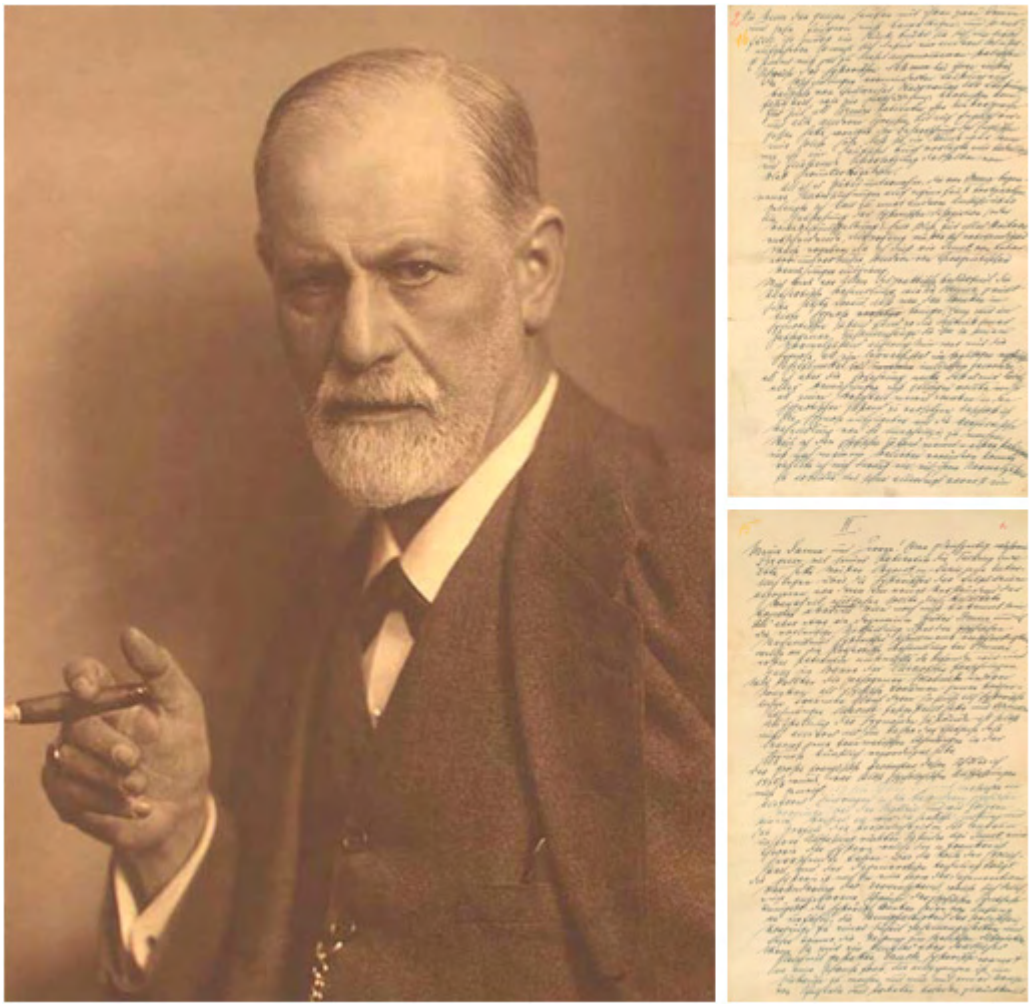
The Origin and Development of Psychoanalysis
Sigmund Freud (1910)

with Introduction & Commentary by Raymond E. Fancher



Sigmund Freud, photographed by A. Max Halberstadt ca. 1921, and the two first pages of the original "Five Lectures on Psychoanalysis" by S. Freud 1910, from Library of Congress.

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Introduction to "The Origin and Development of Psychoanalysis."

by Raymond E. Fancher, York University

In December of 1908, the Viennese physician Sigmund Freud (1856-1939) received an intriguing invitation from the American psychologist G. Stanley Hall (1844-1924), inviting him to visit Clark University in Worcester, Massachusetts, and deliver a series of lectures describing his novel views about abnormal psychology. The invitation was intriguing partly because it came from one of the senior and most influential figures in American psychology. A prolific author and researcher, Hall had pioneered the field of developmental psychology and brought both the term and the concept of "adolescence" to wide public notice. He had also been America's leading institution builder for the emerging discipline of psychology, establishing *The American Journal of Psychology* as his country's first professional psychology journal in 1887, and serving as the founding president of the American Psychological Association in 1892. Since 1889 he had been president of Clark University, which despite its small size had become the leading American producer of Ph.D. students in psychology. Indeed, Hall was just now planning a conference to celebrate the University's 20th anniversary, which he assured Freud would attract "the best American professors and students of psychology and psychiatry," and which was the occasion for the present invitation. [1]

Freud was flattered to receive an invitation from such an eminent representative of the psychological establishment, for he himself was anything but an establishment figure. For more than twenty of his fifty-two years he had been developing an innovative psychological theory and treatment method that he called "psychoanalysis," but even though he had published extensively in respectable German language journals his work had not "taken off" in the way the ambitious Freud had hoped it would. As Freud later put it, he had spent the decade of the 1890s working in "splendid isolation" and only after the 1900 publication of his book *Die Traumdeutung* (*The Interpretation of Dreams*) had he begun to attract a small following in Europe. A few young Viennese intellectuals started meeting regularly at his home to discuss his work, occasionally joined by outside visitors such as Karl Abraham (1877-1925) from Berlin, Sandor Ferenczi (1873-1933) from Budapest, and Carl Jung (1875-1961) from Zurich. By April of 1908 this group had become large and enthusiastic enough to organize a "First International Congress of Psychoanalysis" in the Austrian city of Salzburg, which attracted some forty participants from five countries. But this was still relatively small stuff. Almost all of the writing about psychoanalysis was still in German and its reputation was primarily confined to continental Europe; even there, it was distinctly a fringe movement. In America and the rest of the English speaking world, some rumors had begun to spread about Freud as the promoter of a strange and sensational new theory that emphasized sexuality and the unconscious, but few had any direct knowledge of him or his work. Hall, who had emphasized sexuality in his own theorizing about child development and adolescence, was among the first Americans to read Freud in the original and to be positively impressed. Hence the invitation.

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[1] G. Stanley Hall to Sigmund Freud, letter of 15 December 1908, reprinted in S. Rosenzweig, *The Historic Expedition to America (1909): Freud, Jung and Hall the King-maker* (St. Louis: Rana House, 1994), p. 339.

