

Thompson, M.G. (1996). The Rule of Neutrality. *Psychoanalysis & Contemporary Thought*, 19:57-84.

The Rule of Neutrality

M. Guy Thompson, Ph.D.

The rule of neutrality epitomizes the psychoanalytic method of treatment. Even within the myriad of contemporary analytic schools the attitude that analysts assume about the efficacy of neutrality varies to a considerable extent. Indeed, the degree to which a given psychoanalyst chooses to employ neutrality determines that analyst's conception of psychoanalysis.

Given the significance of this rule, one would assume that general agreement is shared about its definition. I shall argue that our understanding about the nature of neutrality has changed since it was introduced by Freud, and that the efficacy of this technical rule has diverged significantly from the way that Freud employed it. The practical import of this development can hardly be overemphasized—it lies at the heart of how “classical” psychoanalytic technique is conceived.

In order to situate my discussion in the current situation I shall begin by citing examples of how neutrality is conceived by representative members of the analytic community, comparing and contrasting their understanding of this technical principle with Freud's. Then I shall review what Freud actually said about neutrality by referring to the texts where he explored this concept. I

Dr. Thompson is Founder and Director of Free Association, Inc., San Francisco; on the Clinical Faculty of The Wright Institute, Berkeley, and on the Adjunct Faculty of the California School of Professional Psychology, Berkeley/Alameda, CA.

shall conclude by highlighting some of the errors that have been committed when applying neutrality and the misconceptions on which those errors were founded, including the tendency to confuse neutrality with the rule of abstinence.

If there is one concept that epitomizes the specificity of psychoanalytic technique it would undoubtedly be the term *neutrality*. Outside of analytic nomenclature the term is rarely used, and within the analytic community it is the technical principle most frequently invoked to distinguish classical psychoanalysis from its “friendlier,” more popular cousins. Since Freud first invoked it in the last of his six papers on technique (“Observations on Transference-Love” [1915]), neutrality has become the *raison d'être* for what we have since come to embrace as “psychoanalysis.”

Yet the application of this technical rule has changed dramatically since it was originally conceived. The first indications of this shift occurred after the Second World War, in the late 1940s and early 1950s, when Freud's analytic cases were characterized by some of his own followers as ineffectual (Kris, 1951; Langs, 1980). Ironically, the most frequently heard criticism of Freud's analytic cases, then and now, is the alleged *absence* of classical analytic interventions. I believe these criticisms help demonstrate the extent to which analytic technique has changed over the course of this century and how much it has diverged from Freud's conception of it. The term, *classical technique*, as it is now conceived, only vaguely depicts Freud's clinical behavior. What accounts for this remarkable transformation in such a critical aspect of his treatment philosophy? More importantly, how have these developments altered the actual practice of psychoanalysis? These are some of the questions I wish to explore in this paper. I shall begin by reviewing representative characterizations of neutrality in the literature, then compare and contrast them with Freud's depiction of neutrality, gleaned from a variety of sources. I hope to demonstrate that there has

been an inherent misunderstanding about what Freud intended to convey by this concept.

In *The Analytic Attitude* (1983), Roy Schafer depicts neutrality as the following:

The analyst remains neutral in relation to every aspect of the material being presented by the analysand ... In his or her neutrality, the analyst does not crusade for or against the so-called id, superego, or defensive ego. The analyst has no favorites and so is not judgmental. The analyst's position is, as Anna Freud (1936) put it, "equidistant" from the various forces at war with one another.

The simplistic, partisan analyst, working in terms of saints and sinners, victims and victimizers, or good and bad ways to live, is failing to maintain the analytic attitude [1983, p. 5].

In other words, analysts who fail to employ neutrality in response to every aspect of their patient's material fail to maintain the requisite "analytic attitude."

In contrast, the analyst who remains neutral is attempting to allow all of the conflictual material to be fully represented, interpreted, and worked through. The neutral analyst is also attempting to avoid both the imposition of his or her personal values on the analysand and the unquestioning acceptance of the analysand's initial value judgments....

It is particularly important to maintain this neutrality in relation to parental figures and spouses, for to some extent the analysand is identified with them and is vulnerable to the same value judgments that may be passed on them. Also, the analysand may be referring to other people in order to represent indirectly, as in a dream, some disturbing feature of his or her own self. For this reason, too,

the analyst must take care to regard these others neutrally....

To achieve neutrality requires a high degree of subordination of the analyst's personality to the analytic task at hand [p. 6].

Subordination of the analyst's personality should be understood "in terms of the analyst's appropriate moderation, regulation, and often simply curtailment of any show of activity of a predominantly narcissistic sort" (p. 6). Schafer allows, however, that there are times when analysts can't be expected to maintain neutrality, when they are permitted to abandon their neutral attitude and reveal the feelings, criticisms, and expectations that they harbor about their patients. However, those exceptions are allowed only on those occasions when the patient's behavior, "may seriously disrupt the continuity or effectiveness of the analysis or threaten the basic welfare of the analysand. These factors include the analysand's constant precipitation of life crises, prolonged absences, nonpayment of fees, acts of gross delinquency, physical illness, toxicity, suicidal depression, schizophrenic regression, etc." (p. 6).

What are the basic elements of Schafer's views about the nature of neutrality? First, he conceives it as an attitude that every analyst should endeavor to adopt *throughout the course* of each session. Neutrality entails, but isn't necessarily limited to: (1) remaining nonjudgmental; (2) taking care to hide from one's patients those personality traits that the analyst doesn't customarily conceal; and (3) maintaining a naive and unexpectant attitude toward everything that patients say.

