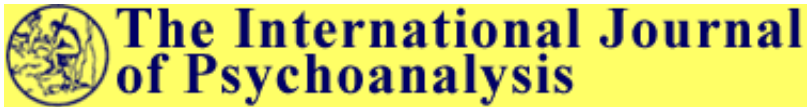


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The Fate of the Ego in Analytic Therapy

Richard Sterba

That part of the psychic apparatus which is turned towards the outside world and whose business it is to receive stimuli and effect discharge-reactions we call the ego. Since analysis belongs to the external world, it is again the ego which is turned towards it. Such knowledge as we possess of the deeper strata of the psychic apparatus reaches us by way of the ego and depends upon the extent to which the ego admits it, in virtue of such derivatives of the Ucs as it still tolerates. If we wish to learn something of these deeper strata or to bring about a change in a neurotic constellation of instincts, it is to the ego and the ego alone that we can turn. Our analysis of resistances, the explanations and interpretations that we give to our patients, our attempts to alter their mental attitudes through our personal action upon them—all these must necessarily start with the ego. Now amongst all the experiences undergone by the ego during an analysis there is one which seems to me so specific and so characteristic of the analytic situation that I feel justified in isolating it and presenting it to you as the 'fate' of the ego in analytic therapy.

The contents of this paper will surprise you by their familiarity. How could it be otherwise, seeing that it is simply an account of what you do and observe every day in your analyses? If, nevertheless, I plead justification, it is because I believe that, in what follows, adequate recognition is given for the first time to a factor in our therapeutic work which has so far received too little attention in our literature. The nearest approach to my theme is to be found in a paper on

¹ *Internationale Zeitschrift für Psychoanalyse*, Bd. XIV, 1928.

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character-analysis by Reich,¹ in which he talks of 'isolating' a given character-trait, 'objectifying' it and 'imparting psychic distance' to it, referring thereby no doubt to that therapeutic process which I shall now present in a much more general form.

For the purposes of our incomplete description it will suffice if we regard the ego in analysis as having three functions. First, it is the executive organ of the id, which is the source of the object-cathexis of the analyst in the transference; secondly, it is the organization which aims at fulfilling the demands of the super-ego and, thirdly, it is the site of experience, i.e. the institution which either allows or prevents the discharge of the energy poured forth by the id in accordance with the subject's previous experiences.

In analysis the personality of the analysand passes first of all under the domination of the *transference*. The function of the transference is twofold. On the one hand, it serves to satisfy the object-hunger of the id. But, on the other, it meets with opposition from the repressive psychic institutions—the super-ego, which rejects it on moral grounds, and the ego, which, because of unhappy experiences, utters a warning against it. Thus, in the transference-resistance the very fact of the transference is utilized as a weapon against the whole analysis.

We see, then, that in the transference a dualistic principle comes into play in the ego: instinct and repression alike make themselves felt. We learn from the study of the transference-resistance that the forces of repression enter into the transference no less than the instinctual forces. Anti-cathexes are mobilized as a defence against the libidinal impulses which proceed from the Ucs and are revived in the transference. For example, anxiety is activated as a danger-signal against the repetition of some unhappy experience that once ensued from an instinctual impulse, and is used as a defence against analysis. Here the repressive forces throw their weight on the side of the transference because the revival of the repressed tendency makes it the more imperative for the subject to defend himself against it and so put an end to the dreaded laying bare of the Ucs.

In order to bring out the twofold function of the transference let me sketch a fairly typical transference-situation such as arose at the beginning of one of my analyses.

A woman patient transferred to the analyst an important object-cathexis

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from the period of early childhood. It represented her love for a physician to whom she was frequently taken during her fifth year on account of enlarged tonsils. On each occasion he looked into her mouth, without touching the tonsils, afterwards giving her some sweets and always being kind and friendly. Her parents had instituted these visits in order to lull her into security for the operation to come. One day, when she trustfully let the doctor look into her mouth again, he inserted a gag and, without giving any narcotic or local anæsthetic, removed the unsuspecting child's tonsils. For her this was a bitter disillusionment and never again could she be persuaded to go to see him.

The twofold function of the transference from this physician to the analyst is obvious: in the first place it revived the object-relation to the former (a father-substitute), but, in the second place, her unhappy experience with him gave the repressive forces their opportunity to reject the analyst and, with him, the analysis. 'You had much better stay away, in case he hurts you', they warned her, 'and keep your mouth shut!' The result was that the patient was obstinately silent in the analysis and manifested a constant tendency to break it off.