Following negotiations during which the date of the conference was changed to a more convenient time, the speaker's honorarium increased from $400 to $750, and Freud was offered an honorary degree if he came, he accepted. Despite some uneasiness about the receptivity of American culture to his work, Freud recognized the invitation as offering a wonderful platform from which to present his theory directly to a new and prestigious group of psychologists, under the official sponsorship of a highly respected American institution. He arranged to bring his Hungarian disciple Ferenczi along for moral support, and convinced Hall to issue Jung a last minute invitation to address the conference as well. Freud and his party sailed to New York aboard the ocean liner *George Washington* in late August, and arrived in Worcester for the early September conference.

Freud delivered five lectures on five consecutive days from Tuesday, September 7 through Saturday the 11th. Given in German and following no written text, each was extemporaneously planned on a walk with Ferenczi earlier in the day. Despite these apparent limitations, the talks were a great success. His audience was more multilingual than would be the case for a comparable gathering today, and Freud fully revealed his skill as a cogent and captivating lecturer, sprinkling his talks with small jokes and personal references that everyone enjoyed. His lectures told the story, in roughly chronological order, of how he had arrived at the main points of his theory and technique. Although more than twenty speakers participated in the conference, Hall clearly promoted Freud as the star attraction, and his lectures received wide press coverage. Although not everyone was convinced by everything Freud had to say, his goals for the visit were more than realized. He provided a lucid summary of his complicated theories, in terms easily understood and remembered by intelligent laypeople.

Hall liked the lectures very much, and wanted to preserve them in a more permanent and definitive form than just newspaper accounts. Accordingly, he wrote to Freud shortly after his return to Vienna: "Your lectures were such masterpieces of simplification, directness, and comprehensiveness that we all think that for us to print them here would greatly extend your views at a psychological moment here and would do very much toward developing in future years a strong American school." [2] If Freud would agree to recreate the lectures in writing by the next January, Hall would have them translated into English and published in the *American Journal of Psychology*. Freud readily agreed, and after working "head over heels to meet the imminent deadline you have set for me" [3] , produced the five written lectures on time. Although slightly amended to accommodate the written medium, they faithfully recaptured the substance and spirit of his original talks. As they arrived one by one, Hall immediately sent them for translation to his student Harry W. Chase, who was concurrently completing a doctoral dissertation on the new Freudian psychology. After some frantic transatlantic exchanges for Freud to approve the translations, they duly appeared in the April issue of the journal under the title, "The Origin and Development of Psychoanalysis," in the exact form in which they appear below. Later in 1910 Freud published his German version of the lectures, in a small book that he gratefully dedicated to Hall.

In the following years Freud's enthusiasm for Hall dimmed somewhat, as the American began to endorse some of the views of Alfred Adler, Freud's early follower who had broken with psychoanalysis and established a competing school of "Individual Psychology." Freud complained that Hall too much enjoyed playing the role of "kingmaker," and was fickle in his devotion to those he had previously anointed. Nonetheless he was correct to be grateful to Hall, for the lectures and their attendant honors and publicity marked a genuine turning

[2] Hall to Freud, letter of 7 October 1909, reprinted in Rosenzweig, 1994, pp. 358-359.
[3] Freud to Hall, letter of 21 November 1909, reprinted in Rosenzweig, 1994, p. 363.

point. Now accessible for the first time to a wide audience, Freud and psychoanalysis were fairly on their way to becoming household terms, in America as well as Europe.

Freud's German version of the lectures has subsequently been re-translated into English, mainly to make all of their terminology consistent with the more recent "Standard Edition" of Freud's work. But the essence of all versions remains the same, and the original translation presented here has the historical virtue of enabling the reader to encounter Freud in exactly the same way his American audience first did in 1910. There is still no better short introduction to the man and his work.

Recommended Reading

For a full and fascinating account of Freud's trip to America, accompanied by his complete correspondence with Hall and one of the new translations of the lectures, see Saul Rosenzweig's *The Historic Expedition to America (1909): Freud, Jung and Hall the King-maker* (St. Louis: Rana House, 1994). Also see R. B. Evans and W. A. Koelsch (1985), Psychoanalysis arrives in America: The 1909 psychology conference at Clark University, *American Psychologist*, **40**, 942-948.

Notes

1. G. Stanley Hall to Sigmund Freud, letter of 15 December 1908, reprinted in S. Rosenzweig, *The Historic Expedition to America (1909): Freud, Jung and Hall the King-maker* (St. Louis: Rana House, 1994), p. 339.
2. Hall to Freud, letter of 7 October 1909, reprinted in Rosenzweig, 1994, pp. 358-359.
3. Freud to Hall, letter of 21 November 1909, reprinted in Rosenzweig, 1994, p. 363.

The Origin and Development of Psychoanalysis[1]

Sigmund Freud (1910)

1. First Lecture

Ladies and Gentlemen: It is a new and somewhat embarrassing experience for me to appear as lecturer before students of the New World. I assume that I owe this honor to the association of my name with the theme of psychoanalysis, and consequently it is of psychoanalysis that I shall aim to speak. I shall attempt to give you in very brief form an historical survey of the origin and further development of this new method of research and cure.

Granted that it is a merit to have created psychoanalysis, it is not my merit. I was a student, busy with the passing of my last examinations, when another physician of Vienna, Dr. Joseph Breuer, [2] made the first application of, this method to the case of an hysterical girl (1880-82). We must now examine the history of this case and its treatment, which can be found in detail in "Studien über Hysterie," later published by Dr. Breuer and myself.[3]

But first one word. I have noticed, with considerable satisfaction, that the majority of my hearers do not belong to the medical profession. Now do not fear that a medical education is necessary to follow what I shall have to say. We shall now accompany the doctors a little way, but soon we shall take leave of them and follow Dr. Breuer on a way which is quite his own.

Dr. Breuer's patient was a girl of twenty-one, of a high degree of intelligence. She had developed in the course of her two years' illness a series of physical and mental disturbances which well deserved to be taken seriously. She had a severe paralysis of both right extremities, with anasthesia [sic], and at times the same affection of the members of the left side of the body; disturbance of eye-movements, and much impairment of vision; difficulty in maintaining the position of the head, an intense *Tussis nervosa,* nausea when she attempted to take nourishment, and at one time for several weeks a loss of the power to drink, in spite of tormenting thirst. Her power of speech was also diminished, and this progressed so far that she could neither speak nor understand her mother tongue; and, finally, she was subject to states of "absence," of confusion, delirium, alteration of her whole personality. These states will later claim our attention.

When one hears of such a case, one does not need to be a physician to incline to the opinion that we are concerned here with a serious injury, probably of the brain, for which there is little hope of cure and which will probably lead to the early death of the patient. The doctors will tell us, however, that in one type of cases with just as unfavorable symptoms, another, far more favorable, opinion is justified. When one finds such a series of symptoms

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[1] Lectures delivered at the Celebration of the Twentieth Anniversary of the opening of Clark University, Sept., 1909; translated from the German by Harry W. Chase, Fellow in Psychology, Clark University, and revised by Prof. Freud.