I agree with many of the points that Schafer emphasizes about the nature of neutrality. However, he arrives at certain conclusions which I question. The principal point I object to is the axiomatic nature of Schafer's conception of neutrality and his insistence that it should be employed *relentlessly* throughout the course of treatment. According to Schafer, whenever neutrality is breached "analytic treatment," properly

understood, is interrupted. “Nonanalytic” moments should be minimized accordingly. One could conceivably employ a graph which quantifies analytic incidents against nonanalytic ones to determine “how much” analysis is taking place. At a certain point one may breach the criteria of the prescribed analytic experience and lapse into a diluted, no doubt, inferior, form of psychotherapy. Worse, one may have polluted the *therapeutic* experience beyond repair.

Schafer suggests that the most obstinate foil to neutrality is therapeutic ambition, a direct consequence of the analyst's narcissism. Though he doesn't spell out what narcissism entails, he more or less implies that analysts who behave in an overtly friendly manner are “narcissistic” because: (1) expressions of affection aren't germane to analytic work, and (2) the only reason analysts would be so motivated is to compel their patients to love them. Such a strategy would fuel the patient's narcissism in turn and dilute the quota of frustration needed to effect psychic change. Hence, the employment of neutrality should thwart the patient's narcissistic impulses by keeping the analyst's narcissism in check. I shall return to Schafer's characterization of analytic neutrality later.

Now I would like to turn to the American Psychoanalytic Association's compendium of analytic terms, *Psychoanalytic Terms and Concepts* (**Moore and Fine, 1990**). This book is an official publication of the American Psychoanalytic Association and serves as a reference for analytic candidates in training. They define neutrality as:

The stance of the analyst generally recommended for fostering the psychoanalytic process. Central to psychoanalytic neutrality are keeping the countertransference in check, avoiding the imposition of one's own values upon the patient, and taking the patient's capacities rather than one's own desires as a guide. ... The concept also defines the recommended emotional attitude of the analyst—one

of professional commitment or helpful benign understanding that avoids extremes of detachment and overinvolvement.

The analyst's neutrality is intended to facilitate the development, recognition, and interpretation of the transference neurosis and to minimize distortions that might be introduced if he or she attempts to educate, advise, or impose values upon the patient based on the analyst's countertransference. ... Avoiding the imposition of values upon the patient is an accepted aspect of psychoanalytic neutrality. However, there is increasing recognition that the analyst's values are always operative, especially those involving the search for truth, knowledge, and understanding, and those emphasizing orientation toward reality, maturity, and change [1990, p. 127].

According to this definition, analysts should be particularly wary of imposing their personal values on patients. The authors nevertheless qualify this aspect of neutrality by allowing that the search for truth, respect for reality, and even seeking change are values that all analysts “impose” on their patients as a matter of course. To summarize: (1) the analyst's countertransference intrudes on his or her capacity for neutrality; (2) the analyst's values, excepting the qualifications noted above, should be concealed from the patient; (3) the patient should set the agenda for the course of analysis, not the analyst; and (4) neutrality is an “emotional attitude” every analyst is expected to adopt, characterized by benign understanding.

The necessity for qualifying the imposition of this rule is obvious. Since the goal of treatment is at least indirectly “imposed” on patients, the need to impose goals—even when they aren't spelled out—must be exempted from neutrality. Treatments without any goal whatsoever, no matter how understated that goal may be, would have no ostensible purpose. The authors realistically qualify the axiomatic nature of neutrality by accounting for this critical point.

One wonders, however, how the authors are able to reduce the analyst's capacity for benign understanding to an “emotional attitude”? Even if our capacity for compassion and understanding could be relegated to emotion, how could it be regulated or controlled? Surely our capacity for benign understanding lies outside emotions and even serves as a foil against their imposition when manifested, for example, in the analyst's countertransference.

The third reference to analytic neutrality I shall examine is provided by the French analysts, Jean Laplanche and J.-B. Pontalis. In *The Language of Psychoanalysis* (1973), they suggest that neutrality is:

One of the defining characteristics of the attitude of the analyst during the treatment. The analyst must be neutral in respect of religious, ethical and social values—that is to say, he must not direct the treatment according to some ideal, and should abstain from counselling the patient; he must be neutral too as regards manifestations of transference (this rule usually being expressed by the maxim, “Do not play the patient's game”); finally, he must be neutral towards the discourse of the patient....

Freud gives the clearest indication of how neutrality should be understood in his “Recommendations to Physicians Practising Psycho-Analysis” (1912). In this paper, he castigates “therapeutic ambition” and “educative ambition” and deems it wrong to set a patient tasks, such as collecting his memories or thinking over some particular period of his life. The analyst should model himself on the surgeon, who has one aim and one aim only, “... performing the operation as skilfully as possible” [p. 271].

In fact, Freud's “Recommendations to Physicians Practising Psycho-Analysis” (1912b) offers his most exhaustive discussion on the nature of analytic neutrality. Ironically, Freud had not

yet introduced the actual term for it when the paper was written.¹ The paper is devoted entirely to the appropriate *mental attitude*—“neutrality”—psychoanalysts should endeavor to adopt with their patients.

Freud conceived six papers on technique, published between 1911 and 1915, as a technical manual for the clinical practice of psychoanalysis. It was the only time in his career he was ever tempted to do so. Though he returned to the subject now and then during the remaining course of his life, the principal elements of what he had to say about the matter are contained in those six papers (see my critique of the technical papers in Thompson [1994]).

