

California  
regional  
facility



THE LIBRARY  
OF  
THE UNIVERSITY  
OF CALIFORNIA  
LOS ANGELES

GIFT OF

DR. ROY VAN WART







Digitized by the Internet Archive  
in 2007 with funding from  
Microsoft Corporation



Nervous and Mental Disease Monograph Series No. 19

# The Theory of Psychoanalysis

By

C. G. JUNG  
of Zürich

Nervous and Mental Disease Publishing Co.

New York

1915

# Nervous and Mental Disease Monograph Series

Editors

SMITH ELY JELLIFFE, M.D.

WM. A. WHITE, M.D.

- No. 1. Outlines of Psychiatry. (Fourth Edition, 1913.) Price, \$3.00  
By WM. A. WHITE, M.D.
- No. 2. Studies in Paranoia. (Out of Print.)
- No. 3. Psychology of Dementia Präcox. (Out of Print.)
- No. 4. Selected Papers on Hysteria and Other Psycho-neuroses. (Second Edition, 1912.) Price, \$2.50  
By PROF. SIGMUND FREUD, M.D.
- No. 5. The Wassermann Serum Reaction in Psychiatry. Price, \$2.00  
By FELIX PLAUT, M.D.
- No. 6. Epidemic Poliomyelitis. (Out of Print.)
- No. 7. Three Contributions to Sexual Theory . . . . . Price, \$2.00  
By PROF. SIGMUND FREUD
- No. 8. Mental Mechanisms. (Out of Print.)
- No. 9. Studies in Psychiatry . . . . . Price, \$2.00  
By Members of the New York Psychiatric Society
- No. 10. Methods of Mental Examination. (Out of Print.)
- No. 11. The Theory of Schizophrenic Negativism . . . . . Price, \$.60  
By PROFESSOR R. BLEULER
- No. 12. Cerebellar Functions . . . . . Price, \$3.00  
By DR. ANDRÉ-TOMAS
- No. 13. History of the Prison Psychoses . . . . . Price, \$1.25  
By DR. P. NITSCHL and K. WILMANNS
- No. 14. General Paresis . . . . . Price, \$3.00  
By PROF. E. KRAEPELIN
- No. 15. Dreams and Myths . . . . . Price, \$1.00  
By DR. KARL ABRAHAM
- No. 16. Poliomyelitis . . . . . Price, \$3.00  
DR. I. WICKMANN
- No. 17. Freud's Theories of the Neuroses . . . . . Price, \$2.00  
DR. E. HITSCHMANN
- No. 18. The Myth of the Birth of the Hero . . . . . Price, \$1.00  
By DR. OTTO RANK
- No. 19. The Theory of Psychoanalysis . . . . . Price, \$1.50  
By Dr. C. G. JUNG

---

Address all communications to JOURNAL OF NERVOUS AND MENTAL DISEASE,  
64 West Fifty-Sixth Street, New York.

NERVOUS AND MENTAL DISEASE MONOGRAPH  
SERIES, NO. 19

# The Theory of Psychoanalysis

BY  
DR. C. G. JUNG  
of Zurich

NEW YORK

THE JOURNAL OF NERVOUS AND MENTAL DISEASE  
PUBLISHING COMPANY

1915

**NERVOUS AND MENTAL DISEASE  
MONOGRAPH SERIES**

Edited by

Drs. SMITH ELY JELLIFFE and WM. A. WHITE  
Numbers Issued

1. Outlines of Psychiatry. (4th Edition.) \$3.00.  
By Dr. William A. White.
2. Studies in Paranoia.  
By Drs. N. Gierlich and M. Friedman.
3. The Psychology of Dementia Praecox. (Out of Print).  
By Dr. C. G Jung.
4. Selected Papers on Hysteria and other Psychoneuroses  
(2d Edition.) \$2.50. By Prof. Sigmund Freud.
5. The Wassermann Serum Diagnosis in Psychiatry. \$2.00.  
By Dr. Felix Plaut.
6. Epidemic Poliomyelitis. New York, 1907. (Out of Print).
7. Three Contributions to Sexual Theory. \$2.00.  
By Prof. Sigmund Freud.
8. Mental Mechanisms. \$2.00. By Dr. Wm. A. White.
9. Studies in Psychiatry. \$2.00.  
New York Psychiatric Society.
10. Handbook of Mental Examination Methods. \$2.00.  
By Shepherd Ivory Franz.
11. The Theory of Schizophrenic Negativism. \$0.60.  
By Professor E. Bleuler.
12. Cerebellar Functions. \$3.00.  
By Dr. André-Thomas.
13. History of Prison Psychoses. \$1.25.  
By Drs. P. Nitsche and K. Wilmanns.
14. General Paresis. \$3.00. By Prof. E. Kraepelin.
15. Dreams and Myths. \$1.00. By Dr. Karl Abraham.
16. Poliomyelitis. \$3.00. Dr. I. Wickmann.
17. Freud's Theories of the Neuroses. \$2.00.  
Dr. E. Hitschmann.
18. The Myth of the Birth of the Hero. \$1.00.  
Dr. Otto Rank
19. The Theory of Psychoanalysis. \$1.50.  
Dr. C. G. Jung.

Copyright, 1915, by

**THE JOURNAL OF NERVOUS AND MENTAL DISEASE  
PUBLISHING COMPANY, NEW YORK**

PRESS OF  
THE NEW ERA PRINTING COMPANY  
LANCASTER, PA.

WM  
460  
J954t  
1915

## CONTENTS

	PAGE
INTRODUCTION .....	I
CHAPTER I	
CONSIDERATION OF EARLY HYPOTHESES .....	4
CHAPTER II	
THE INFANTILE SEXUALITY .....	17
CHAPTER III	
THE CONCEPTION OF LIBIDO .....	27
CHAPTER IV	
THE ETIOLOGICAL SIGNIFICANCE OF THE INFANTILE SEXUALITY	45
CHAPTER V	
THE UNCONSCIOUS .....	55
CHAPTER VI	
THE DREAM .....	60
CHAPTER VII	
THE CONTENT OF THE UNCONSCIOUS .....	67
CHAPTER VIII	
THE ETIOLOGY OF THE NEUROSES .....	72
CHAPTER IX	
THE THERAPEUTICAL PRINCIPLES OF PSYCHOANALYSIS .....	96
CHAPTER X	
SOME GENERAL REMARKS ON PSYCHOANALYSIS .....	III



## INTRODUCTION

In these lectures I have attempted to reconcile my practical experiences in psychoanalysis with the existing theory, or rather, with the approaches to such a theory. Here is my attitude towards those principles which my honored teacher Sigmund Freud has evolved from the experience of many decades. Since I have long been closely connected with psychoanalysis, it will perhaps be asked with astonishment how it is that I am now for the first time defining my theoretical position. When, some ten years ago, it came home to me what a vast distance Freud had already travelled beyond the bounds of contemporary knowledge of psycho-pathological phenomena, especially the psychology of the complex mental processes, I no longer felt myself in a position to exercise any real criticism. I did not possess the sorry mandarin-courage of those people who—upon a basis of ignorance and incapacity—consider themselves justified in “critical” rejections. I thought one must first work modestly for years in such a field before one might dare to criticize. The evil results of premature and superficial criticism have certainly not been lacking. A preponderating number of critics have attacked with as much anger as ignorance. Psychoanalysis has flourished undisturbed and has not troubled itself one jot or tittle about the unscientific chatter that has buzzed around it. As everyone knows, this tree has waxed mightily, and not in one world only, but alike in Europe and in America. Official criticism participates in the pitiable fate of Proktophantasmist and his lamentation in the Walpurgis-night:

“You still are here? Nay, 'tis a thing unheard!  
Vanish at once! We've said the enlightening word.”

Such criticism has omitted to take to heart the truth that all that exists has sufficient right to its existence: no less is it with psychoanalysis.

We will not fall into the error of our opponents, nor ignore their existence nor deny their right to exist. But then this

enjoins upon ourselves the duty of applying a proper criticism, grounded upon a practical knowledge of the facts. To me it seems that psychoanalysis stands in need of this weighing-up from the inside.

It has been wrongly assumed that my attitude denotes a "split" in the psychoanalytic movement. Such a schism can only exist where faith is concerned. But psychoanalysis deals with knowledge and its ever-changing formulations. I have taken William James' pragmatic rule as a plumb-line: "You must bring out of each word its practical cash-value, set it at work within the stream of your experience. It appears less a solution, then, than as a program for more work and more particularly as an indication of the ways in which existing realities may be changed. *Theories thus become instruments, not answers to enigmas, in which we can rest.* We don't lie back upon them, we move forward, and, on occasion, make nature over again by their aid."

And so my criticism has not proceeded from academic arguments, but from experiences which have forced themselves on me during ten years earnest work in this sphere. I know that my experience in no wise approaches Freud's quite extraordinary experience and insight, but none the less it seems to me that certain of my formulations do present the observed facts more adequately than is the case in Freud's method of statement. At any rate I have found, in my teaching, that the conceptions put forward in these lectures have afforded peculiar aid in my endeavors to help my pupils to an understanding of psychoanalysis. With such experience I am naturally inclined to assent to the view of Mr. Dooley, that witty humorist of the *New York Times*, when he says, defining pragmatism: "Truth is truth 'when it works.'" I am indeed very far from regarding a modest and moderate criticism as a "falling away" or a schism; on the contrary, through it I hope to help on the flowering and fructification of the psychoanalytic movement, and to open a path towards the scientific treasures of psychoanalysis for those who have hitherto been unable to possess themselves of psychoanalytic methods, whether through lack of practical experience or through distaste of the theoretical hypothesis.

For the opportunity to deliver these lectures I have to thank

my friend Dr. Smith Ely Jelliffe, of New York, who kindly invited me to take part in the "Extension Course" at Fordham University. These lectures were given in September, 1912, in New York.

I must here also express my best thanks to Dr. Gregory, of Bellevue Hospital, for his ready support of my clinical demonstrations.

For the troublesome work of translation I am greatly indebted to my assistant, Miss M. Moltzer, and to Mrs. Edith Eder and Dr. Eder of London.

Only after the preparation of these lectures did Adler's book, "*Ueber den nervösen Charakter*," become known to me, in the summer of 1912. I recognize that he and I have reached similar conclusions on various points, but here is not the place to go into a more intimate discussion of the matter; that must take place elsewhere.

## CHAPTER I

### CONSIDERATION OF EARLY HYPOTHESES

It is not an easy task to speak about psychoanalysis in these days. I am not thinking, when I say this, of the fact that psychoanalysis in general—it is my earnest conviction—is among the most difficult scientific problems of the day. But even when we put this cardinal fact aside, we find many serious difficulties which interfere with the clear interpretation of the matter. I am not capable of giving you a complete doctrine elaborated both from the theoretical and the empirical standpoint. Psychoanalysis has not yet reached such a point of development, although a great amount of labor has been expended upon it. Neither can I give you a description of its growth ab ovo, for you already have in your country, with its great regard for all the progress of civilization, a considerable literature on the subject. This literature has already spread a general knowledge of psychoanalysis among those who have a scientific interest in it.

You have had the opportunity of listening to Freud, the real explorer and founder of this method, who has spoken in your own country about this theory. As for myself, I have already had the honor of speaking about this work in America. I have discussed the experimental foundation of the theory of complexes and the application of psychoanalysis to pedagogy.

It can be easily understood that under these circumstances I fear to repeat what has already been said, or published in many scientific journals in this country. A further difficulty lies in the fact that in very many quarters there are already prevailing quite extraordinary conceptions of our theory, conceptions which are often absolutely wrong, and unfortunately wrong just in that which touches the very essence of psychoanalysis. At times it seems nearly impossible to grasp even the meaning of these errors, and I am constantly astonished to find any one with a scientific education ever arriving at ideas so divorced from all foundations in fact. Obviously it would be of no importance to cite examples

of these curiosities, and it will be more valuable to discuss here those questions and problems of psychoanalysis which really might provoke misunderstanding.

#### A CHANGE IN THE THEORY OF PSYCHOANALYSIS

Although it has very often been repeated, it seems to be still an unknown fact to many people, that in these last years the theory of psychoanalysis has changed considerably. Those, for instance, who have only read the first book, "Studies in Hysteria," by Breuer and Freud, still believe that psychoanalysis essentially consists in the doctrine that hysteria, as well as other neuroses, has its root in the so-called "traumata," or shocks, of earliest childhood. They continue to condemn this theory, and have no idea that it is fifteen years since this conception was abandoned and replaced by a totally different one. This change is of such great importance in the whole development of psychoanalysis, as well for its technique as for its theory, that I must give it in some detail. That I may not weary you with the complete recitation of cases already well known, I will only just refer to those in Breuer and Freud's book, which I shall assume are known to you, for the book has been translated into English.<sup>1</sup> You will there have read that case of Breuer's, to which Freud referred in his lectures at Clark University. You will have found that the hysterical symptom has not some unknown organic source, but is based on certain highly emotional psychic events, so-called injuries of the heart, traumata or shocks. I think that now-a-days every careful observer of hysteria will acknowledge from his own experience that, at the root of this disease, such painful events are to be found. This truth was already known to the physicians of former days.

#### THE TRAUMATIC THEORY

So far as I know it was really Charcot who, probably under the influence of Page's theory of nervous shock, made this observation of theoretical value. Charcot knew, by means of hypnotism, at that time not understood, that hysterical symptoms could be called forth by suggestion as well as made to disappear through

<sup>1</sup> "Selected Papers on Hysteria and Other Psychoneuroses," by Prof. Sigmund Freud. Nervous and Mental Disease Monograph Series, No. 4.

suggestion. Charcot believed that he saw something like this in those cases of hysteria caused by accident, cases which became more and more frequent. The shock can be compared with hypnosis in Charcot's sense. The emotion provoked by the shock causes a momentary complete paralysis of will-power, during which the remembrance of the trauma can be fixed as an auto-suggestion. This conception gives us the original theory of psychoanalysis. Etiological investigation had to prove whether this mechanism, or a similar one, was also to be found in those cases of hysteria which could not be called traumatic. This lack of knowledge of the etiology of hysteria was supplied by the discovery of Breuer and Freud. They proved that even in those ordinary cases of hysteria which cannot be said to be caused by shock the same trauma-element was to be found, and seemed to have an etiological value. It is natural that Freud, a pupil of Charcot, was inclined to suppose that this discovery in itself confirmed the ideas of Charcot. Accordingly the theory elaborated out of the experience of that period, mainly by Freud, received the imprint of a traumatic etiology. The name of trauma-theory is therefore justified; nevertheless this theory had also a new aspect. I am not here speaking of the truly admirable profoundness and precision of Freud's analysis of symptoms, but of the relinquishing of the conception of auto-suggestion, which was the dynamic force in the original theory, and its substitution by a detailed exposure of the psychological and psycho-physical effects caused by the shock. The shock, the trauma, provokes a certain excitation which, under normal circumstances, finds a natural outlet ("abreagieren"). In hysteria it is only to a certain extent that the excitation does find a natural outlet; a partial retention takes place, the so-called blocking of the affect ("Affecteinklemmung"). This amount of excitation, which can be compared with an amount of potential energy, is transmuted by the mechanism of conversion into "physical" symptoms.

*The Cathartic Method.*—According to this conception, therapy had to find the means by which those retained emotions could be brought to a mode of expression, thereby setting free from the symptoms that amount of repressed and converted feeling. Hence this was called the cleansing, or *cathartic method*; its aim was to discharge the blocked emotions. From this it fol-

lows that analysis was then more or less closely concerned with the symptoms, that is to say, the symptoms were analyzed—the work of analysis began with the symptoms, a method abandoned to-day. The cathartic method, and the theory on which it is based, are, as you know, accepted by other colleagues, so far as they are interested at all in psychoanalysis, and you will find some appreciation and quotation of the theory, as well as of the method, in several text-books.

### THE TRAUMATIC THEORY CRITICIZED

Although, as a matter of fact, the discovery of Breuer and Freud is certainly true, as can easily be proved by every case of hysteria, several objections can be raised to the theory. It must be acknowledged that their method shows with wonderful clearness the connection between the actual symptoms and the shock, as well as the psychological consequences which necessarily follow from the traumatic event, but nevertheless, a doubt arises as to the etiological significance of the so-called trauma or shock.

It is extremely difficult for any critical observer of hysteria to admit that a neurosis, with all its complications, can be based on events in the past, as it were on one emotional experience long past. It is more or less fashionable at present to consider all abnormal psychic conditions, in so far as they are of exogenic growth, as the consequences of hereditary degeneration, and not as essentially influenced by the psychology of the patient and the environment. This conception is too narrow, and not justified by the facts. To use an analogy, we know perfectly well how to find the right middle course in dealing with the etiology of tuberculosis. There are, of course, cases of tuberculosis where in earliest childhood the germ of the disease falls upon a soil predisposed by heredity, so that even in the most favorable conditions the patient cannot escape his fate. None the less, there are also cases where, under favorable conditions, illness can be prevented, despite a predisposition to the disease. Nor must we forget that there are still other cases without hereditary disposition or individual inclination, and, in spite of this, fatal infection occurs. All this holds equally true of the neuroses, where matters are not essentially different in their method of procedure than they are in general pathology. Neither a theory in which

the predisposition is all-important, nor one in which the influence of the environment is all-important, will ever suffice. It is true the shock-theory can be said to give predominance to the predisposition, even insisting that some past trauma is the condition sine qua non of the neurosis. Yet Freud's ingenious empiricism presented even in the "Studies in Hysteria" some views, insufficiently exploited at the time, which contained the elements of a theory that perhaps more accentuates the value of environment than inherited or traumatic predisposition.

### THE CONCEPTION OF "REPRESSION"

Freud synthesized these observations in a form that was to extend far beyond the limits of the shock-theory. This conception is the hypothesis of repression ("Verdrängung"). As you know, by the word "repression" is understood the psychic mechanism of the re-transportation of a conscious thought into the unconscious sphere. We call this sphere the "unconscious" and define it as the psyche of which we are not conscious. The conception of repression was derived from the numerous observations made upon neurotic patients who seemed to have the capacity of forgetting important events or thoughts, and this to such an extent that one might easily believe nothing had ever happened. These observations can be constantly made by anyone who comes into close psychological relations with his patients. As a result of the Breuer and Freud studies, it was found that a very special method was needed to call again into consciousness those traumatic events long since forgotten. I wish to call attention to this fact, since it is decidedly astonishing for a priori we are not inclined to believe that valuable things can ever be forgotten. For this reason several critics object that the reminiscences which have been called into consciousness by certain hypnotic processes are only suggested ones, and do not correspond with reality. Even granting this, it would certainly not be justifiable to regard this in itself as a condemnation of "repression," since there are and have been not a few cases where the fact of repressed reminiscences can be proved by objective demonstration. Even if we exclude this kind of proof, it is possible to test the phenomena by experiment. The association-tests provide us with the necessary experiences. Here we find

the extraordinary fact that associations pertaining to complexes saturated with emotion emerge with much greater difficulty into consciousness, and are much more easily forgotten.

As my experiments on this subject were never reexamined, the conclusions were never adopted, until just lately, when Wilhelm Peters, a disciple of Kraepelin, proved in general my previous observation, namely, that painful events are very rarely correctly reproduced ("die unlustbetonten Erlebnisse werden am seltensten richtig reproduciert").

As you see, the conception rests upon a firm empirical basis. There is still another side of the question worth looking at. We might ask if the repression has its root in a conscious determination of the individual, or do the reminiscences disappear rather passively without conscious knowledge on the part of the patient? In Freud's works you will find a series of excellent proofs of the existence of a conscious tendency to repress what is painful. Every psychoanalyst will know more than a dozen cases showing clearly in their history one particular moment at least in which the patient knows more or less clearly that he will not allow himself to think of the repressed reminiscences. A patient once gave this significant answer: "Je l'ai mis de côté" (I have put it aside).

But, on the other hand, we must not forget that there are a number of cases where it is impossible for us to show, even with the most careful examination, the slightest trace of conscious repression; in these cases it seems as if the mechanism of repression were much more in the nature of a passive disappearance, or even as if the impressions were dragged beneath the surface by some force operating from below. From the first class of cases we get the impression of complete mental development, accompanied by a kind of cowardice in regard to their own feelings; but among the second class of cases you may find patients showing a more serious retardation of development. The mechanism of repression seems here to be much more an automatic one.

This difference is closely connected with the question I mentioned before—that is, the question of the relative importance of predisposition and environment. The first class of cases appears to be mainly influenced by environment and education; in

the other, predisposition seems to play the chief part. It is pretty clear where treatment will have more effect. (As I have already said, the conception of repression contains an element which is in intrinsic contradiction with the shock-theory.) We find, for instance, in the case of Miss Lucy R.,<sup>2</sup> described by Freud, that the essential etiological moment is not to be found in the traumatic scenes, but in the insufficient readiness of the patient to set store upon the convictions passing through her mind. But if we think of the later views we find in the "Selected Papers on Hysteria,"<sup>3</sup> where Freud, forced through further experience, supposes certain traumatic sexual events in early childhood to be the source of the neurosis, then we get the impression of an incongruity between the conception of repression and that of shock. The conception of "repression" contains the elements of an etiological theory of environment, while the conception of "shock" is a theory of predisposition.

But at first the theory of neurosis developed along the lines of the trauma conception. Pursuing Freud's later investigations, we see him coming to the conclusion that no such positive value can be ascribed to the traumatic events of later life, as their effects could only be conceivable if the particular predisposition of the patient were taken into account. Evidently the enigma was to be resolved just at this point. As the analytical work progressed, the roots of hysterical symptoms were found in childhood; they reached back from the present far into the past. The further end of the chain threatened to get lost in the mists of early childhood. But it was just there that reminiscences appeared of certain scenes where sexual activities had been manifested in an active or passive way, and these were unmistakably connected with the events which provoked the neurosis. (For further details of these events you must consult the works of Freud, as well as the numerous analyses which have already been published.)

#### THE THEORY OF SEXUAL TRAUMA IN CHILDHOOD

Hence arose the theory of sexual trauma in childhood which provoked bitter opposition, not from theoretical objections against the shock-theory in general, but against the element of sexuality

<sup>2</sup> Monograph No. 4, p. 14.

<sup>3</sup> *Ibid.*

in particular. In the first place, the idea that children might be sexual, and that sexual thoughts might play any part with them, aroused great antagonism. In the second place, the possibility that hysteria had a sexual basis was most unwelcome, for the sterile position that hysteria was either a reflex neurosis of the uterus or arose from lack of sexual satisfaction had just been given up. Naturally, therefore, the real value of Freud's observations was disputed. If critics had limited themselves to that question, and had not adorned their opposition with moral indignation, a calm discussion would have been possible. In Germany, for instance, this method of attack made it impossible to get any credit for Freud's theory. As soon as the question of sexuality was touched general resistance, as well as haughty contempt were awakened. But in truth there was but one question at issue: were Freud's observations true or not? That alone could be of importance to a really scientific mind. It is possible that these observations do not seem very probable at first sight, but it is unjustifiable to condemn them *a priori* as false. Wherever really sincere and thorough investigations have been carried out it has been possible to corroborate his observations. The fact of a psychological chain of consequences has been absolutely confirmed, although Freud's original conception, that real traumatic scenes were always to be found, has not been.

#### THEORY OF SEXUAL TRAUMA ABANDONED

Freud himself abandoned his first presentation of the shock-theory after further and more thorough investigation. He could no longer retain his original view as to the reality of the sexual shock. Excessive sexuality, sexual abuse of children, or very early sexual activity in childhood, were later on seen to be of secondary importance. You will perhaps be inclined to share the suspicion of the critics that the results derived from analytic researches were based on suggestion. There might be some justification for this view if these assertions had been published broadcast by some charlatan or ill-qualified person. But anyone who has carefully read Freud's works, and has himself similarly sought to penetrate into the psychology of his patients, will know that it is unjust to attribute to an intellect like Freud's the crude

mistakes of a journeyman. Such suggestions only redound to the discredit of those who make them. Ever since then patients have been examined by every possible means from which suggestion could be absolutely excluded. And still the associations described by Freud have been proved to be true in principle. We are thus obliged in the first place to regard many of these shocks of early childhood as phantoms, while other traumata have objective reality. With this knowledge, at first somewhat confusing, the etiological importance of the sexual trauma in childhood declines, as it seems now quite irrelevant whether the trauma really took place or not. Experience teaches us that phantasy can be, so to speak, of the same traumatic value as real shock. In the face of such facts, every physician who treats hysteria will recall cases where the neurosis has indeed been provoked by violent traumatic impressions. This observation is only in apparent contradiction with our knowledge, already referred to, of the unreality of traumatic events in childhood. We know perfectly well that many persons suffer shocks in childhood or in adult life who nevertheless get no neurosis. Therefore the trauma has, ceteris paribus, no absolute etiological importance, but owes its efficacy to the nature of the soil upon which it falls.

#### THE PREDISPOSITION FOR THE TRAUMA

No neurosis will grow on an unprepared soil where no germ of neurosis is already existing; the trauma will pass by without leaving any permanent and effective mark. From this simple consideration it is pretty clear that, to make it really effective, the patient must meet the shock with a certain internal predisposition. This internal predisposition is not to be understood as meaning that totally obscure hereditary predisposition of which we know so little, but as a psychological development which reaches its apogee and its manifestation at the moment, and even through, the trauma.

I will show you first of all by a concrete case the nature of the trauma and its psychological predisposition. A young lady suffered from severe hysteria after a sudden fright. She had been attending a social gathering that evening and was on her way home at midnight, accompanied by several acquaintances, when

a carriage came behind her at full speed. Everyone else drew aside, but she, paralyzed by fright, remained in the middle of the street and ran just in front of the horses. The coachman cracked his whip, cursed and swore without any result. She ran down the whole length of the street, which led to a bridge. There her strength failed her, and to escape the horses' feet she thought, in her extreme despair, of jumping into the water, but was prevented in time by passers-by. This very same lady happened to be present a little later on that bloody day, the 22d of January, in St. Petersburg, when a street was cleared by soldiers' volleys. Right and left of her she saw people dying or falling down badly wounded. Remaining perfectly calm and clear-minded, she caught sight of a gate that gave her escape into another street.

These terrible moments did not agitate her, either at the time, or later on. Whence it must follow that the intensity of the trauma is of small pathogenic importance: the special conditions form the essential factors. Here, then, we have the key by which we are able to unlock at least one of the anterooms to the understanding of predisposition. We must next ask what were the special circumstances in this carriage-scene. The terror and apprehension began as soon as the lady heard the horses' foot-steps. It seemed to her for a moment as if these betokened some terrible fate, portending her death or something dreadful. Then she lost consciousness. The real causation is somehow connected with the horses. The predisposition of the patient, who acts thus wildly at such a commonplace occurrence, could perhaps be found in the fact that horses had a special significance for her. It might suffice, for instance, if she had been once concerned in some dangerous accident with horses. This assumption does hold good here. When she was seven years old, she was once out on a carriage-drive with the coachman; the horses shied and approached the steep river-bank at full speed. The coachman jumped off his seat, and shouted to her to do the same, which she was barely able to do, as she was frightened to death. Still, she sprang down at the right moment, whilst the horses and carriage were dashed down below.

It is unnecessary to prove that such an event must leave a lasting impression behind. But still it does not offer any explanation for the exaggerated reaction to an inadequate stimulus.

Up till now we only know that this later symptom had its prologue in childhood, but the pathological side remains obscure. To solve this enigma we require other experiences. The amnesia which I will set forth fully later on shows clearly the disproportion between the so-called shock and the part played by phantasy. In this case phantasy must predominate to an extraordinary extent to provoke such an effect. The shock in itself was too insignificant. We are at first inclined to explain this incident by the shock that took place in childhood, but it seems to me with little success. It is difficult to understand why the effect of this infantile trauma had remained latent so long, and why it only now came to the surface. The patient must surely have had opportunities enough during her lifetime of getting out of the way of a carriage going full speed. The reminiscence of the danger to her life seems to be quite insufficiently effective: the real danger in which she was at that one moment in St. Petersburg did not produce the slightest trace of neurosis, despite her being predisposed by an impressive event in her childhood. The whole of this traumatic event still lacks explanation; from the point of view of the shock-theory we are hopelessly in the dark.

You must excuse me if I return so persistently to the shock-theory. I consider this necessary, as now-a-days many people, even those who regard us seriously, still keep to this standpoint. Thus the opponents to psychoanalysis and those who never read psychoanalytic articles, or do so quite superficially, get the impression that in psychoanalysis the old shock-theory is still in force.

The question arises: what are we to understand by this predisposition, through which an insignificant event produces such a pathological effect? This is the question of chief significance, and we shall find that the same question plays an important rôle in the theory of neurosis, for we have to understand why apparently irrelevant events of the past are still producing such effects that they are able to interfere in an impish and capricious way with the normal reactions of actual life.