This typical example shews how the ego manages in the transference to rid itself of two different influences, though in the shape of a conflict. For the establishment of the transference is based on a conflict between instinct and repression. Where the transference-situation is intense, there is always the danger that one or other of the conflicting forces may prevail: either the analytic enterprise may be broken up by the blunt transference demands of the patient, or else the repressive institutions in the mind of the latter may totally repudiate both analyst and analysis. Thus we may describe the transference and the resistance which goes with it as the conflict-laden final result of the struggle between two groups of forces, each of which aims at dominating the workings of the ego, while both alike obstruct the purposes of the analysis.

In opposition to this dual influence, the object of which is to inhibit the analysis, we have the corrective influence of the analyst, who in his turn, however, must address himself to the *ego*. He approaches it in its capacity of the organ of perception and of the testing by reality. By *interpreting* the transference-situation he endeavours to oppose those elements in the ego which are focussed on reality to those which have a cathexis of instinctual or defensive energy. What

² It may be doubted whether 'dissociation' is an appropriate term for non-pathological processes in the ego. This point is answered by the following passage in Freud's *New Introductory Lectures on Psycho-Analysis*, a work which has appeared since this paper was read: 'We wish to make the ego the object of our study, our own ego. But how can that be done? The ego is the subject *par excellence*: how can it become the object? There is no doubt, however, that it can. The ego can take itself as object; it can treat itself like any other object, observe itself, criticize itself, do Heaven knows what besides with itself. In such a case, one part of the ego stands over against the other. The ego can, then, be split; it becomes dissociated during many of its functions, at any rate in passing. The parts can later on join up again' (p. 80).

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he thus accomplishes may be described as a *dissociation* within the ego.²

We know that dissociations within the ego are by no means uncommon. They are a means of avoiding the clash of intolerable contradictions in its organization. 'Double consciousness' may be regarded as a large-scale example of such dissociation: here the left hand is successfully prevented from knowing what is done by the right. Many parapraxes are of the nature of 'double consciousness', and abortive forms of this phenomenon are to be found in other departments of life as well.

This capacity of the ego for dissociation gives the analyst the chance, by means of his interpretations, to effect an alliance with the ego against the powerful forces of instinct and repression and, with the help of one part of it, to try to vanquish the opposing forces. Hence, when we begin an analysis which can be carried to completion, the fate that inevitably awaits the ego is that of *dissociation*. A permanently unified ego, such as we meet with in cases of excessive narcissisms or in certain psychotic states where ego and id have become fused, is not susceptible of analysis. The therapeutic dissociation of the ego is a necessity if the analyst is to have the chance of winning over part of it to his side, conquering it, strengthening it by means of identification with himself and opposing it in the transference to those parts which have a cathexis of instinctual and defensive energy.

The technique by which the analyst effects this therapeutic dissociation of the ego consists of the explanations which he gives to the patient of the first signs of transference and transference-resistance that can be interpreted. You will remember that in his recommendations on the subject of technique Freud says that, when the analyst

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can detect the effects of a transference-resistance it is a sign that the time is ripe for interpretation. Through the explanations of the transference-situation that he receives the patient realizes for the first time the peculiar character of the therapeutic method used in

analysis. Its distinctive characteristic is this: that the subject's consciousness shifts from the centre of affective experience to that of intellectual contemplation. The transference-situation is *interpreted*, i.e. an explanation is given which is uncoloured by affect and which shews that the situation has its roots in the subject's childhood. Through this interpretation there emerges in the mind of the patient, out of the chaos of behaviour impelled by instinct and behaviour designed to inhibit instinct, a *new point of view of intellectual contemplation*. In order that this new standpoint may be effectually reached there must be a certain amount of positive transference, on the basis of which a transitory strengthening of the ego takes place through identification with the analyst. This identification is induced by the analyst. From the outset the patient is called upon to 'co-operate' with the analyst against something in himself. Each separate session gives the analyst various opportunities of employing the term 'we', in referring to himself and to the part of the patient's ego which is consonant with reality. The use of the word 'we' always means that the analyst is trying to draw that part of the ego over to his side and to place it in opposition to the other part which in the transference is cathected or influenced from the side of the unconscious. We might say that this 'we' is the instrument by means of which the therapeutic dissociation of the ego is effected.

The function of interpretation, then, is this: Over against the patient's instinct-conditioned or defensive behaviour, emotions and thoughts it sets up in him a principle of intellectual cognition, a principle which is steadily supported by the analyst and fortified by the additional insight gained as the analysis proceeds. In subjecting the patient's ego to the fate of therapeutic dissociation we are doing what Freud recommends in a passage in *Beyond the Pleasure Principle* (p. 18): 'The physician ... has to see to it that some measure of ascendancy remains [in the patient], in the light of which the apparent reality [of what is repeated in the transference] is always recognized as a reflection of a forgotten past.'

