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# Basic Psychoanalytic Concepts: IX. Working Through

By J. SANDLER, C. DARE and A. HOLDER

Psychoanalytic treatment shares with other forms of psychotherapy the aim of bringing about lasting changes within the patient. In common with other 'insight' therapies it makes use of interpretations and other verbal interventions (Sandler, Dare and Holder, 1971). While these are aimed partly at making unconscious content and processes conscious, it has been maintained since the early days of psychoanalytic treatment that 'making what is unconscious conscious' and the gaining of insight is not sufficient, in the ordinary course of events, to bring about a fundamental change in the patient. In contrast to procedures involving hypnosis and massive abreaction (catharsis), the psychoanalytic method is regarded as depending for its success on a number of additional elements. A number of these have been discussed in previous papers, particularly the elements of *treatment alliance* (Sandler, Holder and Dare, 1970a), *transference* (Sandler, Dare and Holder, 1970a, b) and the analysis of *resistance* (Sandler, Holder and Dare, 1970b). It is the purpose of the present paper to examine those further factors in the psychoanalytic treatment situation which have been encompassed under the heading of *working through*.

Although Freud had used such terms as 'wearing away' and 'working over' in his earliest psychoanalytic writings (1893–5), the clinical concept of *working through* was introduced in 1914 in a paper on 'Remembering, Repeating and Working Through'. There Freud pointed out that the aim of treatment during the first phase of psychoanalysis had been the recalling of the pathogenic traumatic event thought to lie behind the neurosis, and the abreaction of the dammed-up affect associated with the event. With the giving up of hypnosis, the therapeutic task became that of recovering significant forgotten content through the patient's free associations, and this called for an 'expenditure of work' on the part of the patient because of his resistances to uncovering what was repressed. The recall of significant memories gave way, in prime importance, to the *repetition* of these in the form of transference and acting out (Sandler, Holder and Dare, 1970c). The analytic work was now regarded as being in large part directed towards the interpretation of the patient's resistances as well as being concerned with showing the patient how the past repeats itself in the present. However, even if the analyst has uncovered a resistance and shown it to the patient, this in itself will not cause the treatment to progress. 'One must allow the patient time to become more conversant with this resistance with which he has now become acquainted, to *work through* it, to overcome it, by continuing, in defiance of it, the analytic work according to the fundamental rule of analysis. . . . This working-through of the resistances may in practice turn out to be an arduous task for the subject of the analysis and a trial of patience for the analyst. Nevertheless, it is a part of the work which effects the greatest changes in the patient and which distinguishes analytic treatment from any kind of treatment by suggestion' (Freud, 1914).

Although Freud later differentiated a number of different sources of resistance (1926), he came to link the need for working through with the particular form of resistance which follows from the 'compulsion to repeat' (1920) and the so-called 'id-resistance' (1926). This can be regarded as a reflection of the 'opposition' of the instinctual impulses to detachment from their previous objects and modes of discharge (1915a, b). Freud also wrote (borrowing a term from Jung) of 'psychical inertia' (1918), of 'adhesiveness' (1916-17) and 'sluggishness' (1940) of the libido as forces operating against



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recovery.* In 1937 he related 'psychical inertia' to inherent constitutional factors and to ageing.

Thus, for Freud, working through represented the work entailed (for both analyst and patient) in overcoming resistances to change due to the tendency for the instinctual drives to cling to accustomed patterns of discharge. Working through represented analytic work which was *additional* to that involved in uncovering conflicts and resistances. Intellectual insight without working through was not regarded as sufficient for the therapeutic task, as the tendency for the previous patterns to repeat themselves in accustomed ways would remain.

Developments in psychoanalytic theory after Freud have affected the concept in various ways, so that some of its original descriptive simplicity has been lost. Indeed, Novey has written (1962) of 'our failure to understand the process of working through', and more recently Bird (*in* Schmale, 1966) has expressed the view that there is no need for such a term. However, the term continues to be widely used and is fairly generally regarded as a basic psychoanalytic clinical or technical concept.