[2] Dr. Joseph Breuer, born 1842, corresponding member of the "Kaiserliche Akademie der Wissenschaften," is known by works on respiration and the physiology of the sense of equilibrium.

[3] "Studien über Hysterie," 1895, Deuticke, Vienna. Second edition, 1909. Parts of my contributions to this book have been translated into English by Dr. A. A. Brill, of New York. ("Selected Papers on Hysteria and other Psychoneuroses," by S. Freud.")

in the case of a young girl, whose vital organs (heart, kidneys), are shown by objective tests to be normal, but who has suffered from strong emotional disturbances, and when the symptoms differ in certain finer characteristics from what one might logically expect, in a case like this the doctors are not too much disturbed. They consider that there is present no organic lesion of the brain, but that enigmatical state, known since the time of the Greek physicians as hysteria, which can simulate a whole series of symptoms of various diseases. They consider in such a case that the life of the patient is not in danger and that a restoration to health will probably come about of itself. The differentiation of such an hysteria from a severe organic lesion is not always very easy. But we do not need to know how a differential diagnosis of this kind is made; you may be sure that the case of Breuer's patient was such that no skillful physician could fail to diagnose an hysteria. We may also add a word here from the history of the case. The illness first appeared while the patient was caring for her father, whom she tenderly loved, during the severe illness which led to his death, a task which she was compelled to abandon because she herself fell ill.

So far it has seemed I best to go with the doctors, but we shall soon part company with them. You must not think that the outlook of a patient with regard to medical aid is essentially bettered when the diagnosis points to hysteria rather than to organic disease of the brain. Against the serious brain diseases medical skill is in most cases powerless, but also in the case of hysterical affections the doctor can do nothing. He must leave it to benign nature, when and how his hopeful prognosis will be realized.[4] Accordingly, with the recognition of the disease as hysteria, little is changed in the situation of the patient, but there is a great change in the attitude of the doctor. We can observe that he acts quite differently toward hystericals than toward patients suffering from organic diseases. He will not bring the same interest to the former as to the latter, since their suffering is much less serious and yet seems to set up the claim to be valued just as seriously.

But there is another motive in this action. The physician, who through his studies has learned so much that is hidden from the laity, can realize in his thought the causes and alterations of the brain disorders in patients suffering from apoplexy or dementia, a representation which must be right up to a certain point, for by it he is enabled to understand the nature of each symptom. But before the details of hysterical symptoms, all his knowledge, his anatomical-physiological and pathological education, desert him. He cannot understand hysteria. He is in the same position before it as the layman. And that is not agreeable to any one, who is in the habit of setting such a high valuation upon his knowledge. Hystericals, accordingly, tend to lose his sympathy; he considers them persons who overstep the laws of his science, as the orthodox regard heretics; he ascribes to them all possible evils, blames them for exaggeration and intentional deceit, "simulation," and be punishes them by withdrawing his interest.

Now Dr. Breuer did not deserve this reproach in this case; he gave his patient sympathy and interest, although at first be did not understand how to help her. Probably this was easier for him on account of those superior qualities of the patient's mind and character, to which he bears witness in his account of the case.

His sympathetic observation soon found the means which made the first help possible. It had been noticed that the patient, in her states of "absence," of psychic alteration, usually mumbled over several words to herself. These seemed to spring from associations with which her thoughts were busy. The doctor, who was able to get these words, put her in a sort of hypnosis and repeated them to her over and over, in order to bring up any associations that they might have. The patient yielded to his suggestion and reproduced for him those psychic creations which controlled her thoughts during her "absences," and which betrayed themselves in these single spoken words. These were fancies, deeply sad, often poetically

[4] I know that this view no longer holds to-day, but in the lecture I take myself and my hearers back to the time before 1880. If things have become different since that time it has been largely due to the work the history of which I am sketching.

beautiful, day dreams, we might call them, which commonly took as their starting point the situation of a girl beside the sick-bed of her father. Whenever she had related a number of such fancies, she was, as it were, freed and restored to her normal mental life. This state of health would last for several hours, and then give place on the next day to a new "absence," which was removed in the same way by relating the newly-created fancies. It was impossible not to get the impression that the psychic alteration which was expressed in the "absence" was a consequence of the excitations originating from these intensely emotional fancy-images. The patient herself, who at this time of her illness strangely enough understood and spoke only English, gave this new kind of treatment the name " talking care," or jokingly designated it as "chimney sweeping."

The doctor soon hit upon the fact that through such cleansing of the soul more could be accomplished than a temporary removal of the constantly recurring mental "clouds." Symptoms of the disease would disappear when in hypnosis the patient could be made to remember the situation and the associative connections under which they first appeared, provided free vent was given to the emotions which they aroused. "There was in the summer a time of intense heat, and the patient had suffered very much from thirst; for, without any apparent reason, she had suddenly become unable to drink. She would take a glass of water in her hand, but as soon as it touched her lips she would push it away as though suffering from hydrophobia. Obviously for these few seconds she was in her absent state. She ate only fruit, melons and the like, in order to relieve this tormenting thirst. When this had been going on about six weeks, she was talking one day in hypnosis about her English governess, whom she disliked, and finally told, with every sign of disgust, how she had come into the room of the governess, and how that lady's little dog, that she abhorred, had drunk out of a glass. Out of respect for the conventions the patient had remained silent. Now, after she had given energetic expression to her restrained anger, she asked for a drink, drank a large quantity of water without trouble, and woke from hypnosis with the glass at her lips. The symptom thereupon vanished permanently. [5]

Permit me to dwell for a moment on this experience. No one had ever cured an hysterical symptom by such means before, or had come so near understanding its cause. This would be a pregnant discovery if the expectation could be confirmed that still other, perhaps the majority of symptoms, originated in this way and could be removed by the same method. Breuer spared no pains to convince himself of this and investigated the pathogenesis of the other more serious symptoms in a more orderly way. Such was indeed the case; almost all the symptoms originated in exactly this way, as remnants, as precipitates, if you like, of affectively-toned experiences, which for that reason we later called "psychic traumata." The nature of the symptoms became clear through their relation to the scene which caused them. They were, to use the technical term, "determined" (*determiniert*) by the scene whose memory traces they embodied, and so could no longer be described as arbitrary or enigmatical functions of the neurosis.

Only one variation from what might be expected must be mentioned. It was not always a single experience which occasioned the symptom, but usually several, perhaps many similar, repeated traumata cooperated in this effect. It was necessary to repeat the whole series of pathogenic memories in chronological sequence, and of course in reverse order, the last first and the first last. It was quite impossible to reach the first and often most essential trauma directly, without first clearing away those coming later.