“Recommendations to Physicians Practicing Psycho-Analysis” is the third paper in the series. It is preceded by a brief discussion on dream interpretation (1911) and an exhaustive examination of transference published a year later (1912a), then followed by the three remaining papers: “On Beginning the Treatment” (1913), “Remembering, Repeating and Working-Through” (1914), and “Observations on Transference-Love” (1915), all of which share the same subtitle. Hence the “Recommendations to Physicians” paper is the anchor of the others and is essential to understanding the entire series.

It is divided into nine parts, each pertaining to a facet of neutrality. Freud devotes the entire paper to advocating a most unusual form of attentiveness entailing “evenly suspended attention,” the nature of which is probably more familiar to practitioners of Buddhist meditation than the typical physician. Analysts are advised against striving to remember everything their patients say because, “as soon as anyone deliberately concentrates his attention to a certain degree, he begins to select from the material” (p. 112) instead of giving everything equal weight. Besides, analysts who think that they know what is important to remember and what isn't are invariably mistaken

¹ He only introduced it three years later in the last of his technical papers, “Observations on Transference-Love” (1915), apparently the only time he ever invoked it.

because “the things one hears are for the most part things whose meaning is only recognized later on” (p. 112).

Freud equates this paradoxical model of attentiveness with the fundamental rule of analysis,² the patient's pledge to be candid. It is important to appreciate the degree to which Freud's conception of the fundamental rule dominated his analytic technique in order to grasp the centrality of his rule on neutrality. After discovering that neurotic conflicts are derived from repressed secrets, Freud realized that the patients' free associations could be interpreted to reveal what those secrets were. By uttering whatever comes to mind in a random and haphazard fashion, patients inadvertently divulge crucial clues to what their unconscious wishes are comprised of. This procedure, however, is incumbent on obeying the “fundamental rule”: the pledge to utter the contents of one's associations, without censorship. In effect, patients are expected to *be honest* when complying with this rule. From this time forward, the thrust of analytic technique was predominantly concerned with the mutative ramifications of *instilling rapport* and only tangentially with the need to determine causation of symptoms.

Given the overriding importance that rapport had assumed in analytic treatment, Freud asked how analysts could expect their patients to obey the fundamental rule unless they in turn behave in a reciprocal manner. If analysts want their patients to treat their thoughts, feelings, and inclinations with equal weight, then analysts must treat everything they're told in a complementary frame of mind: with *equanimity*. Freud believed this recommendation was so crucial he even claimed that “What is achieved in this manner will be sufficient for all requirements during the treatment” (p. 112).

The rule of neutrality also explains Freud's admonition against taking notes during analytic sessions. Writing notes necessarily entails the critical use of one's mind and detracts from

² This was only the second time that Freud used this term; the first was in “The Dynamics of Transference,” published the same year (**1912a**).

the “free-floating attentiveness” neutrality is intended to foster. Though keeping notes is a habit that is difficult for scientifically trained analysts to break, Freud was merciless in his insistence on this recommendation. Hence, analysts who argue that psychoanalysis must conform to the criteria of empirical science find this recommendation especially hard to swallow. One of the champions of science himself, Freud nonetheless dismissed the notion that analysis could ever be subjected to anything like a “scientific” study or report (pp. 113-114). Deep down we all know that scientific reports in themselves prove nothing and exist primarily to air the beliefs of the scientists who write them. Since data can be “cooked” this way or that, Freud questioned why analysts should be expected to engage in such a facile game. Though Freud was a great admirer of science he apparently believed that the *treatment situation* must be protected from the potential for abuse that academic institutions commit as a matter of course. In fact, he offers his most eloquent depiction of neutrality when arguing against mingling science with treatment objectives.

Cases which are devoted from the first to scientific purposes and are treated accordingly suffer in their outcome; while the most successful cases are those in which one proceeds, as it were, without any purpose in view, allows oneself to be taken by surprise by any new turn in them, and always meets them with an open mind, free from any presuppositions [p. 114].

Even the intention of publishing a case would contaminate the delicate balance of attentiveness and relaxation that Freud urges analysts to adopt. While he doesn't explicitly say so, this was probably one of the lessons brought home to Freud as a consequence of his failed analysis with Dora, which he had decided to publish at the beginning of her treatment (Thompson, 1994, pp. 97-98). The point he is trying to make is that analysts need to protect themselves from knowing *too much*

about matters that are inconsequential, by encumbering themselves with details that will subvert their principal task: keeping an open mind to everything their patients have to say.

As noted above, Laplanche and Pontalis cited Freud's admonition against succumbing to "therapeutic ambition," which Freud was no doubt alluding to when he suggested (here for the first time) that analytic candidates should themselves undertake analysis to help mitigate their countertransference tendencies. Though Laplanche and Pontalis cite therapeutic ambition in the context of Freud's counsel to model oneself on the behavior of surgeons, this recommendation is usually taken out of context to infer that Freud cold-heartedly suppressed any feeling of sympathy for his patients whatsoever (Gay, 1988, p. 249; Thompson, 1994, pp. 122-124). Let us examine this recommendation in its entirety.

I cannot advise my colleagues too urgently to model themselves during psycho-analytic treatment on the surgeon, who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skilfully as possible. Under present-day conditions the feeling that is most dangerous to a psycho-analyst is the therapeutic ambition to achieve by this novel and much disputed method something that will produce a convincing effect upon other people. This will not only put him into a state of mind which is unfavourable for his work, but will make him helpless against certain resistances of the patient, whose recovery, as we know, primarily depends on the interplay of forces in him. The justification for requiring this emotional coldness in the analyst is that it creates the most advantageous conditions for both parties: for the doctor a desirable protection for his own emotional life and for the patient the largest amount of help that we can give him to-day. A surgeon of earlier times took as his motto the words "Je le pansai, Dieu le guérit"

["I dress it (the wounds), God cures him."] The analyst should be content with something similar [1912b, p. 115].