Fenichel (1925, 1937, 1941) regarded working through as an activity of the analyst rather than of both analyst and patient, and referred to it as 'a special type of interpretation'. He pointed out that the patient will show repeated resistance to the awareness of unconscious material which had previously been interpreted, and the work of interpretation has itself to be repeated, even though the process may now go more quickly and easily than before. While at times exactly the same picture may reappear in the patient, at other times *variants* may occur in different contexts. 'The process that requires demonstrating to patients the same thing again and again at different times or in various connections, is called, following Freud, "working-through" '.

It is of interest that although Fenichel narrows Freud's concept in restricting working through to a type of interpretation, he widens it by relating it as well to the resistance of the ego and superego to change. Further, in agreement with a number of other authors he goes on to liken working through to the process of *mourning*. 'A person who has lost a friend must in all situations which remind him of this lost friend make clear to himself anew that he has this friend no longer and that a renunciation is necessary. The conception of this friend *has representation* in many complexes of memories and wishes, and the detachment from the friend must take place separately in each complex'.

Fenichel, following Freud (1914), saw working through as resulting in the freeing of small quantities of the 'energy' attached to the representation, being in this way similar to abreaction, although quite the opposite of the single massive abreaction. At the same time, he spoke of interpretation as having the effect of 'educating the patient to produce steadily less distorted derivatives. . . '. Since Fenichel, what one might call the 'micro-abreaction' aspect of working through has received relatively little consideration. In contrast, the 'learning' aspect has moved more into the foreground.

Further authors have emphasized the (at times laborious) tracing of the ramifications of a conflict in different areas of the patient's life as fundamental to working through. As Fromm-Reichmann put it: '. . . any understanding, any new piece of awareness which has been gained by interpretive clarification, has to be reconquered and tested time and again in new connections and contacts with other interlocking experiences, which may or may not have to be approached interpretively in their own right' (1950).

In 1956 Greenacre emphasized the importance of working through in those cases where a childhood traumatic event has had extensive effects in different areas of the personality. She pointed out that 'It was early recognized that if the infantile memories were recovered too quickly, or were *acted out* in the transference and not adequately interpreted, the abreaction at the time might be appreciable, but had no lasting effect. In such instances, the working through had not seemed necessary for the recovery of the memory, but now became

* These terms reflect Freud's concept of instinctual impulses as energy which can be attached to particular mental representations, in particular those of the childhood love-objects.

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essential to sustain any therapeutic effect—not to diminish the resistance and *reach* the memory, but to demonstrate again and again to the patient the working of instinctual trends in various situations in life.' Greenacre comments that 'the defensive conflict remained somewhat structured unless worked with repetitively and in connexion with its effect in various situations. . . .' She also suggests that increased emphasis on the analysis of the mechanisms of defence has led to 'the recognition of the need for consistent work with the patterns of defence. . . . This has taken over much of what would previously have been referred to as *working through*'.

In the same year, Kris (1956) pointed out that the work of interpretation leads eventually to reconstruction of the patient's past, and an aspect of working through is the need to apply these reconstructions to many different areas and levels of the patient's material. Related to this is the more general point made by Loewald (1960), who sees analysis as a process leading to structural changes in the patient.* But 'the analyst structures and articulates . . . the material and the productions offered by the patient. If an interpretation of unconscious meaning is timely, the words by which this meaning is expressed are recognizable to the patient as expressions of what he experiences. They organize for him what was previously less organized and thus give him the "distance" from himself which enables him to understand, to see, to put into words and to "handle" what was previously not visible, understandable, speakable, tangible. . . . The analyst functions as a representative of a higher stage of organization and mediates this to the patient, in so far as the analyst's understanding is attuned to what is, and the way in which it is, in need of organization'.†

In a cogent discussion of working through, Novey (1962) considers the difficulties surrounding the concept, and suggests that there are factors involved between analyst and patient which psychoanalysis has in common with other therapies, and which make for working through. These factors (supportive techniques, etc.) operate and appear to be necessary over and above the giving of correct interpretations. Novey comments that working through occurs outside the analytic session. 'Much of what we would consider working through in its proper sense is the time involved in actually experiencing and re-experiencing in intellectual as well as affective terms, so as to bring about constructive change.' A similar point is made by Valenstein in regard to the 'work' which may go on after an analysis has ended. 'As working-through goes on apace during that unending phase of self-analytic work which follows the conclusion of the analysis in its formal form, these new action patterns, as well as new thought and affect patterns, develop an increasing degree of structuralization.' (Valenstein, 1962.)