#### THE SEXUAL ELEMENT IN THE TRAUMA

The early school of psychoanalysis, and its later disciples, did all they could to find the origin of later effects in the special kind

of early traumatic events. Freud's research penetrated most deeply. He was the first, and it was he alone, who discovered that a certain sexual element was connected with the shock. It is just this sexual element which, speaking generally, we may consider as unconscious, and it is to this that the traumatic effect is generally due. The unconsciousness of sexuality in childhood seems to throw a light upon the problem of the persistent constellation of the primary traumatic event. The true emotional meaning of the accident was all along hidden from the patient, so that in consciousness this emotion was never brought into play, the emotion never wore itself out, it was never used up. We might perhaps explain the effect in the following way: this persistent constellation was a kind of "suggestion à échéance," for it is unconscious and the action occurs only at the stipulated moment.

It is hardly necessary to give detailed examples to prove that the true nature of sexual manifestations during infancy is not understood. Physicians know, for instance, how often a manifest masturbation persisting up to adult life, especially in women, is not understood as such. It is, therefore, easy to realize that to a child the true nature of certain actions would be far less conscious. And that is the reason why the real meaning of these events, even in adult life, is still hidden from our consciousness. In some cases, even, the traumatic events are themselves forgotten, either because their sexual meaning is quite unknown to the patient, or because their sexual character is unacceptable, being too painful. It is what we call "repressed."

As we have already mentioned, Freud's observation, that the admixture of a sexual element with the shock is essential for any pathological effect, leads on to the theory of the *infantile sexual trauma*.

This hypothesis may be thus expressed: the pathogenic event is a sexual one. This conception forced its way with difficulty. The general opinion that children have no sexuality in early life made such an etiology inadmissible, and at first prevented its acceptance.

#### THE INFANTILE SEXUAL PHANTASY

The change in the shock-theory already referred to, namely, that in general the shock is not even real, but is essentially a

phantasy, did not make things better. On the contrary, still worse, since we are forced to the conclusion that we find in the infantile phantasy at least one positive sexual manifestation. It is no longer some brutal accidental impression from the outside, but a positive sexual manifestation created by the child itself, and this very often with unmistakable clearness. Even real traumatic events of an outspoken sexual type do not always happen to a child quite *without its coöperation*, but are not infrequently apparently *prepared and brought about by the child itself*. Abraham stated this, proving his statement with evidence of the greatest interest, and this, in connection with many other experiences of the same kind, makes it very probable that even really sexual scenes are frequently called forth and supported by the peculiar psychological state of the child's mind. Perfectly independently from psychoanalytic investigation, medical criminology has discovered striking parallels to this psychoanalytic statement.

## CHAPTER II

### THE INFANTILE SEXUALITY

The precocious manifestations of sexual phantasy as cause of the shock now seemed to be the source of neurosis. This, logically, attributed to children a far more developed sexuality than had been hitherto admitted. Many cases of precocious sexuality had been recorded in literature long before the time of psychoanalysis. For instance, a girl of two years old with normal menstruation, or cases of boys of three and four and five years of age having normal erections, and so far ready for cohabitation. These were, however, curiosities. Great astonishment was caused when Freud began to attribute to the child, not only ordinary sexuality, but even polymorphic perverse sexuality; all this based upon the most exhaustive investigation. People inclined much too lightly to the superficial view, that all this was merely suggested to the patients, and was a highly disputable artificial product. Hence Freud's<sup>4</sup> "Three Contributions to the Sexual Theory" not only provoked opposition, but even violent indignation. It is surely unnecessary to insist upon the fact that science is not furthered by indignation, and that arguments of moral resentment may perhaps please the moralist—that is his business—but not a scientific man, for whom truth must be the guide, and not moral indignation. If matters are really as Freud describes them, all indignation is absurd; if they are not so, again indignation will avail nothing. The conclusion as to what is the truth can only be arrived at on the field of observation and research, and nowhere else. The opponents of psychoanalysis with certain honorable exceptions, display rather ludicrously a somewhat pitifully inadequate realization of the situation. Although the psychoanalytic school could unfortunately learn nothing from their critics, as the criticism took no notice of its investigations, and although it could not get any useful hints, because the psycho-

<sup>4</sup> No. 7 of this Monograph Series.

analytic method of investigation was, and still is unknown to these critics, it remains a serious duty for our school to explain thoroughly the contrast between the existing conceptions. It is not our endeavor to put forward a paradoxical theory contradicting all existing theories, but rather to introduce a certain category of new observations into science. Therefore we regard it as a duty to do whatever we can to promote agreement. It is true, we must renounce all hope of obtaining the approval of those who blindly oppose us, but we do hope to come to an understanding with scientific men. This will be my endeavor now in attempting to sketch the further intellectual development of the psychoanalytic conception, so far as the so-called sexual theory of the neuroses is concerned.

### OBJECTIONS TO THE SEXUAL HYPOTHESIS

As I said, the finding of precocious sexual phantasies, which seemed the source of the neurosis, forced Freud to the view of a highly developed sexuality in infancy. As you know, the reality of this observation has been contested by many, who maintain that crude error, that narrow-minded delusion, misled Freud and his whole school, alike in Europe and in America, so that the Freudians saw things that never existed. They regarded them as people in the grip of an intellectual epidemic. I have to admit that I possess no way of defending myself against criticism of this kind. The only thing I can do is to refer to my own work, asking thoughtful persons if they discover there any clear indications of madness. Moreover, I must maintain that science has no right to start with the idea that certain facts do not exist. At the most one can say: "This seems very improbable—we want still more proofs and more research." This is also our reply to the objection: "It is impossible to discover anything trustworthy by the psychoanalytic method, as this method is practically absurd." No one believed in Galileo's telescope, and Columbus discovered America on a false hypothesis. The psychoanalytic method may be full of errors, but this should not prevent its use. Many chronological and medical observations have been made with inadequate instruments. We must regard the objections to the method as pretexts until our opponents come to grip with the

facts. It is there a decision must be reached—not by wordy warfare.

Our opponents also call hysteria a psychogenic disease. We believe that we have discovered the etiological determinants of this disease and we present, without fear, the results of our investigation to open criticism. Whoever cannot accept our results should publish his own analyses of cases. So far as I know, that has never been done, at least not in European literature. Under these circumstances, critics have no right to deny our conclusions *a priori*. Our opponents have likewise cases of hysteria, and those cases are surely as psychogenic as our own. There is nothing to prevent their pointing out the psychological determinants. The method is not the real question. Our opponents content themselves with disputing and reviling our researches, but they do not point out any better way.

Many other critics are more careful and more just, and do admit that we have made many valuable observations, and that the associations of ideas given by the psychoanalytic method will very probably stand, but they maintain that our point of view is wrong. The alleged sexual phantasies of childhood, with which we are here chiefly concerned, must not be taken, they say, as real sexual functions, being obviously something quite different, since at the approach of puberty the characteristic peculiarities of sexuality are acquired.

This objection, being calmly and reasonably made, deserves to be taken seriously. Such objections must also have occurred to every one who has taken up analytic work, and there is reason enough for deep reflection.

#### THE CONCEPTION OF SEXUALITY

The first difficulty arises with the conception of sexuality. If we take sexuality as meaning the fully-developed function, we must confine this phenomenon to maturity, and then, of course, we have no right to speak of sexuality in childhood. If we so limit our conception, then we are confronted again with new and much greater difficulties. The question arises, how then must we denominate all those correlated biological phenomena pertaining to the sexual functions *sensu strictiori*, as, for instance, pregnancy,

childbirth, natural selection, protection of the offspring, etc. It seems to me that all this belongs to the conception of sexuality as well, although a very distinguished colleague did once say, "Childbirth is not a sexual act." But if these things do pertain to this concept of sexuality, then there must also belong innumerable psychological phenomena. For we know that an incredible number of the pure psychological functions are connected with this sphere. I shall only mention the extraordinary importance of phantasy in the preparation for the sexual function. Thus we arrive rather at a biological conception of sexuality, which includes both a series of psychological phenomena as well as a series of physiological functions. If we might be allowed to make use of an old but practical classification, we might identify sexuality with the so-called instinct of the preservation of the species, as opposed in some way to the instinct of self-preservation.

Looking at sexuality from this point of view, we shall not be astonished to find that the root of the instinct of race-preservation, so extraordinarily important in nature, goes much deeper than the limited conception of sexuality would ever allow. Only the more or less grown-up cat actually catches mice, but the kitten plays at least as if it were catching mice. The young dog's playful indications of attempts at cohabitation begin long before puberty. We have a right to suppose that mankind is no exception to this rule, although we do not notice similar things on the surface in our well brought-up children. Investigation of the children of the lower classes proves that they are no exceptions to the biological rule. It is of course infinitely more probable that this most important instinct, that of the preservation of the race, is already nascent in the earliest childhood, than that it falls at one swoop from heaven, full-fledged, at the age of puberty. The sexual organs also develop long before the slightest sign of their future function can be noticed. Where the psychoanalytic school speaks of sexuality, this wider conception of its function must be linked to it, and we do not mean simply that physical sensation and function generally designated by the term sexual. It might be said that, in order to avoid any misunderstanding on this point, the term sexuality should not be given to these preparatory phenomena in childhood. This demand is surely not justified, since the anatomical nomenclature is taken from the

fully-developed system, and special names are not generally given to more or less rudimentary formations.

After all, the objections to the terminology do not spring so much from objective arguments, as from those tendencies which lie at the base of moral indignation. But then no objection can be made to the sex-terminology of Freud, as he rightly gives to the whole sexual development the general name of sexuality. But certain conclusions have been drawn which, so far as I can see, cannot be maintained.

### THE "SEXUALITY" OF THE SUCKLING

When we examine how far back in childhood the first traces of sexuality reach, we have to admit implicitly that sexuality already exists ab ovo, but only becomes manifest a long time after intrauterine life. Freud is inclined to see in the function of taking the mother's breast already a kind of sexuality. Freud was bitterly reproached for this view, but it must be admitted that it is very ingenious, if we follow his hypothesis, that the instinct of the preservation of the race has existed separately from the instinct of self-preservation ab ovo and has undergone a separate development. This way of thinking is not, however, a biological one. It is not possible to separate the two ways of manifestation of the hypothetical vital process, and to credit each with a different order of development. If we limit ourselves to judging by what we can actually observe, we must reckon with the fact that everywhere in nature we see that the vital processes in an individual consist for a considerable space of time in the functions of nutrition and growth only. We see this very clearly in many animals; for instance, in butterflies, which as caterpillars pass an asexual existence of nutrition and growth. To this stage of life we may allot both the intrauterine life and the extrauterine time of suckling in man. This time is marked by the absence of all sexual function; hence to speak of manifest sexuality in the suckling would be a *contradiccio in adjecto*.

The most we can do is to ask if, among the life-functions of the suckling, there are any that have not the character of nutrition, or of growth, and hence could be termed sexual. Freud points out the unmistakable emotion and satisfaction of the child while suckling, and compares this process with that of the sexual

act. This similarity leads him to assume the sexual quality in the act of suckling. This conclusion is only admissible if it can be proved that the tension of the need, and its gratification by a release, is a sexual process. That the act of suckling has this emotional mechanism proves, however, just the contrary. Therefore we can only say this emotional mechanism is found both in nutrition and in the sexual function. If Freud by analogy deduces the sexual quality of sucking from this emotional mechanism, then his biological empiricism would also justify the terminology qualifying the sexual act as a function of nutrition. This is unjustifiably exceeding the bounds in either case. It is evident that the act of sucking cannot be qualified as sexual.

We are aware, however, of functions in the suckling stage which have apparently nothing to do with the function of nutrition, such as sucking the finger, and its many variations. This is perhaps the place to discuss whether these things belong to the sexual sphere. These acts do not subserve nutrition, but produce pleasure. Of that there is no doubt, but nevertheless it is disputable whether this pleasure which comes by sucking should be called by analogy a sexual satisfaction. It might be called equally pleasure by nutrition. This latter qualification has even the further justification that the form and kind of pleasure belong entirely to the function of nutrition. The hand which is used for sucking finds in this way preparation for future use in feeding one's self. Under these circumstances nobody will be inclined by a petitio principii to characterize the first manifestation of human life as sexual. The statement which we make that the act of sucking is attended by a feeling of satisfaction leaves us in doubt whether the sucking does contain anything else but the character of nutrition. We notice that the so-called bad habits shown by a child as it grows up are closely linked with early infantile sucking, such for instance as putting the finger in the mouth, biting the nails, picking the nose, ears, etc. We see, too, how closely these habits are connected with later masturbation. By analogy, the conclusion that these infantile habits are the first step to onanism, or to actions similar to onanism, and are therefore of a well-marked sexual character cannot be denied: it is perfectly justified. I have seen many cases in which a correlation existed between these childish habits and later masturbation. If

this masturbation takes place in later childhood, before puberty, it is nothing but an infantile bad habit. From the fact of the correlation between masturbation and the other childish bad habits, we conclude that these habits have a sexual character, in so far as they are used to obtain physical satisfaction from the child's own body.

This new standpoint is comprehensible and perhaps necessary. It is only a few steps from this point of view to regarding the infant's act of sucking as of a sexual character. As you know, Freud took the few steps, but you have just heard me reject them. We have come to a difficulty which is very hard to solve. It would be relatively easy if we could accept two instincts side by side, each an entity in itself. Then the act of sucking the breast would be both an action of nutrition and a sexual act. This seems to be Freud's conception. We find in adults the two instincts separated, yet existing side by side, or rather we find that there are two manifestations, in hunger, and in the sexual instinct. But at the sucking age, we find only the function of nutrition, rewarded by both pleasure and satisfaction. Its sexual character can only be argued by a petitio principii, for the facts show that the act of sucking is the first to give pleasure, not the sexual function. Obtaining pleasure is by no means identical with sexuality. We deceive ourselves if we think that in the suckling both instincts exist side by side, for then we project into the psyche of the child the facts taken from the psychology of adults. The existence of the two instincts side by side does not occur in suckling, for one of these instincts has no existence as yet, or, if existing, is quite rudimentary. If we are to regard the striving for pleasure as something sexual, we might as well say paradoxically that hunger is a sexual striving, for this instinct seeks pleasure by satisfaction. If this were true, we should have to give our opponents permission to apply the terminology of hunger to sexuality. It would facilitate matters, were it possible to maintain that both instincts existed side by side, but it contradicts the observed facts and would lead to untenable consequences.

Before I try to resolve this opposition, I must first say something more about Freud's sexual theory, and its transformations.

## THE POLYMORPHIC PERVERSE SEXUALITY OF INFANCY

We have already reached the conclusion, setting out from the idea of the shock being apparently due to sexual phantasies, that the child must have, in contradiction to the views hitherto prevailing, a nearly fully formed sexuality, and even a *polymorphic perverse sexuality*. Its sexuality does not seem concentrated on the genital functions or on the other sex, but is occupied with its own body; whence it is said to be auto-erotic. If its sexual instinct is directed to another person, no distinction, or but the very slightest, is made as to sex. It can, therefore, be very easily homo-sexual. In place of non-existing local sexual function there exists a series of so-called bad habits, which from this standpoint look like a series of perversities, since they have the closest analogy with the later perversities. In consequence of this way of regarding the subject, sexuality, whose nature is ordinarily regarded as a unit, becomes decomposed into a multiplicity of isolated striving forces. Freud then arrived at the conception of the so-called "erogenous zones," by which he understood mouth, skin, anus, etc. (It is, of course, a universal tacit presumption that sexuality has its origin in the sexual organs.)

The term "erogenous zone" reminds us of "spasmo-genic zones," and the underlying image is at all events the same; just as the spasmo-genic zone is the place whence the spasm arises, so the erogenous zone is the place whence arises an affluent to sexuality. Based upon the model of the genital organs as the anatomical origin of sexuality, the erogenous zones must be conceived as being so many genitals out of which the streams of sexuality flow together. This is the condition of the *polymorphic perverse sexuality of childhood*. The expression "perverse" seems to be justified by the close analogy with the later perversities which present, so to speak, but a new edition of certain early infantile perverse habits. They are very often connected with one or other of the different erogenous zones, and are the cause of those exchanges in sex, which are so characteristic for childhood.

According to this view, the later normal and monomorphic sexuality is built up out of several components. The first division is into homo- and hetero-sexual components, to which is linked an auto-erotic component, as also there are components of

the different erogenous zones. This conception can be compared with the position of physics before Robert Mayer, when only isolated forces, having elementary qualities, were recognized, whose interchanges were little understood. The law of the conservation of energy brought order into the inter-relationship of the forces, at the same time abolishing the conception of those forces as absolute elements, but regarding them as interchangeable manifestations of one and the same energy.

### THE SEXUAL COMPONENTS AS ENERGIC MANIFESTATIONS

Conceptions of great importance do not arise only in one brain, but are floating in the air and dip here and there, appearing even under other forms, and in other regions, where it is often very difficult to recognize the common fundamental idea. Thus it happened with the splitting up of sexuality into the polymorphic perverse sexuality of childhood.

Experience forces us to accept a constant exchange of isolated components as we notice more and more that, for instance, perversities exist at the expense of normal sexuality, or that the increase of certain kinds of sex-manifestations causes corresponding deficiencies of another kind. To make the matter clearer, let me give you an instance: A young man had a homo-sexual phase lasting for some years, during which time women had no interest for him. This abnormal condition changed gradually toward his twentieth year and his erotic interest became more and more normal. He began to take great interest in girls, and soon the last traces of his homo-sexuality were conquered. This condition lasted several years, and he had some successful love-affairs. Then he wished to get married; he had here to suffer a great disappointment, as the girl to whom he proposed refused him. During the ensuing phase he absolutely abandoned the idea of marriage. After that he experienced a dislike of all women, and one day he discovered that he was again perfectly homo-sexual, that is, young men had an unusually irritating influence upon him. To regard sexuality as composed of a fixed hetero-sexual component, and a like homo-sexual element, will never suffice to explain this case, for the conception of the existence of fixed components excludes any kind of transformation.

To understand the case, we have to admit a great mobility of the sexual components, which even goes so far that one of the components can practically disappear completely, whilst the other comes to the front. If only substitution took place, if for instance the homo-sexual component entered the unconscious, leaving the field of consciousness to the hetero-sexual component, modern scientific knowledge would lead us to conclude that equivalent effects arose from the unconscious sphere. Those effects would have to be conceived as resistances against the activity of the hetero-sexual component, as a repugnance towards women.

Experience tells us nothing about this. There have been some small traces of influences of this kind, but of such slight intensity that they cannot be compared with the intensity of the former homo-sexual component. On the conception that has been outlined, it is also incomprehensible how this homo-sexual component, regarded as so firmly fixed, can ever disappear without leaving active traces. To explain things, the process of development is called in, forgetting that this is only a word and explains nothing. You see, therefore, the urgent necessity of an adequate explanation of such a change of scene. For this we must have a dynamic hypothesis. Such commutations are only conceivable as dynamic or energetic processes. I cannot conceive how manifestations of functions can disappear if I do not accept a change in the relation of one force to another. Freud's theory did have regard to this necessity in the conception of components. The presumption of isolated functions existing side by side began to be somewhat weakened, more in practice than theoretically. It was replaced by an energetic conception. The term chosen for this conception is "libido."

## CHAPTER III

### THE CONCEPTION OF LIBIDO

Freud had already introduced the idea of libido in his<sup>5</sup> "Three Contributions to the Sexual Theory" in the following words:

"In biology, the fact that both mankind and animals have a sexual want is expressed by the conception of the sexual desire. This is done by analogy with the want of nourishment, so-called hunger. Popular speech has no corresponding characterization for the word "hunger," and so science uses the word "libido."

In Freud's definition, the term "libido" appears as exclusively a sexual desire. "Libido" as a medical term is certainly used for sexual desire, and especially for sexual lust. But the classical definition of this word as found in Cicero, Sallust, and others, was not so exclusive. The word is there used in a more general sense for every passionate desire. I only just mention this definition here, as further on it plays an important part in our considerations, and as it is important to know that the term "libido" has really a much wider meaning than is associated with it through medical language.

The idea of libido (while maintaining its sexual meaning in the author's sense as long as possible) offers us the dynamic value which we are seeking in order to explain the shifting of the psychological scenery. With this conception it is much simpler to formulate the phenomena in question, instead of by the incomprehensible substitution of the homo- by the hetero-sexual component. We may say now that the libido has gradually withdrawn from its homo-sexual manifestation and is transferred in the same measure into a hetero-sexual manifestation. Thus the homo-sexual component practically disappears. It remains only an empty possibility, signifying nothing in itself. Its very existence, therefore, is rightly denied by the laity, just as we doubt the possibility that any man selected at random would turn out to be a murderer. By the use of this conception of libido many rela-

<sup>5</sup> No. 7 of this Monograph Series.

tions between the isolated sexual functions are now easily explicable.

The early idea of the multiplicity of sexual components must be given up: it savors too much of the ancient philosophical notion of the faculties of the mind. Its place is taken by libido which is capable of manifold applications. The earlier components only represent possibilities of activities. With this conception of libido, the original idea of a divided sexuality with different roots is replaced by a dynamic unity, without which the formerly important components remain but empty possibilities of activities. This development in our conception is of great importance. We have here the same process which Robert Mayer introduced into dynamics. Just as the conception of the conservation of energy removed their character as elements from the forces, imparting to them the character of a manifestation of energy, so the libido theory similarly removes from the sexual components the idea of the mental "faculties" as elements ("Seelen Vermögen"), and ascribes to them merely phenomenal value. This conception represents the impression of reality far more than the theory of components. With a libido-theory we can easily explain the case of the young man. The disappointment he met with, just at the time he had definitely decided on a hetero-sexual life, drove his libido again from the hetero-sexual manifestation into a homo-sexual form, thus calling forth his entire homo-sexuality.

#### THE ENERGIC THEORY OF LIBIDO

I must point out here that the analogy with the law of the conservation of energy is very close. In both cases the question arises when an effect of energy disappears, where is this energy meanwhile, and where will it reemerge? Applying this point of view as a heuristic principle to the psychology of human conduct, we shall make some astonishing discoveries. Then we shall see how the most heterogeneous phases of individual psychological development are connected in an energetic relationship. Every time we see a person who is splenetic or has a morbid conviction, or some exaggerated mental attitude, we know here is too much libido, and the excess must have been taken away from some-

where else where there is too little. From this standpoint, psychoanalysis is that method which discovers those places or functions where there is too little or too much libido, and restores the just proportions. Thus the symptoms of a neurosis must be considered as exaggerated and correspondingly disturbed functional manifestations overflowing with libido. The energy which has been used for this purpose has been taken away from somewhere else, and it is the task of the psychoanalyst, to restore it whence it was taken, or to bestow it where it was never before given. Those complexes of symptoms which are mainly characterized by lack of libido, for instance, the so-called apathetic conditions, force us to reverse the question. Here we have to ask, where did the libido go? The patient gives us the impression of having no libido, and there are occasionally physicians who believe exactly what the patients tell them. Such physicians have a primitive way of thinking, like the savage who believes, when he sees an eclipse of the sun, that the sun has been swallowed up and put to death. But the sun is only hidden, and so it is with these patients. Although the libido is there, it is not get-at-able, and is inaccessible to the patient himself. Superficially, we have here a lack of libido. It is the task of psychoanalysis to search for that hidden place where the libido dwells, and where it is as a rule inaccessible to the patient. The hidden place is the non-conscious, which may also be called the unconscious, without ascribing to it any mysterious significance.

#### THE CONCEPTION OF UNCONSCIOUS PHANTASY

Psychoanalytic experience has taught us that there are non-conscious systems which, by analogy with conscious phantasies, can be described as phantasy-systems of the unconscious. In cases of neurotic apathy these phantasy systems of the unconscious are the objects of the libido. We know well that, when we speak of unconscious phantasy systems, we only speak figuratively. We do not mean more by this than that we accept as an indispensable postulate the conception of psychic entities existing outside consciousness. Experience teaches us, we might say daily, that there are unconscious psychic processes which influence the disposition of the libido in a perceptible way. Those cases,

known to every psychiatrist in which complicated symptoms of delusions emerge with relative great suddenness, show clearly that there must be unconscious psychic development and preparation, for we cannot regard them as having been just suddenly formed when they entered consciousness.

### THE SEXUAL TERMINOLOGY

I feel myself justified in making this digression concerning the unconscious. I have done it to point out that, with regard to shifting of the manifestations of the libido, we have to deal not only with the conscious, but also with another factor, the unconscious, whither the libido sometimes disappears. We have not yet followed up the discussion of the further consequences which result from the adoption of the libido-theory.

Freud has taught us, and we see it in the daily practice of psychoanalysis, that in earlier childhood, instead of the normal later sexuality, we find many tendencies which in later life are called perversions. We have to admit that Freud has the right to give to these tendencies a sexual terminology. Through the introduction of the conception of the libido, we see that in adults those elementary components which seemed to be the origin and the source of normal sexuality, lose their importance, and are reduced to mere potentialities. The effective power, their life force, is to be found in the libido. Without libido these components mean nothing. We saw that Freud gives to the conception of libido an undoubted sexual definition, somewhat in the sense of sexual desire. The general view is, that libido in this sense only comes into being at the age of puberty. How are we then to explain the fact that in Freud's view a child has a polymorphic-perverse sexuality, and that therefore, in children, the libido brings into action not only one, but several possibilities? If the libido, in Freud's sense, begins its existence at puberty, it could not be held accountable for earlier infantile perversions. In that case, we should have to regard these infantile perversions as "faculties of the mind," in the sense of the theory of components. Apart from the hopeless theoretical confusion which would thus arise, we must not multiply explanatory principles in accordance with the philosophical axiom: "*principia praeter necessitatem non sunt multiplicanda.*"

There is no other way but to agree that before and after puberty it is the same libido. Hence, the perversities of childhood have arisen exactly in the same way as those of adults. Common sense will object to this, as obviously the sexual needs of children cannot possibly be the same as those of adults. We might admit, with Freud, that the libido before and after puberty is the same, but is different in its intensity. Instead of the intense post-pubertal sexual desire, there would be first a slight sexual desire in childhood, with diminishing intensity until, as we reach back to the first year, it is but a trace. We might admit that we are biologically in agreement with this formulation. It would then have to be also agreed that everything that falls into the region of this enlarged conception of sexuality is already pre-existing but in miniature; for instance, all those emotional manifestations of psycho-sexuality: desire for affection, jealousy, and many others, and by no means least, the neuroses of childhood.

It must, however, be admitted that these emotional manifestations of childhood by no means make the impression of being in miniature; their intensity can rival that of an affect among adults. Nor must it be forgotten that experience has shown that perverse manifestations of sexuality in childhood are often more glaring, and indeed seem to have a greater development, than in adults. If an adult under similar conditions had this apparently excessive form of sexuality, which is practically normal in children, we could rightly expect a total absence of normal sexuality, and of many other important biological adaptations. An adult is rightly called perverse when his libido is not used for normal functions, and the same could be said of a child: it is polymorphous perverse since it does not know normal sexual functions.

These considerations suggest the idea that perhaps the amount of libido is always the same, and that no increase first occur at puberty. This somewhat audacious conception accords with the example of the law of the conservation of energy, according to which the quantity of energy remains always the same. It is possible that the summit of maturity is reached when the infantile diffuse applications of libido discharge themselves into the one channel of definite sexuality, and thus lose themselves therein. For the moment we must content ourselves with these sug-

gestions, for we must next pay attention to one point of criticism concerning the quality of the infantile libido.

Many critics do not admit that the infantile libido is simply less intense or is essentially of the same kind as the libido of adults. The emotions among adults are correlated with the genital functions. This is not the case in children, or it is only so in miniature, or exceptionally, and this gives rise to an important distinction, which must not be undervalued.

I believe such an objection is justified. There is really a considerable difference between immature and fully developed functions, as there is a difference between play and reality, between shooting with blank and with loaded cartridges. That the childish libido has the harmlessness demanded by common sense cannot be contested. But of course none can deny that blank shooting is shooting. We must get accustomed to the idea that sexuality really exists, even before puberty, right back in early childhood, and that we have no right to pretend that manifestations of this immature sexuality are not sexual. This does not indeed refute the objection, which, while recognizing the existence of infantile sexuality in the form already described, yet denies Freud's claim to regard as sexual early infantile manifestations such as sucking. We have mentioned already the motives which induced Freud to enlarge the sexual terminology in such a way. We mentioned, too, how this very act of sucking, for instance, could be conceived from the standpoint of pleasure in the function of nutrition, and that, on biological grounds, there was more justification for this derivation than for Freud's view. It might be objected that these and similar activities of the oral zones are found in later life in an undoubtedly sexual use. This only means that these activities can in later life be used for sexual purposes, but that does not tell us anything concerning the primitive sexual nature of these forms. I must, therefore, admit that I find no ground for regarding the activities of the suckling, which provoke pleasure and satisfaction, from the standpoint of sexuality. Indeed there are many objections against this conception. It seems to me, in so far as I am capable of judging these difficult problems, that from the standpoint of sexuality it is necessary to divide human life into three phases.

## THE THREE PHASES OF LIFE

The first phase embraces the first years of life. I call this part of life the pre-sexual stage. These years correspond to the caterpillar-stage of butterflies, and are characterized almost exclusively by the functions of nutrition and growth.

The second phase embraces the later years of childhood up to puberty, and might be called the pre-pubertal stage.