The question now suggests itself: What is the prototype of this therapeutic ego-dissociation in the patient? The answer is that it is the process of *super-ego-formation*. By means of an identification—of

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analysis and with analyst—judgments and valuations from the outside world are admitted into the ego and become operative within it. The difference between this process and that of super-ego-formation is that, since the therapeutic dissociation takes place in an ego which is already mature, it cannot well be described as a 'stage' in ego-development: rather it represents more or less the opposition of one element to others on the same level. The result of super-ego-formation is the powerful establishment of moral demands; in therapeutic ego-dissociation the demand which has been accepted is a demand for a revised attitude appropriate to the situation of an adult personality. Thus, whilst the super-ego demands that the subject shall adopt a particular attitude towards a particular tendency in the id, the demand made upon him when therapeutic dissociation takes place is a demand for a balancing contemplation, kept steadily free of affect, whatever changes may take place in the contents of the instinct-cathexes and the defensive reactions.

We have seen, then, that in analysis the ego undergoes a specific fate which we have described as therapeutic dissociation. When analysis begins, the ego is subject to a process of 'dissimilation' or dissociation, which must be induced by the analyst by means of his interpretation of the transference-situation and of the resistance to which this gives rise.

As the analysis proceeds, the state of 'dissimilation' in the ego is set up again whenever the unconscious material, whether in the shape of instinctual gratification or of defensive impulses, fastens on the analyst in the transference. All the instinctual and defensive reactions aroused in the ego in the transference impel the analyst to induce the therapeutic process of ego-dissociation by means of the interpretations he gives. There is constituted, as it were, a standing relation between that part of the ego which is cathected with instinctual or defensive energy and that part which is focussed on reality and identified with the analyst, and this relation is the filter through which all the transference-material in the analysis must pass. Each separate interpretation reduces the instinctual and defensive cathexis of the ego in favour of intellectual contemplation, reflection and correction by the standard of reality.

However, once the analyst's interpretations have set up this opposition of forces—the ego which is in harmony with reality versus the ego which acts out its unconscious impulses—the state of 'dissimilation' does not last and a process of '*assimilation*' automatically

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begins. We owe to Hermann Nunberg our closer knowledge of this process, which he calls 'the synthetic function of the ego'. As we know, this function consists in the striving of the ego, prompted by Eros, to bind, to unify, to assimilate and to blend—in short, to leave no conflicting elements within its domain. It is this synthetic function which, next to therapeutic dissociation of the ego, makes analytic therapy possible. The former process enables the subject to recognize intellectually and to render conscious the claims and the content of his unconsciousness and the affects associated with these, whilst when that has been achieved, the synthetic function of the ego enables him to incorporate them and to secure their discharge.

Since there are in the transference and the transference-resistance two groups of forces within the ego, it follows that the ego-dissociation induced by the analyst must take place in relation to each group, the ego being placed in opposition to both. At the same time the interpretations of defensive reactions and instinctual trends become interwoven with one another, for analysis cannot overcome the defence unless the patient comes to recognize his instinctual impulses, nor put him in control of the latter unless the defence has been overthrown. The typical process is as follows: First of all, the analyst gives an interpretation of the defence, making allusion to the instinctual tendencies which he has already divined and against which the defence has been set up. With the patient's recognition that his attitude in the transference is of the nature of a defence, there comes a weakening in that defence. The result is a more powerful onslaught of the instinctual strivings upon the ego. The analyst then has to interpret the infantile meaning and aim of these impulses. Ego-dissociation and synthesis ensue, with the outcome that the impulses are corrected by reference to reality and subsequently find discharge by means of such modifications as are possible. In order that all these interpretations may have a more profound effect, it is necessary constantly to repeat them; the reason for this I have explained elsewhere ('Zur Dynamik der Bewältigung des bertragungswiderstandes,' *Internationale Zeitschrift für Psychoanalyse*. Bd. XV, 1929).

Now let us return to the case I cited before and see how it illustrates what I have just said. The patient's resistance, which began after a few analytic sessions, took the form of obstinate silence and a completely negative attitude towards the analyst. Such meagre associations as she vouchsafed to give she jerked out with averted head and in obvious ill-humour. At the close of the second session an incident

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occurred which shewed that this silence and repellent attitude were a mode of defence against a positive transference. At the end of the hour she asked me if I had not a cloakroom where she could change her clothes as they were all crumpled after she had lain on the sofa for an hour. The next day she said to me in this connection that, after her analysis, she was going to meet a woman friend, who would certainly wonder where the patient had got her dress so crushed and whether she had been having sexual intercourse. It was clear that, as early as the second session, her ego had come under the influence of the transference and of the defence against it. Of course, she herself was completely unconscious of the connection between her fear of being found out by her friend and the attitude of repudiation which she assumed in analysis.