As one can see, Freud's admonition to "model oneself on the surgeon" assumed an altogether different connotation from the one typically characterized when the rule is not read in its entirety. The so-called emotional coldness that he is frequently accused of advising was offered solely in the context of reminding analysts that it isn't they who perform miracles but the interplay of "forces" in the patients themselves, forces that are as *inaccessible to manipulation* by analysts as the will of God. In other words, if one examines the context where Freud invoked the "model of the surgeon" analogy, he was merely steering analysts from committing hubris: the temptation of acting like "gods" who would pretend to shape the course of their patients' lives. Maintaining such a degree of modesty isn't as simple as it seems. Obviously, psychoanalysts are extraordinarily ambitious people. They have to be in order to survive the enormous sacrifices that are required to undertake the necessary training. This experience, however, is just as likely to arouse hubris as to instill a modicum of humility.

Similarly, educative ambitions arouse another example of hubris when analysts claim they could possibly know what patients should do with their lives when the treatment comes to an end. No doubt all analysts are occasionally disappointed with the choices some patients opt for when the analysis reaches its terminus. They frequently find themselves walking a thin line between inadvertently "supporting" a foolish decision by saying nothing or indirectly "advising" against an alternate course of action by exploring its unconscious motives. Maintaining silence in the course of analysis, as in life, can speak volumes and one never knows what patients read into those moments. Hence, Freud believed that analysts inadvertently abandon their neutrality when they presume to know what is "good" for their patients, as though they are blessed with a capacity for seeing into the future that is denied other mortals.

These are the occasions when hubris is a manifestation of countertransference, when analysts seek the role of “savior” instead of settling for that of interlocutor. A few years later (**1919**) Freud expanded on this aspect of neutrality when contrasting it with an attitude he suspected depicted the Zurich school.

We refused most emphatically to turn a patient who puts himself into our hands in search of help into our private property, to decide his fate for him, to force our own ideals upon him, and with the pride of a Creator to form him in our own image and see that it is good. I still adhere to this refusal, and I think that this is the proper place for the medical discretion which we have had to ignore in other connections [1919, p. 164].

Another example of neutrality can be found in the fourth paper of the series, “On Beginning the Treatment” (**1913**). According to Laplanche and Pontalis, the development of a viable transference relationship depends entirely on the correct handling of neutrality. They quote Freud as saying that: “It is certainly possible to forfeit this first success if from the start one takes up any standpoint other than one of sympathetic understanding, such as a moralizing one, or if one behaves like a representative or advocate of some contending party” (Freud, **1913**, p. 140). Let us examine this quotation in its entirety to avoid any possible misunderstanding. Freud was apparently concerned with a very practical matter: how soon in the treatment should analysts begin to interpret their patients' communications?

The next question with which we are faced raises a matter of principle. It is this: When are we to begin making our communications to the patient? When is the moment for disclosing to him the hidden meaning of the ideas that occur to him, and for initiating him into the postulates and technical procedures of analysis?

The answer to this can only be: Not until an effective transference has been established in the patient, a proper rapport with him. It remains the first aim of the treatment to attach him to it and to the person of the doctor. To ensure this, nothing need be done but to give him time. If one exhibits a serious interest in him, carefully clears away the resistances that crop up at the beginning and avoids making certain mistakes, he will of himself form such an attachment and link the doctor up with one of the imagos of the people by whom he was accustomed to be treated with affection. It is certainly possible to forfeit this first success if from the start one takes up any standpoint other than one of sympathetic understanding, such as a moralizing one, or if one behaves like a representative or advocate of some contending party—of the other member of a married couple, for instance [pp. 139-140].

Freud's characterization of “sympathetic understanding” as epitomizing neutrality no doubt confuses those analysts who equate the neutral attitude with the “coldness of the surgeon,” noted by Laplanche and Pontalis. The two technical recommendations, written a year apart, seem to contradict each other. In the first recommendation (1912b, p. 115) Freud emphasizes the need to *withhold* sympathy (in the service of neutrality), while in the second (1913, p. 140) he advocates the *expression* of sympathetic understanding. Laplanche and Pontalis imply that an attitude of sympathy nonetheless epitomizes neutrality when they cite a reference from *Studies on Hysteria* (Breuer and Freud, 1893-1895) where Freud, in perhaps his earliest depiction of neutrality, characterized it as an attitude in which, “One works, to the best of one's power, as an elucidator [*Aufklärer*] (where ignorance has given rise to fear), as a teacher, as a father confessor who gives absolution, as it were, by a continuance of his sympathy and respect after the confession has been made” (p. 282). On the other hand, Schafer

appears to believe that the expression of sympathetic understanding diverges from analytic neutrality when he advises against becoming entangled in a patient's domestic quarrels. According to this view, if one's patient is embroiled in an argument with a spouse, for example, neutrality requires that the analyst avoid "taking sides." Repeating what Schafer said earlier: "It is particularly important to maintain this neutrality in relation to parental figures and spouses, for to some extent, the analyst is identified with them and is vulnerable to the same value judgments that may be passed on them" (Schafer, **1983**, p. 6). Schafer construes neutrality as an attitude that requires analysts to be opaque with their patients, to subordinate their personalities, and conceal from patients their personal opinions, not only when it seems appropriate but throughout the course of treatment. Yet, when Freud warns against adopting a "moralizing" tone in the recommendation just noted he says nothing about taking *no* sides (as Schafer does). On the contrary, he advises against becoming an advocate for *the contending party*, such as the patient's spouse. The idea of neutrality isn't, strictly speaking, served by taking no sides; the neutral analyst gives the impression of always being *on the patient's side*, irrespective of the foolishness one's patient is bound to commit.