Both Stewart (1963) and Greenson (1965) adhere to Freud's view that working through is primarily directed against 'id-resistance'. However, Greenson arrives at a definition of working through centred around insight and change. 'We do not regard the analytic work as worked through before the patient has insight, only after. It is the goal of working through to make insight effective, i.e. to make significant and lasting changes in the patient. . . . The analysis of those resistances which keep insight from leading to change is the work of working through. The analyst and the patient each contributes to this work.' He adds, 'working through is essentially the repetition, deepening, and extension of the analysis of the resistances'.

The blurring of the concept of working through appears to have come about as a consequence of the failure of many psychoanalytic writers to maintain a clear differentiation between working through as a *description* of an important part of the psychoanalytic therapeutic work and the *psychological processes* which bring about the need for, and which follow working through. The 'arduous task'

* The term 'structure' is used in the psychoanalytic literature to refer specifically to the trio of id, ego and superego, but is nowadays used more generally to denote 'psychological organizations with a slow rate of change'.

† Loewald's formulation of this aspect of the analyst's function allows us to consider the theoretical framework and techniques of the analyst not from the point of view of whether it is 'right' or 'wrong', but whether it is *useful* in the sense described.

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for the subject and the 'trial of patience' for the analyst (Freud, 1914) in covering the same ground over and over again, in tracing the ramifications of unconscious impulses, conflicts, fantasies and defences as these appear and reappear in the patient's material, seems to be the essence of working through. Such a description of working through would probably be acceptable to most psychoanalysts, but disagreement appears to arise as soon as the concept is broadened. These disagreements reflect different theoretical orientations within psychoanalysis, and the emphasis on different aspects of mental functioning at various times in the history of psychoanalytic theory. Freud was careful to distinguish between working through, the factors which were thought to make it necessary (the 'id-resistance'), and the results which it was considered to bring about (changes more permanent than those obtained by suggestion or abreaction only). However, such authors as Greenacre (1956), have contrasted the repetitive aspect of the analysis of defensive patterns with working through. Similarly, Greenson (1965) sees working through as the *result* of 'so many procedures performed simultaneously by the analyst and the patient . . .', but at the same time restricts it to the analysis of those resistances which keep insight from leading to change.

It would appear to be useful to retain working through as an essentially descriptive clinical concept. It has been regarded as a necessary part of the psychoanalytic therapeutic process, and is related to the need to overcome resistances from all sources. However, the failure of the patient to change following interpretation or insight may be due to factors other than resistance.* The need for reinforcement and reward in order to accomplish learning (including learning through 'insight') and to bring about the formation of new structures, and the inhibition or extinction of old ones (Sandler and Joffe, 1968) is relevant in this connection. Such learning and modification of structures would not be a part of working through, but a consequence of it.

It is perhaps worth commenting that psychoanalytic writers uniformly maintain that although working through is an essential part of the psychoanalytic process interpretation of unconscious mental content and of transference repetitions are equally vital to it. Thus any technique which does not make use of all of these procedures would not be regarded as psychoanalytic. However, this is not to say that working through cannot play a role in other forms of therapy, in particular those which involve an element of 'retraining' or 're-education'.

* The concept of resistance is another instance of a descriptive concept which has been given explanatory power. We have previously emphasized the need to distinguish between *forms* of resistance and *sources* of resistance, and in regard to the latter have suggested that so-called 'id-resistance' is a special instance of the more general resistance to the giving up of past adaptive solutions (including neurotic symptoms) by processes of 'unlearning' or extinction (Sandler, Holder and Dare, 1970b).

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J. Sandler, M.A., D.Sc., Ph.D., *Senior Lecturer, Department of Psychiatry, Institute of Psychiatry, London*
C. Dare, B.A., M.B., B.Chir., M.R.C.P., D.P.M., *Research Worker, Department of Psychiatry, Institute of Psychiatry, London*
A. Holder, D.Phil., *Research Worker, Department of Psychiatry, Institute of Psychiatry, London*

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