

# TRANSFERENCE MANAGEMENT IN FREUD: AN ANALYSIS OF THE RELATIONSHIP BETWEEN TRANSFERENCE AND SUGGESTION\*

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Review of English  
version  
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**ABSTRACT:** This article intends to elucidate the relationship between transference and suggestion taking Freud's production from the first and second decade as the reference, highlighting the work on psychoanalytic technique. The aim is to reveal how the management of transference would prevent the psychoanalytic clinical method from having its efficacy reduced by suggestion. From the category of transference neurosis, it is possible to think of epistemological strategies to respond to the criticisms from other areas of knowledge, which claim that psychoanalysis is a therapy that has its effectiveness guaranteed due to the phenomenon of client suggestibility faced with the figure of the analyst.

**Keywords:** Epistemology, psychoanalysis, clinic, transference, suggestion.

**RESUMO:** Pretende-se elucidar a relação entre transferência e sugestão, tomando por referência a produção freudiana da primeira e segunda décadas, tendo por destaque os trabalhos sobre a técnica psicanalítica. Visa-se, assim, desvelar como o manejo da transferência impediria o método clínico psicanalítico de ter sua eficácia reduzida à sugestão. A partir da categoria neurose de transferência, é possível pensar estratégias epistemológicas para responder às críticas de outras áreas do conhecimento que alegam ser a psicanálise uma terapêutica que tem sua eficácia garantida pelo fenômeno da sugestibilidade do cliente na figura do analista.

**Palavras-chave:** Epistemologia, psicanálise, clínica, transferência, sugestão.

DOI - <http://dx.doi.org/10.1590/S1516-14982016003004>

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\*Research developed with the support of a Scientific Initiation Scholarship granted by São Paulo Research Foundation (Fapesp).

**TRANSFERENCE AND SUGGESTION: THE EPISTEMOLOGICAL PROBLEM**

In this research, we have tried to identify the interrelationship between the concepts of transference and suggestion from a Freudian perspective. We selected this object not only for its relevance for the study of psychoanalytic clinic but mostly because it brings into debate the main criticisms towards psychoanalysis, these being: (1) psychoanalysis does not follow scientific logic; and (2) its operation and effectiveness are a result of the use of suggestion.

Regarding the first criticism, we have nothing to add. Such debate, besides having been largely developed by important psychoanalysts and psychoanalysis philosophers (MEZAN, 2006; DUNKER, 2011), finds a well-delineated statute: psychoanalysis does not have the pretension of having as a predicative the scientific rigor imported from the so-called hard sciences. Although its advent does depend on the Cartesian subject, its operation as a device does not owe anything to that logic (DUNKER, 2011). Therefore, in this work we focused our interest on the second criticism. For elucidation purposes, we first summarize the criticism and, subsequently, present the conclusions drawn from the Freudian text under review.

Mezan (2006), in an article entitled *Research in psychoanalysis: some considerations*, provides a mapping of a number of criticisms that psychoanalysis has received from science philosophers. He highlights that currently the most striking criticism does not come from Popper's logical positivism, but from the proposal of invalidation of the clinical method for knowledge production granted by the philosopher Adolf Grünbaum (1996).

The core of the criticism has its roots in the argument that suggestion would inevitably bias the analysis situation. As Mezan (2006) points out, Freud tried to show it was not so, however, 'he himself offered the saw to cut the branch that he was sitting on'. This is because the solution he offered had its root in circularity: the transference that the compulsion for repetition induces puts the patient in a childish situation and the analyst becomes a sort of substitute for the parental authority. Thus, the analysis of transference cannot emancipate the patient from this condition (FREUD, 1915 [1914]/1996), because everything rotates in a circle: the supposedly liberating effect of the interpretation of transference will depend on the patient's belief in the veracity of the analyst's words, exactly as in any other interpretation.