How could analysts appear to be sympathetic if they were noncommittal to everything their patients complain about? The expression of sympathy (i.e., commiseration) shows that analysts are supportive by not insinuating a note of "disapproval" about the nature of their patients' tribulations, however biased or confused they may be. Whereas Freud construed neutrality as a vehicle for instilling rapport, Schafer conceives the term literally as exemplifying a "neutered," nonposition from which analysts are forbidden to either commiserate with or condemn the patient's prejudices. In practice, strict adherence to this technique would be experienced by patients, not as unintrusive and cautious, but as distinctly *disinterested* in the everydayness of their concerns—the very attitude that analysts

erroneously attribute to Freud's surgeon analogy! I don't believe this distinction is simply a matter of how much or little sympathy one should express at a given moment; it epitomizes how “classical” analysis is currently conceived.

One of the barriers to integrating Freud's extraordinarily subtle conception of neutrality into one's clinical practice is its proximity to the rule of abstinence: refusing to comply with the patient's demand for love. Though separate concepts, many analysts equate the two while others, such as Laplanche and Pontalis, characterize abstinence as “a simple consequence of neutrality” (1973, p. 3), implying a kinship that can be misleading. Adding to the confusion, Freud didn't bother to provide definitions for either term, the consequence of a writing style in which he preferred to allow the context where terms were invoked to imply their meaning. In fact, though the “Recommendations to Physicians” paper was devoted entirely to neutrality and abstinence, *it was three more years before their recommended application was explicitly linked to their respective technical terms.*

Freud also had the habit of weaving a discussion of one concept into his treatment of the other, but without saying so. For example, in the analyst-as-surgeon analogy where Freud admonishes analysts to “put aside all [their] feelings, even human sympathy” (1912b, p. 115), he is actually invoking abstinence, not the rule of neutrality. Then, in the very next sentence when he warns that “the feeling that is most dangerous to a psychoanalyst is the therapeutic ambition to achieve ... something that will produce a convincing effect upon other people,” he is invoking the rule of neutrality. Due to the confusion that persists about the two concepts, the prevalent view of neutrality is rooted in the assumption that it entails keeping the analyst's affect in check. In fact, neutrality isn't specifically concerned with affect but with the way analysts divide their attention during the analytic hour; it pertains to the analyst's *state of mind* and the manner in which they bring their minds to bear on what their patients confide. Feelings enter the

picture only when they inhibit the analyst's capacity to adopt a neutral attitude.

On the other hand, abstinence *is* concerned with the analyst's affect, but not in the manner that Schafer's term, *subordination of the personality*, implies. The rule of abstinence pertains exclusively to those feelings that prompt analysts to behave seductively. Nothing in Freud's conception of neutrality *or* abstinence calls for analysts to subordinate their personalities in the sense of *disguising* their feelings about the things their patients say. The expression of anger, impatience, disappointment, irritation, and concern are actually tangential to the rule of abstinence—as well as the rule of neutrality. Hence, one of the principal myths about neutrality is that one is supposed to adopt an “affectless” attitude, assuming that it is even possible to do so! Nothing could be further from the truth.

Another reason the distinction between neutrality and abstinence has become so muddled is because both terms were introduced in the same technical paper, “Observations on Transference-Love” (1915), only a few sentences apart. In that paper, Freud was trying to help analysts cope with the extraordinary demands that their patients impose during the course of treatment. But the nature of those demands was actually quite narrow: the sometimes explosive and unpredictable erotic longings patients “transfer” onto their analysts. This phenomenon led Freud to conjecture that transference feelings, instigated by our unfulfilled longing for love, axiomatically crop up in the course of analysis as they do in virtually all relationships. What sets *analytic* transference feelings apart from nonanalytic ones is that in the former analysts (1) aren't in a position to relieve their frustration; and (2) mustn't allow themselves to behave indifferently when they arise. It is in this context that analysts are supposed to assume a “neutral” position.

While analysts mustn't make it their business to satisfy their patients' longings, neither should they play their hands too close to their chest. That being said, it isn't so easy to grapple with the intense demands every analyst encounters. It requires

enormous confidence and tact to fulfill one's role honestly without resorting to guile or manipulation. Some analysts, Freud discovered, resorted to lecturing their patients that it would be “wrong” to return their love and hoped that would end the matter forever. Others took the opposite tack and misguidedly assumed that their patients were somehow obligated to fall in love with them in order to evoke the “analytic experience.” Some even encouraged their patients to do so at the beginning of treatment, as though they could manufacture such feelings on command. Freud observed that either extreme would breach neutrality by violating the ethical standard on which analytic relationships are founded. If analysts expect their patients to comply with the fundamental rule of analysis, to bare all without censorship, they, in turn, must learn to accept the entire range of their patients' experience without losing their equilibrium.

Why did Freud choose *this* paper to finally give neutrality its proper name? What was it about the nature of erotic demands that prompted him to devote an entire paper to a technical principle he had treated at length already? Freud was apparently startled by the degree of duplicity that some analysts engaged in when confronted with their patients' transference behavior, not unlike the startled reaction of Joseph Breuer to Anna O.'s declaration that he had fathered her child! Of course, it wasn't long after that famous treatment (circa. 1882) that Freud replaced hypnosis with the free association method. The unprecedented innovation of speaking spontaneously without reservation gave neurotic patients for the first time the responsibility for serving as authors of their own destiny, unconscious parapraxes and all. It wasn't until much later, however, in 1912, that Freud introduced the “fundamental rule.” Contrary to conventional wisdom, this rule was *not* identical with the free association method (Thompson, **1994**, pp. 155-174). The following year Freud explicitly outlined how the two rules should be distinguished from each other (**1913**, pp. 134-135).

