

THE THEORY OF PSYCHOANALYSIS

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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 Œdipus 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 Œdipus-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 Œdipus-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 Œdipus-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 Œdipus-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 phantasies. 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 phantasies, 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 recommencement 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 projections 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 uncleanness of a child of two years old and the uncleanness 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 psy-

chology 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 pre-

sumption. 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 Œdipus- 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 waverings 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 disillusional 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 undoubted 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 lectures¹⁰ 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 overgrew 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

¹⁰ Am. Journ. Psych., April, 1910.

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? 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.

(To be continued)

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