Thus, Grünbaum (1996) compares the situation to the so-called placebo effect that guarantees the patient's advance, which depends on the acceptance of what the analyst says. The analytical device induces such acceptance: no matter what one says, for the person lying on the couch, the therapist is always right. The argument here summarizes the fundamental question of authority and the way it is allocated in the clinical device. Well, the philosopher argues, if the

patients are permanently under the effect of suggestion, there is no independent confirmation; everything that happens to them is contaminated with their vulnerability to the suggestive effects of transference. Therefore, because the suggestive atmosphere permeates transference, it would be the fundamental condition for the occurrence of the treatment, however, this condition would nullify the production of the so-called clinical knowledge. Mezan (2006) summarizes the criticism expressed by the philosopher in an attempt to demonstrate the defective points of this argument, as well as the potentials of this criticism for the development of the psychoanalytic theory.

In order for us to understand how this interrelationship between transference and suggestion occurs, we summarize important points of the Freudian text. In doing so, we notice a movement of Freud's, who sometimes points out equivalence between transference and suggestion and sometimes identifies them as radically distinct categories. In this sense, following the nuances of this Freudian movement is the common thread of the relationship implied between these two concepts.

We must clarify that this work did not seek to weave a defense of the clinical method as a possibility of knowledge production. It aimed instead to bring up the issue mentioned above by understanding it and observing its development in the Freudian text. During the investigative journey, a number of points were revealed, especially in the epistemic field, indicating some historical roots of the object. We observed, though, that the matter of transference management is a challenge the post-Freudians were responsible for theorizing, since we found in this analysis of the Freudian text that there are not many answers related to management policies. There are instead some unanswered questions, which indicate that the psychoanalytical thinking is knowledge marked by incompleteness, theoretical gaps and techniques that encourage the desire to perform research in psychoanalysis.

### **IS TRANSPERENCE SUGGESTION?**

Across the material analysis, we noticed Freud's constant movement of identifying and separating what should belong to analytical treatment and what should be understood as suggestion or psychotherapy. This concern is noticeable in pre-psychoanalytical texts, such as *Studies on Hysteria* (1893-1895/1996), even before transference was formalized as a construct of psychoanalytical clinic, extending to denser texts, such as the ones about technique, and to his statements in *Introductory Lectures on Psychoanalysis* (1916-1917 [1915-1917a]/1996).

The classic distinction between suggestive and analytical treatment is made by Freud in *On Psychotherapy* (1905 [1904]/1996), where he uses the metaphor

of painting and sculpture, relating the former to suggestion and the latter to the analytical method, highlighting the existence of the greatest antithesis possible between the suggestive and the analytical techniques. Using Leonardo da Vinci's expressions to summarize arts, the formulas *per via di porre* and *per via di levare*, Freud argues:

"Said Leonardo, "the art of painting works *per via di porre*, that is to say, places little heaps of paint where they have not been before on the uncolored canvas; sculpturing, on the other hand, goes *per via di levare*, that is to say, it takes away from the stone as much as covers the surface of the statue therein contained." Quite similarly, gentlemen, the suggestive technique acts *per via di porre*, it does not concern itself about the origin, force, and significance of the morbid symptoms, but puts on something, to wit, the suggestion which it expects will be strong enough to prevent the pathogenic idea from expression. On the other hand the analytic therapy does not wish to put on anything, or introduce anything new, but to take away, and extract, and for this purpose it concerns itself with the genesis of the morbid symptoms, and the psychic connection of the pathogenic idea the removal of which is its aim." (FREUD, 1905 [1904]/1996, p.247)

In this text, Freud shows that the use of suggestion for therapeutic purposes would not be an efficient resource, as many illnesses would return after a certain period of suspension. Besides its ineffectiveness, the suggestive method would have another aggravating factor, as it would not contribute at all to the understanding, the archeology of the psychological processes, as it is concerned exclusively with depositing something.

It is possible to highlight many other excerpts where Freud sees himself propelled to return to such distinctions in *Introductory Lectures* (1916-1917 [1915-1917a]/1996). Aiming to demarcate these distinctions once more, he presents the difference between suggestive and psychoanalytical treatment using another metaphor. Now he understands the former as cosmetics and the latter as surgery, however, after developing the theme, he points out a new use of suggestion in the analytical treatment itself. He develops his argument identifying in the psychoanalytical method a resource that influences more retrospectively, towards the roots where the conflicts that originated the symptoms reside and uses suggestion to modify the result of such conflicts. In this sense, it is different from the hypnotic treatment, which leaves the patient inactive and unchanged. He announces that the fundamental aspect of every psychoanalytical treatment is the overcoming of the resistance responsible for the patient's disease and declares that the use of suggestion is valid as a resource to overcome it: "The work of overcoming resistance is the fundamental task of the analytic cure. The patient,

however, must take it on himself to accomplish this, while the physician, with the aid of suggestion, makes it possible for him to do so. The suggestion works in the nature of an education" (FREUD, 1916-1917 [1915-1917a]/1996, p. 452).