The third phase is that of riper years, proceeding only from puberty onwards, and could be called the time of maturity.

You cannot have failed to notice that we become conscious of the greatest difficulty when we arrive at the question at what age we must put the limit of the pre-sexual stage. I am ready to confess my uncertainty with regard to this problem. If I survey the psychoanalytical experiences with children, as yet insufficiently numerous, at the same time keeping in mind the observations made by Freud, it seems to me that the limit of this phase lies between the third and fifth years. This, of course, with due consideration for the greatest individual diversities. From various aspects this is an important age. The child has emancipated itself already from the helplessness of the baby, and a series of important psychological functions have acquired a firm hold. From this period on, the obscurity of the early infantile "*amnesia*," or the *discontinuity of the early infantile consciousness*, begins to clear up through the *sporadic continuity of memory*. It seems as if, at this age, a considerable step had been made towards emancipation and the formation of a new and independent personality. As far as we know, the first signs of interest and activity which may fairly be called sexual fall into this period, although these sexual indications have still the infantile characteristics of harmlessness and naiveté. I think I have sufficiently demonstrated why a sexual terminology cannot be given to the pre-sexual stage, and so we may now consider the other problems from the standpoint we have just reached. You will remember that we dropped the problem of the libido in childhood, because it seemed impossible to arrive at any clearness in that way. But now we are obliged to take up the question again, if only to see whether the energetic conception harmonizes with the principles just advanced. We saw, following Freud's conception,

that the altered manifestations of the infantile sexuality, if compared with those of maturity, are to be explained by the diminution of sexuality in childhood.

#### THE SEXUAL DEFINITION OF LIBIDO MUST BE ABANDONED

The intensity of the libido is said to be diminished relatively to the early age. But we advanced just now several considerations to show why it seems doubtful if we can regard the vital functions of a child, sexuality excepted, as of less intensity than those of adults. We can really say that, sexuality excepted, the emotional phenomena, and, if nervous symptoms are present, then these likewise are quite as intense as those of adults. On the energetic conception of the libido all these things are but manifestations of the libido. But it becomes rather difficult to conceive that the intensity of the libido can ever constitute the difference between a mature and an immature sexuality. The explanation of this difference seems rather to postulate a change in the localization of the libido (if the expression be allowed). In contradistinction to the medical definition the libido in children is occupied far more with certain side-functions of a mental and physiological nature than with local sexual functions. One is here already tempted to remove from the term libido the predicate "sexualis," and thus to have done with the sexual definition of the term given in Freud's "Three Contributions." This necessity becomes imperative, when we put it in the form of a question: The child in the first years of its life is intensely living—suffering and enjoying—the question is, whether his striving, his suffering, his enjoyment are by reason of his libido sexualis? Freud has pronounced himself in favor of this supposition. There is no need to repeat the reasons through which I am compelled to accept the pre-sexual stage. The larva stage possesses a libido of nutrition, if I may so express it, but not yet the libido sexualis. It is thus we must put it, if we wish to keep the energetic conception which the libido theory offers us. I think there is nothing for it but to abandon the sexual definition of libido, or we shall lose what there is valuable in the libido theory, that is, the energetic conception. For a long time past the desire to extend the meaning of libido, and to remove it from its narrow

and sexual limitations, has forced itself upon Freud's school. One was never weary of insisting that sexuality in the psychological sense was not to be taken too literally, but in a broader connotation; but exactly how, that remained obscure, and thus too, sincere criticism remained unsatisfied.

I do not think I am going astray if I see the real value of the libido theory in the energetic conception, and not in its sexual definition. Thanks to the former, we are in possession of a most valuable heuristic principle. We owe to the energetic conception the possibility of dynamic ideas and relationships, which are of inestimable value for us in the chaos of the psychic world. The Freudians would be wrong not to listen to the voice of criticism, which reproaches our conception of libido with mysticism and inaccessibility. We deceived ourselves in believing that we could ever make the libido sexualis the bearer of the energetic conception of the psychical life, and if many of Freud's school still believe they possess a well-defined and almost complete conception of libido, they are not aware that this conception has been put to use far beyond the bounds of its sexual definition. The critics are right when they object to our theory of libido as explaining things which cannot belong to its sphere. It must be admitted that Freud's school makes use of a conception of libido which passes beyond the bounds of its primary definition. Indeed, this must produce the impression that one is working with a mystical principle.

#### THE PROBLEM OF LIBIDO IN DEMENTIA PRÆCOX

I have sought to show these infringements in a special work, "Wandlungen und Symbole der Libido," and at the same time the necessity for creating a new conception of libido, which shall be in harmony with the energetic conception. Freud himself was forced to a discussion of his original conception of libido when he tried to apply its energetic point of view to a well-known case of dementia præcox—the so-called Schreber case. In this case, we had to deal, among other things, with that well-known problem in the psychology of dementia præcox, the loss of adaptation to reality, the peculiar phenomenon consisting in a special tendency of these patients to construct an inner world of phantasy of their own, surrendering for this purpose their adapta-

tion to reality. As a part of the phenomenon, the lack of sociability or emotional rapport will be well known to you all, this representing a striking disturbance of the function of reality. Through considerable psychological study of these patients we discovered, that this lack of adaptation to reality is compensated by a progressive increase in the creation of phantasies. This goes so far that the dream-world is for the patient more real than external reality. The patient Schreber, described by Freud, found for this phenomenon an excellent figurative description in his delusion of the "end of the world." His loss of reality is thus very concretely represented. The dynamic conception of this phenomenon is very clear. We say that the libido withdrew itself more and more from the external world, consequently entered the inner world, the world of phantasies, and had there to create, as a compensation for the lost external world, a so-called equivalent of reality. This compensation is built up piece by piece, and it is most interesting to observe the psychological materials of which this inner world is composed. This way of conceiving the transposition and displacement of the libido has been made by the every-day use of the term, its original pure sexual meaning being very rarely recalled. In general, the word "libido" is used practically in so harmless a sense that Claparède, in a conversation, once remarked that we could as well use the word "interest."

The manner in which this expression is generally used has given rise to a way of using the term that made it possible to explain Schreber's "end of the world" by withdrawal of the libido. On this occasion, Freud recalled his original sexual definition of the libido, and tried to arrive at an understanding with the change which in the meantime had taken place. In his article on Schreber, he discusses the question, whether what the psychoanalytic school calls libido, and conceives of as "interest from erotic sources" coincides with interest generally speaking. You see that, putting the problem in this way, Freud asks the question which Claparède practically answered. Freud discusses the question here, whether the loss of reality noticed in dementia praecox, to which I drew attention in my book,<sup>6</sup> "The Psychology of Dementia Praecox," is due entirely to the withdrawal of erotic

<sup>6</sup> No. 3 of this Monograph Series.

interest, or if this coincides with the so-called objective interest in general. We can hardly agree that the normal "fonction du réel" [Janet] is only maintained through erotic interest. The fact is that, in many cases, reality vanishes altogether, and not a trace of psychological adaptation can be found in these cases. Reality is repressed, and replaced by phantasies created through complexes. We are forced to say that not only the erotic interests, but interests in general—that is, the whole adaptation to reality—are lost. I formerly tried, in my "Psychology of Dementia Præcox," to get out of this difficulty by using the expression "psychic energy," because I could not base the theory of dementia præcox on the theory of transference of the libido in its sexual definition. My experience—at that time chiefly psychiatric—did not permit me to understand this theory. Only later did I learn to understand the correctness of the theory as regards the neuroses by increased experience in hysteria and the compulsion neurosis. As a matter of fact, an abnormal displacement of libido, quite definitely sexual, does play a great part in the neuroses. But although very characteristic repressions of sexual libido do take place in certain neuroses, that loss of reality, so typical for dementia præcox, never occurs. In dementia præcox, so extreme is the loss of the function of reality that this loss must also entail a loss of motive power, to which any sexual nature must be absolutely denied, for it will not seem to anyone that reality is a sexual function. If this were so, the withdrawal of erotic interests in the neuroses would lead to a loss of reality—a loss of reality indeed that could be compared with that in dementia præcox. But, as I said before, this is not the case. These facts have made it impossible for me to transfer Freud's libido theory to dementia præcox. Hence, my view is, that the attempt made by Abraham, in his article "The Psycho-Sexual Differences Between Hysteria and Dementia Præcox," is from the standpoint of Freud's conception of libido theoretically untenable. Abraham's belief, that the paranoidal system, or the symptomatology of dementia præcox, arises by the libido withdrawing from the external world, cannot be justified if we take "libido" according to Freud's definition. For, as Freud has clearly shown, a mere introversion or regression of the libido leads always to a neurosis, and not to dementia præcox. It is

impossible to transfer the libido theory, with its sexual definition, directly to dementia præcox, as this disease shows a loss of reality not to be explained by the deficiency in erotic interests.

It gives me particular satisfaction that our master also, when he placed his hand on the fragile material of paranoiac psychology, felt himself compelled to doubt the applicability of his conception of libido which had prevailed hitherto. My position of reserve towards the ubiquity of sexuality which I allowed myself to adopt in the preface to my "Psychology of Dementia Præcox"—although with a complete recognition of the psychological mechanism—was dictated by the conception of the libido theory of that time. Its sexual definition did not enable me to explain those disturbances of functions which affect the indefinite sphere of the instinct of hunger, just as much as they do those of sexuality. For a long time the libido theory seemed to me inapplicable to dementia præcox.

#### THE GENETIC CONCEPTION OF LIBIDO

With greater experience in my analytical work, I noticed that a slow change of my conception of libido had taken place. A genetic conception of libido gradually took the place of the descriptive definition of libido contained in Freud's "Three Contributions." Thus it became possible for me to replace, by the expression "psychic energy," the term libido. The next step was that I asked myself if now-a-days the function of reality consists only to a very small extent of sexual libido, and to a very large extent of other impulses. It is still a very important question, considered from the phylogenetic standpoint, whether the function of reality is not, at least very largely, of sexual origin. It is impossible to answer this question directly, in so far as the function of reality is concerned. We shall try to come to some understanding by a side-path.

A superficial glance at the history of evolution suffices to teach us that innumerable complicated functions, whose sexual character must be denied, are originally nothing but derivations from the instinct of propagation. As is well known, there has been an important displacement in the fundamentals of propagation during the ascent through the animal scale. The offspring has

been reduced in number, and the primitive uncertainty of impregnation has been replaced by a quite assured impregnation, and a more effective protection of offspring. The energy required for the production of eggs and sperma has been transferred into the creation of mechanisms of attraction, and mechanisms for the protection of offspring. Here we find the first instincts of art in animals, used for the instinct of propagation, and limited to the rutting season. The original sexual character of these biological institutions became lost with their organic fixation, and their functional independence. None the less, there can be no doubt as to their sexual origin, as, for instance, there is no doubt about the original relation between sexuality and music, but it would be a generalization as futile, as unesthetic, to include music under the category of sexuality. Such a terminology would lead to the consideration of the Cathedral of Cologne under mineralogy, because it has been built with stones. Those quite ignorant of the problems of evolution are much astonished to find how few things there are in human life which cannot finally be reduced to the instinct of propagation. It embraces nearly everything, I think, that is dear and precious to us.

We have hitherto spoken of the libido as of the instinct of reproduction, or the instinct of the preservation of the species, and limited our conception to that libido which is opposed to hunger, just as the instinct of the preservation of the species is opposed to that of self-preservation. Of course in nature this artificial distinction does not exist. Here we find only a continuous instinct of life, a will to live, which tries to obtain the propagation of the whole race by the preservation of the individual. To this extent this conception coincides with that of Schopenhauer's "will," as objectively we can only conceive a movement as a manifestation of an internal desire. As we have already boldly concluded that the libido, which originally subserved the creation of eggs and seed, is now firmly organized in the function of nest-building, and can no longer be employed otherwise, we are similarly obliged to include in this conception every desire, hunger no less. We have no warrant whatever for differentiating essentially the desire to build nests from the desire to eat.

I think you will already understand the position we have

reached with these considerations. We are about to follow up the energetic conception by putting the energetic mode of action in place of the purely formal functioning. Just as reciprocal actions, well known in the old natural science, have been replaced by the law of the conservation of energy, so here too, in the sphere of psychology, we seek to replace the reciprocal activities of co-ordinated psychical faculties by energy, conceived as one and homogeneous. Thus we must bow to the criticism which reproaches the psychoanalytic school for working with a mystical conception of libido. I have to dispel this illusion that the whole psychoanalytic school possesses a clearly conceived and obvious conception of libido. I maintain that the conception of libido with which we are working is not only not concrete or known, but is an unknown  $X$ , a conceptual image, a token, and no more real than the energy in the conceptual world of the physicist. In this wise only can we escape those arbitrary transgressions of the proper boundaries, which are always made when we want to reduce coördinated forces to one another. Certain analogies of the action of heat with the action of light are not to be explained by saying that this tertium comparationis proves that the undulations of heat are the same as the undulations of light; the conceptual image of energy is the real point of comparison. If we regard libido in this way we endeavor to simulate the progress which has already been made in physics. The economy of thought which physics has already obtained we strive after in our libido theory. We conceive libido now simply as energy, so that we are in the position to figure the manifold processes as forms of energy. Thus, we replace the old reciprocal action by relations of absolute equivalence. We shall not be astonished if we are met with the cry of vitalism. But we are as far removed from any belief in a specific vital power, as from any other metaphysical assertion. We term libido that energy which manifests itself by vital processes, which is subjectively perceived as aspiration, longing and striving. We see in the diversity of natural phenomena the desire, the libido, in the most diverse applications and forms. In early childhood we find libido at first wholly in the form of the instinct of nutrition, providing for the development of the body. As the body develops, there open up, successively, new spheres of influence for the

libido. The last, and, from its functional significance, most overpowering sphere of influence, is sexuality, which at first seems very closely connected with the function of nutrition. With that you may compare the well-known influence on propagation of the conditions of nutrition in the lower animals and plants.

In the sphere of sexuality, libido does take that form whose enormous importance justifies us in the choice of the term "libido," in its strict sexual sense. Here for the first time libido appears in the form of an undifferentiated sexual primitive power, as an energy of growth, clearly forcing the individual towards division, budding, etc. The clearest separation of the two forms of libido is found among those animals where the stage of nutrition is separated by the pupa stage from the stage of sexuality. Out of this sexual primitive power, through which one small creature produces millions of eggs and sperm, derivatives have been developed by extraordinary restriction of fecundity, the functions of which are maintained by a special differentiated libido. This differentiated libido is henceforth *desexualized*, for it is dissociated from its original function of producing eggs and sperm, nor is there any possibility of restoring it to its original function. The whole process of development consists in the increasing absorption of the libido which only created, originally, products of generation in the secondary functions of attraction, and protection of offspring. This development presupposes a quite different and much more complicated relationship to reality, a true function of reality which is functionally inseparable from the needs of reproduction. Thus the altered mode of reproduction involves a correspondingly increased adaptation to reality. This, of course, does not imply that the function of reality is exclusively due to differentiation in reproduction. I am aware that a large part of the instinct of nutrition is connected with it. Thus we arrive at an insight into certain primitive conditions of the function of reality. It would be fundamentally wrong to pretend that the compelling source is still a sexual one. It was largely a sexual one originally. The process of absorption of the primitive libido into secondary functions certainly always took place in the form of so-called affluxes of sexual libido ("libidinöse Zuschüsse").

That is to say, sexuality was diverted from its original desti-

nation, a definite quantity was used up in the mechanisms of mutual attraction and of protection of offspring. This transference of sexual libido from the sexual sphere to associated functions is still taking place (*e. g.*, modern neo-Malthusianism is the artificial continuation of the natural tendency). We call this process *sublimation*, when this operation occurs without injury to the adaptation of the individual; we call it *repression*—when the attempt fails. From the descriptive standpoint psychoanalysis accepts the multiplicity of instincts, and, among them, the instinct of sexuality as a special phenomenon, moreover, it recognizes certain affluxes of the libido to asexual instincts.

From the genetic standpoint it is otherwise. It regards the multiplicity of instincts as issuing out of relative unity, the primitive libido. It recognizes that definite quantities of the primitive libido are split off, associated with the recently created functions, and finally merged in them. From this standpoint we can say, without any difficulty, that patients with dementia praecox withdraw their "libido" from the external world and in consequence suffer a loss of reality, which is compensated by an increase of the phantasy-building activities.

We must now fit the new conception of libido into that theory of sexuality in childhood which is of such great importance in the theory of neurosis. Generally speaking, we first find the libido as the energy of vital activities acting in the zone of the function of nutrition. Through the rhythmical movements in the act of sucking, nourishment is taken with all signs of satisfaction. As the individual grows and his organs develop, the libido creates new ways of desire, new activities and satisfactions. Now the original model—rhythmic activity, creating pleasure and satisfaction—must be transferred to other functions which have their final goal in sexuality.

This transition is not made suddenly at puberty, but it takes place gradually throughout the course of the greater part of childhood. The libido can only very slowly and with great difficulty detach itself from the characteristics of the function of nutrition, in order to pass over into the characteristics of sexual function. As far as I can see, we have two epochs during this transition, the epoch of *sucking* and the epoch of the *displaced rhythmic activity*. Considered solely from the point of view of its mode

of action, sucking clings entirely to the domain of the function of nutrition, but it presents also a far wider aspect, it is no mere function of nutrition, it is a rhythmical activity, with its goal in a pleasure and satisfaction of its own, distinct from the obtaining of nourishment. The hand comes into play as an accessory organ. In the epoch of the displaced rhythmical activity it stands out still more as an accessory organ, when the oral zone ceases to give pleasure, which must now be obtained in other directions. The possibilities are many. As a rule the other openings of the body become the first objects of interest of the libido; then follow the skin in general and certain places of predilection upon it.

The actions carried out at these places generally take the form of rubbing, piercing, tugging, etc., accompanied by a certain rhythm, and serve to produce pleasure. After a halt of greater or less duration at these stations, the libido proceeds until it arrives at the sexual zone, where it may next provoke the first onanistic attempts. During its "march," the libido carries over not a little from the function of nutrition into the sexual zone; this readily explains the numerous close associations between the function of nutrition and the sexual function.

This "march" of the libido takes place at the time of the pre-sexual stage, which is characterized by the fact that the libido gradually relinquishes the special character of the instinct of nutrition, and by degrees acquires the character of the sexual instinct. At this stage we cannot yet speak of a true sexual libido. Therefore we are obliged to qualify the polymorphous perverse sexuality of early infancy differently. The polymorphism of the tendencies of the libido at this time is to be explained as the gradual movement of the libido away from the sphere of the function of nutrition towards the sexual function.

*The Infantile "Perversity."*—Thus rightly vanishes the term "perverse"—so strongly contested by our opponents—for it provokes a false idea.

When a chemical body breaks up into its elements, these elements are the products of its disintegration, but it is not permissible on that account to describe elements as entirely products of disintegration. Perversities are disorders of fully-developed sexuality, but are never precursors of sexuality, although there is undoubtedly an analogy between the precursors and the products of

disintegration. The childish rudiments, no longer to be conceived as perverse, but to be regarded as stages of development, change gradually into normal sexuality, as the normal sexuality develops.

The more smoothly the libido withdraws from its provisional positions, the more completely and the more quickly does the formation of normal sexuality take place. It is proper to the conception of normal sexuality that all those early infantile inclinations which are not yet sexual should be given up. The less this is the case, the more is sexuality threatened with perverse development. The expression "perverse" is here used in its right place. The fundamental condition of a perversity is an infantile, imperfectly developed state of sexuality.

## CHAPTER IV

### THE ETIOLOGICAL SIGNIFICANCE OF THE INFANTILE SEXUALITY

Now that we have decided what is to be understood as infantile sexuality, we can follow up the discussion of the theory of the neuroses, which we began in the first lecture and then dropped. We followed the theory of the neuroses up to the point where we ran against Freud's statement, that the tendency which brings a traumatic event to a pathological activity, is a sexual one. From our foregoing considerations we understand what is meant by a sexual tendency. It is a standing still, a retardation in that process whereby the libido frees itself from the manifestations of the pre-sexual stage.

First of all, we must regard this disturbance as a *fixation*. The libido, in its transition from the function of nutrition to the sexual function, lingers unduly at certain stages. A disharmony is created, since provisional and, as it were, worn-out activities, persist at a period when they should have been overcome. This formula is applicable to all those infantile characteristics so prevalent among neurotic people that no attentive observer can have overlooked them. In *dementia præcox* it is so obtrusive that a symptom complex, *hebephrenia*, derives its name therefrom.

The matter is not ended, however, by saying that the libido lingers in the preliminary stages, for while the libido thus lingers, time does not stand still, and the development of the individual is always proceeding apace. The physical maturation increases the contrast and the disharmony between the persistent infantile manifestations, and the demands of the later age, with its changed conditions of life. In this way the foundation is laid for the dissociation of the personality, and thereby to that conflict which is the real basis of the neuroses. The more the libido is in arrears in practice, the more intense will be the conflict. The traumatic or pathogenic moment is the one which serves best to make this conflict manifest. As Freud showed in his earlier works, one can easily imagine a neurosis arising in this way.

This conception fitted in rather well with the views of Janet, who ascribed neurosis to a certain defect. From this point of view the neurosis could be regarded as a product of retardation in the development of affectivity; and I can easily imagine that this conception must seem selfevident to every one who is inclined to derive the neuroses more or less directly from heredity or congenital degeneration.

#### THE INFANTILE SEXUAL ETIOLOGY CRITICIZED

Unfortunately the reality is much more complicated. Let me facilitate an insight into these complications by an example of a case of hysteria. It will, I hope, enable me to demonstrate the characteristic complication, so important for the theory of neurosis. You will probably remember the case of the young lady with hysteria, whom I mentioned at the beginning of my lectures. We noticed the remarkable fact that this patient was unaffected by situations which one might have expected to make a profound impression and yet showed an unexpected extreme pathological reaction to a quite everyday event. We took this occasion to express our doubt as to the etiological significance of the shock, and to investigate the so-called predisposition which rendered the trauma effective. The result of that investigation led us to what has just been mentioned, that it is by no means improbable that the origin of the neurosis is due to a retardation of the affective development.

You will now ask me what is to be understood by the retardation of the affectivity of this hysterical. The patient lives in a world of phantasy, which can only be regarded as infantile. It is unnecessary to give a description of these phantasies, for you, as neurologists or psychiatrists, have the opportunity daily to listen to the childish prejudices, illusions and emotional pretensions to which neurotic people give way. The disinclination to face stern reality is the distinguishing trait of these phantasies—some lack of earnestness, some trifling, which sometimes hides real difficulties in a light-hearted manner, at others exaggerates trifles into great troubles. We recognize at once that inadequate psychic attitude towards reality which characterizes the child, its wavering opinions and its deficient orientation in matters of the external world. With such an infantile mental disposition all kinds of de-

sires, phantasies and illusions can grow luxuriantly, and this we have to regard as the critical causation. Through such phantasies people slip into an unreal attitude, preeminently ill-adapted to the world, which is bound some day to lead to a catastrophe. When we trace back the infantile phantasy of the patient to her earliest childhood we find, it is true, many distinct, outstanding scenes which might well serve to provide fresh food for this or that variation in phantasy, but it would be vain to search for the so-called traumatic motive, whence something abnormal might have sprung, such an abnormal activity, let us say, as day-dreaming itself. There are certainly to be found traumatic scenes, although not in earliest childhood; the few scenes of earliest childhood which were remembered seem not to be traumatic, being rather accidental events, which passed by without leaving any effect on her phantasy worth mentioning. The earliest phantasies arose out of all sorts of vague and only partly understood impressions received from her parents. Many peculiar feelings centered around her father, vacillating between anxiety, horror, aversion, disgust, love and enthusiasm. The case was like so many other cases of hysteria, where no traumatic etiology can be found, but which grows from the roots of a peculiar and premature activity of phantasy which maintains permanently the character of infantilism.

You will object that in this case the scene with the shying horses represents the trauma. It is clearly the model of that night-scene which happened nineteen years later, where the patient was incapable of avoiding the trotting horses. That she wanted to plunge into the river has an analogy in the model scene, where the horses and carriage fell into the river.

Since the latter traumatic moment she suffered from hysterical fits. As I tried to show you, we do not find any trace of this apparent etiology developed in the course of her phantasy life. It seems as if the danger of losing her life, that first time, when the horses shied, passed without leaving any emotional trace. None of the events that occurred in the following years showed any trace of that fright. In parenthesis let me add, that perhaps it never happened at all. It may have even been a mere phantasy, for I have only the assertions of the patient. All of a sudden, some eighteen years later, this event becomes of importance and

is, so to say, reproduced and carried out in all its details. This assumption is extremely unlikely, and becomes still more inconceivable if we also bear in mind that the story of the shying horses may not even be true. Be that as it may, it is and remains almost unthinkable that an affect should remain buried for years and then suddenly explode. In other cases there is exactly the same state of affairs. I know, for instance, of a case in which the shock of an earthquake, long recovered from, suddenly came back as a lively fear of earthquakes, although this reminiscence could not be explained by the external circumstances.

#### THE TRAUMATIC THEORY—A FALSE WAY

It is a very suspicious circumstance that these patients frequently show a pronounced tendency to account for their illnesses by some long-past event, ingeniously withdrawing the attention of the physician from the present moment towards some false track in the past. This false track was the first one pursued by the psychoanalytic theory. To this false hypothesis we owe an insight into the understanding of the neurotic symptoms never before reached, an insight we should not have gained if the investigation had not chosen this path, really guided thither, however, by the misleading tendencies of the patient.

I think that only a man who regards world-happenings as a chain of more or less fortuitous contingencies, and therefore believes that the guiding hand of the reason-endowed pedagogue is permanently wanted, can ever imagine that this path, upon which the patient leads the physician, has been a wrong one, from which one ought to have warned men off with a sign-board. Besides the deeper insight into psychological determination, we owe to the so-called error the discovery of questions of immeasurable importance regarding the basis of psychic processes. It is for us to rejoice and be thankful that Freud had the courage to let himself be guided along this path. Not thus is the progress of science hindered, but rather through blind adherence to a provisional formulation, through the typical conservatism of authority, the vanity of learned men, their fear of making mistakes. This lack of the martyr's courage is far more injurious to the credit and greatness of scientific knowledge than an honest error.

### RETARDATION OF THE EMOTIONAL DEVELOPMENT

But let us return to our own case. The following question arises: If the old trauma is not of etiological significance, then the cause of the manifest neurosis is probably to be found in the retardation of the emotional development. We must therefore disregard the patient's assertion that her hysterical crises date from the fright from the shying horses, although this fright was in fact the beginning of her evident illness. This event only seems to be important, although it is not so in reality. This same formula is valid for all the so-called shocks. They only seem to be important because they are the starting-point of the external expression of an abnormal condition. As explained in detail, this abnormal condition is an anachronistic continuation of an infantile stage of libido-development. These patients still retain forms of the libido which they ought to have renounced long ago. It is impossible to give a list, as it were, of these forms, for they are of an extraordinary variety. The most common, which is scarcely ever absent, is the excessive activity of phantasies, characterized by an unconcerned exaggeration of subjective wishes. This exaggerated activity is always a sign of want of proper employment of the libido. The libido sticks fast to its use in phantasies, instead of being employed in a more rigorous adaptation to the real conditions of life.

### INTROVERSION

This state is called the state of *introversion*, the libido is used for the psychical inner world instead of being applied to the external world. A regular attendant symptom of this retardation in the emotional development is the so-called parent-complex. If the libido is not used entirely for the adaptation to reality, it is always more or less introverted. The material content of the psychic world is composed of reminiscences, giving it a vividness of activity which in reality long since ceased to pertain thereto. The consequence is, that these patients still live more or less in a world which in truth belongs to the past. They fight with difficulties which once played a part in their life, but which ought to have been obliterated long ago. They still grieve over matters, or rather they are still concerned with matters, which should have

long ago lost their importance for them. They divert themselves, or distress themselves, with images which were once normally of importance for them but are of no significance at their later age.

### THE COMPLEX OF THE PARENTS

Amongst those influences most important during childhood, the personalities of the parents play the most potent part. Even if the parents have long been dead, and might and should have lost all real importance, since the life-conditions of the patients are perhaps totally changed, yet these parents are still somehow present and as important as if they were still alive. Love and admiration, resistance, repugnance, hate and revolt, still cling to their figures, transfigured by affection and very often bearing little resemblance to the past reality. It was this fact which forced me to talk no longer of father and mother directly, but to employ instead the term "image" (*imago*) of mother or of father for these phantasies no longer deal with the real father and the real mother, but with the subjective, and very often completely altered creations of the imagination which prolong an existence only in the patient's mind.

The complex of the parents' images, that is to say, the sum of ideas connected with the parents, provides an important field of employment for the introverted libido. I must mention in passing that the complex has in itself but a shadowy existence in so far as it is not invested with libido. Following the usage that we arrived at in the "Diagnostische AssOCIationsstudien," the word "complex" is used for a system of ideas already invested with, and actuated by, libido. This system exists as a mere possibility, ready for application, if not invested with libido either temporarily or permanently.

