silences, the interest or the disinterest reflected in our tone of voice or our shifting posture all act like subtle radio signals influencing the patient's responses, reinforcing some responses and discouraging others.[3(p292)]

That this actually occurs has been confirmed experimentally by numerous observers.[4-6]

As a result, depending on the point of view of the psychoanalyst, patients of every psychoanalytic school tend, *under free association*, "to bring up precisely the kind of phenomenological data which confirm the theories and interpretations of their analysts! Thus each theory tends to be self-validating. Freudians elicit material about the Oedipus complex and castration anxiety, Adlerians about masculine strivings and feelings of inferiority, Horneyites about idealized images, Sullivanians about disturbed interpersonal relationships, etc. The fact is that in so complex a transaction as the psychoanalytic therapeutic process, the impact of patient and therapist upon each other, and particularly of the latter upon the former, is an unusually profound one."[3(p289)]

Freud himself was not unaware of this fact. In the same article in which he asserts that free association "guarantees . . . that . . . nothing will be introduced . . . by the expectations of the analyst" he states: "We must, however, bear in mind that free association is not really free. The patient remains under the influence of the analytic situation. We shall be justified in assuming that nothing will occur to him that has not some reference to that situation."[2(p72-73)] What Freud did not realize was that the nonverbal *expectations and values* of the analyst, as revealed in all the subtle ways to which I referred earlier, are a basic part of the analytic situation.

To return to my basic theme, the significant fact that has been overlooked in most psychoanalytic theory is that *material of which the patient is unconscious does not necessarily always reside in the patient's "unconscious."* There are many aspects of a patient and his character structure that he has never repressed because he has never been aware of them, even subliminally. This is particularly true of characterological attitudes, which, as has been pointed out by

countless analysts beginning with Wilhelm Reich, are usually experienced as ego-syntonic by the patient.

It might be argued that such patterns always will emerge behaviorally in the transference relationship with the analyst; indeed many of them often do and thus become subject to interpretation and confrontation. However, one must not forget that the relationship to the analyst is a special kind of relationship. The analyst is a help-giving, prestigious, parental surrogate whom the patient is usually eager to please and to whom he frequently relates on the basis of the expectations that are communicated within the structure of their transaction. Thus, a patient who is always reasonably objective and cooperative in working with an analyst may be quite another kind of person entirely in working with colleagues or subordinates *and yet be totally unaware of this.* Such characterological contradictions may never be brought out in the analytic transaction itself unless the patient's attitudes actually involve him in objective difficulties with other people. Moreover, even if they do involve him in such difficulties, he may not have the slightest perception of *why* this is happening and neither free association nor his transference behavior within the analytic situation may shed any light on the matter.

An analytic colleague (G. Saver, personal communication, 1967) reported a case that beautifully highlights this point. A female patient with whom he worked for a number of years was doing extremely well in the analysis but continued to report interpersonal difficulties which seemed to be totally unprovoked by her. Baffled, the analyst finally decided to put her into group therapy. Within a few sessions the mystery was solved. The woman, who in the dyadic relationship with the analyst, had been a "perfect patient," utilizing free association easily and continuously, was observed in the group situation to be a controlling, dominating female who talked incessantly and found it difficult to listen quietly to the others in the group! The qualities that had made her a good patient in the analytic situation—in which she was expected to do all the talking and the analyst all the listening—were the very ones that were creating difficulties for her in other interpersonal relationships in which the rules of the "game" were different. Yet she was quite unaware of this pattern in herself and it never came up in her free associations. Thus certain significant information about the patient may never be brought into the analysis no matter how optimal the use of free association may be within the dyadic analytic relationship.

Indeed, classical psychoanalytic technique has tended to exclude such information by its interdiction of contact with other significant people in the patient's life. However, any analyst who is willing to be "flexible" enough to have interviews with such "significant others" cannot but be struck by the profoundly different way in which an identical situation often may be reported by such an other, in contrast to the patient's version. By exposing himself to such additional sources of information, the analyst's view of his patient is considerably enriched and he is enabled to bring into the context of his work with his patient material that might otherwise never be touched upon.

In making this point, I do not wish to imply that insight alone—whether "cognitive" or "emotional"—is the central factor in the psychotherapeutic process of the psychoanalytic method. I recognize—and have stressed elsewhere[3,7] that the quality of the *relationship* between analyst and patient is at least as important, and perhaps even more so. This includes such factors as the patient's expectations, his faith and trust in the analyst, his unconscious identification with the analyst (what Strachey has called the "dosed introjection of good objects"), and the corrective emotional experiences (Alexander) that he has in the course of the analysis as a result of the analyst responding differently to him than the significant others of his childhood did. Granting all of this, the fact remains that unless all of the basic maladaptive defenses and reactions of the patient are brought into the analytic situation and into the patient's field of awareness, there is a strong likelihood that those which are not may remain unaltered. My thesis is that the method of free association alone, in an exclusively dyadic relationship with an analyst, may not be sufficient to accomplish our therapeutic objective.