It should be noted that the use of suggestion, at this point in the development of the Freudian text, could be understood as an advance compared to the absolute power of the hypnotist, for it places at the core of the treatment the activity of listening by the psychoanalyst who searches for the etiology of symptoms in the patients' memories. The classic hypnosis of Charcot's school had the patient simply return to the traumatic fact and point out the birth of symptoms from it to the audience that was watching. Hypnosis, on the other hand, with its cathartic method, tried to go beyond the traumatic event, probing the patient's memories, which would come out during the cathartic session. The use of suggestion in the cathartic method was the use of the psychoanalyst's influence in order to suggest the onset of the patient's memories and drive them to speak.

Thus, we can notice that the use of suggestion in order to reduce the patient's resistance would be allowed in psychoanalytic treatment. In other words, if suggestion is used to eliminate resistance, it can be considered beneficial and harmless in terms of its limitations. We identified that Freud's understanding of the use of suggestion to overcome resistance is already present in Section IV of *Psychotherapy of Hysteria*, in *Studies on Hysteria* (FREUD, 1893-1895/1996).

In this sense, as we emphasized above, after the pre-psychoanalytical period, suggestion starts to be used as a technical resource of psychoanalysis, however, not with the same functionality in this period. Now its target is no longer the symptom, but the resistance instead. Thus, we can observe the genesis of this new use of suggestion in the cathartic period, before the formalization of the transference concept. In *Studies on Hysteria* (FREUD, 1893-1895/1996) suggestion was used as a resource to abreact the repressed representation. Its strength was the ability to overcome the neurotic person's difficulty to remember. This allows us to understand that the use of suggestion was present as a technical resource during the hypnotic, cathartic (pre-psychoanalytical) period. Only afterwards, with the changes in method, it remained as a supporting element of the psychoanalytical treatment, adapting to each methodological change.

We would like to emphasize that the main mutation of its use happened in the passage from the hypnotic to the cathartic period. Although the cathartic method was used as a resource both in hypnosis and in its suppression, in this transition it was made clear that the strength of suggestion was no longer directed toward the symptom in order to eliminate it, but to abreact it from the patient's memory. The use of pressure on the patient's forehead, as a resource Freud adopted for recollection, is a clear example of how suggestion comes apart from the hypnotic method, being readjusted in the cathartic method. This

indicates an understanding, already present in that period, that suggestion could be used to overcome the patient's resistances. What guides our analysis of this material is the directive that the clinic comes before the psychoanalytic method (DUNKER, 2001). This finding has a deep relevance for the issue studied, as suggestion seems to be inseparable from the history of the analytical method, although not with the same functionality as in the cathartic period. In this sense, it is our duty to understand also that the power of healing by words had already been recognized for a long time. As Freud (FREUD, 1905 [1895]) elucidated in *Psychical (or Mental) Treatment*, the suggestive power was always present in ancient healing traditions, as well as miraculous healing.

Regarding suggestion, our position is that it has never been completely abandoned. With the development of Freud's methods, it has passed through mutations and it now places itself in the development of the Freudian journey — sometimes in more perceptive forms, sometimes in veiled forms. However, this finding is not enough for us to declare that suggestion corrupts the psychoanalytic treatment or that suggestion is responsible for its efficiency. We will resume this topic further along.

Freud never denied the recognition of the suggestive functioning of the psychic apparatus (1916-1917 [1915-1917c]/1996). We must declare this because it is very common to find perspectives on the history of psychoanalysis that point out the abandonment of suggestion as a technical resource with the formulation of the analytical method. In the Freudian texts analyzed, there is recognition of the efficiency of using suggestive resources to treat patients, not only with exclusively psychological pathologies, but also with organic pathologies (FREUD, 1905 [1904]). Nevertheless, Freud's intent was the creation of a clinical method in which the suggestive explanation is not the conceptual basis of the device, thus distinguishing psychoanalysis from psychotherapies, the latter being correlated as suggestion-based techniques.