*The "Nucleus"-Complex.*—At the time when the psychoanalytic theory was still under the dominance of the trauma conception and, in conformity with that view, inclined to look for the *causa efficiens* of the neurosis in the past, the parent-complex seemed to us to be the so-called root-complex—to employ Freud's term—or nucleus-complex ("Kerncomplex").

The part which the parents played seemed to be so highly determining that we were inclined to attribute to them all later complications in the life of the patient. Some years ago I dis-

cussed this view in my article<sup>7</sup> "Die Bedeutung des Vaters für das Schicksal des Einzelnen." (The importance of the father for the fate of the individual.)

Here also we were guided by the patient's tendency to revert to the past, in accordance with the direction of his introverted libido. Now indeed it was no longer the external, accidental event which caused the pathogenic effect, but a psychological effect which seemed to arise out of the individual's difficulties in adapting himself to the conditions of his familiar surroundings. It was especially the disharmony between the parents on the one hand and between the child and the parents on the other which seemed favorable for creating currents in the child little compatible with his individual course of life. In the article just alluded to I have described some instances, taken from a wealth of material, which show these characteristics very distinctly. The influence of the parents does not come to an end, alas, with their neurotic descendants' blame of the family circumstances, or their false education, as the basis of their illness, but it extends even to certain actual events in the life and actions of the patient, where such a determining influence could not have been expected. The lively imitativeness which we find in savages as well as in children can produce in certain rather sensitive children a peculiar inner and unconscious identification with the parents; that is to say, such a similar mental attitude that effects in real life are sometimes produced which, even in detail, resemble the personal experiences of the parents. For the empirical material here, I must refer you to the literature. I should like to remind you that one of my pupils, Dr. Emma Fürst, produced valuable experimental proofs for the solution of this problem, to which I referred in my lecture at Clark University.<sup>8</sup> In applying association experiments to whole families, Dr. Fürst established the great resemblance of reaction-type among all the members of one family.

These experiments show that there very often exists an unconscious parallelism of association between parents and children, to be explained as an intense imitation or identification.

<sup>7</sup> Jahrbuch für psychoanalytische und psychopathologisch Forschungen, Bd. I.

<sup>8</sup> Am. Jour. Psychol., April, 1910.

The results of these investigations show far-reaching psychological tendencies in parallel directions, which readily explain at times the astonishing conformity in their destinies. Our destinies are as a rule the result of our psychological tendencies. These facts allow us to understand why, not only the patient, but even the theory which has been built on such investigations, expresses the view, that the neurosis is the result of the characteristic influence of the parents upon their children. This view, moreover, is supported by the experiences which lie at the basis of pedagogy: namely the assumption of the plasticity of the child's mind, which is freely compared with soft wax.

We know that the first impressions of childhood accompany us throughout life, and that certain educational influences may restrain people undisturbed all their lives within certain limits. It is no miracle, indeed it is rather a frequent experience, that under these circumstances a conflict has to break out between the personality which is formed by the educational and other influences of the infantile milieu and that one which can be described as the real individual line of life. With this conflict all people must meet, who are called upon to live an independent and productive life.

Owing to the enormous influence of childhood on the later development of character, you can perfectly understand why we are inclined to ascribe the cause of a neurosis directly to the influences of the infantile environment. I have to confess that I have known cases in which any other explanation seemed to be less reasonable. There are indeed parents whose own contradictory neurotic behavior causes them to treat their children in such an unreasonable way that the latter's deterioration and illness would seem to be unavoidable. Hence it is almost a rule among nerve-specialists to remove neurotic children, whenever possible, from the dangerous family atmosphere, and to send them among more healthy influences, where, without any medical treatment, they thrive much better than at home. There are many neurotic patients who were clearly neurotic as children, and who have never been free from illness. For such cases, the conception which has been sketched holds generally good.

This knowledge, which seems to be provisionally definitive, has been extended by the studies of Freud and the psychoanalytic

school. The relations between the patients and their parents have been studied in detail in as much as these relations were regarded as of etiological significance.

### INFANTILE MENTAL ATTITUDE

It was soon noticed that such patients lived still partly or wholly in their childhood-world, although quite unconscious themselves of this fact. It is a difficult task for psychoanalysis so exactly to investigate the psychological mode of adaptation of the patients as to be capable of putting its finger on the infantile misunderstanding. We find among neurotics many who have been spoiled as children. These cases give the best and clearest example of the infantilism of their psychological mode of adaptation. They start out in life expecting the same friendly reception, tenderness and easy success, obtained with no trouble, to which they have been accustomed by their parents in their youth. Even very intelligent patients are not capable of seeing at once that they owe the complications of their life and their neurosis to the trail of their infantile emotional attitude. The small world of the child, the familiar surroundings—these form the model of the big world. The more intensely the family has stamped the child, the more will it be inclined, as an adult, instinctively to see again in the great world its former small world. Of course this must not be taken as a conscious intellectual process. On the contrary, the patient feels and sees the difference between now and then, and tries to adapt himself as well as he can. Perhaps he will even believe himself perfectly adapted, for he grasps the situation intellectually, but that does not prevent the emotional from being far behind the intellectual standpoint.

### UNCONSCIOUS PHANTASY

It is unnecessary to trouble you with instances of this phenomenon. It is an every-day experience that our emotions are never at the level of our reasoning. It is exactly the same with such a patient, only with greater intensity. He may perhaps believe that, save for his neurosis, he is a normal person, and hence adapted to the conditions of life. He does not suspect that he has not relinquished certain childish pretensions, that he still

carries with him, in the background, expectations and illusions which he has never rendered conscious to himself. He cultivates all sorts of favorite phantasies, which seldom become conscious, or at any rate, not very often, so that he himself does not know that he has them. They very often exist only as emotional expectations, hopes, prejudices, etc. We call these phantasies, unconscious phantasies. Sometimes they dip into the peripheral consciousness as quite fugitive thoughts, which disappear again a moment later, so that the patient is unable to say whether he had such phantasies or not. It is only during the psychoanalytic treatment that most patients learn to observe and retain these fleeting thoughts. Although most of the phantasies, once at least, have been conscious in the form of fleeting thoughts and only afterwards became unconscious, we have no right to call them on that account "conscious," as they are practically most of the time unconscious. It is therefore right to designate them "unconscious phantasies." Of course there are also infantile phantasies, which are perfectly conscious and which can be reproduced at any time.

## CHAPTER V

### THE UNCONSCIOUS

The sphere of the unconscious infantile phantasies has become the real object of psychoanalytic investigation. As we have previously pointed out, this domain seems to retain the key to the etiology of neurosis. In contradistinction with the trauma theory, we are forced by the reasons already adduced to seek in the family history for the basis of our present psychoanalytic attitude. Those phantasy-systems which patients exhibit on mere questioning are for the most part composed and elaborated like a novel or a drama. Although they are greatly elaborated, they are relatively of little value for the investigation of the unconscious. Just because they are conscious, they have already deferred over-much to the claims of etiquette and social morality. Hence they have been purged of all personally painful and ugly details, and are presentable to society, revealing very little. The valuable, and much more important phantasies are not conscious in the sense already defined, but are to be discovered through the technique of psychoanalysis.

Without wishing to enter fully into the question of technique, I must here meet an objection that is constantly heard. It is that the so-called unconscious phantasies are only suggested to the patient and only exist in the minds of psychoanalysts. This objection belongs to that common class which ascribes to them the crude mistakes of beginners. I think only those without psychological experience and without historical psychological knowledge are capable of making such criticisms. With a mere glimmering of mythological knowledge, one cannot fail to notice the striking parallels between the unconscious phantasies discovered by the psychoanalytic school and mythological images. The objection that our knowledge of mythology has been suggested to the patient is groundless, for the psychoanalytic school first discovered the unconscious phantasies, and only then became acquainted with mythology. Mythology itself is obviously something outside the path of the medical man. In so far as these phantasies are un-

conscious, the patient of course knows nothing about their existence, and it would be absurd to make direct inquiries about them. Nevertheless it is often said, both by patients and by so-called normal persons: "But if I had such phantasies, surely I would know something about them." But what is unconscious is, in fact, something which one does not know. The opposition too is perfectly convinced that such things as unconscious phantasies could not exist. This *a priori* judgment is scholasticism, and has no sensible grounds. We cannot possibly rest on the dogma that consciousness only is mind, when we can convince ourselves daily that our consciousness is only the stage. When the contents of our consciousness appear they are already in a highly complex form; the grouping of our thoughts from the elements supplied by our memory is almost entirely unconscious. Therefore we are obliged, whether we like it or not, to accept for the moment the conception of an unconscious psychic sphere, even if only as a mere negative, border-conception, just as Kant's "thing in itself." As we perceive things which do not have their origin in consciousness, we are obliged to give hypothetic contents to the sphere of the non-conscious. We must suppose that the origin of certain effects lies in the unconscious, just because they are not conscious. The reproach of mysticism can scarcely be made against this conception of the unconscious. We do not pretend that we know anything positive, or can affirm anything, about the psychic condition of the unconscious. Instead, we have substituted symbols by following the way of designation and abstraction we apply in consciousness.

On the axiom: *Principia præter necessitatem non sunt multiplicanda*, this kind of ideation is the only possible one. Hence we speak about the effects of the unconscious, just as we do about the phenomena of the conscious. Many people have been shocked by Freud's statement: "The unconscious can only wish," and this is regarded as an unheard of metaphysical assertion, something like the principle of Hartman's "Philosophy of the Unconscious," which apparently administers a rebuff to the theory of cognition. This indignation only arises from the fact that the critics, unknown to themselves, evidently start from a metaphysical conception of the unconscious as being an "end per se," and naïvely project on to us their inadequate conception of

the unconscious. For us, the unconscious is no entity, but a term, about whose metaphysical entity we do not permit ourselves to form any idea. Here we contrast with those psychologists, who, sitting at their desks, are as exactly informed about the localization of the mind in the brain as they are informed about the psychological correlation of the mental processes. Whence they are able to declare positively that beyond the consciousness there are but physiological processes of the cortex. Such naiveté must not be imputed to the psychoanalyst. When Freud says: "We can only wish," he describes in symbolic terms effects of which the origin is not known. From the standpoint of our conscious thinking, these effects can only be considered as analogous to wishes. The psychoanalytic school is, moreover, aware that the discussion as to whether "wishing" is a sound analogy can be re-opened at any time. Anyone who has more information is welcome. Instead, the opponents content themselves with denial of the phenomena, or if certain phenomena are admitted, they abstain from all theoretical speculation. This last point is readily to be understood, for it is not everyone's business to think theoretically. Even the man who has succeeded in freeing himself from the dogma of the identity of the conscious self and the psyche, thus admitting the possible existence of psychic processes outside the conscious, is not justified in disputing or maintaining psychic possibilities in the unconscious. The objection is raised that the psychoanalytic school maintains certain views without sufficient grounds, as if the literature did not contain abundant, perhaps too abundant, discussion of cases, and more than enough arguments. But they seem not to be sufficient for the opponents. There must be a good deal of difference as to the meaning of the term "sufficient" in respect to the validity of the arguments. The question is: "Why does the psychoanalytic school apparently set less store on the proof of their formulæ than the critics?" The reason is very simple. An engineer who has built a bridge, and has worked out its bearing capacity, wants no other proof for the success of its bearing power. But the ordinary man, who has no notion how a bridge is built, or what is the strength of the material used, will demand quite different proofs as to the bearing capacity of the bridge, for he has no confidence in the business. In the first place, it is

the critics' complete ignorance of what is being done which provokes their demand. In the second place, there are the unanswerable theoretical misunderstandings: impossible for us to know them all and understand them all. Just as we find, again and again, in our patients new and astonishing misunderstandings about the ways and the aim of the psychoanalytic method, so are the critics inexhaustible in devising misunderstandings. You can see in the discussion of our conception of the unconscious what kind of false philosophical assumptions can prevent the understanding of our terminology. It is comprehensible that those who attribute to the unconscious involuntarily an absolute entity, require quite different arguments, beyond our power to give. Had we to prove immortality, we should have to collect many more important arguments, than if we had merely to demonstrate the existence of plasmodia in a malaria patient. The metaphysical expectation still disturbs the scientific way of thinking, so that problems of psychoanalysis cannot be considered in a simple way. But I do not wish to be unjust to the critics, and I will admit that the psychoanalytic school itself very often gives rise to misunderstandings, although innocently enough. One of the principal sources of these mistakes is the confusion in the theoretical sphere. It is a pity, but we have no presentable theory. But you would understand this, if you could see, in a concrete case, with what difficulties we have to deal. In contradiction to the opinion of nearly all critics, Freud is by no means a theorist. He is an empiricist, of which fact anyone can easily convince himself, if he is willing to busy himself somewhat more deeply with Freud's works, and if he tries to go into the cases as Freud has done. Unfortunately, the critics are not willing. As we have very often heard, it is too disgusting and too repulsive, to observe cases in the same way as Freud has done. But who will learn the nature of Freud's method, if he allows himself to be hindered by repulsion and disgust? Because they neglect to apply themselves to the point of view adopted by Freud, perhaps as a necessary working hypothesis, they come to the absurd supposition that Freud is a theorist. They then readily agree that Freud's "Three Contributions to the Sexual Theory" is a priori invented by a merely speculative brain which afterwards suggests everything into the patient. That is putting things upside down.

This gives the critics an easy task, and this is just what they want to have. They pay no attention to the observations of the psychoanalysts, conscientiously set forth in their histories of diseases, but only to the theory, and to the formulation of technique. The weak spot of psychoanalysis, however, is not found here, as psychoanalysis is only empirical. Here you find but a large and insufficiently cultivated field, in which the critics can exercise themselves to their full satisfaction. There are many uncertainties, and as many contradictions, in the sphere of this theory. We were conscious of this long before the first critic began to pay attention to our work.

## CHAPTER VI

### THE DREAM

After this digression we will return to the question of the unconscious phantasies which occupied us before. As we have seen, nobody can dispute their existence, just as nobody can assert their existence and their qualities forthwith. The question, however, is just this: Can effects be observed in the consciousness of unconscious origin, which can be described in conscious symbolic signs or expressions? Can there be found, in the conscious, effects which correspond with this expectation? The psychoanalytic school believes it has discovered such effects. Let me mention at once the principal phenomenon, the dream. Of this it may be said that it appears in the consciousness as a complex factor unconsciously constructed out of its elements. The origin of the images in certain reminiscences of the earlier or of the later past can be proved through the associations belonging to the single images of the dream. We ask: "Where did you see this?" or "Where did you hear that?" And through the usual way of association come the reminiscences that certain parts of the dream have been consciously experienced, some the day before, some on former occasions. So far there will be general agreement, for these things are well known. In so far, the dream represents in general an incomprehensible composition of certain elements not at first conscious, which are only recognized later on by their associations. It is not that all parts of the dream are recognizable, whence its conscious character could be deduced; on the contrary, they are often, and indeed mostly, unrecognizable at first. Only subsequently does it occur to us that we have experienced in consciousness this or that part of the dream. From this standpoint alone, we might regard the dream as an effect of unconscious origin.

#### THE METHOD OF DREAM ANALYSIS

The technique for the exploration of the unconscious origin is the one I mentioned before, used before Freud by every scientific

man who attempted to arrive at a psychological understanding of dreams. We try simply to remember where the parts of the dream arose. The psychoanalytic technique for the interpretation of dreams is based on this very simple principle. It is a fact that certain parts of the dream originate in daily life, that is, in events which, on account of their slighter importance, would have fallen into oblivion, and indeed were on the way to become definitely unconscious. It is these parts of the dream that are the effect of unconscious images and representations. People have been shocked by this expression also. But we do not conceive these things so concretely, not to say crudely, as do the critics. Certainly this expression is nothing but a symbolism taken from conscious psychology—we were never in any doubt as to that. The expression is quite clear and answers very well as a symbol of an unknown psychic fact.

As we mentioned before, we can conceive the unconscious only by analogy with the conscious. We do not imagine that we understand a thing when we have discovered a beautiful and rather incomprehensible name. The principle of the psychoanalytic technique is, as you see, extraordinarily simple. The further procedure follows on in the same way. If we occupy ourselves long with a dream, a thing which, apart from psychoanalysis, naturally never happens, we are apt to find still more reminiscences to the various different parts of the dream. We are not however always successful in finding reminiscences to certain portions. We have to put aside these dreams, or parts of dreams, whether we will or no.

The collected reminiscences are called the "*dream material*." We treat this material by a universally valid scientific method. If you ever have to work up experimental material, you compare the individual units and classify them according to similarities. You proceed exactly in the same way with dream-material; you look for the common traits either of a formal or a substantial nature.

Certain extremely common prejudices must be got rid of. I have always noticed that the beginner is looking for one trait or another and tries to make his material conform to his expectation. This condition I noticed especially among those colleagues who were formerly more or less passionate opponents of psycho-

analysis, their opposition being based on well-known prejudices and misunderstandings. When I had the chance of analyzing them, whereby they obtained at last a real insight into the method, the first mistake generally made in their own psychoanalytic work was that they did violence to the material by their own preconceived opinion. They gave vent to their former prejudice against psychoanalysis in their attitude towards the material, which they could not estimate objectively, but only according to their subjective phantasies.

If one would have the courage to sift dream material, one must not recoil from any parallel. The dream material generally consists of very heterogeneous associations, out of which it is sometimes very difficult to deduce the tertium comparationis. I refrain from giving detailed examples, as it is quite impossible to handle in a lecture the voluminous material of a dream. I might call your attention to Rank's<sup>9</sup> article in the Jahrbuch, "Ein Traum der sich selber deutet" (A dream interpreted by itself). There you will see what an extensive material must be taken into consideration for comparison.

Hence, for the interpretation of the unconscious we proceed in the same way as is universal when a conclusion is to be drawn by classifying material. The objection is very often heard: Why does the dream have an unconscious content at all? In my view, this objection is as unscientific as possible. Every actual psychological moment has its special history. Every sentence I pronounce has, beside the intended meaning known to me another historical meaning, and it is possible that its second meaning is entirely different from its conscious meaning. I express myself on purpose somewhat paradoxically. I do not mean that I could explain every individual sentence in its historical meaning. This is a thing easier to do in larger and more detailed contributions. It will be clear to everyone, that a poem is, apart from its manifest content, especially characteristic of the poet in regard to its form, its content, and its manner of origin. Although the poet, in his poem, gave expression to the mood of a moment, the literary historian will find things in it and behind it which the poet never foresaw. The analysis which the literary historian draws from the poet's material is exactly the method of psychoanalysis.

<sup>9</sup> Jahrbuch für psychopath. u. psychoanalyt. Forschungen, Bd. II, p. 465.

The psychoanalytic method, generally speaking, can be compared with historical analysis and synthesis. Suppose, for instance, we did not understand the meaning of baptism as practised in our churches to-day. The priest tells us the baptism means the admission of the child into the Christian community. But this does not satisfy us. Why is the child sprinkled with water? To understand this ceremony, we must choose out of the history of rites, those human traditions which pertain to this subject, and thus we get material for comparison, to be considered from different standpoints.

I. The baptism means obviously an initiation ceremony, a consecration; therefore all the traditions containing initiation rites have to be consulted.

II. The baptism takes place with water. This special form requires another series of traditions, namely, those rites where water is used.

III. The person to be baptized is sprinkled with water. Here are to be consulted all those rites where the initiated is sprinkled or submerged, etc.

IV. All the reminiscences of folklore, the superstitious practices must be remembered, which in any way run parallel with the symbolism of the baptismal act.

In this way, we get a comparative scientific study of religion as regards baptism. We accordingly discover the different elements out of which the act of baptism has arisen. We ascertain further its original meaning, and we become at the same time acquainted with the rich world of myths that have contributed to the foundations of religions, and thus we are enabled to understand the manifold and profound meanings of baptism. The analyst proceeds in the same way with the dream. He collects the historical parallels to every part of the dream, even the remotest, and he tries to reconstruct the psychological history of the dream, with its fundamental meaning, exactly as in the analysis of the act of baptism. Thus, through the monographic treatment of the dream, we get a profound and beautiful insight into that mysterious, fine and ingenious network of unconscious determination. We get an insight, which as I said before, can only be compared with the historical understanding of any act which we had hitherto regarded in a superficial and one-sided way.

This digression on the psychoanalytic method has seemed to me to be unavoidable. I was obliged to give you an account of the method and its position in methodology, by reason of all the extensive misunderstandings which are constantly attempting to discredit it. I do not doubt that there are superficial and improper interpretations of the method. But an intelligent critic ought never to allow this to be a reproach to the method itself, any more than a bad surgeon should be urged as an objection to the common validity of surgery. I do not doubt that some inaccurate descriptions and conceptions of the psychoanalytic method have arisen on the part of the psychoanalytic school itself. But this is due to the fact that, because of their education in natural science it is difficult for medical men to attain a full grasp of historical or philological method, although they instinctively handle it rightly.

The method I have described to you, in this general way, is the method that I adopt and for which I assume the scientific responsibility.

In my opinion it is absolutely reprehensible and unscientific to question about dreams, or to try to interpret them directly. This is not a methodological, but an arbitrary proceeding, which is its own punishment, for it is as unproductive as every false method.

If I have made the attempt to demonstrate to you the principle of the psychoanalytic school by dream-analysis, it is because the dream is one of the clearest instances of those contents of the conscious, whose basis eludes any plain and direct understanding. When anyone knocks in a nail with a hammer, to hang something up, we can understand every detail of the action. But it is otherwise with the act of baptism, where every phase is problematic. We call these actions, of which the meaning and the aim is not directly evident, symbolic actions or symbols. On the basis of this reasoning, we call a dream symbolic, as a dream is a psychological formation, of which the origin, meaning and aim are obscure, inasmuch as it represents one of the purest products of unconscious constellation. As Freud strikingly says: "The dream is the via regia to the unconscious." Besides the dream, we can note many effects of unconscious constellation. We have in the association-experiments a means for establishing exactly the in-

fluence of the unconscious. We find those effects in the disturbances of the experiment which I have called the "indicators of the complex." The task which the association-experiment gives to the person experimented upon is so extraordinarily easy and simple that even children can accomplish it without difficulty. It is, therefore, very remarkable that so many disturbances of an intentional action should be noted in this experiment. The only reasons or causes of these disturbances which can usually be shown, are the partly conscious, partly not-conscious constellations, caused by the so-called complexes. In the greater number of these disturbances, we can without difficulty establish the relation to images of emotional complexes. We often need the psychoanalytic method to explain these relations, that is, we have to ask the person experimented upon or the patient, what associations he can give to the disturbed reactions. We thus gain the historical matter which serves as a basis for our judgment. The intelligent objection has already been made that the person experimented upon could say what he liked, in other words, any nonsense. This objection is made, I believe, in the unconscious supposition that the historian who collects the matter for his monograph is an idiot, incapable of distinguishing real parallels from apparent ones and true documents from crude falsifications. The professional man has means at his disposal by which clumsy mistakes can be avoided with certainty, and the slighter ones very probably. The mistrust of our opponents is here really delightful. For anyone who understands psychoanalytic work it is a well-known fact that it is not so very difficult to see where there is coherence, and where there is none. Moreover, in the first place these fraudulent declarations are very significant of the person experimented upon, and secondly, in general rather easily to be recognized as fraudulent.

In association-experiments, we are able to recognize the very intense effects produced by the unconscious in what are called complex-interventions. These mistakes made in the association-experiment are nothing but the prototypes of the mistakes made in everyday life, which are for the greater part to be considered as interventions. Freud brought together such material in his book, "The Psychopathology of Everyday Life."

These include the so-called symptomatic actions, which from

another point of view might equally as well be called "symbolic actions," and the real failures to carry out actions, such as forgetting, slips of the tongue, etc. All these phenomena are the effect of unconscious constellations and therefore so many entrance-gates into the domain of the unconscious. When such errors are cumulative, they are designated as neurosis, which, from this aspect, looks like a defective action and therefore the effect of unconscious constellations or complex-interventions.

The association-experiment is thus not directly a means to unlock the unconscious, but rather a technique for obtaining a good selection of defective reactions, which can then be used by psychoanalysis. At least, this is its most reliable form of application at the present time. I may, however, mention that it is possible that it may furnish other especially valuable facts which would grant us some direct glimpses, but I do not consider this problem sufficiently ripe to speak about. Investigations in this direction are going on.

I hope that, through my explanation of our method, you may have gained somewhat more confidence in its scientific character, so that you will be by this time more inclined to agree that the phantasies which have been hitherto discovered by means of psychoanalytic work are not merely arbitrary suppositions and illusions of psychoanalysts. Perhaps you are even inclined to listen patiently to what those products of unconscious phantasies can tell us.

## CHAPTER VII

### THE CONTENT OF THE UNCONSCIOUS

The phantasies of adults are, in so far as they are conscious, of great diversity and strongly individual. It is therefore nearly impossible to give a general description of them. But it is very different when we enter by means of analysis into the world of his unconscious phantasies. The diversities of the phantasies are indeed very great, but we do not find those individual peculiarities which we find in the conscious self. We meet here with more typical material which is not infrequently repeated in a similar form in different people. Constantly recurring, for instance, are ideas which are variations of the thoughts we encounter in religion and mythology. This fact is so convincing that we say we have discovered in these phantasies the same mechanisms which once created mythological and religious ideas. I should have to enter very much into detail in order to give you adequate examples. I must refer you for these problems to my work, "Wandlungen und Symbole der Libido." I will only mention that, for instance, the central symbol of Christianity—self-sacrifice—plays an important part in the phantasies of the unconscious. The Viennese School describes this phenomenon by the ambiguous term castration-complex. This paradoxical use of the term follows from the particular attitude of this school toward the question of unconscious sexuality. I have given special attention to the problem in the book I have just mentioned; I must here restrict myself to this incidental reference and hasten to say something about the origin of the unconscious phantasy.

In the child's unconsciousness, the phantasies are considerably simplified, in relation to the proportions of the infantile surroundings. Thanks to the united efforts of the psychoanalytic school, we discovered that the most frequent phantasy of childhood is the so-called *Œdipus-complex*. This designation also seems as paradoxical as possible. We know that the tragic fate of *Œdipus* consisted in his loving his mother and slaying his father. This conflict of later life seems to be far remote from

the child's mind. To the uninitiated it seems inconceivable that the child should have this conflict. After careful reflection it will become clear that the tertium comparationis consists just in this narrow limitation of the fate of Oedipus within the bounds of the family. These limitations are very typical for the child, for parents are never the boundary for the adult person to the same extent. The Oedipus-complex represents an infantile conflict, but with the exaggeration of the adult. The term Oedipus-complex does not mean, naturally, that this conflict is considered as occurring in the adult form, but in a corresponding form suitable to childhood. The little son would like to have the mother all to himself and to be rid of the father. As you know, little children can sometimes force themselves between the parents in the most jealous way. The wishes and aims get, in the unconscious, a more concrete and a more drastic form. Children are small primitive people and are therefore quickly ready to kill. But as a child is, in general, harmless, so his apparently dangerous wishes are, as a rule, also harmless. I say "as a rule," as you know that children, too, sometimes give way to their impulses to murder, and this not always in any indirect fashion. But just as the child, in general, is incapable of making systematic projects, as little dangerous are his intentions to murder. The same holds good of an Oedipus-view toward the mother. The small traces of this phantasy in the conscious can easily be overlooked; therefore nearly all parents are convinced that their children have no Oedipus-complex. Parents as well as lovers are generally blind. If I now say that the Oedipus-complex is in the first place only a formula for the childish desire towards parents, and for the conflict which this craving evokes, this statement of the situation will be more readily accepted. The history of the Oedipus-phantasy is of special interest, as it teaches us very much about the development of the unconscious phantasies. Naturally, people think that the problem of Oedipus is the problem of the son. But this is, astonishingly enough, only an illusion. Under some circumstances the libido-sexualis reaches that definite differentiation of puberty corresponding to the sex of the individual relatively late. The libido sexualis has before this time an undifferentiated sexual character, which can be also termed bisexual. Therefore it is not astonishing if little girls possess the Oedipus-

complex too. As far as I can see, the first love of the child belongs to the mother, no matter which its sex. If the love for the mother at this stage is intense, the father is jealously kept away as a rival. Of course, for the child itself, the mother has in this early stage of childhood no sexual significance of any importance. The term "Œdipus-complex" is in so far not really suitable. At this stage the mother has still the significance of a protecting, enveloping, food-providing being, who, on this account, is a source of delight. I do not identify, as I explained before, the feeling of delight *eo ipso* with sexuality. In earliest childhood but a slight amount of sexuality is connected with this feeling of delight. But, nevertheless, jealousy can play a great part in it, as jealousy does not belong entirely to the sphere of sexuality. The desire for food has much to do with the first impulses of jealousy. Certainly, a relatively germinating eroticism is also connected with it. This element gradually increases as the years go on, so that the Œdipus-complex soon assumes its classical form. In the case of the son, the conflict develops in a more masculine and therefore more typical form, whilst in the daughter, the typical affection for the father develops, with a correspondingly jealous attitude toward the mother. We call this complex, the *Electra-complex*. As everybody knows, Electra took revenge on her mother for the murder of her husband, because that mother had robbed her of her father.