You will of course want to hear me speak of other examples of the causation of hysterical symptoms beside this of inability to drink on account of the disgust caused by the dog drinking from the glass. I must, however, if I hold to my programme, limit myself to very few examples. Breuer relates, for instance, that his patient's visual disturbances could be traced back to external causes, in the following way. "The patient, with tears in her eyes, was

[5] "Studien über Hysterie," 2d edition, p. 26.

sitting by the sick-bed when her father suddenly asked her what time it was. She could not see distinctly, strained her eyes to see, brought the watch near her eyes so that the dial seemed very large (macropia and strabismus conv.), or else she tried hard to suppress her tears, so that the sick man might not see them." [6]

All the pathogenic impressions sprang from the time when she shared in the care of her sick father. "Once she was watching at night in the greatest anxiety for the patient, who was in a high fever, and in suspense, for a surgeon was expected from Vienna, to operate on the patient. Her mother had gone out for a little while, and Anna sat by the sick-bed, her right arm hanging over the back of her chair. She fell into a revery [sic] and saw a black snake emerge, as it were, from the wall and approach the sick man as though to bite him. (It is very probable that several snakes had actually been seen in the meadow behind the house, that she had already been frightened by them, and that these former experiences furnished the material for the hallucination.) She tried to drive off the creature, but was as though paralyzed. Her right arm, which was hanging over the back of the chair, had 'gone to sleep,' become anasthetic [sic] and paretic, and as she was looking at it, the fingers changed into little snakes with deaths-heads. (The nails.) Probably she attempted to drive away the snake with her paralyzed right hand, and so the anasthesia [sic] and paralysis of this member formed associations with the snake hallucination. When this had vanished, she tried in her anguish to speak, but could not. She could not express herself in any language, until finally she thought of the words of an English nursery song, and thereafter she could think and speak only in this language." [7] When the memory of this scene was revived in hypnosis the paralysis of .the right arm, which had existed since the beginning of the illness, was cured and the treatment ended.

When, a number of years later, I began to use Breuer's researches and treatment on my own patients, my experiences completely coincided with his. In the case of a woman of about forty, there was a tic, a peculiar smacking noise which manifested itself whenever she was laboring under any excitement, without any obvious cause. It had its origin in two experiences which had this common element, that she attempted to make no noise, but that by a sort of counter-will this noise broke the stillness. On the first occasion, she had finally after much trouble put her sick child to sleep, and she tried to be very quiet so as not to awaken it. On the second occasion, during a ride with both her children in a thunderstorm the horses took fright, and she carefully avoided any noise for fear of frightening them still more. [8] I give this example instead of many others which are cited in the "Studien über Hysterie."

Ladies and gentlemen, if you will permit me to generalize, as is indispensable in so brief a presentation, we may express our results up to this point in the formula: *Our hysterical patients suffer from reminiscences*. Their symptoms are the remnants and the memory symbols of certain (traumatic) experiences.

A comparison with other memory symbols from other sources will perhaps enable us better to understand this symbolism. The memorials and monuments with which we adorn our great cities, are also such memory symbols. If you walk through London you will find before one of the greatest railway stations of the city a richly decorated Gothic pillar -- "Charing Cross." One of the old Plantagenet kings, in the thirteenth century, caused the body of his beloved queen Eleanor to be borne to Westminster, and had Gothic crosses erected at each of the stations where the coffin was set down. Charing Cross is the last of these monuments,

[6] ["]Studien über Hysterie," 2d edition, p. 31.

[7] "Studien über Hysterie," 2d edition, p. 30.

[8] *Loc Cit*., 2d ed. Pp. 43-46. A selection from this book, augmented by several later treatises on hysteria, lies before me, in an English translation by Dr. A. A. Brill, of New York. It bears the title "Selected Papers on Hysteria and other Psychoneuroses," 1909. (No. 4 of the Nervous and Mental Disease Monograph Series, New York.]

which preserve the memory of this sad journey. [9] In another part of the city, you will see a high pillar of more modern construction, which is merely called "the monument." This is in memory of the great fire which broke out in the neighborhood in the year 1666, and destroyed a great part of the city. These monuments are memory symbols like the hysterical symptoms; so far the comparison seems justified. But what would you say to a Londoner who to-day stood sadly before the monument to the funeral of Queen Eleanor, instead of going about his business with the haste engendered by modern industrial conditions, or rejoicing with the young queen of his own heart? Or to another, who before the "Monument" bemoaned the burning of his loved native city, which long since has arisen again so much more splendid than before?

Now hystericals and all neurotics behave like these two unpractical Londoners, not only in that they remember the painful experiences of the distant past, but because they are still strongly affected by them. They cannot escape from the past and neglect present reality in its favor. This fixation of the mental life on the pathogenic traumata is an essential, and practically a most significant characteristic of the neurosis. I will willingly concede the objection which you are probably formulating, as you think over the history of Breuer's patient. All her traumata originated at the time when she was caring for her sick father, and her symptoms could only be regarded as memory symbols of his sickness and death. They corresponded to mourning, and a fixation on thoughts of the dead so short a time after death is certainly not pathological, but rather corresponds to normal emotional behavior. I concede this: there is nothing abnormal in the fixation of feeling on the trauma shown by Breuer's patient. But in other cases, like that of the tic that I have mentioned, the occasions for which lay ten and fifteen years back, the characteristic of this abnormal clinging to the past is very clear, and Breuer's patient would probably have developed it, if she had not come under the "cathartic treatment" such a short time after the traumatic experiences and the beginning of the disease.

We have so far only explained the relation of the hysterical symptoms to the life history of the patient; now by considering two further moments which Breuer observed, we may get a hint as to the processes of the beginning of the illness and those of the cure. With regard to the first, it is especially to be noted that Breuer's patient in almost all pathogenic situations had to suppress a strong excitement, instead of giving vent to it by appropriate words and deeds. In the little experience with her governess' dog, she suppressed, through regard for the conventions, all manifestations of her very intense disgust. While she was seated by her father's sick bed, she was careful to betray nothing of her anxiety and her painful depression to the patient. When, later, she reproduced the same scene before the physician, the emotion which she had suppressed on the occurrence of the scene burst out with especial strength, as though it had been pent up all along. The symptom which had been caused by that scene reached its greatest intensity while the doctor was striving to revive the memory of the scene, and vanished after it had been fully laid bare. On the other hand, experience shows that if the patient is reproducing the traumatic scene to the physician, the process bas no curative effect if, by some peculiar chance, there is no development of emotion. It is apparently these emotional processes upon which the illness of the patient and the restoration to health are dependent. We feel justified in regarding "emotion" as a quantity which may become increased, derived and displaced. So we are forced to the conclusion that the patient fell ill because the emotion developed in the pathogenic situation was prevented from escaping normally, and that the essence of the sickness lies in the fact that these "imprisoned" *(dingeklemmt)* emotions undergo a series of abnormal changes. In part they are preserved as a lasting charge and as a source of constant disturbance in psycbical life; in part they undergo a change into unusual bodily innervations [sic] and inhibitions, which present themselves as the physical symptoms of the case. We have coined the name "hysterical conversion " for the

[9] Or rather the later copy of such a monument. The name "Charing" is itself, as Dr. E. Jones tells me, derived from the words "*chère reine*."

latter process. Part of our mental energy is, under normal conditions, conducted off by way of physical innervation [sic] and gives what we call "the expression of emotions." Hysterical conversion exaggerates this part of the course of a mental process which is emotionally colored; it corresponds to a far more intense emotional expression, which finds outlet by new paths. If a stream flows in two channels, an overflow of one will take place as soon as the current in the other meets with an obstacle.