Whereas free association is a verbal form of meditation by which patients utter the thoughts that come to mind, the fundamental rule is the patient's explicit pledge to verbalize those thoughts, without censorship. In the absence of one's actual *pledge* to “free associate”—a unique blend of conscious motivation and unconscious associations—the dynamics of the patient's resistance to this rule would be moot.

The imposition of this rule, the only one, Freud adds, that patients are asked to follow (1913, pp. 134-135), suggests that analytic treatment is rooted in a commitment to honesty. This commitment, however, applies to analysts as well; otherwise patients would lose whatever respect they had for their analysts in the first place. Freud was particularly sensitive to the standard of morality practiced by society in general and the casual duplicity that the public expected from physicians. This was the context in which Freud conceived the ethical standard that analysts were expected to follow. Some analysts apparently wondered what the harm would be in bending the truth just a little for the sake of expediency. After all, why should analysts be expected to restrict themselves to the same terms as their patients when it wasn't they who were in treatment? Finally, what would be wrong with giving patients the love they craved initially, then wean them off it when they become independent? Freud's reaction to these rationales for deception was typically blunt:

My objection to this expedient is that psycho-analytic treatment is founded on truthfulness. In this fact lies a great part of its educative effect and its ethical value. It is dangerous to depart from this foundation. Anyone who has become saturated in the analytic technique will no longer be able to make use of the lies and pretences which a doctor normally finds unavoidable; and if, with the best intentions, he does attempt to do so, he is very likely to betray himself. Since we demand strict truthfulness from our patients, we jeopardize our whole authority if we let ourselves

be caught out by them in a departure from the truth [1915, p. 164].

This was the context in which Freud introduced the actual term *neutrality*, by virtue of the analyst's commitment to seeking *and* speaking the truth:

Besides, the experiment of letting oneself go a little way in tender feelings for the patient is not altogether without danger. Our control over ourselves is not so complete that we may not suddenly one day go further than we had intended. In my opinion, therefore, we ought not to give up the neutrality towards the patient, which we have acquired through keeping the counter-transference in check [1915, p. 164]

Having now invoked neutrality for the first time, Freud turned his attention to abstinence. If analysts treat their patients honestly and keep an open mind to everything they say, they will eventually unleash in those patients a newfound freedom which in turn elicits greater demands on themselves. In fact, they may err in behaving *too openly* and lead their patients to surmise that their uncompromising acceptance of everything they phantasize is silently encouraged. Patients may conclude that their analysts are secretly in love with them and, armed with this source of gratification, their motivation to change will be compromised accordingly. This is the principal reason why:

The treatment must be carried out in abstinence.... I shall state it as a fundamental principle that the patient's need and longing should be allowed to persist in her, in order that they may serve as forces impelling her to do work and to make changes, and that we must beware of appeasing those forces by means of surrogates [1915, p. 165].

One of the reasons, then, for introducing the rule of abstinence was to compensate for the consequences of neutrality. Some

patients hoped to substitute their analyst's role as “elucidator” with the more pleasing one of lover. Freud treated these developments as axiomatic of the patient's resistance to treatment and introduced abstinence as a prophylactic against inadvertently succumbing to seduction. Hence abstinence entails a *moderation* of how much openness (“neutrality”) analysts should employ, depending on the situation. Abstinence also serves as an insurance against expressing more sympathy than is prudent. Though Laplanche and Pontalis depict abstinence as a subsidiary of neutrality, abstinence often serves as a *foil* to neutrality, and vice versa. Since the essence of neutrality is rooted in openness, this is frequently construed by patients as a demonstration of the analyst's love. In the transference this is taken personally as though intended for that patient alone. On the other hand, when analysts withhold sympathy for fear of encouraging erotic phantasies, they risk inhibiting that aspect of transference that is epitomized by one's capacity for candor.

How, then, can analysts hope to reconcile the seeming contradiction between neutrality and abstinence? The answer is actually quite simple. Despite the impression given by Schafer, neutrality was never intended to be employed *universally*. It should be applied with discretion, depending on the forces at play in each patient. The rule of neutrality solely entails the analyst's openness to the patient's experience in all its variety and device. Whereas the rule of abstinence admonishes analysts to hold their feelings in check, neutrality serves as a prophylactic against becoming too clever, manipulative, coercive, deceptive, therapeutically ambitious, and controlling. On the other hand, neutrality can be carried too far. Were it feasible for analysts to engage in neutrality full bore—an impossibility—their role would become so compromised that they would be relegated to the part of permissive patron. Patients would interpret their inactivity as a sign of “agreement” and the analysis would lose its tension.