Both phantasy-complexes develop with growing age, and reach a new stage after puberty, when the emancipation from the parents is more or less attained. The symbol of this time is the one already previously mentioned; it is the symbol of self-sacrifice. The more the sexuality develops the more the individual is forced to leave his family and to acquire independence and autonomy. By its history, the child is closely connected with its family and specially with its parents. In consequence, it is often with the greatest difficulty that the child is able to free itself from its infantile surroundings. The Œdipus- and Electra-complex give rise to a conflict, if adults cannot succeed in spiritually freeing themselves; hence arises the possibility of neurotic disturbance. The libido, which is already sexually developed, takes possession of the form given by the complex and produces feelings and phantasies which unmistakably show

the effective existence of the complex, till then perfectly unconscious. The next consequence is the formation of intense resistances against the immoral inner impulses which are derived from the now active complexes. The conscious attitude arising out of this can be of different kinds. Either the consequences are direct, and then we notice in the son strong resistances against the father and a typical affectionate and dependent attitude toward the mother; or the consequences are indirect, that is to say, compensated, and we notice, instead of the resistances toward the father, a typical submissiveness here, and an irritated antagonistic attitude toward the mother. It is possible that direct and compensated consequences take place alternately. The same thing is to be said of the Electra-complex. If the libido-sexualis were to cleave fast to these particular forms of the conflict, murder and incest would be the consequence of the Oedipus and Electra conflicts. These consequences are naturally not found among normal people, and not even among amoral ("moral" here implying the possession of a rationalized and codified moral system) primitive persons, or humanity would have become extinct long ago. On the contrary, it is in the natural order of things that what surrounds us daily and has surrounded us, loses its compelling charm and thus forces the libido to search for new objects, an important rule which prevents parricide and inbreeding.

The further development of the libido toward objects outside the family is the absolutely normal and right way of proceeding, and it is an abnormal and morbid phenomenon if the libido remains, as it were, glued to the family. Some indications of this phenomenon are nevertheless to be noticed in normal people. A direct outcome of the infantile-complex is the unconscious phantasy of self-sacrifice, which occurs after puberty, in the succeeding stage of development. Of this I gave a detailed example in my work, "Wandlungen und Symbole der Libido." The phantasy of self-sacrifice means sacrificing infantile wishes. I have shown this in the work just mentioned and in the same place I have referred to the parallels in the history of religions.

#### THE PROBLEMS OF THE INCEST-COMPLEX

Freud has a special conception of the incest-complex which has given rise to heated controversy. He starts from the fact

that the Oedipus-complex is generally unconscious, and conceives this as the result of a repression of a moral kind. It is possible that I am not expressing myself quite correctly, when I give you Freud's view in these words. At any rate, according to him the Oedipus-complex seems to be repressed, that is, seems to be removed into the unconscious by a reaction from the conscious tendencies. It almost looks as if the Oedipus-complex would develop into consciousness if the development of the child were to go on without restraint and if no cultural tendencies influenced it. Freud calls this barrier, which prevents the Oedipus-complex from ripening, the *incest-barrier*. He seems to believe, so far as one can gather from his work, that the incest-barrier is the result of experience, of the selective influence of reality, inasmuch as the unconscious strives without restraint, and in an immediate way, for its own satisfaction, without any consideration for others. This conception is in harmony with the conception of Schopenhauer, who says of the blind world-will that it is so egoistic that a man could slay his brother merely to grease his boots with his brother's fat. Freud considers that the psychological incest-barrier, as postulated by him, can be compared with the incest-taboo which we find among inferior races. He further believes that these prohibitions are a proof of the fact that men really desired incest, for which reason laws were framed against it even in very primitive cultural stages. He takes the tendency towards incest to be an absolute concrete sexual wish, lacking only the quality of consciousness. He calls this complex the root-complex, or nucleus, of the neuroses, and is inclined, viewing this as the original one, to reduce nearly the whole psychology of the neuroses, as well as many other phenomena in the world of mind, to this complex.

## CHAPTER VIII

### THE ETIOLOGY OF THE NEUROSES

With this conception of Freud's we have to return to the question of the etiology of the neuroses. We have seen that the psychoanalytic theory began with a traumatic event in childhood, which was only later on found to be a phantasy, at least in many cases. In consequence, the theory became modified, and tried to find in the development of abnormal phantasy the main etiological significance. The investigation of the unconscious, made by the collaboration of many workers, carried on over a space of ten years, provided an extensive empirical material, which demonstrated that the incest-complex was the beginning of the morbid fantasies. But it was no longer thought that the incest-complex was a special complex of neurotic people. It was demonstrated to be a constituent of a normal infantile psyche too. We cannot tell, by its mere existence, if this complex will give rise to a neurosis or not. To become pathogenic, it must give rise to a conflict; that is, the complex, which in itself is harmless, has to become dynamic, and thus give rise to a conflict.

Herewith, we come to a new and important question. The whole etiological problem is altered, if the infantile "root-complex" is only a general form, which is not pathogenic in itself, and requires, as we saw in our previous exposition, to be subsequently set in action. Under these circumstances, we dig in vain among the reminiscences of earliest childhood, as they give us only the general forms of the later conflicts, but not the conflict itself.

I believe the best thing I can do is to describe the further development of the theory by demonstrating the case of that young lady whose story you have heard in part in one of the former lectures. You will probably remember that the shying of the horses, by means of the anamnestic explanation, brought back the reminiscence of a comparable scene in childhood. We here discussed the trauma theory. We found that we had to

look for the real pathological element in the exaggerated phantasy, which took its origin in a certain retardation of the psychic sexual development. We have now to apply our theoretical standpoint to the origin of this particular type of illness, so that we may understand how, just at that moment, this event of her childhood, which seemed to be of such potency, could come to constellation.

The simplest way to come to an understanding of this important event would be by making an exact inquiry into the circumstances of the moment. The first thing I did was to question the patient about the society in which she had been at that time, and as to what was the farewell gathering to which she had been just before. She had been at a farewell supper, given in honor of her best friend, who was going to a foreign health-resort for a nervous illness. We hear that this friend is happily married, and is the mother of one child. We have some right to doubt this assertion of her happiness. If she were really happily married, she probably would not be nervous and would not need a cure. When I put my question differently, I learned that my patient had been brought back into the host's house as soon as she was overtaken by her friends, as this house was the nearest place to bring her to in safety. In her exhausted condition she received his hospitality. As the patient came to this part of her history she suddenly broke off, was embarrassed, fidgetted and tried to turn to another subject. Evidently we had now come upon some disagreeable reminiscences, which suddenly presented themselves. After the patient had overcome obstinate resistances, it was admitted that something very remarkable had happened that night. The host made her a passionate declaration of love, thus giving rise to a situation that might well be considered difficult and painful, considering the absence of the hostess. Ostensibly this declaration came like a flash of lightning from a clear sky. A small dose of criticism applied to this assertion will teach us that these things never drop from the clouds, but have always their previous history. It was the work of the following weeks to dig out piecemeal a whole, long love-story.

I can thus roughly describe the picture I got at finally. As a child the patient was thoroughly boyish, loved only turbulent games for boys, laughed at her own sex, and flung aside all

feminine ways and occupations. After puberty, the time when the sex-question should have come nearer to her, she began to shun all society; she hated and despised, as it were, everything which could remind her even remotely of the biological destination of mankind, and lived in a world of phantasies which had nothing in common with the rude reality. So she escaped, up to her twenty-fourth year, all the little adventures, hopes and expectations which ordinarily move a woman of this age. (In this respect women are very often remarkably insincere towards themselves and towards the physician.) But she became acquainted with two men who were destined to destroy the thorny hedge which had grown all around her. Mr. A. was the husband of her best friend at the time; Mr. B. was the bachelor-friend of this family. Both were to her taste. It seemed to her pretty soon that Mr. B. was much more sympathetic to her, and from this resulted a more intimate relationship between herself and him, and the possibility of an engagement was discussed. Through her relations with Mr. B., and through her friend, she met Mr. A. frequently. In an inexplicable way his presence very often excited her and made her nervous. Just at this time our friend went to a big party. All her friends were there. She became lost in thought, and played as in a dream with her ring, which suddenly slipped from her hand and rolled under the table. Both men tried to find it, and Mr. B. managed to get it. With an expressive smile he put the ring back on her finger and said: "You know what this means?" At that moment a strange and irresistible feeling came over her, she tore the ring from her finger and threw it out of the open window. Evidently a painful moment ensued, and she soon left the company, feeling deeply depressed. A short time later she found herself, for her holidays, accidentally in the same health-resort where Mr. A. and his wife were staying. Mrs. A. now became more and more nervous, and, as she felt ill, had to stay frequently at home. The patient often went out with Mr. A. alone. One day they were out in a small boat. She was boisterously merry, and suddenly fell overboard. Mr. A. saved her with great difficulty, and lifted her, half unconscious, into the boat. He then kissed her. With this romantic event the bonds were woven fast. To defend herself, our patient tried energetically to get herself engaged to Mr. B.,

and to imagine that she loved him. Of course this queer play did not escape the sharp eye of feminine jealousy. Mrs. A., her friend, felt the secret, was worried by it, and her nervousness grew proportionately. It became more and more necessary for her to go to a foreign health-resort. The farewell-party was a dangerous opportunity. The patient knew that her friend and rival was going off the same evening, so Mr. A. would be alone. Certainly she did not see this opportunity clearly, as women have the notable capacity "to think" purely emotionally, and not intellectually. For this reason, it seems to them as if they never thought about certain matters at all, but as a matter of fact she had a queer feeling all the evening. She felt extremely nervous, and when Mrs. A. had been accompanied to the station and had gone, the hysterical attack occurred on her way back. I asked her of what she had been thinking, or what she felt at the actual moment when the trotting horses came along. Her answer was, she had only a frightful feeling, the feeling that something dreadful was very near to her, which she could not escape. As you know, the consequence was that the exhausted patient was brought back into the house of the host, Mr. A. A simple human mind would understand the situation without difficulty. An uninitiated person would say: "Well, that is clear enough, she only intended to return by one way or another to Mr. A.'s house," but the psychologist would reproach this layman for his incorrect way of expressing himself, and would tell him that the patient was not conscious of the motives of her behavior, and that it was, therefore, not permissible to speak of the patient's intention to return to Mr. A.'s house.

There are, of course, learned psychologists who are capable of furnishing many theoretical reasons for disputing the meaning of this behavior. They base their reasons on the dogma of the identity of consciousness and psyche. The psychology inaugurated by Freud recognized long ago that it is impossible to estimate psychological actions as to their final meaning by conscious motives, but that the objective standard of their psychological results has to be applied for their right evaluation. Now-a-days it cannot be contested any longer that there are unconscious tendencies too, which have a great influence on our modes of reaction, and on the effects to which these in turn give rise.

What happened in Mr. A.'s house bears out this observation; our patient made a sentimental scene, and Mr. A. was induced to answer it with a declaration of love. Looked at in the light of this last event, the whole previous history seems to be very ingeniously directed towards just this end, but throughout the conscience of the patient struggled consciously against it. Our theoretical profit from this story is the clear perception that an unconscious purpose or tendency has brought on to the stage the scene of the fright from the horses, utilizing thus very possibly that infantile reminiscence, where the shying horses galloped towards the catastrophe. Reviewing the whole material, the scene with the horses—the starting point of the illness—seems now to be the keystone of a planned edifice. The fright, and the apparent traumatic effect of the event in childhood, are only brought on the stage in the peculiar way characteristic of hysteria. But what is thus put on the stage has become almost a reality. We know from hundreds of experiences that certain hysterical pains are only put on the stage in order to reap certain advantages from the sufferer's surroundings. The patients not only believe that they suffer, but their sufferings are, from a psychological standpoint, as real as those due to organic causes; nevertheless, they are but stage-effects.

#### THE REGRESSION OF LIBIDO

This utilization of reminiscences to put on the stage any illness, or an apparent etiology, is called a *regression of the libido*. The libido goes back to reminiscences, and makes them actual, so that an apparent etiology is produced. In this case, by the old theory, the fright from the horses would seem to be based on a former shock. The resemblance between the two scenes is unmistakable, and in both cases the patient's fright is absolutely real. At any rate, we have no reason to doubt her assertions in this respect, as they are in full harmony with all other experiences. The nervous asthma, the hysterical anxiety, the psychogenic depressions and exaltations, the pains, the convulsions—they are all very real, and that physician who has himself suffered from a psychogenic symptom knows that it feels absolutely real. Regressively re-lived reminiscences, even if they were but phan-

tasies, are as real as remembrances of events that have once been real.

As the term "regression of libido" shows, we understand by this retrograde mode of application of the libido, a retreat of the libido to former stages. In our example, we are able to recognize clearly the way the process of regression is carried on. At that farewell party, which proved a good opportunity to be alone with the host, the patient shrank from the idea of turning this opportunity to her advantage, and yet was overpowered by her desires, which she had never consciously realized up to that moment. The libido was not used consciously for that definite purpose, nor was this purpose ever acknowledged. The libido had to carry it out through the unconscious, and through the pretext of the fright caused by an apparently terrible danger. Her feeling at the moment when the horses approached illustrates our formula most clearly; she felt as if something inevitable had now to happen.

The process of regression is beautifully demonstrated in an illustration already used by Freud. The libido can be compared with a stream which is dammed up as soon as its course meets any impediment, whence arises an inundation. If this stream has previously, in its upper reaches, excavated other channels, then these channels will be filled up again by reason of the damming below. To a certain extent they would appear to be real river beds, filled with water as before, but at the same time, they only have a temporary existence. It is not that the stream has permanently chosen the old channels, but only for as long as the impediment endures in the main stream. The affluents do not always carry water, because they were from the first, as it were, not independent streams, but only former stages of development of the main river, or passing possibilities, to which an inundation has given the opportunity for fresh existence. This illustration can directly be transferred to the development of the application of the libido. The definite direction, the main river, is not yet found during the childish development of sexuality. The libido goes instead into all possible by-paths, and only gradually does the definite form develop. But the more the stream follows out its main channel, the more the affluents will dry up and lose their importance, leaving only traces of former activity. Similarly,

the importance of the childish precursors of sexuality disappears completely as a rule, only leaving behind certain traces.

If in later life an impediment arises, so that the damming of the libido reanimates the old by-paths, the condition thus excited is properly a new one, and something abnormal.

The former condition of the child is normal usage of the libido, whilst the return of the libido towards the childish past is something abnormal. Therefore, in my opinion, it is an erroneous terminology to call the infantile sexual manifestations "perversions," for it is not permissible to give normal manifestations pathological terms. This erroneous usage seems to be responsible for the confusion of the scientific public. The terms employed in neurotic psychology have been misapplied here, under the assumption that the abnormal by-paths of the libido discovered in neurotic people are the same phenomena as are to be found in children.

#### THE INFANTILE AMNESIA CRITICIZED

The so-called *amnesia of childhood*, which plays an important part in the "Three Contributions," is a similar illegitimate retrograde application from pathology. Amnesia is a pathological condition, consisting in the repression of certain contents of the conscious. This condition cannot possibly be the same as the antegrade amnesia of children, which consists in an incapacity for intentional reproduction, a condition we find also among savages. This incapacity for reproduction dates from birth, and can be understood on obvious anatomical and biological grounds. It would be a strange hypothesis were we willing to regard this totally different quality of early infantile consciousness as one to be attributed to repression, in analogy with the condition in neurosis. The amnesia of neurosis is punched out, as it were, from the continuity of memory, but the remembrances of earlier childhood exist in separate islands in the continuity of the non-memory. This condition is the opposite in every sense of the condition of neurosis, so that the expression "amnesia," generally used for this condition, is incorrect. The "amnesia of childhood" is a conclusion *a posteriori* from the psychology of neurosis, just as is the "polymorphic perverse" disposition of the child.

## THE LATENT SEXUAL PERIOD CRITICIZED

This error in the theoretical conception is shown clearly in the so-called *latent sexual period of childhood*. Freud has remarked that the early infantile so-called sexual manifestations, which I now call the phenomena of the pre-sexual stage, vanish after a while, and only reappear much later. Everything that Freud has termed the "suckling's masturbation," that is to say, all those sexual-like actions of which we spoke before, are said to return later as real onanism. Such a process of development would be biologically unique. In conformity with this theory one would have to say, for instance, that when a plant forms a bud, from which a blossom begins to unfold, the blossom is taken back again before it is fully developed, and is again hidden within the bud, to reappear later on in the same form. This impossible supposition is a consequence of the assertion that the early infantile activities of the pre-sexual stage are sexual phenomena, and that those manifestations, which resemble masturbation, are genuinely acts of masturbation. In this way Freud had to assert that there is a disappearance of sexuality, or, as he calls it, a *latent sexual period*. What he calls a disappearance of sexuality is nothing but the *real beginning of sexuality*, everything preceding was but the fore-stage to which no real sexual character can be imputed. In this way, the impossible phenomenon of the latent period is very simply explained. This theory of the latent sexual period is a striking instance of the incorrectness of the conception of the early infantile sexuality. But there has been no error of observation. On the contrary, the hypothesis of the latent sexual period proves how exactly Freud noticed the apparent re-commencement of sexuality. The error lies in the conception. As we saw before, the first mistake consists in a somewhat old-fashioned conception of the multiplicity of instincts. If we accept the idea of two or more instincts existing side by side, we must naturally conclude that, if one instinct has not yet become manifest, it is present in nuce in accordance with the theory of pre-formation. In the physical sphere we should perhaps have to say that, when a piece of iron passes from the condition of heat to the condition of light, the light was already existent in nuce (latent) in the heat. Such assumptions are arbitrary pro-

jections of human ideas into transcendental regions, contravening the prescription of the theory of cognition.

We have thus no right to speak of a sexual instinct existing in nuce, as we then give an arbitrary explanation of phenomena which can be explained otherwise, and in a more adequate manner. We can speak of the manifestations of a nutrition instinct, of the manifestations of a sexual instinct, etc., but we have only the right to do so when the function has quite clearly reached the surface. We only speak of light when the iron is visibly luminous, but not when the iron is merely hot. Freud, as an observer, sees clearly that the sexuality of neurotic people is not entirely comparable with infantile sexuality, for there is a great difference, for instance, between the uncleanliness of a child of two years old and the uncleanliness of a katatonic patient of forty. The former is a psychological and normal phenomenon; the latter is extraordinarily pathological. Freud inserted a short passage in his "Three Contributions" saying that the infantile form of neurotic sexuality is either wholly, or at any rate partly, due to a regression. That is, even in those cases where we might say, these are still the same by-paths, we find that the function of the by-paths is still increased by regression. Freud thus recognizes that the infantile sexuality of neurotic people is *for the greater part* a regressive phenomenon. That this must be so is also shown through the further insight obtained from the investigations of recent years, that the observations concerning the psychology of the childhood of neurotic people hold equally good for normal people. At any rate we can say that the history of the development of infantile sexuality in persons with neurosis differs but by a hair's breadth from that of normal beings who have escaped the attention of the expert appraiser. Striking differences are exceptional.

#### FURTHER REMARKS ON THE ETIOLOGY OF NEUROSIS

The more we penetrate into the heart of infantile development, the more we receive the impression that as little can be found there of etiological significance, as in the infantile shock. Even with the acutest ferreting into history, we shall never discover why people living on German soil had just such a fate, and

why the Gauls another. The further we get away, in analytical investigations from the epoch of the manifest neurosis, the less can we expect to find the real motive of the neurosis, since the dynamic disproportions grow fainter and fainter the further we go back into the past. In constructing our theory so as to deduce the neurosis from causes in the distant past, we are first and foremost obeying the impulse of our patients to withdraw themselves as far as possible from the critical present. The pathogenic conflict exists *only in the present moment*. It is just as if a nation wanted to regard its miserable political conditions at the actual moment as due to the past; as if the Germany of the 19th century had attributed its political dismemberment and incapacity to its suppression by the Romans, instead of having sought the actual sources of her difficulties in the present. *Only in the actual present* are the effective causes, and only here are the possibilities of removing them.

#### THE ETIOLOGICAL SIGNIFICANCE OF THE ACTUAL PRESENT

A greater part of the psychoanalytic school is under the spell of the conception that the conflicts of childhood are *conditio sine qua non* for the neuroses. It is not only the theorist, who studies the psychology of childhood from scientific interest, but the practical man also, who believes that he has to turn the history of infancy inside out to find there the dynamic source of the actual neurosis—it were a fruitless enterprise if done under this presumption. In the meantime, the most important factor escapes the analyst, namely, the conflict and the claims of the present time. In the case before us, we should not understand any of the motives which produced the hysterical attacks if we looked for them in earliest childhood. It is the form alone which those reminiscences determine to a large extent, but the dynamic originates from the present time. The insight into the actual meaning of these motives is real understanding.

We can now understand why that moment was pathogenic, as well as why it chose those particular symbols. Through the conception of regression, the theory is freed from the narrow formula of the importance of the events in childhood, and the actual conflict thus gets that significance which, from an empirical standpoint, belongs to it implicitly. Freud himself introduced

the conception of regression in his "Three Contributions," acknowledging rightly that our observations do not permit us to seek the cause of neurosis exclusively in the past. If it is true, then, that reminiscent matter becomes active again as a rule by regression, we have to consider the following question: Have, perhaps, the apparent effective results of reminiscences to be referred in general to a regression of the libido? As I said before, Freud suggested in his "Three Contributions," that the infantilism of neurotic sexuality was, *for the greater part, due to the regression of the libido.* This statement deserves greater prominence than it there received. Freud did give it this prominence in his later works to a somewhat greater extent.

The recognition of the regression of the libido very largely reduces the etiological significance of the events of childhood. It has already seemed to us rather astonishing that the Oedipus- or the Electra-complex should have a determining value in regard to the onset of a neurosis, since these complexes exist in everyone. They exist even with those persons who have never known their own father and mother, but have been educated by their step-parents. I have analyzed cases of this kind, and found that the incest-complex was as well developed as in other patients. It seems to us that this is good proof that the incest-complex is much more a purely regressive production of phantasies than a reality. From this standpoint, the events in childhood are only significant for the neuroses in so far as they are revived later through a regression of the libido. That this must be true to a great extent is also shown by the fact that the infantile sexual shock never causes hysteria, nor does the incest-complex, which is common to everyone. The neurosis only begins as soon as the incest-complex becomes actuated by regression.

So we come to the question, why does the libido make a regression? To answer it we must study carefully under what circumstances regression arises. In treating this problem with my patients, I generally give the following example: While a mountain climber is attempting the ascent of a certain peak, he happens to meet with an insurmountable obstacle, let us say, some precipitous rocky wall which cannot be surmounted. After having vainly sought for another path, he will have to return and regretfully abandon the climbing of that peak. He will say to

himself: "It is not in my power to surmount this difficulty, so I will climb another easier mountain." In this case, we find there is a normal utilization of the libido. The man returns, when he finds an insurmountable difficulty, and uses his libido, which could not attain its original aim, for the ascent of another mountain. Now let us imagine that this rocky wall was not really unclimbable so far as his physique was concerned, but that from mere nervousness he withdrew from this somewhat difficult enterprise. In this case, there are two possibilities: I. The man will be annoyed by his own cowardice, and will wish to prove himself less timid on another occasion, or perhaps will even admit that with his timidity he ought never to undertake such a difficult ascent. At any rate, he will acknowledge that he has not sufficient moral capacity for these difficulties. He therefore uses that libido, which did not attain its original aim, for a useful self-criticism, and for sketching a plan by which he may be able, with due regard to his moral capacity, to realize his wish to climb. II. The possibility is, that the man does not realize his own cowardice, and declares off-hand that this mountain is physically unattainable, although he is quite able to see that, with sufficient courage, the obstacle could have been overcome. But he prefers to deceive himself. Thus the psychological situation which is of importance for our problem is created.

#### THE ETIOLOGICAL SIGNIFICANCE OF FAILURE OF ADAPTATION

Probably this man knows very well that it would have been physically possible to overcome the difficulty, that he was only morally incapable of doing so. He rejects this idea on account of its painful nature. He is so conceited that he cannot admit to himself his cowardice. He brags of his courage and prefers to declare things impossible rather than his own courage inadequate. But through this behavior he comes into opposition with his own self: on the one hand he has a right view of the situation, on the other he hides this knowledge from himself, behind the illusion of his infallible courage. He represses the proper view, and forcibly tries to impress his subjective, illusive opinion upon reality. The result of this contradiction is that the libido is divided, and that the two parts are directed against one another. He opposes his wish to climb a mountain by his artificial self-

created opinion, that its ascent is impossible. He does not turn to the real impossibility, but to an artificial one, to a self-given limitation; thus he is in disharmony with himself, and from this moment has an internal conflict. Now insight into his cowardice will get the upper hand; now obstinacy and pride. In either case the libido is engaged in a useless civil war. Thus the man becomes incapable of any enterprise. He will never realize his wish to climb a mountain, and he goes perfectly astray as to his moral qualities. He is therefore less capable of performing his work, he is not fully adapted, he can be compared to a neurotic patient. The libido which withdrew from before this difficulty has neither led to honest self-criticism, nor to a desperate struggle to overcome the obstacle; it has only been used to maintain his cheap pretence that the ascent was really impossible, even heroic courage could have availed nothing. Such a reaction is called an *infantile reaction*. It is very characteristic of children, and of naïve minds, not to find the fault in their own shortcomings, but in external circumstances, and to impute to these their own subjective judgment. This man solves his problem in an infantile way, that is, he replaces the suitable mode of adaptation of our former case by a mode of adaptation belonging to the infantile mind. This is regression. His libido withdraws from an obstacle which cannot be surmounted, and replaces a real action by an infantile illusion. These cases are very commonly met with in practice among neurotics. I will remind you here of those well-known cases in which young girls become hysterical with curious suddenness just when they are called upon to decide about their engagements. As an instance, I should like to describe to you the case of two sisters, separated only by one year in age. They were similar in capacities and characters; their education was the same; they grew up in the same surroundings, and under the influence of their parents. Both were healthy; neither the one nor the other showed any nervous symptoms. An attentive observer might have discovered that the elder daughter was the more beloved by the parents. This affection depended on a certain sensitiveness which this daughter showed. She asked for more affection than the younger one, was also somewhat precocious and more serious. Besides, she showed some charming childish traits, just those things which, through

their slightly capricious and unbalanced character, make a personality especially charming. No wonder that father and mother had a great joy in their elder daughter. As both sisters became of marriageable age, almost at the same time they became intimately acquainted with two young men, and the possibility of their marriages soon approached. As is generally the case, certain difficulties existed. Both girls were young and had very little experience of the world. Both men were relatively young too, and in positions which might have been better; they were only at the beginning of a career, but nevertheless, both were capable young men. Both girls lived in a social atmosphere which gave them the right to certain social expectations. It was a situation in which a certain doubt as to the suitability of either marriage was permissible. Moreover, both girls were insufficiently acquainted with their prospective husbands, and were therefore not quite sure of their love. There were many hesitations and doubts. Here it was noticed that the elder girl always showed greater wavering in her decisions. From these hesitations some painful moments arose between the girls and the young men, who naturally longed for more certainty. At such moments the elder sister was much more excited than the younger one. Several times she went weeping to her mother, complaining of her own hesitation. The younger one was somewhat more decided, and put an end to the unsettled situation by accepting her suitor. She thus got over her difficulty and the further events ran smoothly. As soon as the admirer of the elder sister became aware that the younger one had put matters on a surer footing, he rushed to his lady and begged in a somewhat passionate way for her acceptance. His passion irritated and frightened her a little, although she was really inclined to follow her sister's example. She answered in a somewhat haughty and offhand way. He replied with sharp reproaches, causing her to get still more excited. The end was a scene with tears, and he went away in an angry mood. At home, he told the story to his mother, who expressed the opinion that this girl was really unsuitable for him, and that it would be perhaps better to choose some one else. The girl, for her part, doubted very much if she really loved this man. It suddenly seemed to her impossible to follow him to an unknown destiny, and to be obliged to leave her beloved parents. From

that moment, she was depressed; she showed unmistakable signs of the greatest jealousy towards her sister, but would neither see nor admit that she was jealous. The former affectionate relations with her parents changed also. Instead of her earlier childlike affection, she betrayed a lamentable state of mind, which increased sometimes to pronounced irritability; weeks of depression ensued. Whilst the younger sister celebrated her wedding, the elder went to a distant health-resort for a nervous intestinal trouble. I shall not continue the history of the disease; it ended in an ordinary hysteria.