What does all of this add up to? Does it

mean that free association is without value? By no means! To draw such a conclusion would be to completely misinterpret the impact of this communication. Free association is still the best methodological tool we have —our Royal Road—for exploring a person's subjective feelings and perceptions and for bringing into awareness that which he has repressed. It has brought us invaluable insights into the nature and meaning of man's dreams, phantasies, and parapraxes. As a technique of investigation it still remains one of the brightest stars in Freud's shining galaxy of achievements.

What I am endeavoring to call attention to, however, are its limitations when it is depended on as an *exclusive* instrument in a dyadic psychotherapeutic procedure. What follows from this is that it is of utmost importance that the psychotherapist retain the utmost flexibility in his therapeutic techniques in order to maximize every possibility of bringing to light all facets of his patient's characterological problems. This includes not only the willingness to glean information by interviewing significant others in his patient's life, but also the willingness and ability to alter the therapeutic field itself from an exclusively dyadic one to others such as conjoint marital, family, or group, *if or as it seems indicated.* Within these varied field models other aspects of the patient's transference distortions and behavioral patterns—toward siblings, subordinates, peers, and members of the same and opposite sex—may be brought into play in ways that often do not emerge at all in the exclusively dyadic analytic situation. These comments should not be misinterpreted as advocating an indiscriminate form of "shotgun therapy" utilizing all kinds of techniques for all cases. The therapist, with his psychodynamic knowledge, has the responsibility of deciding which techniques, in which cases, *will best serve his analytic objectives.* My plea is only that he not feel restricted by virtue of his self-image as an analyst, from being as flexible as his patients' problems require.

In terms of modern field and communication theory, we must recognize that *any* change in the field situation is apt to change both the input and the output of the analytic transaction. Classical analysts themselves have implicitly recognized this when they occasionally recommend a second analysis with a different analyst or with an analyst of the other sex on the grounds that a different kind of transference will thus develop. When Freud said in the Ferenczi case that "activation" of the negative transference would "have necessitated real unfriendly behavior on the analyst's part," he was also recognizing that the real behavior of the analyst plays a role in determining what kind of unconscious material will emerge. Ferenczi's setting of a termination date in order to mobilize separation anxiety and Alexander's alterations in frequency or duration of interviews were such efforts to influence the patient's "free" associations and bring certain kinds of unconscious material into the forefront of the analytic transaction. For many years I have made a practice of almost never terminating an analysis with the patient on the couch. To do so, I am convinced, is to leave untouched important transference reactions which emerge when the patient is forced to look directly at the analyst after being on the couch for several years.

From such modifications within the dyadic pattern, the introduction of significant others into the transaction between the patient and analyst in order to heighten or bring out other kinds of transference patterns is not such a revolutionary or "unanalytic" procedure as might be thought. Recently, a young analyst, a member of one of the constituent societies of the American Psychoanalytic Association, was turned down for membership in that national association on the grounds that his submitted cases included situations in which he had put his analytic patients into group therapy to supplement his continuing dyadic work with them. His rationale was that although his patients were doing quite well in their analyses, he wished to see whether other transference patterns might emerge in the group relationships that he might then work through with them dyadically. This is precisely what happened, but the august elders of the Board of Professional Standards decided that this constituted an improper modification of psychoanalytic technique and ordered this very competent analyst to take another analytic case and bring it to

termination under supervision without utilizing any such "improprieties." Only then would his application be reconsidered. It seems to me that this kind of official reaction confuses the essence of psychoanalysis with a set of narrow, ritualistic formalities. As Alexander has put it, this is "a deification of technique as an aim in itself, as the essence of psychoanalysis, instead of making technique a servant of its goals."[8] If an essential goal of psychoanalysis is broadening the patient's understanding of his unconscious defenses and resistances, then we must seek to identify what is unconscious by whatever means we can. Since, as I have shown, what is unconscious to the patient is not always within his "unconscious," we cannot depend upon free association alone to achieve this analytic objective. What this analyst was attempting to do was to *broaden the field of his analytic work* with his patient, in order to uncover more of what was unconscious than the dyadic free associational technique alone had been able to do. He should have been commended for this rather than censured!