However, Freud expressed many times the recognition of the limitations of suggestion for therapeutic purposes:

"I gave up the suggestion technique, and with it hypnosis so early in my practice because I despaired of making suggestion powerful and enduring enough to effect permanent cures. [...] Besides all this I have another reproach to make against this method, namely, that it conceals from us all insight into the play of mental forces; it does not permit us, for example, to recognize the resistance with which the patient clings to his disease." (FREUD, 1905 [1904]/1996, p.247)

A text that deserves our attention is *Lines of Advance in Psychoanalytic Therapy* (1919 [1918]/1996), where Freud indicates two other possible uses of suggestion, stat-

ing that the management procedures postulated so far had their genesis in the hysteria clinic and that other pathologies, such as phobias, should be submitted to a new scrutiny of performance by the psychoanalyst:

“Our technique grew up in the treatment of hysteria and is still directed principally to the cure of that affection. But the phobias have already made it necessary for us to go beyond our former limits. One can hardly master a phobia if one waits till the patient lets the analysis influence him to give it up. He will never, in that case, bring into the analysis the material indispensable for a convincing resolution of the phobia. One must proceed differently. Take the example of agoraphobia; there are two classes of it, one mild, the other severe. Patients belonging to the first class suffer from anxiety when they go into the street by themselves, but they have not yet given going out alone on that account; The others protect themselves from the anxiety by altogether ceasing to go about alone. With these last one succeeds only when can induce them by the influence of the analysis to behave like phobic patients of the first class — that is, to go into the street and to struggle with their anxiety while they make the attempt. One starts, therefore, by moderating the phobia so far; and it is only when that has been achieved at the physician’s demand that the associations and memories come into the patient’s mind which enables the phobia to be resolved.” (FREUD, 1919 [1918]/1996, p.179)

In this excerpt, it becomes clear that suggestion could be used with phobic patients as a form of technical management, indicating that, in such cases, there would be a convergence of the analytical method and the psychotherapies, understood by Freud as all therapies that use suggestion. This is because Freud seems to indicate that the severely phobic patient would have great difficulty in producing free associations and would need suggestibility to make them face reality in order to produce these associations and, consequently, allow the analysis to work. This text seems to announce the markers of what later on will be called psychoanalysis-oriented psychotherapy. It is curious to notice Freud’s enthusiasm in presenting these new advances of the technique. Although frequently finding himself compelled to differentiate psychoanalysis and suggestion, he presents the technical considerations described above as new advances of the psychoanalytic technique, part of the scope of the analytical treatment. The distinction between transference and suggestion would only be made further along, when he would indicate the second advance, which would be the psychoanalytic service in public institutions, aimed at the less wealthy classes:

“Often, perhaps, we may only be able to achieve anything by combining mental assistance with some material support, in the manner of the Emperor Joseph. It is

very probable, too, that the large-scale application of our therapy will compel us to alloy the pure gold of analysis freely with the copper of direct suggestion; and hypnotic influence, too, might find a place in it again, as it has in the treatment of war neuroses. But, whatever form this psychotherapy for the people may take, whatever the elements out of which it is compounded, its most effective and most important ingredients will assuredly remain those borrowed from strict and un-tendentious psycho-analysis." (FREUD, 1919 [1918]/1996, p.181)

Considering mental pathologies, not only in the case of phobias, Freud (1913b/1996) makes it clear that all of them are subject to spontaneous recovery even before attributing such suspensions of the symptoms to transference. He states that, in certain cases, they would depend on "the personal influence of the physician, in a haphazard fashion which has not yet been explained" (FREUD, 1913b/1996, p.169). In multiple quotations we can notice Freud's recognition of the healing potentiality of the doctor's personality, as in some lines of the text *Psychical (or Mental) Treatment* (1905 [1895]/1996) that make explicit such statements. However, we wonder: was transference used in a "haphazard fashion", as in the description of phobia cases or would it be made by means of transference?