You see that we are in a fair way to arrive at a purely psychological theory of hysteria, in which we assign the first rank to the affective processes. A second observation of Breuer compels us to ascribe to the altered condition of consciousness a great part in determining the characteristics of the disease. His patient showed many sorts of mental states, conditions of "absence," confusion and alteration of character, besides her normal state. In her normal state she was entirely ignorant of the pathogenic scenes and of their connection with her symptoms. She had forgotten those scenes, or at any rate had dissociated them from their pathogenic connection. When the patient was hypnotized, it was possible, after considerable difficulty, to recall those scenes to her memory, and by this means of recall the symptoms were removed. It would have been extremely perplexing to know how to interpret this fact, if hypnotic practice and experiments had not pointed out the way. Through the study of hypnotic phenomena, the conception, strange though it was at first, has become familiar, that in one and the same individual several mental groupings are possible, which may remain relatively independent of each other, "know nothing" of each other, and which may cause a splitting of consciousness along lines which they lay down. Cases of such a sort, known as "double personality" ("*double conscience*"), occasionally appear spontaneously. If in such a division of personality consciousness remains constantly bound up with one of the two states, this is called the *conscious* mental state, and the other the *unconscious*. In the well-known phenomena of so-called post hypnotic suggestion, in which a command given in hypnosis is later executed in the normal state as though by an imperative suggestion, we have an excellent basis for understanding how the unconscious state can influence the conscious, although the latter is ignorant of the existence of the former. In the same way it is quite possible to explain the facts in hysterical cases. Breuer came to the conclusion that the hysterical symptoms originated in such peculiar mental states, which he called "hypnoidal states." (*hypnoide Zustände*.) Experiences of an emotional nature, which occur during such hypnoidal states easily become pathogenic, since such states do not present the conditions for a normal draining off of the emotion of the exciting processes. And as a result there arises a peculiar product of this exciting process, that is, the symptom, and this is projected like a foreign body into the normal state. The latter has, then, no conception of the significance of the hypnoidal pathogenic situation. Where a symptom arises, we also find an amnesia, a memory gap, and the filling of this gap includes the removal of the conditions under which the symptom originated.

I am afraid that this portion of my treatment will not seem very clear, but you must remember that we are dealing here with new and difficult views, which perhaps could not be made much clearer. This all goes to show that our knowledge in this field is not yet very far advanced. Breuer's idea of the hypnoidal states has, moreover, been shown to be superfluous and a hindrance to further investigation, and has been dropped from present conceptions of psychoanalysis. Later I shall at least suggest what other influences and processes have been disclosed besides that of the hypnoidal states, to which Breuer limited the causal moment.

You have probably also felt, and rightly, that Breuer's investigations gave you only a very incomplete theory and insufficient explanation of the phenomena which we have observed. But complete theories do not fall from Heaven, and you would have had still greater reason to be distrustful, had any one offered you at the beginning of his observations a well-rounded theory, without any gaps; such a theory could only be the child of his speculations and not the fruit of an unprejudiced investigation of the facts.

2. Second Lecture

Ladies and Gentlemen: At about the same time that Breuer was using the "talking-cure" with his patient, M. Cbarcot began in Paris, with the hystericals of the Salpetrière, those researches which were to lead to a new understanding of the disease. These results were, however, not yet known in Vienna. But when about ten vears later Breuer and I published our preliminary communication on the psychic mechanism of hysterical phenomena, which grew out of the cathartic treatment of Breuer's first patient, we were both of us under the spell of Charcot's investigations. We made the pathogenic experiences of our patients, which acted as psychic traumata, equivalent to those physical traumata whose influence on hysterical paralyses Charcot had determined; and Breuer's hypothesis of hypnoidal states is itself only an echo of the fact that Charcot had artificially reproduced those traumatic paralyses in hypnosis.

The great French observer, whose student I was during the years 1885-86, had no natural bent for creating psychological theories. His student, P. Janet, was the first to attempt to penetrate more deeply into the psychic processes of hysteria, and we followed his example, when we made the mental splitting and the dissociation of personality the central points of our theory, Janet propounds a theory of hysteria which draws upon the principal theories of heredity and degeneration which are current in France. According to his view hysteria is a form of degenerative alteration of the nervous system, manifesting itself in a congenital " weakness " of the function of psychic synthesis. The hysterical patient is from the start incapable of correlating and unifying the manifold of his mental processes, and so there arises the tendency to mental dissociation. If you will permit me to use a banal but clear illustration, Janet's hysterical reminds one of a weak woman who has been shopping, and is now on her way home, laden with packages and bundles of every description. She cannot manage the whole lot with her two arms and her ten fingers, and soon she drops one. When she stoops to pick this up, another breaks loose, and so it goes on.

Now it does not agree very well, with this assumed mental weakness of hystericals, that there can be observed in hysterical cases, besides the phenomena of lessened functioning, examples of a partial increase of functional capacity, as a sort of compensation. At the time when Breuer's patient had forgotten her mother-tongue and all other languages save English, her control of English attained such a level that if a German book was put before her she could give a fluent, perfect translation of its contents at sight. When later I undertook to continue on my own account the investigations begun by Breuer, I soon came to another view of the origin of hysterical dissociation (or splitting of consciousness). It was inevitable that my views should diverge widely and radically, for my point of departure was not, like that of Janet, laboratory researches, but attempts at therapy. Above everything else, it was practical needs that urged me on. The cathartic treatment, as Breuer had made use of it, presupposed that the patient should be put in deep hypnosis, for only in hypnosis was available the knowledge of his pathogenic associations, which were unknown to him in his normal state. Now hypnosis, as a fanciful, and so to speak, mystical, aid, I soon came to dislike; and when I discovered that, in spite of all my efforts, I could not hypnotize by any means all of my patients, I resolved to give up hypnotism and to make the cathartic method independent of it.