In analyzing this case, great resistance to the sexual problem was found. The resistance depended on many perverse phantasies, the existence of which would not be admitted by the patient. The question, whence arose such perverse phantasies, so unexpected in a young girl, brought us to the discovery that once as a child, eight years old, she had found herself suddenly confronted in the street by an exhibitionist. She was rooted to the spot by fright, and even much later ugly images persecuted her in her dreams. Her younger sister was with her at the time. The night after the patient told me this, she dreamed of a man in a gray suit, who seemed about to do in front of her what the exhibitionist had done. She awoke with a cry of terror. The first association to the gray suit was a suit of her father's, which he had been wearing on an excursion which she made with him when she was about six years old. This dream connects the father, without any doubt, with the exhibitionist. This must be done for some reason. Did something happen with the father, which could possibly call forth this association? This problem met with great resistance from the patient. But she could not get rid of it. At the next sitting she reproduced some early reminiscences, when she had noticed her father undressing himself. Again, she came one day excited and terribly shaken, and told me that she had had an abominable vision, absolutely distinct. In bed at night, she felt herself again a child of two or three years old, and she saw her father standing by her bed in an obscene attitude. The story was gasped out piece by piece, obviously with the greatest internal struggle. This was followed by violent reproaches, of how dreadful it is that a father should ever behave to his child in such a terrible manner.

Nothing is less probable than that the father really did this. It is only a phantasy, probably first constructed in the course of the analysis from that same need of discovering a cause which once induced the physician to form the theory that hysteria was only caused by such impressions. This case seemed to me suitable to demonstrate the meaning of the theory of regression, and to show at the same time the source of the theoretical mistakes so far. We saw that both sisters were originally only slightly different. From the moment of the engagement their ways were totally separated. They seemed now to have quite different characters. The one, vigorous in health, and enjoying life, was a good and courageous woman, willing to undertake the natural demands of life; the other was sad, ill-tempered, full of bitterness and malice, disinclined to make any effort towards a reasonable life, egotistical, quibbling, and a nuisance to all about her. This striking difference was only brought out when the one sister happily passed through the difficulties of her engagement, whilst the other did not. For both, it hung to a certain extent only on a hair, whether the affair would be broken off or not. The younger one, somewhat calmer, was therefore more deliberate, and able to find the right word at the right moment. The elder one was more spoiled and more sensitive, consequently more influenced by her emotions, and could not find the right word, nor had she the courage to sacrifice her pride to put things straight afterwards. This little circumstance had a very important effect. Originally the conditions were much the same for both sisters. The greater sensitiveness of the elder produced the difference. The question now is: Whence arose this sensitiveness with its unfortunate results? The analysis demonstrated the existence of an extraordinarily developed sexuality of infantile phantastic character; in addition, an incestuous phantasy towards the father. We have a quick and easy solution of the problem of this sensitiveness, if we admit that these phantasies had a lively, and therefore effective existence. We might thus readily understand why this girl was so sensitive. She was shut up in her own phantasies and strongly attached to her father. Under these circumstances, it would have been really a wonder had she been willing to love and marry another man. The more we pursue our need for a causation, and pursue the development of these phantasies back

to their beginning, the greater grow the difficulties of the analysis, that is to say, the resistances as we call them. At the end we should find that impressive scene, that obscene act, whose improbability has already been established. This scene has exactly the character of a subsequent phantastic formation. Therefore, we have to conceive these difficulties, which we called "resistances," at least in this part of the analysis, as an opposition of the patient against the formation of such phantasies, and not as a resistance against the conscious admittance of a painful remembrance.

You will ask with astonishment, to what aim the patient contrives such a phantasy? You will even be inclined to suggest that the physician forced the patient to invent it, otherwise she would probably never have produced such an absurd idea. I do not venture to doubt that there have been cases in which, by dint of the physician's desire to find a cause, especially under the influence of the shock-theory, the patient has been brought to contrive such phantasies. But the physician would never have come to this theory, had he not followed the patient's line of thought, thus taking part in this retrograde movement of the libido which we call regression. The physician, consequently, only carried right through to its consequence what the patient was afraid to carry out, namely, a regression, a falling back of the libido to its former desires. The analysis, in following the libido-regression, does not always follow the exact way marked by its historical development, but very often rather a later phantasy, which only partly depends on former realities. In our case, only some of the circumstances are real, and it is but much later that they get their great importance, namely, at the moment when the libido regresses. Wherever the libido takes hold of a reminiscence, we may expect that this reminiscence will be elaborated and altered, as everything that is touched by the libido revives, takes on dramatic form, and becomes systematized. We have to admit that, in our case, almost the greater part of these phantasies became significant subsequently, after the libido had made a regression, after it had taken hold of everything that could be suitable, and had made out of all this a phantasy. Then that phantasy, keeping pace with the retrograde movement of the libido, came back at last to the father and put upon him all the infantile

sexual desires. Even so it was thought in ancient times that the golden age of Paradise lay in the past! In the case before us we know that all the phantasies brought out by analysis did become subsequently of importance. From this standpoint only, we are not able to explain the beginning of the neurosis; we should constantly move in a circle. The critical moment for this neurosis was that in which the girl and man were inclined to love one another, but in which an inopportune sensitiveness on the part of the patient caused the opportunity to slip by.

*The Conception of Sensitiveness.*—We might say, and the psychoanalytical conception inclines in this direction, that this critical sensitiveness arises from some peculiar psychological personal history, which determined this end. We know that such sensitiveness in a psychogenic neurosis is always a symptom of a discord within the subject's self, a symptom of a struggle between two divergent tendencies. Both tendencies have their own previous psychological story. In this case, we are able to show that this special resistance, the content of that critical sensitiveness, is, as a matter of fact, connected in the patient's previous history, with certain infantile sexual manifestations, and also with that so-called traumatic event—all things which are capable of casting a shadow on sexuality. This would be so far plausible if the sister of the patient had not lived more or less the same life, without experiencing all these consequences. I mean, she did not develop a neurosis. So we have to agree that the patient experienced these things in a special way, perhaps more intensely than the younger one. Perhaps also, the events of her earlier childhood were to her of a disproportionate importance. But if it had been the case to such a marked extent, something of it would surely have been noticed earlier. In later youth, the earlier events of childhood were as much forgotten by the patient as by her sister. Another supposition is therefore possible. This critical sensitiveness is not the consequence of the special previous past history, but springs from something that had existed all along. A careful observer of small children can notice, even in early infancy, any unusual sensitiveness. I once analyzed a hysterical patient who showed me a letter written by her mother when this patient was two and a half years old. Her mother wrote about her and her sister. The elder was always good-

tempered and enterprising, but the other was always in difficulties with both people and things. The first one became in later life hysterical, the other one katatonic. These far-reaching differences, which go back into earliest childhood, cannot depend on the more or less accidental events of life, but have to be considered as being innate differences. From this point of view, we cannot any longer pretend that her special previous psychological history caused this sensitiveness at that critical moment; it would be more correct to say: This innate sensitiveness is manifested most distinctly in uncommon situations.

This surplus of sensitiveness is found very often as an enrichment of a personality contributing even more to the charm of the character than to its detriment. But in difficult and uncommon situations the advantage very often turns into a disadvantage, as the inopportune excited emotion renders calm consideration impossible. Nothing could be more incorrect than to consider this sensitiveness as *eo ipso* a morbid constituent of a character. If it really were so, we should have to regard at least one third of humanity as pathological. Only if the consequences of this sensitiveness are destructive to the individual have we a right to consider this quality as abnormal.

*Primary Sensitiveness and Regression.*—We come to this difficulty when we crudely oppose the two conceptions as to the significance of the previous psychological history as we have done here; in reality, the two are not mutually exclusive. A certain innate sensitiveness leads to a special psychological history, to special reactions to infantile events, which are not without their own influence on the development of the childish conception of life. Events bound up with powerful impressions can never pass without leaving some trace on sensitive people. Some of these often remain effective throughout life, and such events can exert an apparently determining influence on the whole mental development. Dirty and disillusioned experiences in the domain of sexuality are specially apt to frighten a sensitive person for years and years. Under these conditions, the mere thought of sexuality raises the greatest resistances. As the creation of the shock-theory proved, we are too much inclined, in consequence of our knowledge of such cases, to attribute the emotional development of a person more or less to accidents. The earlier shock-

theory went too far in this respect. We must never forget that *the world is, in the first place, a subjective phenomenon. The impressions we receive from these happenings are also our own doing.* It is not the case that the impressions are forced on us unconditionally, but our disposition gives the value to the impressions. A man with stored-up libido will as a rule have quite different impressions, much more vivid impressions, than one who organizes his libido into a rich activity. Such a sensitive person will have a more profound impression from certain events which might harmlessly pass over a less sensitive subject. Therefore, in conjunction with the accidental impression, we have to consider seriously the subjective conditions. Our former considerations, and the observation of the concrete case especially, show us that the important subjective condition is the regression. It is shown by experience in practice, that the effect of regression is so enormous, so important and so impressive, that we might perhaps be inclined to attribute the effect of accidental events to the mechanism of regression only. Without any doubt, there are cases in which everything is dramatized, where even the traumatic events are artefacts of the imagination, and in which the few real events are subsequently entirely distorted through phantastic elaboration. We can simply say, that there is not a single case of neurosis, in which the emotional value of the preceding event is not considerably aggravated through the regression of libido, and even where great parts of the infantile development seem to be of extraordinary importance, they only gain this through regression.

As is always the case, truth is found in the middle. The previous history has certainly a determining historic value, which is reinforced by the regression. Sometimes the traumatic significance of the previous history comes more into the foreground; sometimes only the regressive meaning. These observations have naturally to be applied to the infantile sexual events too. Obviously there are cases in which brutal sexual accidents justify the shadow thrown on sexuality, and explain thoroughly the later resistance of the individual towards sexuality. Dreadful impressions other than sexual can also sometimes leave behind a permanent feeling of insecurity, which may determine the individual in a hesitating attitude towards reality. Where real events

of undoubtedly traumatic potentiality are wanting—as is generally the case with neurosis—there the mechanism of regression prevails. Of course, you could object that we have no criterion for the potential effect of the trauma or shock, as this is a highly relative conception. It is not quite so; we have in the standard of the average normal a criterion for the potential effect of a shock. Whatever is capable of making a strong and persistent impression upon a normal person must be considered as having a determining influence for neurotics also. But we may not straightway attribute any importance, even in neurosis, to impressions which in a normal case would disappear and be forgotten. In most of the cases where any event has an unexpected traumatic influence, we shall find in all probability a regression, that is to say, a secondary phantastic dramatization. The earlier in childhood an impression is said to have arisen, the more suspicious is its reality. Animals and primitive people have not that readiness in reproducing memories from a single impression which we find among civilized people. Very young children have by no means that impressionability which we find in older children. A certain higher development of the mental faculties is a necessary condition for impressionability. Therefore we may agree that the earlier a patient places some significant event in his childhood, the more likely it will be a phantastic and regressive one. Important impressions are only to be expected from later youth. At any rate, we have generally to attribute to the events of earliest childhood, that is, from the fifth year backwards, but a regressive importance. Sometimes the regression does play an overwhelming part in later years, but even then one must not ascribe too little importance to accidental experiences. It is well known that, in the later course of a neurosis, the accidental events and the regression together form a vicious circle. The withdrawal from the experiences of life leads to regression, and the regression aggravates the resistances towards life.

In the conception of regression psychoanalysis has made one of the most important discoveries which have been made in this sphere. Not only has the earlier exposition of the genesis of neurosis been already subverted, or at least widely modified, but, at the same time, the *actual conflict* has received its proper valuation.

### THE SIGNIFICANCE OF THE ACTUAL CONFLICT

In the case I have described, we saw that we could understand the symptomatological dramatization as soon as it could be conceived as an expression of the actual conflict. Here the psychoanalytic theory agrees with the results of the association-experiments, of which I spoke in my lectures<sup>10</sup> at Clark University. The association-experiment, with a neurotic person, gives us a series of references to certain conflicts of the actual life, which we call complexes. These complexes contain those problems and difficulties which have brought the patient into opposition with himself. Generally we find a love-conflict of an obvious character. From the standpoint of the association-experiment, neurosis seems to be something quite different from what it appeared from the standpoint of the earlier psychoanalytic theory. Considered from the standpoint of the latter theory, neurosis seemed to be a growth which had its roots in earliest childhood, and over-grew the normal structure. Considered from the standpoint of the association-experiment, neurosis seems to be a reaction from an actual conflict, which is naturally found also among normal people, but among them the conflict is solved without too great difficulty. The neurotic remains in the grip of his conflict, and his neurosis seems, more or less, to be the consequence of this stagnation. So we may say that the result of the association-experiments tell in favor of the theory of regression.

With the former historical conception of neurosis, we thought we understood clearly why a neurotic person, with his powerful parent-complex, had such great difficulty in adapting himself to life. Now that we know that normal persons have the same complex, and in principle have to pass through just the same psychological development as a neurotic, we can no longer explain neurosis as a certain development of phantasy-systems. The really illuminating way to put the problem is a prospective one. We do not ask any longer if the patient has a father- or a mother-complex, or unconscious incest-phantasies which worry him. To-day, we know that every one has such things. The belief that only neurotics had these complexes was an error. We ask now: What is the task which the patient does not wish to fulfil?

<sup>10</sup> Am. Journ. Psych., April, 1910.

From which necessary difficulties of life does the patient try to withdraw himself?

When people try always to adapt themselves to the conditions of life, the libido is employed rightly and adequately. When this is not the case, the libido is stored up and produces regressive symptoms. The inadequate adaptation, that is to say, the abnormal indecision of neurotics in face of difficulties, is easily accounted for by their strong subjection to their phantasies, in consequence of which reality seems to them, wholly or partly, more unreal, valueless and uninteresting than to normal people. These heightened phantasies are the results of innumerable regressions. The ultimate and deepest root is the innate sensitiveness, which causes difficulties even to the infant at the mother's breast, in the form of unnecessary irritation and resistances. Call it sensitiveness or whatever you like, this unknown element of predisposition is in every case of neurosis.

#### THE ETIOLOGICAL SIGNIFICANCE OF PHANTASY CRITICIZED

The apparent etiological development of neurosis, discovered by psychoanalysis, is in reality only the work of causally connected phantasies, which the patient has created from that libido which at times he did not employ in the biological adaptation. Thus, these apparently etiological phantasies seem to be forms of compensation, disguises, for an unfulfilled adaptation to reality. The vicious circle previously mentioned between the withdrawing in the face of difficulties and the regression into the world of phantasies, is naturally well-suited to give the illusion of an apparent striking causal relationship, so that both the patient and the physician believe in it. In such a development accidental experiences are only "extenuating circumstances." I feel I must make allowance for those critics who, on reading the history of psychoanalytic patients, get the impression of phantastic elaboration. Only they make the mistake of attributing the phantastic artefacts and far-fetched arbitrary symbolism to the suggestion and to the awful phantasy of the physician, instead of to the unequalled fertility of phantasy on the part of the patient. Of a truth, there is a good deal of artificial elaboration in the phantasies of a psychoanalytic case. There are generally sig-

nificant signs of the patient's active imagination. The critics are not so wrong when they say that their neurotic patients have no such phantasies. I have no doubt that patients are unconscious of the greater part of their own phantasies. A phantasy only "really" exists in the unconscious, when it has some notable effect upon the conscious, *e. g.*, in the form of a dream; otherwise, we may say with a clear conscience that it is not real. Every one who overlooks the frequently nearly imperceptible effects of unconscious phantasies upon the conscious, or renounces the fundamental, and technically incontestable analysis of dreams, can easily overlook the phantasies of his patients altogether. We are, therefore, inclined to smile when we hear this repeated objection. But we must admit that there is some truth in it. The regressive tendency of the patient is strengthened by the attention bestowed on it, and directed to the unconscious, that is to say, to the phantasies he discovers and forms during analysis. We might even perhaps go so far as to say that, during the time of analysis, this phantasy-production is greatly increased, as the patient is strengthened in his regressive tendency, by the interest taken by the physician and originates even more phantasies than he did before. Hence, our critics have repeatedly stated that a conscientious therapy of the neurosis should go in exactly the opposite direction to that taken by psychoanalysis; in other words, it has been the chief endeavor of therapy, hitherto, to extricate the patient from his unhealthy phantasies and bring him back again to real life.

## CHAPTER IX

### THE THERAPEUTICAL PRINCIPLES OF PSYCHOANALYSIS

While the psychoanalyst, of course, knows of this therapeutic tendency to extricate the patient from his unhealthy phantasies, he also knows just how far this mere extricating of neurotic patients from their phantasies goes. As physicians, we should never think of preferring a difficult and complicated method, assailed by all authorities, to a simple, clear and easy one without good reason. I am perfectly well-acquainted with hypnotic suggestion, and with Dubois' method of persuasion, but I do not use these methods, on account of their relative inadequacy. For the same reason, I do not use the direct "*ré-éducation de la volonté*" as the psychoanalytic method gives me better results.

In applying psychoanalysis we must grant the regressive phantasies of the patient, for psychoanalysis has a much broader outlook, as regards the valuation of symptoms, than have the above psychotherapeutic methods. These all emanate from the assertion that a neurosis is an absolute morbid formation.

The reigning school of neurology has never thought of considering neurosis as a healing process also, and of attributing to the neurotic formations a quite special teleological meaning. Neurosis, like every other disease, is a compromise between the morbid tendencies, and the normal function. Modern medicine no longer considers fever as the illness itself, but a purposeful reaction of the organism. Psychoanalysis, likewise, no longer conceives a neurosis as *eo ipso* morbid, but as also having a meaning and a purpose. From this there follows the more reserved and expectant attitude of psychoanalysis towards neurosis. Psychoanalysis does not judge the value of the symptoms, but first tries to understand what tendencies lie beneath these symptoms. If we were able to abolish a neurosis in the same way, for instance, as a cancer is destroyed, then at the same time there would be destroyed a great amount of available energy also. We save this energy, that is, we make it serve the purposes

of the instinct for health, as soon as we can trace the meaning of these symptoms; by taking part in the regressive movement of the patient. Those unfamiliar with the essentials of psychoanalysis will have some difficulty in understanding how a therapeutic effect can come to pass when the physician takes part in the pernicious phantasies of the patient. Not only critics, but the patients also, doubt the therapeutic value of such a method, which concentrates attention upon phantasies which the patient rejects as worthless and reprehensible. The patients will often tell you that their former physicians forbade them to occupy themselves with their phantasies, and told them that they must only consider that it is well with them, when they are free, if but momentarily, from their awful torments. So, it seems strange enough that it should be of any use to them, when the treatment brings them back to the very thing from which they have tried constantly to escape. The following answer may be made: all depends upon the position which the patient takes up towards his own phantasies. These phantasies have been hitherto, for the patient, an absolutely passive and involuntary manifestation. As we say, he was lost in his dreams. The patient's so-called brooding is an involuntary kind of dreaming too. What psychoanalysis demands from a patient is only apparently the same. Only a man who has a very superficial knowledge of psychoanalysis can confuse this passive dreaming with the position taken up in analysis. What psychoanalysis asks from the patient is just the contrary of what the patient has always done. The patient can be compared to a person who, unintentionally, has fallen into the water and sunk, whilst psychoanalysis wants him to dive in, as it was no mere chance which led him to fall in at just that spot. There lies a sunken treasure, and only a diver can raise it.

The patient, judging his phantasies from the standpoint of his reason, regards them as valueless and senseless; but, in reality, the phantasies have their great influence on the patient because they are of great importance. They are old, sunken treasures, which can only be recovered by a diver, that is, the patients, contrary to their wont, must now pay an active attention to their inner life. Where they formerly dreamed, they must now think, consciously and intentionally. This new way of thinking about himself has about as much resemblance to the

patient's former mental condition as a diver has to a drowning man. The earlier joy in indulgence has now become a purpose and an aim—that is, has become work. The patient, assisted by the physician, occupies himself with his phantasies, not to lose himself therein, but to uproot them, piece by piece, and to bring them into daylight. He thus reaches an objective standpoint towards his inner life, and everything he formerly loathed and feared is now considered consciously. This contains the basis of the whole psychoanalytic therapy. In consequence of his illness, the patient stood, partially or totally, outside of real life. Consequently he neglected many of his life's duties, either in regard to social work or to the ordinary daily tasks. If he wishes to be well, he must return to the fulfilment of his particular obligations. Let me say, by way of caution, that we are not to understand by such "duties," some general ethical postulates, but duties towards himself. Nor does this mean that they are *eo ipso* egoistic interests, since we are social beings as well, a matter too easily forgotten by individualists. An ordinary person will feel very much more comfortable sharing a common virtue than possessing an individual vice, even if the latter is a very seductive one. They must be already neurotic, or otherwise extraordinary people who can be deluded by such particular interests. (The neurotic fled from his duties and his libido withdrew, at least partly, from the tasks imposed by real life. In consequence, the libido became introverted and directed towards an inner life. The libido followed the path of regression: to a large extent phantasies replaced reality, because the patient refused to overcome certain real difficulties. Unconsciously the neurotic patient prefers—and very often consciously too—his dreams and phantasies to reality. To bring him back to real life and to the fulfilment of its necessary duties, the analysis proceeds along the same false path of regression which has been taken by his libido; so that the beginning of psychoanalysis looks as if it were supporting the morbid tendencies of the patient. But psychoanalysis follows these phantasies, these wrong paths, in order to restore the libido, which is the valuable part of the phantasies, to the conscious self and to the duties of the moment. This can only be done by bringing the phantasies into the light of day, and along with them the libido bound up with them. We might leave these unconscious

phantasies to their shadowy existence, if no libido were attached to them. It is unavoidable that the patient, feeling himself at the beginning of analysis confirmed in his regressive tendencies, leads his analytical interest, amid increasing resistances, down to the depths of the shadowy world. We can easily understand that any physician who is a normal person experiences the greatest resistance towards the thoroughly morbid, regressive tendency of the patient, since he feels quite certain that this tendency is pathological. And this all the more because, as physician, he believes he is right in refusing to give heed to his patient's phantasies. It is quite conceivable that the physician feels a repulsion towards this tendency; it is undoubtedly repugnant to see how a person is completely given up to such phantasies, finding only himself of any importance and never ceasing to admire or despise himself. The esthetic sense of normal people has, as a rule, little pleasure in neurotic phantasies, even if it does not find them absolutely repulsive. The psychoanalyst must put aside such esthetic judgment, just as every physician must, who really tries to help his patients. He may not fear any dirty work. Of course there are a great many patients physically ill, who, without undergoing an exact examination or local treatment, do recover by the use of general physical, dietetic, or suggestive means. Severe cases can, however, only be helped by a more exact examination and therapy, based on a profound knowledge of the illness. Our psychotherapeutic methods hitherto have been like these general measures. In slight cases they did no harm; on the contrary, they were often of great service. But for a great many patients these measures have proved inadequate. If they really can be helped, it will be by psychoanalysis, which is not to say that psychoanalysis is a universal panacea. Such a sneer proceeds only from ill-natured criticism. We know very well that psychoanalysis fails in many cases. As everybody knows, we shall never be able to cure all illnesses.

This "diving" work of analysis brings dirty matter piecemeal out of the slime, which must then be cleansed before we can tell its value. The dirty phantasies are valueless and are thrown aside, but the libido actuating them is of value and this, after cleansing, becomes serviceable again. To the psychoanalyst, as to every specialist, it will sometimes seem that the phantasies have

also a value of their own, and not only by reason of the libido linked with them. But their value is not, in the first instance, for the patient. For the physician, these phantasies have a scientific value, just as it is of special interest to the surgeon to know whether the pus contained staphylococci or streptococci. To the patient it is all the same, and for him, it is better that the doctor conceal his scientific interest, in order not to tempt him to have greater pleasure than necessary in his phantasies. The etiological importance which is attached to these phantasies, incorrectly, to my mind, explains why so much room is given up in psychoanalytic literature to the extensive discussion of the various sexual phantasies. Once it is known that absolutely nothing is impossible in the sphere of sexual phantasy, the former estimate of these phantasies will disappear, and therewith the endeavor to discover in them an etiological import. Nor will the most extended discussion of these cases ever be able to exhaust this sphere.

Every case is theoretically inexhaustible. But in general the production of phantasies ceases after a time. Naturally, we must not conclude from this that the possibility of creating phantasies is exhausted, but the cessation in their production only means that there is then no more libido on the path of regression. [The end of the regressive movement is reached as soon as the libido takes hold of the present real duties of life, and is used to solve those problems. But there are cases, and these not a few, where the patient continues longer than usual to produce endless fantastic manifestations, either from his own pleasure in them or from certain false expectations on the part of the doctor. Such a mistake is especially easy for beginners, since, blinded by the present psychoanalytical discussion, they keep their interest fixed on these phantasies, because they seem to possess etiological significance. They are therefore constantly at pains to fish up phantasies of early childhood, vainly hoping to find thus the solution of the neurotic difficulties. They do not see that the solution lies in action, and in the fulfilment of certain necessary duties of life. It will be objected that the neurosis is entirely due to the incapacity of the patient to carry out these very demands of life, and that therapy by the analysis of the unconscious ought to enable him to do so, or at least, give him means to do so. The

objection put in this way is perfectly valid, but we have to add that it is only so when the patient is really conscious of the duties he has to fulfil, not only academically, in their general theoretical outlines but in their most minute details. It is characteristic for neurotic people to be wanting in this knowledge, although, because of their intelligence, they are well aware of the general duties of life, and struggle, perhaps only too hard, to fulfil the prescriptions of current morality. But the much more important duties which he ought to fulfil towards himself are to a great extent unknown to the neurotic; sometimes even they are not known at all. It is not enough, therefore, to follow the patient blindfold on the path of regression, and to push him by an inopportune etiological interest back into his infantile phantasies. I have often heard from patients, with whom the psychoanalytic treatment has come to a standstill: "The doctor believes I must have somewhere some infantile trauma, or an infantile phantasy which I am still repressing." Apart from the cases where this supposition was really true, I have seen cases in which the stoppage was caused by the fact that the libido, hauled up by the analysis, sank back into the depths again for want of employment. This was due to the physician's attention being directed entirely to the infantile phantasies, and his failing therefore to see what duties of the moment the patient had to fulfil. The consequence was that the libido brought forth by analysis always sank back again, as no opportunity for further activity was found.

There are many patients who, on their own account, discover their life-tasks and abandon the production of regressive phantasies pretty soon, because they prefer to live in reality, rather than in their phantasies. It is a pity that this cannot be said of all patients. A good many of them forsake for a long time, or even forever, the fulfilment of their life-tasks, and prefer their idle neurotic dreaming. I must again emphasize that we do not understand by "dreaming" always a conscious phenomenon.

In accordance with these facts and these views, the character of psychoanalysis has changed during the course of time. If the first stage of psychoanalysis was perhaps a kind of surgery, which would remove from the mind of the patient the foreign body, the "blocked" affect, the later form has been a kind of historical method, which tries to investigate carefully the genesis of the

neurosis, down to its smallest details, and to reduce it to its earliest origins.

### THE CONCEPTION OF TRANSFERENCE

This last method has unmistakably been due to strong scientific interest, the traces of which are clearly seen in the delineations of cases so far. Thanks to this, Freud was also able to discover wherein lay the therapeutical effect of psychoanalysis. Whilst formerly this was sought in the discharge of the traumatic affect, it was now seen that the phantasies produced were especially associated with the personality of the physician. Freud calls this process *transference* ("Uebertragung"), owing to the fact that the images of the parents ("imagines") are henceforth transferred to the physician, along with the infantile attitude of mind adopted towards the parents. The transference does not arise solely in the intellectual sphere, but the libido bound up with the phantasy is transferred, together with the phantasy itself, to the personality of the physician, so that the physician replaces the parents to a certain extent. All the apparently sexual phantasies which have been connected with the parents are now connected with the physician, and the less this is realized by the patient, the more he will be unconsciously bound to his physician. This recognition is in many ways of prime importance.

This process has an important biological value for the patient. The less libido he gives to reality, the more exaggerated will be his phantasies, and the more he will be cut off from the world. Typical of neurotic people is their attitude of disharmony towards reality, that is, their diminished capacity for adaptation. Through the transference to the physician, a bridge is built, across which the patient can get away from his family, into reality. In other words, he can emerge from his infantile environment into the world of grown-up people, for here the physician stands for a part of the extra-familial world. But on the other hand, this transference is a powerful hindrance to the progress of treatment, for the patient assimilates the personality of the physician as if he did stand for father or mother, and not for a part of the extra-familial world. If the patient could acquire the image of the physician as a part of the non-infantile world, he would gain

a considerable advantage. But transference has the opposite effect; hence the whole advantage of the new acquisition is neutralized. The more the patient succeeds in regarding his doctor as he does any other individual, the more he is able to consider himself objectively, the greater becomes the advantage of transference. The less he is able to consider his doctor in this way, the more the physician is assimilated with the father, the less is the advantage of the transference and the greater will be its harm. The familial environment of the patient has only become increased by an additional personality assimilated to his parents. The patient himself is, as before, still in his childish surroundings, and therefore maintains his infantile attitude of mind. In this manner, all the advantages of transference can be lost.

There are patients who follow the analysis with the greatest interest without making the slightest improvement, remaining extraordinarily productive in phantasies, although the whole development of their neurosis, even to the smallest details, has been brought to light. A physician under the influence of the historical view might be thus easily thrown into confusion, and would have to ask himself: What is there in this case still to be analyzed? Those are just the cases of which I spoke before, where it is no longer a matter of the analysis of the historical material, but we have now to face a practical problem, the overcoming of the inadequate infantile attitude of mind. Of course, the historical analysis would show repeatedly that the patient had a childish attitude towards his physician, but it would not bring us any solution of the question how that attitude could be changed. To a certain extent, this serious disadvantage of transference is found in every case. Gradually it has been proved that this part of psychoanalysis is, considered from a scientific standpoint, extraordinarily interesting and of great value, but in its practical aspect, of less importance than that which has now to follow, namely, the *analysis of the transference*.