Throughout the material analyzed, we noticed a pendulum movement that sometimes identifies transference as a development obtained from suggestion and sometimes shows suggestion as inconsistent and opposed to transference. In the final texts analyzed in this research, Freud (1916-1917/1996) overlaps the two categories (suggestion and transference), but does not see suggestion with the intention of eliminating symptoms; at times, we noticed that Freud used them as synonyms (FREUD, 1913a/1996; FREUD, 1916-1917/1996). Therefore, it is no wonder that many critics start to understand both categories (suggestion and transference) as homogeneous. Some of Freud's excerpts illustrate this idea:

"A capacity for directing libidinal object-cathexes on to people must of course be attributed to every normal person. The tendency to transference of the neurotics I have spoken of is only an extraordinary increase of this universal characteristic. It would indeed be very strange if a human trait so widespread and so important had never been noticed or appreciated. And in fact it has been. Bernheim, with an unerring eye based his theory of hypnotic phenomena on the thesis that everyone is in some way 'suggestible'. His suggestibility was nothing other than the tendency to transference, somewhat too narrowly conceived, so that it did not include negative transference. But Bernheim was never able to say what suggestion actually was and how it came about. For him it was a fundamental fact on whose origin he could throw no light. He did not know that his 'suggestibility' depended on sexuality, on the activity of the libido. And it must dawn on us that in our technique we have

abandoned hypnosis only to rediscover suggestion in the shape of transference.” (FREUD, 1916-1917/1996, p.446-447)

Another quotation that exemplifies it: “The analyst who wishes the treatment to owe its success as little as possible to its elements of suggestion (i.e. to the transference) will do well to refrain from making use of even the trace of selective influence upon the results of the therapy which may perhaps be open to him” (FREUD, 1913a/1996, p.146). Here, besides the equivalence between both categories, where transference appears as an appositive to explain suggestion, it highlights the central issue of management.

In order for transference not to have its functioning reduced to suggestive logic, the solution indicated by Freud (FREUD, 1916-1917 [1915-1917b]/1996) was management. If transference was analyzed, it did reduce itself to suggestion. However, if there was no management, the treatment success was due to suggestion. The main management proposal found was the use of the analyst’s interpretation of the transference content for the patient. Such management is based on the understanding that transference is a “false connection”. Therefore, if the erroneous connection of affection were communicated to the patient the problem would be solved (FREUD, 1916-1917 [1915-1917b]/ 1996).

We notice then that, despite the conceptual development of transference, the expansion of its understanding does not accompany a development in the technical area in the Freudian text (FREUD, 1916-1917 [1915-1917b]/1996). The transference management proposal continues to be permeated by the false connection paradigm. This problem is not only present in the technical area, but above all in the epistemological area, as this management was the way out found by Freud to separate what would belong to transference and what would belong to suggestion. This strategy is supported by the technical principle by which transference should be communicated to the patient: “Transference, which seems ordained to be the greatest obstacle to psychoanalysis, becomes its most powerful ally, if its presence can be detected each time and explained to the patient” (FREUD, 1905 [1901]/1996, p.112).

In 1916-1917[1915-1917], in the *Introductory Lectures*, Freud carefully proposed a management ratified in the principles of false connection, now enhanced with the developments regarding the principle of repetition of the psychological apparatus:

“Where the transference arises, what difficulties it raises for us, how we overcome them and what advantages we eventually derive from it — these are questions to be dealt with in a technical guide to analysis, and I shall only touch on them lightly to-day. It is out of the question for us to yield to the patient’s demands deriving from the transference; it would be absurd for us to reject them in an unfriendly,

still more in an indignant, manner. We overcome the transference by pointing out to the patient that his feelings do not arise from the present situation and do not apply to the person of the doctor, but that they are repeating something that happened to him earlier. In this way we oblige him to transform his repetition into a memory.. By that means the transference, which, whether affectionate or hostile, seemed in every case to constitute the greatest threat to the treatment, becomes its best tool, by whose help the most secret compartments of mental life can be opened." (FREUD, 1916-1917 [1915-1917a]/1996, p.444-445)

Here the act of showing the patients that their feelings do not apply to the person of the doctor (management procedure ratified in the 'false connection' logic) appears as a strategy of transference management. It is curious that the establishment of the transference neurosis, which Freud (FREUD, 1916-1917 [1915-1917b]/1996) presents subsequently as a key requirement, depends entirely on these places overlapping. Even with the development of the transference concept, no longer understood as a false connection (FREUD, 1916-1917 [1915-1917b]/1996), the technical management used to avoid its confusion with suggestion continues to be used and defended, indicating a mismatch between the theoretical development and the technique.