Since I could not alter the psychic state of most of my patients at my wish, I directed my efforts to working with them in their normal state. This seems at first sight to be a particularly senseless and aimless undertaking. The problem was this: to find out something from the patient that the doctor did not know and the patient himself did not know. How could one hope to make such a method succeed? The memory of a very noteworthy and instructive proceeding came to my aid, which I had seen in Bernheim's clinic at Nancy. Bernheim showed us that persons put in a condition of hypnotic somnambulism, and subjected to all sorts of experiences, had only apparently lost the memory of those

somnambulic experiences, and that their memory of them could be awakened even in the normal state. If he asked them about their experiences during somnambulism, they said at first that they did not remember, but if he persisted, urged, assured them that they did know, then every time the forgotten memory came back.

Accordingly I did this with my patients. When I had reached in my procedure with them a point at which they declared that they knew nothing more, I would assure them that they did know, that they must just tell it out, and I would venture the assertion that the memory which would emerge at the moment that I laid my hand on the patient's forehead would be the right one. In this way I succeeded, without hypnosis, in learning from the patient all that was necessary for a construction of the connection between the forgotten pathogenic scenes and the symptoms which they had left behind. This was a troublesome and in its length an exhausting proceeding, and did not lend itself to a finished technique. But I did not give it up without drawing definite conclusions from the data which I had gained. I had substantiated the fact that the forgotten memories were not lost. They were in the possession of the patient, ready to emerge and form associations with his other mental content, but hindered from becoming conscious, and forced to remain in the unconscious by some sort of a force. The existence of this force could be assumed with certainty, for in attempting to drag up the unconscious memories into the consciousness of the patient, in opposition to this force, one got the sensation of his own personal effort striving to overcome it. One could get an idea of this force, which maintained the pathological situation, from the resistance of the patient.

It is on this idea of *resistance* that I based my theory of the psychic processes of hystericals. It had been found that in order to cure the patient it was necessary that this force should be overcome. Now with the mechanism of the cure as a starting point, quite a definite theory could be constructed. These same forces, which in the present situation as resistances opposed the emergence of the forgotten ideas into consciousness, must themselves have caused the forgetting, and repressed from consciousness the pathogenic experiences. I called this hypothetical process "repression" (*Verdrängung*), and considered that it was proved by the undeniable existence of resistance.

But now the question arose: what were those forces, and what were the conditions of this repression, in which we were now able to recognize the pathogenic mechanism of hysteria? A comparative study of the pathogenic situations, which the cathartic treatment has made possible, allows us to answer this question. In all those experiences, it had happened that a wish had been aroused, which was in sharp opposition to the other desires of the individual, and was not capable of being reconciled with the ethical, aesthetic and personal pretensions of the patient's personality. There had been a short conflict, and the end of this inner struggle was the repression of the idea which presented itself to consciousness as the bearer' of this irreconcilable wish. This was, then, repressed from consciousness and forgotten. The incompatibility of the idea in question with the "ego" of the patient was the motive of the repression, the ethical and other pretensions of the individual were the repressing forces. The presence of the incompatible wish, or the duration of the conflict, had given rise to a high degree of mental pain; this pain was avoided by the repression. This latter process is evidently in such a case a device for the protection of the personality.

I will not multiply examples, but will give you the history of a single one of my cases, in which the conditions and the utility of the repression process stand out clearly enough. Of course for my purpose I must abridge the history of the case and omit many valuable theoretical considerations. It is that of a young girl, who was deeply attached to her father, who had died a short time before, and in whose care she had shared -- a situation analogous to that of Breuer's patient. When her older sister married, the girl grew to feel a peculiar sympathy for her new brother-in-law, which easily passed with her for family tenderness. This sister soon fell ill and died, while the patient and her mother were away. The absent ones were hastily recalled, without being told fully of the painful situation. As the girl stood

by the bedside of her dead sister, for one short moment there surged up in her mind an idea, which might be framed in these words: "Now he is free and can marry me." We may be sure that this idea, which betrayed to her consciousness her intense love for her brother-in-law, of which she had not been conscious, was the next moment consigned to repression by her revolted feelings. The girl fell ill with severe hysterical symptoms, and, when I came to treat the case, it appeared that she had entirely forgotten that scene at her sister's bedside and the unnatural, egoistic desire which had arisen in her. She remembered it during the treatment, reproduced the pathogenic moment with every sign of intense emotional excitement, and was cured by this treatment. [10]

Perhaps I can make the process of repression and its necessary relation to the resistance of the patient, more concrete by a rough illustration, which I will derive from our present situation.

Suppose that here in this hall and in this audience, whose exemplary stillness and attention I cannot sufficiently commend, there is an individual who is creating a disturbance, and, by his ill-bred laughing, talking, by scraping his feet, distracts my attention from my task. I explain that I cannot go on with my lecture under these conditions, and thereupon several strong men among you get up, and, after a short struggle, eject the disturber of the peace from the hall. He is now "repressed," and I can continue my lecture. But in order that the disturbance may not be repeated, in case the man who has just been thrown out attempts to force his way back into the room, the gentlemen who have executed my suggestion take their chairs to the door and establish themselves there as a "resistance," to keep up the repression. Now, if you transfer both locations to the psyche, calling this "consciousness," and the outside the "unconscious," you have a tolerably good illustration of the process of repression.

We can see now the difference between our theory and that of Janet. We do not derive the psychic fission from a congenital lack of capacity on the part of the mental apparatus to synthesize its experiences, but we explain it dynamically by the conflict of opposing mental forces, we recognize in it the result of an active striving of each mental complex against the other.

New questions at once arise in great number from our theory. The situation of psychic conflict is a very frequent one; an attempt of the ego to defend itself from painful memories can be observed everywhere, and yet the result is not a mental fission. We cannot avoid the assumption that still other conditions are necessary, if the conflict is to result in dissociation. I willingly concede that with the assumption of "repression" we stand, not at the end, but at the very beginning of a psychological theory. But we can advance only one step at a time, and the completion of our knowledge must await further and more thorough work.

Now do not attempt to bring the case of Breuer's patient under the point of view of repression. This history cannot be subjected to such an attempt, for it was gained with the help of hypnotic influence. Only when hypnosis is excluded can you see the resistances and repressions and get a correct idea of the pathogenic process. Hypnosis conceals the resistances and so makes a certain part of the mental field freely accessible. By this same process the resistances on the borders of this field are heaped up into a rampart, which makes all beyond inaccessible. '

The most valuable things that we have learned from Breuer's observations were his conclusions as to the connection of the symptoms with the pathogenic experiences or psychic traumata, and we must not neglect to evaluate this result properly from the standpoint of the repression-theory. It is not at first evident how we can get from the repression to the creation of the symptoms Instead of giving a complicated theoretical derivation, I will return at, this point to the illustration which I used to typify repression.