#### CONFESION AND PSYCHOANALYSIS

Before we enter into a more detailed consideration of this practical part of psychoanalysis, I should like to mention a parallelism between the first part of psychoanalysis and a historical institution of our civilization. It is not difficult to guess

this parallelism. We find it in the religious institution called *confession*. By nothing are people more cut off from fellowship with others than by a secret borne about within them. It is not that a secret actually cuts off a person from communicating with his fellows, yet somehow personal secrets which are zealously guarded do have this effect. "Sinful" deeds and thoughts, for instance, are the secrets which separate one person from another. Great relief is therefore gained by confessing them. This relief is due to the re-admission of the individual to the community. His loneliness, which was so difficult to bear, ceases. Herein lies the essential value of the confession. But this confession means at the same time, through the phenomenon of transference and its unconscious phantasies, that the individual becomes tied to his confessor. This was probably instinctively intended by the Church. The fact that perhaps the greater part of humanity wants to be guided, justifies the moral value attributed to this institution by the Church. The priest is furnished with all the attributes of paternal authority, and upon him rests the obligation to guide his congregation, just as a father guides his children. Thus the priest replaces the parents and to a certain extent frees his people from their infantile bonds. In so far as the priest is a highly moral personality, with a nobility of soul, and an adequate culture, this institution may be commended as a splendid instance of social control and education, which served humanity during the space of two thousand years. So long as the Christian Church of the Middle Ages was capable of being the guardian of culture and science, in which rôle her success was, in part, due to her wide toleration of the secular element, confession was an admirable method for the education of the people. But confession lost its greatest value, at least for the more educated, as soon as the Church was unable to maintain her leadership over the more emancipated portion of the community and became incapable, through her rigidity, of following the intellectual life of the nations.

The more highly educated men of to-day do not want to be guided by a belief or a rigid dogma; they want to understand. Therefore, they put aside everything that they do not understand, and the religious symbol is very little accessible for general understanding. The sacrificium intellectus is an act of violence, to

which the moral conscience of the highly developed man is opposed. But in a large number of cases, transference to, and dependence upon the analyst could be considered as a sufficient end, with a definite therapeutic effect, if the analyst were in every respect a great personality, capable and competent to guide the patients given into his charge and to be a father of his people. But a modern, mentally-developed person desires to guide himself, and to stand on his own feet. He wants to take the helm in his own hands; the steering has too long been done by others. He wants to understand; in other words, he wants to be a grown-up person. It is much easier to be guided, but this no longer suits the well-educated of the present time, for they feel the necessity of the moral independence demanded by the spirit of our time. *Modern humanity demands moral autonomy.* Psychoanalysis has to allow this claim, and refuses to guide and to advise. The psychoanalytic physician knows his own shortcomings too well, and therefore cannot believe that he can be father and leader. His highest ambition must only consist in educating his patients to become independent personalities, and in freeing them from their unconscious dependency within infantile limitations. Psychoanalysis has therefore to analyze the transference, a task left untouched by the priest. In so doing, the unconscious dependence upon the physician is cut off, and the patient is put upon his own feet; this at least is the end at which the physician aims.

#### THE ANALYSIS OF THE TRANSFERENCE

We have already seen that the transference brings about difficulties, because the personality of the physician is assimilated with the image of the patient's parents. The first part of the analysis, the investigation of the patient's complexes, is rather easy, chiefly because a man is relieved by ridding himself of his secrets, difficulties and pains. In the second place, he experiences a peculiar satisfaction from at last finding some one who shows interest in all those things to which nobody hitherto would listen. It is very agreeable to find a person, who tries to understand him, and does not shrink back. In the third place, the expressed intention of the physician, to understand him and to follow him through all his erring ways, pathetically affects the patient. The

feeling of being understood is especially sweet to the solitary souls who are forever longing for "understanding." In this they are insatiable. The beginning of the analysis is for these reasons fairly easy and simple. The improvement so easily gained, and the sometimes striking change in the patient's condition of health are a great temptation to the psychoanalytic beginner to slip into a therapeutic optimism and an analytical superficiality, neither of which would correspond to the seriousness and the difficulties of the situation. The trumpeting of therapeutic successes is nowhere more contemptible than in psychoanalysis, for no one is better able to understand than a psychoanalyst how the so-called result of the therapy depends on the coöperation of nature and the patient himself. The psychoanalyst may rest content with possessing an advanced scientific insight. The prevailing psychoanalytic literature cannot be spared reproach that some of its works do give a false impression as to its real nature. There are therapeutical publications from which the uninitiated receive the impression that psychoanalysis is more or less a clever trick, with astonishing effects. The first part of analysis, where we try to understand, and which, as we have seen before, offers much relief to the patient's feelings, is responsible for these illusions. These incidental benefits help the phenomenon of transference. The patient has long felt the need of help to free him from his inward isolation and his lack of self-understanding. So he gives way to his transference, after first struggling against it. For a neurotic person, the transference is an ideal situation. He himself makes no effort, and nevertheless another person meets him halfway, with an apparent affectionate understanding; does not even get annoyed or leave off his patient endeavors, although he himself is sometimes stubborn and makes childish resistances. By this means the strongest resistances are melted away, for the interest of the physician meets the need of a better adaptation to extra-familial reality. The patient obtains, through the transference, not only his parents, who used to bestow great attention upon him, but in addition he gets a relationship outside the family, and thus fulfils a necessary duty of life. The therapeutical success so often to be seen at the same time fortifies the patient's belief that this new-gained situation is an excellent one. Here we can easily understand that the patient is not in the least inclined

to abandon this newly-found advantage. If it depended upon him, he would be forever associated with his physician. In consequence, he begins to produce all kinds of phantasies, in order to find possible ways of maintaining the association with his physician. He makes the greatest resistances towards his physician, when the latter tries to dissolve the transference. At the same time, we must not forget that for our patients the acquisition of a relationship outside the family is one of the most important duties of life, and one, moreover, which up to this moment they had failed or but very imperfectly succeeded in accomplishing. I must oppose myself energetically to the view that we always mean by this relationship outside the family, a sexual relation in its popular sense. This is the misunderstanding fallen into by so many neurotic people, who believe that a right attitude toward reality is only to be found by way of concrete sexuality. There are even physicians, not psychoanalysts, who are of the same conviction. But this is the primitive adaptation which we find among uncivilized people under primitive conditions. If we lend uncritical support to this tendency of neurotic people to adapt themselves in an infantile way, we just encourage them in the infantilism from which they are suffering. The neurotic patient has to learn that higher adaptation which is demanded by life from civilized and grown-up people. Whoever has a tendency to sink lower, will proceed to do so; for this end he does not need psychoanalysis. But we must be careful not to fall into the opposite extreme and believe that we can create by analysis great personalities. Psychoanalysis stands above traditional morality. It follows no arbitrary moral standard. It is only a means to bring to light the individual trends, and to develop and harmonize them as perfectly as possible.

Analysis must be a biological method, that is, a method which tries to connect the highest subjective well-being with the most valuable biological activity. The best result for a person who passes through analysis, is that he becomes at the end what he really is, in harmony with himself, neither bad nor good, but an ordinary human being. Psychoanalysis cannot be considered a method of education, if by education is understood the possibility of shaping a tree to a highly artificial form. But whoever has the higher conception of education will most prize that

educational method which can cultivate a tree so that it shall fulfil to perfection its own natural conditions of growth. We yield too much to the ridiculous fear that we are at bottom quite impossible beings, and that if everyone were to appear as he really is a dreadful social catastrophe would result. The individualistic thinkers of our day insist on understanding by "people as they really are," only the discontented, anarchistic and egotistic element in humanity; they quite forget that this same humanity has created those well-established forms of our civilization which possess greater strength and solidity than all the anarchistic under-currents.

When we try to dissolve the transference we have to fight against powers which have not only neurotic value, but also universal normal significance. When we try to bring the patient to the dissolution of his transference, we are asking more from him than is generally asked of the average man; we ask that he should subdue himself wholly. Only certain religions have made such a claim on humanity, and it is this demand which makes the second part of analysis so difficult.

The technique that we have to employ for the analysis of the transference is exactly the same as that before described. Naturally the problem as to what the patient must do with the libido which is now withdrawn from the physician comes to the fore. Here again, there is great danger for the beginner, as he will be inclined to suggest, or to give suggestive advice. This would be extremely pleasant for the patient in every respect, and therefore fatal.

#### THE PROBLEM OF SELF-ANALYSIS

I think here is the place to say something about the indispensable conditions of the psychology of the psychoanalyst himself. Psychoanalysis is by no means an instrument applied to the patient only; it is self-evident that it must be applied to the psychoanalyst first. I believe that it is not only a moral, but a professional duty also, for the physician to submit himself to the psychoanalytic process, in order to clean his mind from his own unconscious interferences. Even if he is entitled to trust to his own personal honesty, that will not suffice to save him from the misleading influences of his own unconscious. *The unconscious*

*is unknown, even to the most frank and honest person.* Without analysis the physician will inevitably be blindfolded in all those places where he meets his own complexes; this is a situation of dangerous importance in the analysis of transference. Do not forget that the complexes of a neurotic are only the complexes of all human beings, the psychoanalyst included. Through the interference of your own hidden wishes you will do the greatest harm to your patients. The psychoanalyst must never forget that *the final aim of psychoanalysis is the personal freedom and moral independence of the patient.*

### THE ANALYSIS OF DREAMS

Here, as everywhere in analysis, we have to follow the patient along the line of his own impulses, even if the path seems to be a wrong one. Error is just as important a condition of mental progress as truth. In this second step of analysis, with all its hidden precipices and sand-banks, we owe a great deal to *dreams*. At the beginning of analysis dreams chiefly helped in discovering phantasies; here they guide us, in a most valuable way, to the application of the libido. Freud's work laid the foundation of an immense increase in our knowledge in regard to the interpretation of the dream's content, through its historical material and its tendency to express wishes. He showed us how dreams open the way to the acquisition of unconscious material. In accordance with his genius for the purely historical method, he apprises us chiefly of the analytical relations. Although this method is incontestably of the greatest importance, we ought not to take up this standpoint exclusively, as such an historical conception does not sufficiently take account of the *teleological meaning of dreams*.

Conscious thinking would be quite insufficiently characterized, if we considered it only from its historical determinants. For its complete valuation, we have unquestionably to consider its teleological or prospective meaning as well. If we pursued the history of the English Parliament back to its first origin, we should certainly arrive at a perfect understanding of its development, and the determination of its present form. But we should know nothing about its prospective function, that is, about the work which it has to accomplish now, and in the future. The same

thing is to be said about dreams. Their prospective function has been valued only by superstitious peoples and times, but probably there is much truth in their view. Not that we pretend that dreams have any prophetic foreboding, but we suggest, that there might be a possibility of discovering in their unconscious material those future combinations which are subliminal just because they have not reached the distinctiveness or the intensity which consciousness requires. Here I am thinking of those indistinct presentments of the future which we sometimes have, which are nothing else than subliminal combinations, the objective value of which we are not able to apperceive. The future tendencies of the patient are elaborated by this indirect analysis, and, if this work is successful, the convalescent passes out of treatment and out of his half-infantile state of transference into life, which has been inwardly carefully prepared for, which has been chosen by himself, and to which, after many deliberations, he has at last made up his mind.

## CHAPTER X

### SOME GENERAL REMARKS ON PSYCHOANALYSIS

As may easily be understood, psychoanalysis will never do for polyclinic work, and will therefore always remain in the hands of those few who, because of their innate and trained psychological faculties, are particularly apt and have a special liking for this profession. Just as not every physician makes a good surgeon, so neither will every one make a good psychoanalyst. The predominant psychological character of psychoanalytic work will make it difficult for doctors to monopolize it. Sooner or later other faculties will master it, either for practical uses or for its theoretical interest. Of course the treatment must remain confined entirely to the hands of responsible scientific people.

So long as official science excludes psychoanalysis from general discussion, as pure nonsense, we cannot be astonished if those belonging to other faculties master this material even before the medical profession. And this will occur the more because psychoanalysis is a general psychological method of investigation, as well as a heuristic principle of the first rank in all departments of mental science ("Geisteswissenschaften"). Chiefly through the work of the Zürich School, the possibility of applying psychoanalysis to the domain of the mental diseases has been demonstrated. Psychoanalytical investigation of dementia praecox, for instance, brought us the most valuable insight into the psychological structure of this remarkable disease. It would lead me too far were I to demonstrate to you the results of those investigations. The theory of the psychological determinants of this disease is already in itself a vast territory. Even if I had to treat but the symbolic problems of dementia praecox I should be obliged to lay before you so much material, that I could not possibly master it within the limits of these lectures, which must give a general survey.

The question of dementia praecox has become so extraordinarily complicated because of the quite recent incursion on the

part of psychoanalysis into the domains of mythology and comparative religion, whence we have derived a deeper insight into ethical psychological symbolism. Those who are well-acquainted with the symbolism of dreams and of dementia *præcox* have been greatly impressed by the striking parallelism between modern individual symbols and those found in folk-lore. The extraordinary parallelism between ethnic symbolism and that of dementia *præcox* is remarkably clear. This fact induced me to make an extended comparative investigation of individual and ethnic symbolism, the results of which have been recently published.<sup>11</sup> This complication of psychology with the problem of mythology makes it impossible for me to demonstrate to you my conception of dementia *præcox*. For the same reasons, I must forego the discussion of the results of psychoanalytic investigation in the domain of mythology and comparative religions. It would be impossible to do this without setting forth all the material belonging to it. The main result of these investigations is, for the moment, the knowledge of the far-reaching parallelisms between the ethical and the individual symbolisms. From the present position of this work, we can scarcely conceive what a vast perspective may result from this comparative ethnopsychology. Through the study of mythology, the psychoanalytical knowledge of the nature of the unconscious processes we may expect to be enormously enriched and deepened.

I must limit myself, if I am to give you in the course of my lectures a more or less general presentation of the psychoanalytic school. A detailed elaboration of this method and its theory would have demanded an enormous display of cases, whose delineation would have detracted from a comprehensive view of the whole. But to give you an insight into the concrete proceedings of psychoanalytic treatment, I decided to bring before you a short analysis of a girl of eleven years of age. The case was analyzed by my assistant, Miss Mary Moltzer. In the first place, I must mention that this case is by no means typical, either in the length of its time, or in the course of its general analysis; it is just as little so as an individual is characteristic for all other people. Nowhere is the abstraction of universal rules more difficult than in psychoanalysis, for which reason it is better to abstain

<sup>11</sup> "Wandlungen und Symbole der Libido," Wien, 1912.

from too many rules. We must never forget that, notwithstanding the great uniformity of complexes and conflicts, every case is unique. For every individual is unique. Every case demands from the physician an individual interest, and in every case you will find the course of analysis different. In describing this case, I offer you a small section of the vast diverse psychological world, showing all those apparently bizarre and arbitrary peculiarities scattered over human life by the whims of so-called chance. I have no intention of withholding any of the minute psychoanalytic details, as I do not want to make you believe that psychoanalysis is a method with rigid laws. The scientific interest of the investigator inclines him to find rules and categories, in which the most living of all things alive can be included. But the physician as well as the observer, free from all formulas, ought to have an open eye for the whole lawless wealth of living reality. In this way I will endeavor to present to you this case, and I hope also to succeed in demonstrating to you how differently an analysis develops from what might have been expected from purely theoretical considerations.

#### A CASE OF NEUROSIS IN A CHILD

The case in question is that of an intelligent girl of eleven years of age, of good family. The history of the disease is as follows:

##### *Anamnesis*

She had to leave school several times on account of sudden sickness and headache, and was obliged to go to bed. In the morning she sometimes refused to get up and go to school. She suffered from bad dreams, was capricious and not to be counted upon.

I informed the mother, who came to consult me, that these things were neurotic signs, and that some special circumstance must be hidden there, necessitating an interrogation of the child. This supposition was not arbitrary, for every attentive observer knows that if children are restless or in bad temper, there is always something painful worrying them. If it were not painful, they would tell it, and they would not be worried over it. Of course, I am only speaking of those cases having a psychogenic

cause. The child confessed to her mother the following story: She had a favorite teacher, of whom she was very fond. During this last term she had fallen back somewhat, through working insufficiently, and she believed she had rather fallen in the estimation of her teacher. She then began to feel sick during his lessons. She felt not only estranged from her teacher, but even somewhat hostile. She directed all her friendly feelings to a poor boy with whom she usually shared the bread which she took to school. Later on she gave him money, so that he could buy bread for himself. In a conversation with this boy she made fun of her teacher and called him a goat. The boy attached himself more and more to her, and considered that he had the right to levy a tax on her occasionally in the form of a little present of money. She now became greatly alarmed lest the boy might tell her teacher that she turned him into ridicule and called him a "goat," and she promised him two francs if he would give his solemn word never to tell anything to her teacher. From that moment the boy began to exploit her; he demanded money with threats and persecuted her with his demands on the way to school. This made her perfectly miserable. Her attacks of sickness are closely connected with all this story. But after the affair had been disposed of by this confession, her peace of mind was not restored as might have been expected.

We very often see, as I have said, that the mere relation of a painful affair can have an important therapeutical effect. Generally this does not last very long, although on occasion such a favorable effect can maintain itself for a long time. Such a confession is naturally a long way from being an analysis. But there are nerve-specialists nowadays who believe that an analysis is only a somewhat more extensive anamnesis or confession.

A little while later the child had an attack of coughing and missed school for one day. After that she went to school for one day and felt perfectly well. On the third day, a renewed attack of coughing came on, with pains on the left side, fever and vomiting. Her temperature, accurately taken, showed  $39.4^{\circ}$  C., about  $103^{\circ}$  F. The doctor feared pneumonia. But the next day everything had passed away. She felt quite well and not the slightest sign of fever or sickness was to be noted.

But still our little patient wept the whole time and did not wish

to get up. From this strange course of events I suspected some serious neurosis, and I therefore advised treatment by analysis.

### Analytic Treatment

First interview: The little girl seemed to be nervous and constrained, having a disagreeable forced laugh. Miss Moltzer, who analyzed her, gave her first of all an opportunity of talking about her staying in bed. We learn that she liked it immensely, as she always had some society. Everybody came to see her; also her mother read to her out of a book which contained the story of *a prince who was ill, but who recovered when his wish was fulfilled, the wish being that his little friend, a poor boy, might be allowed to stay with him.*

The obvious relation between this story and her own little love-story, as well as its connection with her own illness, was pointed out to her, whereupon she began to cry and say she would prefer to go to the other children and play with them, otherwise they would run off. This was at once allowed, and away she ran, but came back again, after a short while, somewhat embarrassed. It was explained to her that she did not run away because she was afraid her playmates would go, but that she herself wanted to get off because of resistances.

At the second interview she was less anxious and repressed. They happened to speak about the teacher, but then she was embarrassed. She seemed to be ashamed at the end, and she timidly confessed that she liked her teacher very much. It was then explained to her that she need not be ashamed of that; on the contrary, her love for him could be a valuable stimulus to make her do her very best in his lessons. "So I may love him?" asked the little patient with a happier face.

This explanation justified the child in the choice of the object of her affection. It seems as if she had been ashamed of admitting her feelings for her teacher. It is not easy to explain why this should be so. Our present conception tells us that the libido has great difficulty in taking hold of a personality outside the family, because it still finds itself in incestuous bonds,—a very plausible view indeed, from which it is difficult to withdraw. But we must point out here that her libido was placed with much

intensity upon the poor boy, who was also someone outside the family; whence we must conclude that the difficulty was not to be found in the transference of the libido outside the family, but in some other circumstance. The love of the teacher betokens a difficult task; it demands much more than her love for the little boy, which does not require any moral effort on her part. This indication in the analysis that her love for her teacher would enable her to do her utmost brings the child back to her real duty, namely, her adaptation to her teacher.

The libido retires from before such a necessary task, for the very human reason of indolence, which is highly developed, not only in children, but also in primitive people. Primitive laziness and indolence are the first resistances to the efforts towards adaptation. The libido which is not used for this purpose becomes stagnant and will make the inevitable regression to former objects or modes of employment. It is thus that the incest-complex is revived in such a striking way. The libido avoids the object which is so difficult to attain and demands such great efforts, and turns towards the easier ones, and finally to the easiest of all, namely, the infantile phantasies, which thus become real incest-phantasies. The fact that, wherever there is present a disturbance of psychological adaptation, one finds an exaggerated development of incest-phantasies, must be conceived, as I have pointed out, as a regressive phenomenon. That is to say, the incest-phantasy is of secondary and not of causal significance, while the primary cause is the resistance of human nature against any kind of exertion. The drawing back from certain duties is not to be explained by saying that man prefers the incestuous condition, but he has to fall back into it, because he shuns exertion; otherwise it would have to be said that the aversion from conscious effort must be taken as identical with the preference for incestuous relations. This would be obvious nonsense, for not only primitive man, but animals too, have a pronounced dislike for all intentional efforts, and pay homage to absolute laziness, until circumstances force them into action. We cannot pretend, either in very primitive people or in animals, that their preference for incestuous relations causes aversion towards efforts of adaptation, as in those cases there can be no question

of "incestuous" relations. This would presuppose a differentiation of parents and non-parents.

Characteristically, the child expressed her joy at being allowed to love her teacher, but not at being allowed to do her utmost for him. That she might love her teacher is what she understood at once, because it suited her best. Her relief was caused by the information that she was right in loving him, even though she did not especially exert herself before.

The conversation ran on to the story of the extortion, which is now again told in details. We hear further that she had tried to force open her savings-bank, and as she could not succeed in doing so, she wanted to steal the key from her mother. She expressed herself thus about the whole matter: she ridiculed her teacher because he was much kinder to the other girls than to her. But it was true that she did not do very well in his lessons, especially at arithmetic. Once she did not understand something, was afraid to ask, for fear she might lose his esteem, and consequently she made many mistakes and did really lose it. It is pretty clear that her position towards her teacher became consequently very unsatisfactory. About this time it happened that a young girl in her class was sent home because she was sick. Soon after, the same thing happened to herself. In this way, she tried to get away from the school which had become uncongenial to her. The loss of her teacher's respect led her on the one hand to insult him and on the other into the affair with the little boy, obviously as a compensation for the lost relationship with the teacher. The explanation which was given here was a simple hint: she would be rendering a service to her teacher if she took pains to understand the lessons by sensible questions.

I can add here that this hint, given in the analysis, had a good effect; from that moment the little girl became one of the best of pupils, and missed no more arithmetic lessons.

We must call attention to the fact that the story of the boy's extortion shows constraint and a lack of freedom. This phenomenon exactly follows the rule. As soon as anyone permits his libido to draw back from necessary tasks, it becomes autonomous and chooses, without regard to the protests of the subject, its own way, and pursues it obstinately. It is a general fact, that a lazy and inactive life is highly susceptible to the *coercion of the*

*libido*, that is to say, to all kinds of terrors and involuntary obligations. The anxieties and superstitions of savages furnish us with the best illustrations; but our own history of civilization, especially the civilization and customs of the ancients, abounds with confirmations. Non-employment of the libido makes it autonomous, but we must not believe either that we are able to save ourselves permanently from the coercion of the libido by making forced efforts. To a certain limited extent we are able to set conscious tasks to our libido, but other natural tasks are chosen by the libido itself, and that is what the libido exists for. If we avoid those tasks, the most active life can become useless, for we have to deal with the whole of the conditions of our human nature. Innumerable cases of neurasthenia from overwork can be traced back to this cause, for work done amid internal conflicts creates nervous exhaustion.

At the third interview the little girl related a dream she had had when she was five years old, and by which she was greatly impressed. She says, "I'll never forget this dream." The dream runs as follows: "*I am in a wood with my little brother and we are looking for strawberries. Then a wolf came and jumped at me. I took to a staircase, the wolf after me. I fall down and the wolf bites my leg. I awoke in terror.*"

Before we go into the associations given by our little patient, I will try to form an arbitrary opinion about the possible content of the dream, and then compare our result afterwards with the associations given by the child. The beginning of the dream reminds us of the well-known German fairy-tale of Little Red-Ridinghood, which is, of course, known to the child. The wolf ate the grandmother first, then took her shape, and afterwards ate Little Red-Ridinghood. But the hunter killed the wolf, cut open the belly and Little Red-Ridinghood sprang out safe and sound. This motive is found in a great many fairy-tales, widespread over the whole world, and it is the motive of the biblical story of Jonah. The original significance is astro-mythological: the sun is swallowed up by the sea, and in the morning is born again out of the water. Of course, the whole of astro-mythology is at the root but psychology, unconscious psychology, projected on to the heavens, for myths have never been and are never made consciously, but arise from man's unconscious. For this reason, we

sometimes find that marvellous, striking similarity or identity in the forms of myths, even among races that have been separated from each other since eternity as it were. This explains the universal dissemination of the symbol of the cross, perfectly independent of Christianity, of which America, as is well known, furnishes us especially interesting instances. It is impossible to agree, that myths have been made to explain meteorological or astronomical processes. Myths are, first of all, manifestations of unconscious currents, similar to dreams.<sup>12</sup> These currents are caused by the libido in its unconscious forms. The material which comes to the surface is infantile material, hence, phantasies connected with the incest-complex. Without difficulty we can find in all the so-called sun-myths infantile theories about generation, childbirth and incestuous relations. In the fairy-tale of Little Red-Ridinghood, we find the phantasy that the mother has to eat something which is similar to a child, and that the child is born by cutting open the mother's body. This phantasy is one of the most universal, to be found everywhere.

We can conclude, from these universal psychological observations, that the child, in its dream, elaborates the problem of generation and childbirth. As to the wolf, the father probably has to be put in its place, for the child unconsciously assigns to the father any act of violence towards the mother. This anticipation can be based on innumerable myths which deal with the problem of any act of violence towards the mother. In reference to the mythological parallelism, let me direct your attention to Boas's collection, where you will find a beautiful set of Indian legends; also to the work of Frobenius, "Das Zeitalter Sonnen-gottes"; and, finally, to the works of Abraham, Rank, Riklin, Jones, Freud, Spielrein, and my own investigations in my "*Wandlungen und Symbole der Libido*."

After having made these general observations for theoretical reasons, which, of course, were not made in the concrete case, we will go back to see what the child has to tell in regard to her dream. Of course the child speaks of her dream just as she likes, without being influenced in any way whatever. The little girl begins with the bite in her leg, and relates, that she had once been told by a woman who had had a baby, that she could still

<sup>12</sup> Abraham, "Dreams and Myths," No. 15 of the Monograph Series.

show the place where the stork had bitten her. This mode of expression is, in Switzerland, a universally known variant of the symbolism of generation and birth. Here we find a perfect parallelism between our interpretation and the associations of the child. The first associations which have been brought by the child, without being influenced in any way, are connected with the problem which, for theoretical reasons, was suggested by ourselves. I know well that the innumerable cases, published in our psychoanalytic literature, where the patients have certainly not been influenced, have not prevented the critics' contention, that we suggest our own interpretations to our patients. This case will not, therefore, convince anyone who is determined to find crude mistakes or, much worse still—fabrications.

After our little patient had finished her first association, she was asked, "What did the wolf suggest?" She answered, "I think of my father, when he is angry." This association also coincides with our theoretical observations. It might be objected that the observation was made just for this purpose and for nothing else, and has therefore no general validity. I believe that this objection vanishes of itself as soon as the corresponding psychoanalytic and mythological knowledge has been acquired. The validity of an hypothesis can only be confirmed by positive knowledge; otherwise it is impossible to confirm it. We have seen by the first association that the wolf has been replaced by the stork. The associations given to the wolf bring the father. In the common myth, the stork stands for the father, as the father brings children. The apparent contradiction, which could be noticed here between the fairy-tale, where the wolf represents the mother, and the dream, in which the wolf stands for the father, is of no importance for the dream. I must renounce here any attempt at a detailed explanation. I have treated this problem of bisexual symbols in the work already referred to. You know that in the legend of Romulus and Remus, both animals were raised to the rank of parents, the bird Picus and the wolf.

The fear of the wolf in the dream is therefore fear of her father. The little patient explains her fear of her father by his severity towards her. He had also told her that we only have bad dreams when we have been doing wrong. Later, she once asked her father, "But what does Mamma do wrong?" She has very often frightful dreams."

The father once slapped her fingers because she was sucking them. Was this her naughtiness? Scarcely, because sucking the fingers is an anachronistic infantile habit, of little interest at her age. It only seems to annoy her father, for which he will punish and hit her. In this way, she relieves her conscience of the unconfessed and much more serious sin. It comes out, that she has induced a number of other girls to perform mutual masturbation.