This is why neutrality *needs to be employed selectively*. Analysts inadvertently breach neutrality whenever they offer interpretations since, by their nature, interpretations are intended to undermine the patient's most treasured assumptions. Carried to extremes, however, the use of interpretation may hinder the patient's capacity for inquiry by situating the analyst in too active a role. This dilemma prompted both Winnicott and Lacan to dispense with interpretations entirely in order to expand the range of neutrality they could employ with their patients. Yet, Freud warned against ignoring common sense by taking this strategy to extremes. In his "Recommendations to Physicians" paper he explicitly advocated *alternating a neutral frame of mind with an ordinary one*, by "swinging over according to need from the one mental attitude to the other" (1912b, p. 114). The same principle applies to the rule of abstinence. Some patients, for example, especially hysterics, may require the employment of more abstinence whereas obsessionals may require considerably less.⁴

In fact, Freud's analysis of the Rat Man is a perfect example of how neutrality and abstinence should be alternated. More recent conceptions of neutrality have diverged so markedly from Freud's that he is now criticized for not having exercised *more* neutrality than he customarily employed. For example, Freud committed a number of gestures in his treatment of the Rat Man that most analysts now find objectionable—even "unanalytic"—such as sending his patient postcards while on holiday, loaning him a book, asking to see photographs of his girl friend, and offering him food when he was hungry (Thompson, 1994, pp. 205-240). Langs reflects the opinion of a great number of analysts in suggesting that Freud's gestures were deviations from strict analytic neutrality (1980, pp. 215-216). He even argues that Freud's display of sympathy and concern "endangered" the analytic frame by unnecessarily

⁴ See my discussion of Freud's employment of neutrality with the Rat Man (Thompson, 1994, pp. 230-240).

gratifying his patient (p. 227). Mahony concurs with this view and concludes that Freud was “frequently intrusive [and] reassuring,” talked too much, and was “aggressively helpful” (1986, p. 90).

Some of Freud's critics condemn the poverty of transference interpretations in virtually all of his published cases, including that of the Rat Man. Gill (1982), for example, suggested that the preponderance of genetic interpretations over transference ones, compounded by the short duration of his analytic cases, culminated in a superficial treatment experience at best. Together, these criticisms portray Freud as someone who failed to attend to the unconscious dynamics of the patient's current situation, breached analytic neutrality through overinvolvement, and was prone to investigating the underlying causes of neurotic conflict while neglecting to help patients work through the transference neurosis.

Virtually all these criticisms are founded on the erroneous notion that neutrality is intended to promote an experience of *deprivation* in the analytic situation. On the contrary, Freud promoted a vision of neutrality that was rooted in the principle of *noninterference*. It was never intended to serve as a vehicle for withholding gratification but as a means of facilitating free associations. Allowing this distinction, Freud's analysis of the Rat Man is a perfect example of how neutrality should be employed.

For example, at a critical point in the Rat Man's analysis he suddenly turned against Freud in a moment of delusional fury and accused him of trying to marry him off to his daughter, Anna. Shocked at his own outburst, he was subsequently worried that Freud would summarily terminate his analysis. A tense period ensued, during which Freud remained noncommittal about the meaning of his patient's outburst. Many analysts would have interpreted the emergence of the negative transference in order to “ease” the intensity of the situation. By suggesting that the patient's feelings don't, in fact, pertain to them

(the analyst) personally, they hope to nullify the patient's aggression and insure continuation of treatment.

Compared with current standards, it is all the more remarkable that Freud chose to say nothing. He had said nothing earlier to *encourage* the emergence of his patient's negative feelings (by behaving in a remote manner, for example) nor, once the feelings spontaneously erupted did he say anything to *discourage* them. Freud invoked neutrality by: (1) tolerating his patient's feelings and accepting them at face value; (2) by not "interpreting away" the power of the moment; and (3) by giving his patient time to come to terms with his feelings himself. Soon after this interlude the Rat Man's symptoms disappeared.

What was specifically "neutral" about Freud's handling of the Rat Man's negative transference feelings? The most significant feature of his reaction was that Freud offered *no interpretations*. As a rule, Freud almost never used transference interpretations because he believed they encourage patients to intellectualize their feelings instead of working them through. Freud preferred genetic interpretations instead because they supported the "educational" goal of helping patients to appreciate the unconscious forces of their existence. While genetic interpretations are just as liable to breach neutrality as transference ones, Freud apparently felt they were less likely to inhibit the patient's capacity to "work through" the transference neurosis by persevering with the fundamental rule (Thompson, **1994**, pp. 192-204).

Freud's gestures of friendship and support served to facilitate the spirit of openness that neutrality is intended to foster. Besides, Freud was generally friendly with all of his patients. He was a gracious and outgoing person who unreservedly enjoyed the company of his fellow human beings. The examples of "extra-analytic" behavior that Freud's critics accuse him of committing were hardly momentary lapses, nor were they rare. Freud was notorious for being both amiable and talkative with patients when measured by conventional standards (**Lipton, 1977**). Haynal quotes numerous examples from former patients

who reported that Freud engaged in straightforward dialogues with them (1989). And Racker bemusedly concluded that if neutrality is intended to impose limitations on how much analysts should say, Freud couldn't possibly be characterized as a “classically neutral” analyst! (Racker, 1968, pp. 34-35).

Whatever neutrality was intended to foster when Freud conceived it, it was never meant to prohibit analysts from simply *being themselves*. As Freud himself demonstrated, neutrality should never inhibit analysts from behaving in a friendly and overtly sympathetic manner when it is in their nature to do so. Even when such behavior challenges the criteria of abstinence, and it will, the employment of abstinence shouldn't be so severe that it deprives analysts of their intrinsic humanity.