Remember that with the ejection of the rowdy and the establishment of the watchers before the door, the affair is not necessarily ended. It may very well happen that the ejected man, now embittered and quite careless of consequences, gives us more to do. He is no longer

[10] This case has been translated by Dr. Brill in "Selected papers on hysteria," etc., p. 31-- F 4.

among us, we are free from his presence, his scornful laugh, his half-audible remarks, but in a certain sense the repression has miscarried, for he makes a terrible uproar outside, and by his outcries and by hammering on the door with his fists interferes with my lecture more than before. Under these circumstances it would be hailed with delight if possibly our honored president, Dr. Stanley Hall, should take upon himself the role of peacemaker and mediator. He would speak with the rowdy on the outside, and then turn to us with the recommendation that we let him in again, provided he would guarantee to behave himself better. On Dr. Hall's authority we decide to stop the repression, and now quiet and peace reign again. This is in fact a fairly good presentation of the task devolving upon the physician in the psychoanalytic therapy of neuroses To say the same thing more directly: we come to the conclusion, from working with hysterical patients and other neurotics, that they have not fully succeeded in repressing the idea to which the incompatible wish is attached. They have, indeed, driven it out of consciousness and out of memory, and apparently saved themselves a great amount of psychic pain, *but in the unconscious the suppressed wish still exists,* only waiting for its chance to become active, and finally succeeds in sending into consciousness, instead of the repressed idea, a disguised and unrecognizable surrogate-creation (*Ersatzbildung*), to which the same painful sensations associate themselves that the patient thought he was rid of through his repression. This surrogate of the suppressed idea -- the symptom -- is secure against further attacks from the defences of the ego, and instead of a short conflict there originates now a permanent suffering. We can observe in the symptom, besides the tokens of its disguise, a remnant of traceable similarity with the originally repressed idea; the way in which the surrogate is built up can be discovered during the psychoanalytic treatment of the patient, and for his cure the symptom must be traced back over the same route to the repressed idea. If this repressed material is once more made part of the conscious mental functions -- a process which supposes the overcoming of considerable resistance -- the psychic conflict which then arises, the same which the patient wished to avoid, is made capable of a happier termination, under the guidance of the physician, than is offered by repression. There are several possible suitable decisions which can bring conflict and neurosis to a happy end; in particular cases the attempt may be made to combine several of these. Either the personality of the patient may be convinced that he has been wrong in rejecting the pathogenic wish, and he may be made to accept it either wholly or in part; or this wish may itself be directed to a higher goal which is free from objection, by what is called sublimation (*Sublimierung*); or the rejection may be recognized as rightly motivated, and the automatic and therefore insufficient mechanism of repression be reinforced by the higher, more characteristically human mental faculties: one succeeds in mastering his wishes by conscious thought.

Forgive me if I have not been able to present more clearly these main points of the treatment which is to-day known as "psychoanalysis." The difficulties do not lie merely in the newness of the subject.

Regarding the nature of the unacceptable wishes, which succeed in making their influence felt out of the unconscious, in spite of repression; and regarding the question of what subjective and constitutional factors must be present for such a failure of repression and such a surrogate or symptom creation to take place, we will speak in later remarks.

3. Third Lecture

Ladies and Gentlemen: It is not always easy to tell the truth, especially when one must be brief, and so to-day I must correct an incorrect statement that I made in my last lecture.

I told you how when I gave up using hypnosis I pressed my patients to tell me what came into their minds that had to do with the problem we were working on, I told them that they would remember what they had apparently forgotten, and that the thought which irrupted into consciousness (*Einfall*) would surely embody the memory for which we were seeking. I claimed that I substantiated the fact that the first idea of my patients brought the right clue and could be shown to be the forgotten continuation of the memory. Now this is not always so; I represented it as being so simple only for purposes of abbreviation. In fact, it would only happen the first times that the right forgotten material would emerge through simple pressure on my part. If the experience was continued, ideas emerged in every case which could not be the right ones, for they were not to the purpose, and the patients themselves rejected them as incorrect. Pressure was of no further service here, and one could only regret again having given up hypnosis. In this state of perplexity I clung to a prejudice which years later was proved by my friend C. G. Jung of the University of Zürich, and his pupils to have a scientific justification. I must confess that it is often of great advantage to have prejudices. I put a high value on the strength of the determination of mental processes, and I could not believe that any idea which occurred to the patient, which originated in a state of concentrated attention, could be quite arbitrary and out of all relation to the forgotten idea that we were seeking. That it was not identical with the latter, could be satisfactorily explained by the hypothetical psychological situation. In the patients whom I treated there were two opposing forces: on the one hand the conscious striving to drag up into consciousness the forgotten experience which was present in the unconscious; and on the other hand the resistance which we have seen, which set itself against the emergence of the suppressed idea or its associates into consciousness. In case this resistance was nonexistent or very slight, the forgotten material could become conscious without disguise (*Enstellung*). It was then a natural supposition that the disguise would be the more complete, the greater the resistance to the emergence of tbe idea. Thoughts which broke into the patient's consciousness instead of the ideas sought for, were accordingly made up just like symptoms; they were new, artificial, ephemeral surrogates for the repressed ideas, and differed from these just in proportion as they had been more completely disguised under the influence of the resistances. These surrogates must, however, show a certain similarity with the ideas which are the object of our search, by virtue of their nature as symptoms; and when the resistance is not too intensive it is possible from the nature of these irruptions to discover the hidden object of our search. This must be related to the repressed thought as a sort of allusion, as a statement of the same thing in *indirect* terms.

We know cases in normal psychology in which analogous situations to the one which we have assumed give rise to similar experiences. Such a case is that of wit. By my study of psychoanalytic technique I was necessarily led to a consideration of the problem of the nature of wit. I will give one example of this sort, which, too, is a story that originally appeared in English.

The anecdote runs: [11] Two unscrupulous business men had succeeded by fortunate speculations in accumulating a large fortune, and then directed their efforts to breaking into good society. Among other means they thought it would be of advantage to be painted by the most famous and expensive artist of the city, a man whose paintings were considered as events. The costly paintings were first shown at a great soirée and both hosts led the most influential connoisseur and art critic to the wall of the salon on which the portraits were hung, to elicit his admiring judgment. The artist looked for a long time, looked about as

[11] Der Witz und seine Beziehung zum Unbewussten. Deuticke, Vienna, 1905, p. 59.

though in search of something, and then merely asked, pointing out the vacant space between the two pictures; "And where is the Saviour?"