These sexual tendencies have caused the fear of the father. Still, we must not forget that she had this dream in her fifth year. At that time these sins had not been committed. Hence we must regard this affair with the other girls as a reason for her present fear of her father; but that does not explain the earlier fear. But still, we may expect it was something of a similar nature, some unconscious sexual wish, corresponding to the psychology of the forbidden action previously mentioned. The moral value and character of this wish is even more unconscious with the child than with adults. To understand what had made an impression on the child, we have to ask what happened in her fifth year. Her youngest brother was born at that time. Even then her father had made her nervous. The associations previously referred to give us an undoubted connection between her sexual inclinations and her anxiety. The sexual problem, which nature connects with positive feelings of delight, is in the dream brought to the surface in the form of fear, apparently on account of the bad father, who represents moral education. This dream illustrates the first impressive appearance of the sexual problem, obviously suggested by the recent birth of the little brother, just such an occasion when experience teaches us that these questions become vital.

Just because the sexual problem is closely connected with certain pleasurable physical sensations, which education tries to reduce and break off, it can apparently only manifest itself hidden under the cloak of moral anxiety as to sin. This explanation certainly seems rather plausible, but it is superficial, it is insufficient. It attributes the difficulties to the moral education, on the unproved assumption that education can cause such a neurosis. We hereby leave out of consideration the fact that there are people who have become neurotic and suffer from morbid fears without having had a trace of moral education. Moreover, the

moral law is not merely an evil, which has to be resisted, but a necessity, born out of the utmost needs of humanity. The moral law is only an outward manifestation of the innate human impulse to dominate and tame oneself. The origin of the impulse towards domestication or civilization is lost in the unfathomable depths of the history of evolution, and can never be conceived as the consequence of certain laws imposed from without. Man himself, obeying his instincts, created laws. Therefore, we shall never understand the reasons for the repression of sexuality in the child if we only take into account the moral influences of education. The main reasons are to be found much deeper, in human nature itself, in its perhaps tragic contradiction between civilization and nature, or between individual consciousness and the general conscience of the community. I cannot enter into these questions now; in my other work, I have tried to do so. Naturally, it would be of no value to give a child a notion of the higher philosophical aspects of the problem; that would probably not have the slightest effect.

The child wants, first of all, to be relieved from the idea that she is doing wrong in being interested in the generation of life. By the analytic explanation of this complex it is made clear to the child how much pleasure and curiosity she really takes in the problem of generation, and how her groundless fear is the inversion of her repressed desire. The affair of her masturbation meets with a tolerant understanding and the discussion is limited to drawing the child's attention to the aimlessness of her action. At the same time it is explained to her that her sexual actions are mainly the consequences of her curiosity, which might be satisfied in a better way. Her great fear of her father corresponds, probably, with as great an expectation, which, in consequence of the birth of her little brother, is closely connected with the problem of generation. Through this explanation, the child is declared to be justified in her curiosity and the greater part of her moral conflict is eliminated.

Fourth Interview. The little girl is now much nicer and much more confiding. Her former unnatural and constrained manner has vanished. She brings a dream which she dreamed after the last sitting. It runs: "*I am as tall as a church-tower and can see into every house. At my feet are very small children, as*

*small as flowers are. A policeman comes. I say to him, "If you dare to make any remark, I shall take your sword and cut off your head."*

In the analysis of this dream she makes the following remarks: "I would like to be taller than my father, for then he will have to obey me." The first association with policeman was father. He is a military man and has, of course, a sword. The dream clearly fulfils her wish. In the form of a tower, she is much bigger than her father, and if he dares to make a remark, he will be decapitated. The dream fulfils the natural wish of the child to be a grown-up person, and to have children playing at her feet, symbolized in the dream by the small children. With this dream she overcomes her great fear of her father; that means an important improvement with regard to her personal freedom, and her certainty of feeling.

But incidentally there is here also a theoretical gain; we may consider this dream to be a clear example of the compensating and teleological function of dreams which was especially pointed out by Maeder. Such a dream must leave with the dreamer an increased sense of the value of her own personality, which is of much importance for personal well-being. It does not matter that the symbols of the dream are not perceived by the consciousness of the child, as conscious perception is not necessary to derive from symbols their corresponding emotional effect. We have to do here with knowledge derived from intuition; in other words, it is that kind of perception on which at all times the effect produced by religious symbols has depended. Here no conscious understanding has been needed; the feelings are affected by means of emotional intuition.

Fifth Interview. In the fifth sitting, the child brings a dream which she had dreamt meanwhile. "*I am with my whole family on the roof. The windows of the houses on the other side of the valley radiate like fire. The rising sun is reflected. Suddenly I notice that the house at the corner of our street is, as a fact, on fire. The fire comes nearer and nearer; at last our house is also on fire. I take flight into the street and my mother throws several things to me. I hold out my apron, and among other things my doll is thrown to me. I notice that the stones of our house are burning, but the wood remains untouched.*"

The analysis of this dream presents peculiar difficulties and therefore required two sittings. It would lead me too far to sketch to you all the material this dream brought forth. I have to limit myself to what is most necessary. The associations which deal with the real meaning of the dream belong to the remarkable image which tells us that the stones of the house are on fire, while the wood remains untouched. It is sometimes worth while, especially with longer dreams, to take out the most striking parts and to analyze them first. This proceeding is not the typical one, but it is justified by the practical desire to shorten matters. The little patient makes the observation that this part of the dream is like a fairy-tale. Through examples it was made plain to her that fairy-tales always have a meaning. She objects: "But not all fairy-tales have one. For instance, the tale of the Sleeping Beauty. What could that mean?" The explanation was as follows: "The Sleeping Beauty had to wait for one hundred years in an enchanted sleep until she could be freed. Only he who was able to overcome all the difficulties through love, and had the courage to break through the thorny hedge, was able to deliver her. So one must often wait a long while to obtain what one longs for."

This explanation is as much in harmony with the capacity of childish understanding, as it is perfectly consonant with the history of the motive of this fairy-tale. The motive of the Sleeping Beauty shows clearly its relation to an ancient myth of Spring and fertility, and contains at the same time a problem which has a remarkably close affinity to the psychological situation of the precocious girl of eleven.

This motive of the Sleeping Beauty belongs to a whole cycle of legends in which a virgin, closely guarded by a dragon, is delivered by a hero. Without entering into the interpretation of this myth, I want to bring into prominence the astronomical or meteorological components which are very clearly demonstrated in the Edda. In the form of a virgin, the Earth is kept prisoner by the winter, covered in ice and snow. The young Spring-Sun, in the form of a hero, delivers her out of her frosty prison, where she has been longing for her deliverer.

The association given by the little girl was chosen by her simply to give an example of a fairy-tale without a meaning, and

was not, in the first place, conceived as having any relation with the house on fire. To this part of the dream, she only made the observation: "It is quite marvellous, just like a fairy-tale." She meant to say it was impossible, as the idea of burning stones is to her something impossible, some nonsense, or something like a fairy-tale. The observation made a propos of this shows her that an impossibility and a fairy-tale are only partly identical, since a fairy-tale certainly has much meaning. Although this particular fairy-tale, from the casual way in which it was mentioned, seemed to have no apparent relation to the dream, we have to pay special attention to it, as it was given spontaneously in the course of the interpretation of the dream. The unconscious suggested this example, which cannot be accidental, but must be in some way significant for the present situation. In interpreting dreams we have to pay attention to such apparent accidents, since in psychology we find no blind chances, much as we are inclined to think these things accidental. From the critics, you may hear this objection as often as you like, but for a really scientific mind there are only causal relationships and no accidents. From the fact that the little girl chose the example of the Sleeping Beauty we may conclude that there was some fundamental reason underlying this in the psychology of the child. This reason is a comparison, or partial identification, of herself with the Sleeping Beauty; in other words, there is in the soul of the child a complex, which manifests itself in the form of the motive of the Sleeping Beauty. The explanation, which I mentioned before, which was given to the child, was in harmony with this conclusion.

Notwithstanding she is not quite satisfied, and doubts that all fairy-tales have a meaning. She brings another instance of a fairy-tale, that cannot be understood. She brings the story of little Snow-White, who, in the sleep of death, lies enclosed in a coffin of glass. It is not difficult to see that this fairy-tale belongs to the same kind of myths to which the Sleeping Beauty belongs. The story of little Snow-White in her glass-coffin is at the same time very remarkable in regard to the myth of the seasons. This mythical material chosen by the little girl has reference to an intuitive comparison with the earth, held fast by the winter's cold, awaiting the liberating sun of spring.

This second example affirms the first one and its explanation.

It would be difficult to pretend here that this second example, which accentuates the meaning of the first, has been suggested by the explanation given. The fact that the little girl brought up the story of little Snow-White, as another example of the senselessness of fairy-tales, proves that she did not understand her identification with little Snow-White and the Sleeping Beauty. Therefore we may expect that little Snow-White arose from the same unconscious sources as the Sleeping Beauty, that is, a complex consisting of the expectation of coming events, which are altogether comparable with the deliverance of the earth from the prison of winter and its fertilization through the sunbeams of spring.

As may, perhaps, be known, the symbol of the bull has been given from time immemorial to the fertile spring sun, as the bull embodies the mightiest procreative power. Although without further consideration, it is not easy to find any relation between the insight indirectly gained and the dream, we will hold to what we have found and proceed with the dream. The next part described by the little girl is receiving the doll in her apron. The first association given tells us that her attitude and the whole situation in the dream is like a picture very well known to her, representing a stork flying above a village; children are in the street, holding their aprons, looking up and shouting to him; the stork must bring them a little baby. The little patient adds the observation that several times she wished to have a little brother or sister herself. This material, given spontaneously by the child, stands in a clear and valuable relationship to the motive of the myths. We notice here that the dream is indeed concerned with the problem of the awakening instinct of generation. Nothing of this has been said to the little girl. After a little pause, she brings, abruptly, this association: "Once, when I was five years old, I thought I was in the street and that a bicyclist passed over my stomach." This highly improbable story proved to be, as it might be expected, a phantasy, which had become a paramnesia. Nothing of this kind had ever happened, but we came to know that at school the little girls lay cross-wise over each other's bodies, and trampled with their legs.

Whoever has read the analyses of children published by Freud and myself will observe the same "leit-motif" of tramp-

ling; to this must be attributed a sexual undercurrent. This conception demonstrated in our former work agrees with the next association of our little patient: "I should prefer a real child to a doll."

This most remarkable material brought by the child in connection with the phantasy of the stork, refers to typical childish attempts at the sexual theory, and betrays where we have to look for the actual phantasies of the child.

It is of interest to know, that this "motive of trampling" can be illustrated through mythology. I have brought together the proofs in my work on the libido theory. The utilization of these early infantile phantasies in the dream, the existence of the paramnesia of the bicyclist, and the expectation expressed by the motive of the Sleeping Beauty show that the interests of the child dwell chiefly on certain problems which must be solved. Probably the fact that the libido has been attracted by the problem of generation has been the reason of her lack of attention at school, through which she fell behind. This problem is very often seen in girls between the ages of twelve and thirteen. I could demonstrate this to you by some special cases published under the title of "*Beitrag zur Psychologie des Gerüchtes*" in the *Zentralblatt für Psychoanalyse*. The frequent occurrence of the problem at this age is the cause of the indecent talk among all sorts of children and the attempts at mutual enlightenment, which are naturally far from beautiful, and which so very often spoil the child's imagination. Not the most careful protection can prevent children from some day discovering the great secret, and then probably in the dirtiest way. Therefore it would be much better if children could learn about certain important secrets of life in a clean way and at suitable times, so that they would not need to be enlightened by their playmates, too often in very ugly ways.

In the eighth interview the little girl began by remarking that she had understood perfectly why it was still impossible for her to have a child and therefore she had renounced all idea of it. But she does not make a good impression this time. We get to know that she has told her teacher a falsehood. She had been late to school, and told her teacher that she was late because she was obliged to accompany her father. But in reality, she had been

lazy, got up too late and was thus late for school. She told a lie, and was afraid of losing the teacher's favor by telling the truth. This sudden moral defect in our little patient requires an explanation. According to the fundamentals of psychoanalysis, this sudden and striking weakness can only follow from the patient's not drawing the logical consequences from the analysis but rather looking for other easier possibilities.

In other words, we have to do here with a case in which the analysis brought the libido apparently to the surface, so that an improvement of the personality could have occurred. But for some reason or other, the adaptation was not made, and the libido returned to its former regressive paths.

The ninth interview proved that this was indeed the case. Our patient withheld an important piece of evidence in her ideas of sexuality, and one which contradicted the psychoanalytic explanation of sexual maturity. She suppressed the rumor current in the school that a girl of eleven had a baby with a boy of the same age. This rumor was proved to be based on no facts, but was a phantasy, fulfilling the secret wishes of this age. Rumors appear often to originate in this kind of way, as I tried to show in the above-mentioned demonstration of such a case. They serve to give vent to the unconscious fantasies, and in fulfilling this function correspond to dreams as well as to myths. This rumor keeps another way open: she need not wait so long, it is possible to have a child even at eleven. The contradiction between the accepted rumor and the analytic explanation creates resistances towards the analysis, so that it is forthwith depreciated. All the other statements and information fall to the ground at the same time; for the time being, doubt and a feeling of uncertainty have taken their place. The libido has again taken possession of its former ways, it has made a regression. This is the moment of the relapse.

The tenth sitting added important details to the story of her sexual problem. First came a remarkable fragment of a dream: "*I am with other children in an open field in the wood, surrounded by beautiful pine trees. It begins to rain, to lighten and to thunder. It is growing dark. Suddenly I see a stork in the air.*"

Before I enter into an analysis of this dream, I should like to

point out its beautiful parallel with certain mythological presentations. This astonishing coincidence of thunderstorm and stork has, of course, to those acquainted with the works of Adalbert Kuhn and Steindhal nothing remarkable. The thunderstorm has had, from ancient times, the meaning of the fertilizing of the earth, the cohabitation of the father Heaven and the mother Earth, to which Abraham<sup>18</sup> has recently again called attention, in which the lightning takes the place of the winged phallus. The stork is just the same thing, a winged phallus, the psychosexual meaning of which is known to every child. But the psychosexual meaning of the thunderstorm is not known to everyone. In view of the psychological situation just described, we must attribute to the stork a psychosexual meaning. That the thunderstorm is connected with the stork and has also a psychosexual meaning, seems at first scarcely acceptable. But when we remember that psychoanalytic observation has shown an enormous number of mythological associations with the unconscious mental images, we may suppose that some psychosexual meaning is also present in this case. We know from other experiences that those unconscious strata which, in former times, produced mythological forms, are still in action among modern people and are still incessantly productive. But this production is limited to the realm of dreams and the symptomatology of the neuroses and the psychoses, for the correction, through reality, is so much increased in the modern mind that it prevents their projection into reality.

We will return to the dream analysis. The associations which lead us to the heart of this image begin with the idea of rain during the thunderstorm. Her actual words were: "I think of water. My uncle was drowned in water—it must be dreadful to be kept under water, so in the dark. But the child must be also drowned in the water. Does it drink the water that is in the stomach? It is very strange, when I was ill Mamma sent my water to the doctor. I thought perhaps he would mix something with it, perhaps some syrup, out of which children grow. I think one has to drink it."

With unquestionable clearness we see from this set of associations that even the child associates psychosexual, and even typical ideas of fructification with the rain during the thunderstorm.

<sup>18</sup> "Dreams and Myths," No. 15 of the Monograph Series.

Here again, we see that marvellous parallelism between mythology and the individual phantasies of our own day. This series of associations contains such an abundance of symbolic relationships, that we could easily write a whole dissertation about it. The child herself splendidly interpreted the symbolism of drowning as a pregnancy-phantasy, an explanation given long ago in psychoanalytic literature.

Eleventh interview. The next sitting was occupied with the spontaneous infantile theories about fructification and child-birth. The child thought that the urine of the man went into the body of the woman, and from this the embryo would grow. Hence the child was in the water from the beginning, that is to say, in urine. Another version was, the urine was drunk in the doctor's syrup, so that the child would grow in the head. The head had then to be split open, to help the growth of the child, and one wore hats to cover this up. She illustrated this by a little drawing, representing a child-birth through the head. The child again had still a smaller child on the head, and so on. This is an archaic idea and highly mythological. I would remind you of the birth of Pallas, who came out of the father's head.

We find striking mythological proofs of the fertilizing significance of the urine in the songs of Rudra in the Rigveda. Here should be mentioned something the mother added, that once the little girl, before analysis, suggested she saw a puppet on the head of her little brother, a phantasy with which the origin of this theory of child-birth might be connected. The little illustration made by the patient has remarkable affinity with certain pictures found among the Bataks of Dutch India. They are the so-called magic wands or ancestral statues, on which the members of families are represented, one standing on the top of the other. The explanation of these wands, given by the Bataks themselves, and regarded as nonsense, has a marvellous analogy with the infantile mental attitude. Schultz, who wrote about these wands, says: "The assertion, that these figures represent the members of a family who have committed incest, were bitten by a snake, entwined with another, and met a common death in their criminal embrace, is widely disseminated and obviously due to the position of the figures."

The explanation has a parallel in our presuppositions as to our

little patient. We saw from the first dream that her sexual phantasy centers round the father; the psychological condition is here the same as with the Bataks, being found in the idea of incestuous relationship.

Still a third version is the growth of the child in the intestinal canal. The child tried several times to provoke nausea and vomiting, in accordance with her phantasy that the child is born through vomiting. In the closet she had arranged also pressure-exercises, in order to press out the child. Under these circumstances, we cannot be astonished that the first and principal symptoms of the manifest neurosis were nausea-symptoms.

We have come so far with our analysis that we are now able to throw a glance over the case as a whole.

We found, behind the neurotic symptoms, complicated emotional processes, which were undoubtedly connected with the symptoms. If it may be allowed to draw some general conclusions from this limited material, we could construct the course of the neurosis in the following way.

At the gradual approach of puberty, the libido of the child assumed rather an emotional than a practical attitude towards reality. She began to be very much taken with her teacher, but the sentimental self-indulgence, evinced in her riotous phantasies, played a greater part than the thought of the increased endeavors which such love ought really to have demanded of her. For this reason, her attention and her work left much to be desired. The former pleasant relationship with her favorite teacher was troubled. The teacher was annoyed, and the little girl, who had been made somewhat conceited by her home-conditions, was resentful, instead of trying to improve in her work. In consequence her libido withdrew from her teacher, as well as from her work, and fell into the characteristic forced dependence on the little boy, who on his side made the most of the situation. Then the resistances against school seized the first opportunity, which was suggested by the case of the little girl who had to be sent home on account of sickness. Our little patient followed this child's example. Once away from school, the way was open to her phantasies. By the regression of the libido, these symptom-making phantasies became awakened to a real activity, and were given an importance they had never had before, for they had

never previously played such an important part. Now they become apparently of much importance and seemed to be the very reason why the libido regressed to them. It might be said that the child, in consequence of its essentially phantasy-building nature, saw her father too much in her teacher, and thus developed incestuous resistances towards the latter. As I have already stated, I hold that it is simpler and more probable to accept the view that, during a certain period, it was convenient for her to see the teacher as the father. As she preferred to follow the hidden presentiments of puberty rather than her duties towards the school and her teacher, she allowed her libido to fall on the little boy, from whom, as we saw, she awaited some mysterious advantages. Even if analysis had demonstrated it as a fact that she had had incestuous resistances against her teacher on account of the transference of the father-image, those resistances would only have been secondary phantasies, that had become inflated. At any rate, indolence would still have been the *primum movens*. In the analysis she learned about the two ways of life, the way of phantasy, of regression, and the way of reality, wherein lay her present child's duties. In her the two were dissociated, and consequently she was at strife with herself. As the analysis was adapted to the regressive tendency of the libido, the existence of an extreme sexual curiosity, connected with certain very definite problems, was discovered. The libido, imprisoned in this phantastical labyrinth, was brought back into useful application by means of the psychological explanation of the incorrect infantile phantasies. The child thus got an insight into her own attitude towards reality with all its possibilities. The result was that she was able to take an objective-critical attitude towards her immature puberty-desires, and was able to give up these and all other impossibilities in favor of the use of her libido in possible directions, in her work and in obtaining the good-will of her teacher. In this case, analysis brought great peace of mind, as well as a pronounced intellectual improvement. After a short time her teacher himself stated that the little girl was one of the best pupils in her class.

I hope that by the exposition of this brief instance of the course of an analysis, I have succeeded in giving you an insight not only into the concrete procedure of treatment, and into the

technical difficulties, but no less into the beauty of the human mind and its endless problems. I intentionally brought into prominence the parallelism with mythology, to indicate the universally possible applications of psychoanalysis. At the same time, I should like to refer to the further importance of this position. We may see in the predominance of the mythological in the mind of a child, a distinct hint of the gradual development of the individual mind out of the collective knowledge or the collective feeling of earliest childhood, which gave rise to the old theory of a condition of perfect knowledge before and after individual existence.

In the same way we might see, in the marvellous analogy between the phantasies of dementia *præcox* and mythological symbolisms, a reason for the widespread superstition that an insane person is possessed of a demon, and has some divine knowledge.

With these hints, I have reached the present standpoint of investigation, and I have at least sketched those facts and working hypotheses which are characteristic for my present and future work.

## INDEX

- Abreagieren, 5  
Actual conflict, 92, 93  
Actual present, 81  
Adaptation, failure of, 83  
Amnesia, infantile, 78  
Analysis of dreams, 60, 109  
Analysis of transference, 105  
Association-experiment, 66
- Breuer, 5
- Cathartic method, 6  
Change in the theory of psychoanalysis, 5  
Charcot, 5  
Child, neurosis in, 113  
Childhood, sexual trauma in, 10  
Complex, Electra, 69  
Complex, Oedipus, 67  
Complex, incest, 70  
Complex of the parents, 50  
Conception of libido, 27  
Conception of sensitiveness, 89  
Conception of sexuality, 19  
Conception of transference, 102  
Confession and psychoanalysis, 103  
Conflict, actual, 92, 93  
Content of the unconscious, 67  
Criticism, 1  
Criticized, infantile sexual etiology, 46
- Dementia praecox, 111  
Dementia praecox, libido in, 35  
Dream analysis, 60, 109  
Dream, the, 60  
Dreams, teleological meaning of, 109
- Early hypothesis, 4  
Electra-complex, 69
- Energetic theory of libido, 28  
Environment and predisposition, 9  
Etiology of the neuroses, 72, 80
- Failure of adaptation, 83  
Finger, sucking of, 22  
Freud, 5
- Genetic conception of libido, 38
- Hypothesis, early, 4
- Incest-complex, 70  
Infancy, the polymorphic sexuality of, 24  
Infantile amnesia, 78  
Infantile mental attitude, 53  
Infantile perversity, 43  
Infantile reaction, 84  
Infantile sexuality, 17  
Infantile sexual etiology criticized, 46  
Infantile sexual phantasy, 15  
Introversion, 49
- Latent sexual period, 79  
Libido, 26, 27  
Libido in dementia praecox, 35  
Libido, energetic theory of, 28  
Libido, genetic conception of, 38  
Libido, regression of, 76  
Libido, the sexual definition, 34  
Life, three phases of, 33  
Little Red-Ridinghood, 119
- Masturbation, 22  
Method, cathartic, 6
- Naughtiness, 121  
Neurosis in a child, 113

- Neuroses, etiology of, 72, 80  
Nucleus-complex, 50
- Objections to the sexual hypothesis, 18  
Oedipus-complex, 67
- Perversity, infantile, 43  
Phantasy criticized, 94  
Phantasy, infantile sexual, 17  
Phantasy, unconscious, 29, 53  
Polymorphic perverse sexuality of infancy, 24  
Pragmatic rule, 2  
Predisposition and environment, 9  
Predisposition for the trauma, 12  
Present, actual, 81  
Problem of self-analysis, 108  
Psychoanalysis and confession, 103  
Psychoanalysis, remarks on, 111  
Psychoanalysis, therapeutic principles of, 96  
Psychopathology of everyday life, 65
- Regression of the libido, 76  
Regression and sensitiveness, 90  
Remarks on psychoanalysis, 111  
Repression, 8  
Robert Mayer, 28  
Romulus and Remus, 120
- Schopenhauer's will, 39  
Self-analysis, problem of, 108  
Sensitiveness, conception of, 89  
Sensitiveness and regression, 90  
Sexual definition of libido, 34  
Sexual element in the trauma, 14
- Sexual period, latent, 79  
Sexual hypothesis, objections to, 18  
Sexual trauma in childhood, 10  
Sexuality, the conception of, 19  
Sexuality, infantile, 17  
Sexuality of the suckling, 21  
Sexual terminology, 30  
Sleeping Beauty, 124  
Snow-White, 125  
Spring-Sun, 124  
Stork, 129  
Sucking the finger, 22  
Suckling, sexuality of, 21  
Symbolism, 112
- Teleological meaning of dreams, 109  
Terminology, sexual, 30  
The dream, 60  
Theory, change in, 5  
Theory criticized, traumatic, 7  
Theory, traumatic, 5, 48  
Therapeutic principles of psychoanalysis, 96  
Three contributions to the sexual theory, 17  
Three phases of life, 33  
Thunderstorm, 129  
Transference, analysis of, 105  
Transference, conception of, 102  
Trauma, predisposition for, 12  
Trauma, sexual element in, 14  
Traumatic theory, 5, 48  
Traumatic theory criticized, 7
- Unconscious, 55  
Unconscious, content of, 67  
Unconscious phantasy, 29, 53



PUBLICATIONS OF THE

Journal of Nervous and Mental Disease  
Publishing Company

---

Journal of Nervous and Mental Disease

Edited by DR. W. G. SPILLER, Managing Editor, DR. SMITH ELY JELLIFFE

This monthly journal was established in 1874, and has from that time on been the chief representative of the field of American neurology and psychiatry. It has presented the chief work of American investigators, and moreover presents monthly a concise summary of the world's literature of nervous and mental diseases.

Price, \$5.00 per volume.

Nervous and Mental Disease Monograph Series

Edited by DRS. SMITH ELY JELLIFFE and WM. A. WHITE

This series, of which nineteen numbers have appeared, was designed to present to English speaking neurologists and psychiatrists, the leading, moving advances in their respective specialties. See inside front cover for a list of the numbers published.

Psychoanalytic Review

Edited by DRS. WM. A. WHITE and SMITH ELY JELLIFFE

A quarterly journal devoted to the understanding of human conduct, with special reference to the prob'ems of psychopathology. Human motives, especially in their unconscious manifestations, will receive special attention as they appear in the normal as well as abnormal fields. Price, \$5.00 per volume.

---

NERVOUS AND MENTAL DISEASE  
MONOGRAPH SERIES

Edited by

Drs. SMITH ELY JELLIFFE and WM. A. WHITE

Numbers Issued

1. Outlines of Psychiatry. (4th Edition) \$3.00.  
By Dr. William A. White.
2. Studies in Paranoia.  
By Drs. N. Gierlich and M. Friedman.
3. The Psychology of Dementia Praecox. (Out of Print.)  
By Dr. C. G Jung.
4. Selected Papers on Hysteria and other Psychoneuroses.  
(2d Edition.) \$2.50. By Prof. Sigmund Freud.
5. The Wassermann Serum Diagnosis in Psychiatry. \$2.00.  
By Dr. Felix Plaut.
6. Epidemic Poliomyelitis. New York, 1907. (Out of Print.)
7. Three Contributions to Sexual Theory. \$2.00.  
By Prof. Sigmund Freud.
8. Mental Mechanisms. \$2.00. By Dr. Wm. A. White.
9. Studies in Psychiatry. \$2.00.  
New York Psychiatric Society.
10. Handbook of Mental Examination Methods. \$2.00.  
By Shepherd Ivory Franz.
11. The Theory of Schizophrenic Negativism. \$0.60.  
By Professor E. Bleuler.
12. Cerebellar Functions. \$3.00.  
By Dr. André-Thomas.
13. History of Prison Psychoses. \$1.25.  
By Drs. P. Nitsche and K. Wilmanne.
14. General Paresis. \$3.00. By Prof. E. Kraepelin.
15. Dreams and Myths. \$1.00. By Dr. Karl Abraham.
16. Poliomyelitis. \$3.00. Dr. I. Wickmann.
17. Freud's Theories of the Neuroses. \$2.00.  
Dr. E. Hitschmann.
18. The Myth of the Birth of the Hero. \$1.00.  
Dr. Otto Rank.
19. The Theory of Psychoanalysis. \$1.50.  
Dr. C. G. Jung.



UNIVERSITY OF CALIFORNIA LIBRARY

Los Angeles

This book is DUE on the last date stamped below.

BIOMED OCT 25 '75  
BIOMED LIB.

OCT 24 REC'D

BIOMED BIOMED LIB.  
APR 15 '76

APR 23 REC'D

BIOMED LIB. - '76

BIOMED LIB.  
BIOMED DEC 4 '76  
DEC 28 1976

ILL CHARGE

Edwards Air Force  
FEB 20 1979

MAR 14 REC'D



3 1158 00035 414

UC SOUTHERN REGIONAL LIBRARY FACILITY



A 000 388 211 5

Uni  
S