If what we seek in analysis is having the patient repeat in order to be able to remember, then we could justify the use of the first management proposed by Freud (FREUD, 1914/1996). It would have valid use only as a resource to manage transference neurosis and not as technical management to correct the false connection at the level of the ego. We notice, however, that even with this intent it is problematic management, not only due to the delicate epistemic issue it entails, but also due to its possibly uncertain effect. Could suggestion be used to install a transference neurosis? Would it have any effect on its dissolution?

Freud (1916-1917 [1915-1917b]/1996) knew that in the initial phases of the treatment some transference of a positive nature was easily identifiable, describing it as a field marked by the patient's credulity towards the analyst's words. He identified this credulity first in children regarding their beloved parents and in love relationships full of dedication, understanding love as a combination of inclusive esteem and credulous obedience. Such positioning, besides evincing the circularity between transference and suggestion, indicates that the transference field would be a locus able to suggest the patient in order to overcome resistances, but in its positive mode.

Furthermore, pointing out the management issue takes us to another complication: if using suggestion to eliminate resistance was to be licit as a procedure, we should not forget that suggestibility depends on a positive transference field, where the effects of negative transferences are eliminated to the benefit of the

preservation of the positive field. The problem is that upon the onset of resistance the negative transferences are already noticeable. In this case, the field that could favor the influence would already be compromised. The resistance to suggestion is only loosened when the credulity pointed out by Freud (1912b/1996) exists. If psychoanalysis would have its therapeutic effects depending on suggestion, consequently its analytical technique would be based on the logic of keeping only the positive affections in the relationship, a situation opposed to the nature of transference neurosis.

When Freud introduces, in *Lecture XXVII Transference* (1916-1917 [1915-1917b]/1996), what transference neurosis would be, he indicates that when it is present in the treatment, beginning a new phase, the original disease gives rise to the artificial disease. He points out that the latter should be treated. What we observe is that this work on transference neurosis (understood in this study as the second transference management proposed by Freud — 1916-1917) is opposed to his first management, the direct interpretation to the patient in order to correct the false connection of affections (FREUD, 1905 [1895]/1996; FREUD, 1905 [1904]/1996).

Although the first management is still present in Freud's lectures, since he thought the difference between transference and suggestion would be justified (FREUD, 1916-1917[1915-1917]/ 1996), the second management would indicate that transference neurosis should be maintained and its resolution would indicate the end of analysis. In Freud's formulations (1916-1917/[1915-1917]1996), the resolution of transference neurosis is sometimes seen with excitement and sometimes with discouragement. We notice how Freud no longer defends the application of the first management, which remains restricted to the Freudian argumentation for the establishment of the distinction between transference and suggestion:

"We must not forget that the patient's illness, which we have undertaken to analyse, is not something which has been rounded off and become rigid but that it is still growing and developing like a living organism. The beginning of the treatment does not put an end to this development; when, however, the treatment has obtained mastery over the patient, what happens is that the whole of his illness's new production is concentrated upon a single point — his relation to the doctor. Thus the transference may be compared to the cambium layer in a tree between the wood and the bark, from which the new formation of tissue and the increase in the girth of the trunk derive. When the transference has risen to this significance, work upon the patient's memories retreats far into the background. Thereafter it is not incorrect to say that we are no longer concerned with the patient's earlier illness but with a newly created and transformed neurosis which has taken the former's

place. We have followed this new edition of the old disorder from its start, we have observed its origin and growth, and we are especially well able to find our way about in it since, as its object, we are situated at its very centre. All the patient's symptoms have abandoned their original meaning and have taken on a new sense which lies in a relation to the transference; or only such symptoms have persisted as are capable of undergoing such a transformation. But the mastering of this new, artificial neurosis coincides with getting rid of the illness which was originally brought to the treatment — with the accomplishment of our therapeutic task. A person who has become normal and free from the operation of repressed instinctual impulse in his relation to the doctor will remain so in his own life after the doctor has once more withdrawn from it." (FREUD, 1916-1917 [1915-1917b]/1996, p.445)