One should bear in mind that neutrality is a *state of mind* whose sole purpose is to complement the fundamental rule of analysis. It is probably best characterized by the Skeptic notion of *epoché*, the disciplined suspension of judgment (Annas and Barnes, 1994). Ironically, “interpretation” is essentially a skeptical notion because it assumes that knowledge can't be determined through scientific explanation. Knowledge, by its nature, is mysterious, ambiguous, and inexact. We can approximate it but never really “know” what it is. By suspending judgment about the nature of what is going on around and within ourselves, we become wary of our assertions and less invested in proving they're right. The Skeptics concluded that truths can never be proved because they're intrinsically *personal*. The only truths we ever “know” are based entirely on experience, so they are meaningful only to ourselves. According to the Skeptics, we try to escape the weight of our experience by seeking objective truths that, once established, we proceed to argue against. This, they believed, is the principal cause of mental anguish. Therapeutically, the Skeptics suggested it was possible to obtain happiness by systematically abandoning our search for certitude. The extent to which we succeed in doing so “cures” us of the need for argumentation, a precursor to neurotic ambivalence.

Freud was a Skeptic in the spirit in which he advocated the rule of neutrality. By keeping an open mind to the other's experience and not imposing solutions on what is ultimately unknowable, analysis helps patients obtain relief from mental conflicts. Hence, free association and neutrality serve the same purpose. They promote the peace of mind that can only be obtained by treating everything with equal weight.

If patients can be expected to be truthful about the nature and variety of their experience, analysts must learn to be open to what those experiences are. Freud advised that the principal means of doing so was through “keeping the countertransference in check” (1915, pp. 163-164). But what does that specifically entail? If analysts hope to employ neutrality with a modicum of diligence, flexibility, and common sense, then they need to have mastered the task of being “neutral” *with themselves*. Their own experience of analysis and self-analysis should have fostered a capacity for learning to accept their own idiosyncrasies, limitations, jealousies, fears, anxieties, in effect, the totality of the person they have become. If they are unable to do so, if, in fact, they are at odds with themselves and the weight of their everyday existence, they will impose the same grief onto their patients, irrespective of what their training has advised.

Like free association, neutrality is a kind of *meditation*. It employs a vigilance that is consuming but paradoxically accepting of how we situate ourselves in the world. It entails nothing more complicated than learning to be honest with ourselves and, hence, with others. That is why Freud's conception of neutrality isn't so much a matter of technique as a person's *manner of being*.

The dialectic of analytic knowledge—when the analyst should say something and when to let others do the talking—encapsulates the sense of “play” that is inherent in Freud's approach to neutrality. He knew that psychoanalysis, unlike science, could never aim at precision because it is rooted in our capacity for *patience*. It instills in us a capacity for *nonintervention* in the face of insurmountable pressures to do something. It is paradoxical in that doing “nothing” is our principal

means of effecting change. That is why the efficacy of analysis can't be measured by determining how much or how little neutrality to employ, but by knowing when it's prudent to be neutral—and when to take a position.

References

- Annas, J., & Barnes, J. (1994), *Sextus Empiricus: Outlines of Scepticism*. Cambridge, U.K.: Cambridge University Press.
- Breuer, J., & Freud, S. (1893-1895), *Studies on Hysteria*. Standard Edition, 2. London: Hogarth Press, 1955.
- Freud, A. (1936), *The Ego and the Mechanisms of Defense*, Vol. 1, *The Writings*. New York: International Universities Press, 1966.
- Freud, S. (1911), *The handling of dream-interpretation in psycho-analysis*. Standard Edition, 12: 89-96. London: Hogarth Press, 1958.
- Freud, S. (1912a), *The dynamics of transference*. Standard Edition, 12: 97-108. London: Hogarth Press, 1958.
- Freud, S. (1912b), *Recommendations to physicians practising psycho-analysis*. Standard Edition, 12: 109-120. London: Hogarth Press, 1958.
- Freud, S. (1913), *On beginning the treatment (Further recommendations on the technique of psycho-analysis, I)*. Standard Edition, 12: 121-144. London: Hogarth Press, 1958.
- Freud, S. (1914), *Remembering, repeating and working through (Further recommendations on the technique of psycho-analysis, II)*. Standard Edition, 12: 145-156. London: Hogarth Press, 1958.
- Freud, S. (1915), *Observations on transference-love. (Further recommendations on the technique of psycho-analysis, III)*. Standard Edition, 12: 157-171. London: Hogarth Press, 1958.
- Freud, S. (1916-1917), *Introductory Lectures on Psychoanalysis*. Standard Edition, 16. London: Hogarth Press, 1963.
- Freud, S. (1919), *Lines of advance in psycho-analytic therapy*. Standard Edition, 17: 157-168. London: Hogarth Press, 1955.
- Gay, P. (1988), *Freud—A Life for Our Time*. New York: W. W. Norton.
- Gill, M. (1982), *Analysis of Transference*, Vol. 1. New York: International Universities Press.
- Haynal, A. (1989), *Controversies in Psychoanalytic Method*. New York: New York University Press.
- Kris, E. (1951), *Ego psychology and interpretation in psychoanalytic therapy*. *Psychoanal. Q.*, 20: 15-30.
- Langs, R. (1980), *The misalliance dimension in the case of the Rat Man*. In: *Freud and His Patients*, ed. M. Kanzer & J. Glenn. New York: Jason Aronson, pp. 215-231.
- Laplanche, J., & Pontalis, J.-B. (1973), *The Language of Psychoanalysis*. 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.*, 58: 255-273.
- Mahony, P. (1986), *Freud and the Rat Man*. New Haven, CT: Yale University Press.

- Moore, B. E., & Fine, B. D. (1990), *Psychoanalytic Terms and Concepts*. New Haven, CT: Yale University Press.
- Racker, H. (1968), *Transference and Countertransference*. New York: International Universities Press.
- Schafer, R. (1983), *The Analytic Attitude*. New York: Basic Books.
- Thompson, M. G. (1994), *The Truth About Freud's Technique: The Encounter with the Real*. New York: New York University Press.

- 84 -

Copyright © M. Guy Thompson