The next thing to do was to explain to the patient the *meaning* of her defence. As a first step, the defensive nature of her attitude was made plain to her, for of this, too, she was unconscious. With this interpretation we had begun the process which I have called therapeutic ego-dissociation. When the interpretation had been several times repeated the patient gained a first measure of 'psychic distance' in relation to her own behaviour. At the start her gain was only intermittent and she was compelled almost at once to go on acting her instinctual impulses out. As, however, the positive transference was sufficiently strong, it gradually became possible to enlarge these islands of intellectual contemplation or observation at the expense of the process of acting the unconscious impulses out. The result of this dissociation in the ego was that the patient gained an insight into the defensive nature of her attitude in analysis, that is to say, she now began to work over preconsciously the material which had hitherto been enacted unconsciously in her behaviour. This insight denoted a decrease in the cathexis of those parts of the ego which were carrying on the defence.

Some time afterwards there emerged the memory of her visits to the kind throat-specialist and of the bitter disillusionment in which they had ended. This recollection was in itself a result of the synthetic function of the ego, for the ego will not tolerate within itself a discrepancy between defence and insight. The effect of the infantile experience had, it is true, been felt by the ego, but this effect had been determined from the unconscious; it now became incorporated in the preconscious in respect of its causal origin also. It is hardly necessary for me to point out that the discovery of this infantile experience of

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the patient with the physician was merely a preliminary to the real task of the analyst, which was to bring into consciousness her experiences with her father and especially her masochistic phantasies relating to him.

In overcoming the transference-defence by the method of therapeutic ego-dissociation we were not merely attacking that part of the ego which was using the patient's unhappy experience with the physician in her childhood to obstruct the analysis; we were, besides, counteracting part of the super-ego's opposition. For the defensive attitude was in part also a reaction to the fear that her friend might find out that the patient had been having sexual intercourse. Now she had developed an obvious mother-transference to this particular friend, and the mother was the person who had imposed sexual prohibitions in the patient's childhood. By means of the therapeutic ego-dissociation a standpoint of intellectual contemplation, a 'measure of ascendancy', had formed itself in her mind, in opposition to her defensive behaviour: in that dissociation the 'reality' elements in the ego were separated not only from those elements

which bore the stamp of that unhappy experience and signalled their warning, but also from those other elements which acted as the executive of the super-ego.

In the case we are considering, the next result of the analysis was that the positive transference began to reveal itself, taking more openly possession of the ego and manifesting itself in the claims which the patient made on the analyst's love. Once more, dissociation had to be induced in the ego, so as to separate out of the processes of dramatic enactment an island of intellectual contemplation, from which the patient could perceive that her behaviour was determined by her infantile experiences in relation to her father. This, naturally, only proved possible after prolonged therapeutic work.

I hope that this short account may have sufficed to make clear what I believe to be one of the most important processes in analytic therapy, namely, the effecting of a dissociation within the ego by interpretation of the patient's instinctually conditioned conduct and his defensive reaction to it. Perhaps I may say in conclusion that the therapeutic dissociation of the ego in analysis is merely an extension, into new fields, of that self-contemplation which from all time has been regarded as the most essential trait of man in distinction to other living beings. For example, Herder expressed the view that *speech* originated in this objectifying process which works by the dissociation of the mind in self-contemplation. This is what he says about it: 'Man shews

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reflection when the power of his mind works so freely that, out of the whole ocean of sensations which comes flooding in through the channel of every sense, he can separate out, if I may so put it, a single wave and hold it, directing his attention upon it and being conscious of this attention. ... He shews reflection when he not only has a vivid and distinct perception of every sort of attribute, but can acknowledge in himself one or more of them as distinguishing attributes: the first such act of acknowledgment yields a clear conception; it is the mind's first judgment. And how did this acknowledgment take place? Through a characteristic which he had had to separate out and which, as a characteristic due to conscious reflection, presented itself clearly to his mind. Good! Let us greet him with a cry of "eureka"! This first characteristic due to conscious reflection was a word of the mind! With it human speech was invented!' (*ber den Ursprung der Sprache.*)

In the therapeutic dissociation which is the fate of the ego in analysis, the analysand is called on 'to answer for himself'³ and the unconscious, ceasing to be expressed in behaviour, becomes articulate in *words*. We may say, then, that in this ego-dissociation we have an extension of reflection beyond what has hitherto been accessible. Thus, from the standpoint also of the human faculty of speech, we may justly claim that analytic therapy makes its contribution to the humanizing of man.

³ [German: '*zur Rede gestellt*'; literally, 'is put to speech'.]

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