We think Freud's recognition of the dependency of the suggestive influence of parental and loving relationships, their interrelationships and feedback has enabled him to understand that the failure of the suggestive technique was often due to a lack of knowledge of the mechanisms of these relationships' (FREUD, 1916-1917 [1915-1917c]/1996). The affective field should be observed, mapped and controlled in order to perform a further intervention, and Freud attributed the transference failures to not recognizing this and not considering the management of the affective field. At this point, it seems to us that this finding drove him to provide technical recommendations (for the analytical period) of only interpreting from an established transference field.

This highlights another problem regarding the use of suggestion to eliminate resistance, as this procedure is based on logic: in order for the technique to work, such suggestion should be bound to a positive transference field. It implies thinking of transference management where one would do everything in order to maintain and preserve this kind of transference, with this being not only unfeasible and impossible, but also alienating. It is impossible because we know that the rise of negative transference is inevitable. It is alienating because it would lead to a management policy conditioned to always maintaining the positive transference, which would correspond to not frustrating the patient, as well as being a kind of management that would maintain the belief that the analyst is an extension of the patient's omnipotence.

Besides the fact that the first transference management is problematic for the many aforementioned reasons, its use would be in disagreement with the question of establishing the neurosis transference, since it depends exactly on the overlay of places, which, to use a pedagogical tone, the first management intended to solve. The first management's feasibility could only be considered if its intent was to be used and understood as a resource that aims to establish the transference neurosis, not rooted in the principle of correcting the false connec-

tion. If we assume this position, we are affirming that the mismatch between the technical and conceptual elaboration, as mentioned before, is adjusted. However, in this case, we have another problem. The Freudian proposal of interpreting transference in order to correct the erroneous connection can no longer be presented as an argument to waive transference from being reduced to suggestion.

Transference neurosis could be indicated as a category that, when elucidated, could provide an argumentative service in the defense of psychoanalysis not being a therapy that attains its success by the means of suggestion. This is made clear if we observe that by recognizing and formulating transference neurosis as the goal of the treatment (FREUD, 1912a/1996) and understanding its resolution as the end of analysis it is possible to confirm that its dissolution by means of suggestion would be impossible. If we conclude that suggestive influence can be used only in the positive transference field, as this field justifies its success, transference neurosis is exactly an affective field where elements of negative transference are present. Therefore, if the end of analysis corresponds to the resolution of the transference, we could argue that suggestion can do nothing to resolve the artificial neurosis that substitutes the symptom. If suggestion can only eliminate symptoms and is not successful in eliminating the artificial disease constructed throughout the analysis, it is clear that the success of the treatment, understood as the resolution of the transference analysis, could not be attributed to the powers of suggestion.

#### **TRANSPERFERENCE MANAGEMENT: THE SEARCH FOR A STYLE**

The recognition of the healing capacity the psychic performs is the starting point for us to think of which therapeutic means would be the best to take possession of such capacity, as well as the optimum conditions for this to happen. Freud makes it clear many times that the analyst must not make the patient responsible for the healing capacity that is sheltered in the suggestive device. The treatment methods must provide mapping and control of the development of such influences (FREUD, 1905/1996). Thus, new uses for suggestion start to be considered, however, not as direct suggestion, as in the psychotherapies. It seems that Freud (1916-1917 [1915-1917b]/1996) had already previewed that suggestion could be used for the patient's autosuggestion, so that this capacity would not depend on the other that would suggest. Therefore, the function of the other (i.e. the analyst) would be specifically to guide the patient's suggestions. In such developments, it is possible to notice the interrelationship between suggestion and transference.