Let us be honest with ourselves. Although it has been a longstanding shibboleth in psychodynamic circles that the formal method of psychoanalysis is the ultimate and best psychotherapeutic weapon at our disposal if we are aiming at really deep characterological changes, many of us who have utilized this method for years cannot but be aware of the fact that our therapeutic intentions have often outstripped our actual achievements. The *goals* of psychoanalytic therapy have indeed been superior to that of other techniques. The psychoanalyst is not content to achieve symptomatic improvement—he aims at nothing less than a major characterological overhaul, ending in "genitality" and full emotional maturity. Yet over and over again we have seen a situation occurring that is typified in the well-known ironic riddle which psychoanalysts themselves often bandy about among themselves:

QUESTION: "What happens when you analyze a schmoe?"

ANSWER: "You get an analyzed schmoe."

The limitations of classical psychoanalytic therapy have not been in intent but in technique. A method that restricts itself strictly to a dyadic relationship, utilizing free association as its major tool, will indeed uncover a great deal—far more, I am convinced, than any nonpsychodynamic technique—but runs the risk of also missing a great deal.

In terms of game theory, all psychotherapeutic methods constitute a kind of "game" played by the participants. Both therapist and patient can learn to play the psychoanalytic "game" superbly and sincerely without achieving their professed goals. The implications of this are particularly significant not only in clinical psychoanalytic practice but also in the training of psychiatrists and psychoanalysts. I fully subscribe to the importance of trying to achieve maximum self-understanding and emotional maturity in all persons who intend to practice psychotherapy. Not only is our ability to understand others limited by our own blind spots, but also any persistent characterological immaturities are subject to enormous stress in the cauldron of intense psychotherapeutic relationships. The propensities and temptations toward "acting out" with patients, often rationalized as being in the patient's interest, are all too well known and unfortunately, all too often manifested in the field of psychotherapy.

Yet in our efforts to help psychiatric trainees achieve full self-knowledge and maturity, we have relied primarily on dyadic techniques of therapy that often fail to achieve the desired result. This is best exemplified in current patterns of psychoanalytic training. It has long been known in most psychoanalytic institutes that the way to "beat the rap and graduate" is "not to make waves." This has meant learning, in the didactic analysis, to play the "game" of free association well; to "accept" supervision (which means not contradicting the supervising analyst and dutifully following his instructions); to avoid calling too much attention to oneself in seminars; and finally to produce a safe, conservative "graduation thesis" in which one carefully plays back all the things one has been taught in the preceding four or five or six years. The result is that those candidates who tend to be most conforming and least original in their thinking get through the training system with the fewest difficulties, and eventually become teachers themselves, thus perpetuating the

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cycle. The original thinker, the nonconformist, is apt to be charged with "resistance" and may have far greater difficulties in completing his training.

If this all sounds rather cynical, this is not my intention. I do not mean to impugn the sincerity of either the training analysts or candidates involved in this process. What I am trying to indicate is that in the very nature of such a process, a subtle self-deception tends to take place on both sides. In the intensive interaction that takes place between therapist and patient, and teacher and pupil, over the course of years, a significant transference-countertransference reaction takes place between them in which they both become deeply committed to the "truth" of what they are doing. The fault is not in their vision but in the blinders that the limitations of their method impose upon them.

Such a consequence could be avoided if our training techniques become more flexible. To rely only on the royal road of free association and transference interpretations within its context is not enough. I believe that all psychiatric and psychoanalytic trainees should have the benefit of exposure to group therapeutic experiences as well as individual therapy and that, wherever possible, auxiliary avenues to understanding their personality patterns, such as family or conjoint marital interviews, should be utilized. Interviews with "significant others" in the trainee's life should not only be permitted, they should be mandatory!

Will this produce more mature psychotherapists? Perhaps not. But it will certainly make us more aware of the complexity of the problems with which we are dealing, and make us less smug and complacent about our therapeutic potentialities. If it does no more than that, it will serve as an impetus for striving to find the better answers that we and our patients so sorely need.

Summary

The method of free association has offered unique insights into the nature and meaning of human fantasy life and parapraxic distortions. Without gainsaying this fact, this article is an effort to examine some of its limitations.

One basic factor is that what the patient is unconscious of does not necessarily always reside in the patient's "unconscious." Free association can only bring into consciousness what is repressed. Information about himself that the patient has never registered is not repressed and will not be brought into the psychotherapeutic transaction by free association. Secondly, free association is never truly "free." It is strongly influenced by the therapeutic situation and by the expectations and communications of the therapist.

The exploration of this problem leads to the question of under what circumstances the dyadic relationship itself is or is not an optimum model for psychotherapeutic change. Certain implications in the training of psychotherapists are also touched upon.

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