In addition to the use of suggestion to eliminate resistances, or its use to direct the patient's own suggestibility, Freud (1919 [1918]/1996) indicated that sugges-

tion could be used in public services, as these would present variability of the setting, demanding the reinvention of psychoanalysis applied to new contexts. We also see Freud's proposal of using suggestion in the treatment of phobias, where it would be accepted. In these cases, using Freud's (1919 [1918]/1996) words, it would not be psychoanalysis as "gold", but as "copper". He also argues that the use of suggestion as advice in patients with regression is inevitable, although he does not specify the degrees of these kinds of regression. Presenting these new uses of suggestion as advances and not steps backwards, Freud (1919 [1918]/1996) allows us to infer that the abandonment of the suggestion practice due to its inefficiency is something that should be put into perspective. It seems that with the development of the psychoanalytical method, suggestion, as previously practiced, becomes incongruent with the new psychoanalytical proposal, however, it does not become inefficient. If it were so, its use would not be constantly revisited.

The creation of transference neurosis contains logic in which it is possible to replicate the pathological functioning in controlled conditions. This practice, which is not at all new, is founded on logic we can find in many other rationalities: inoculating a replica of the original pathological state in the treatment in order to enable the cure. Therefore, all the debate in science philosophy regarding the psychoanalytical method must consider, beforehand, that the device regiment is based on this logic: that the true disease is replaced by an induced pathological state. What should be highlighted, therefore, is not whether the analytical situation is biased by suggestion or not, but, instead, if it would be possible to resolve the artificial disease by means of suggestion.

An epistemological analysis of the final texts of the Freudian work would be necessary in order to support any position regarding the above issue. However, in our research we noticed that transference neurosis could be indicated as a category that, when elucidated, could provide an argumentative service in the defense of psychoanalysis not being a therapy that attains its success by means of suggestion. Reading the texts corresponding to the period delimited for our research, we inferred that it would not be possible to use suggestion in order to dissolve the neurosis transference. This is because, besides the need for a positive field for it to be efficient, the resolution of the artificial disease could not occur by persuasion, but by restructuring the desiring dynamics instead.

How do we heal the artificial disease? The answer to this question is the essence of any treatment that intends to be psychoanalytical. To think of a management policy is to assume an ethical stance, to position ourselves. With the post-Freudians we will find more markers to reflect on how such resolution occurs. Lacan (1998), for example, would always insist on his clinical policy by which everything in a treatment should be seen from the point of view of

the transference management performance. Grounding the guiding principles of how to treat a new disease is the space where the analyst's style can inscribe itself. It is for this reason that it is so complicated to talk about protocol procedures fixed around the technique, being more feasible and coherent to think of a treatment structure, as Dunker (2011) emphasizes, in other words, the establishment of guiding principles, management policies that reveal the structural functioning but do not establish a management prescription. This becomes clear when we observe that, with the recognition and formulation of the transference neurosis structural functioning, we visualize the map of the conflict, usually called diagnosis.

Our experience with this tiny part of the Freudian text is that the rise of transference neurosis as a fundamental category in the treatment structure made it possible to notice that the human encounter in analytical conditions allows us to view the functioning of relationships blocked in the dualities of positive and negative affection present in the psychological regiment itself. In the clinical field, however, which is governed by the technical recommendations of setting and abstinence, these are embodied in the analyst-patient relationship. The rise of these two transference directions, represented by the modalities of positive and negative transference, represent effects of the pathological structure that replicate and repeat the functioning of the true disease in the stage of transference neurosis. The way we deal with both tendencies will differentiate the multiple intervening proposals in psychoanalysis.

If thinking of management policies is highlighting a clinical style, we position ourselves stating that the artificial disease, transference neurosis, can only be driven and dissolved at the end of analysis, if the induced pathology, prototype of the actual disease, finds the possibility of being expressed or represented by the patient from the analyst's style. However, we understand that style, in psychoanalysis, is far beyond the field of words, for it comprehends the indecipherable that shows up over the sliding speech (FERREIRA & SILVA & CARRIJO, 2014): "style is not the word, but it is about the unpronounceable (...) in its poetic function, it is not intended to be solely a rhetorical resource or a discursive baroque; it is the road that makes it possible to bear the anguish before the impossibility of saying everything" (FERREIRA & SILVA & CARRIJO, 2014, p. 76). Transference management would not put an end to the conflict between Eros and the death instinct, since it is a component of the psychic. However, it would allow patients to talk about themselves and make the word circulate, creating the possibility of its eternal invention and granting the human, excessively human, with its tragic nature, ethics and a policy: that of "well saying".

Received July 29, 2014. Accepted February 9, 2015.

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