I see that you are all laughing over this good example of wit, which we will now attempt to analyse. We understand that the critic means to say; "You are a couple of malefactors, like those between whom the Saviour was crucified." But he does not say this, he expresses himself instead in a way that at first seems not to the purpose and not related to the matter in band, but which at the next moment we recognize as an *allusion* to the insult at which he aims, and as a perfect surrogate for it. We cannot expect to find in the case of wit all those relations that our theory supposes for the origin of the irruptive ideas of our patients, but it is my desire to lay stress on the similar motivation of wit and irruptive idea. Why does not the critic say directly what he has to say to the two rogues? Because, in addition to his desire to say it straight out, he is actuated by strong opposite motives. It is a proceeding which is liable to be dangerous to offend people who are one's hosts, and who can call to their aid the strong arms of numerous servants. One might easily suffer the same fate that I used-in the previous lecture to illustrate repression. On this ground, the critic does not express the particular insult directly, but in a disguised form, as an allusion with omission. The same constellation comes into play, according to our hypothesis, when our patient produces the irruptive idea as a surrogate for the forgotten idea which is the object of the quest.

Ladies and gentlemen, it is very useful to designate a group of ideas which belong together and have a common emotive tone, according to the custom of the Zürich school (Bleuler, Jung and others), as a "complex." So we can say that if we set out from the last memories of the patient to look for a repressed complex, that we have every prospect of discovering it, if only the patient will communicate to us a sufficient number of the ideas which come into his head. So we let the patient speak along any line that he desires, and cling to the hypothesis that nothing can occur to him except what has some indirect bearing on the complex that we are seeking. If this method of discovering the repressed complexes seems too circumstantial, I can at least assure you that it is the only available one.

In practicing this technique, one is further bothered by the fact that the patient often stops, is at a stand-still, and considers that he has nothing to say; nothing occurs to him. If this were really the case and the patient were right, our procedure would again be proven inapplicable. Closer observation shows that such an absence of ideas never really occurs, and that it only appears to when the patient holds back or rejects the idea which be perceives, under the influence of the resistance, which disguises itself as critical judgment of the value of the idea. The patient can be protected from this if he is warned in advance of this circumstance, and told to take no account of the critical attitude. He must say anything that comes into his mind, fully laying aside such critical choice, even though he may think it unessential, irrelevant, nonsensical, especially when the idea is one which is unpleasant to dwell on. By following this prescription we secure the material which sets us on the track of the repressed complex.

These irruptive ideas, which the patient himself values little, if he is under the influence of the resistance and not that of the physician, are for the psychologist like the ore, which by simple methods of interpretation he reduces from its crude state to valuable metal. If one desires to gain in a short time a preliminary knowledge of the patient's repressed complexes, without going into the question of their arrangement and associations, this examination may be conducted with the help of the association experiments, as Jung [12] and his pupils have perfected them. This procedure is to the psychologist what qualitative analysis is to the chemist; it may be dispensed with in the therapy of neurotic patients, but is indispensable in the investigations of the psychoses, which have been begun by the Zürich school with such valuable results.

This method of work with whatever comes into the patient's head when be submits to psychoanalytic treatment, is not the only technical means at our disposal for the widening of

[12] C. G. Jung: Diagnostische Assoziationsstudien, B. 1, 1906.

consciousness. Two other methods of procedure serve the same purpose, the interpretation of his dreams and the evaluation of acts which he bungles or does without intending to *(Fehl- und Zufallshandlungen)*.

I might say, esteemed hearers, that for a long time I hesitated whether instead of this hurried survey of the whole field of psychoanalysis, I should not rather offer you a thorough consideration of the analysis of dreams; a purely subjective and apparently secondary motive decided me against this. It seemed rather an impropriety that in this country, so devoted to practical pursuits, I should pose as "interpreter of dreams," before you had a chance to discover what significance the old and despised art can claim.

Interpretation of dreams is in fact the *via regia* to the interpretation of the unconscious, the surest ground of psychoanalysis and a field in which every worker must win his convictions and gain his education. If I were asked how one could become a psychoanalist [sic], I should answer, through the study of his own dreams. With great tact all opponents of the psychoanalytic theory have so far either evaded any criticism of the "*Traumdeutung*" [13] or have attempted to pass over it with the most superficial objections. If, on the contrary, you will undertake the solution of the problems of dream life, the novelties which psychoanalysis present to your thoughts will no longer be difficulties.

You must remember that our nightly dream productions show the greatest outer similarity and inner relationship to the creations of the insane, but on the other hand are compatible with full health during waking life. It does not sound at all absurd to say that whoever regards these normal sense illusions, these delusions and alterations of character as matter for amazement instead of understanding, has not the least prospect of understanding the abnormal creations of diseased mental states in any other than the lay sense. You may with confidence place in this lay group all the psychiatrists of today. Follow me now on a brief excursion through the field of dream problems.

In our waking state we usually treat dreams with as little consideration as the patient treats the irruptive ideas which the psychoanalyst demands from him. It is evident that we reject them, for we forget them quickly and completely. The slight valuation which we place on them is based, with those dreams that are not confused and nonsensical, on the feeling that they are foreign to our personality, and, with other dreams, on their evident absurdity and senselessness. Our rejection derives support from the unrestrained shamelessness and the immoral longings which are obvious in many dreams. Antiquity, as we know, did not share this light valuation of dreams. The lower classes of our people to-day stick close to the value which they set on dreams; they, however, expect from them, as did the ancients, the revelation of the future. I confess that I see no need to adopt mystical hypotheses to fill out the gaps in our present knowledge, and so I have never been able to find anything that supported the hypothesis of the prophetic nature of dreams. Many other things, which are wonderful enough, can be said about them.

And first, not all dreams are so foreign to the character of the dreamer, are incomprehensible and confused. If you will undertake to consider the dreams of young children from the age of a year and a half on, you will find them quite simple and easy to interpret. The young child always dreams of the fulfillment of wishes which were aroused in him the day before and were not satisfied. You need no art of interpretation to discover this simple solution, you only need to inquire into the experiences of the child on the day before (the "dream day"). Now it would certainly be a most satisfactory solution of the dream-riddle, if the dreams of adults, too, were the same as those of children, fulfillments of wishes which had been aroused in them during the dream day. This is actually the fact; the difficulties which stand in the way of this solution can be removed step by step by a thorough analysis of the dream.

There is, first of all, the most weighty objection, that the dreams of adults generally have an incomprehensible content, which shows wish-fulfillment least of anything. The answer is this:

[13] Die Traumdeutung: 2d edition. Deuticke, Vienna, 1909.

these dreams have undergone a process of disguise, the psychic content which underlies them was originally meant for quite different verbal expression. You must differentiate between the *manifest dream-content*, which we remember in the morning only confusedly, and with difficulty clothe in words which seem arbitrary, and the *latent dream-thoughts*, whose presence in the unconscious we must assume. This distortion of the dream *(Traumentstellung)* is the same process which has been revealed to you in the investigations of the creations (*symptoms*) of hysterical subjects; it points to the fact that the same opposition of psychic forces has its share in the creation of dreams as in the creation of symptoms.

The manifest dream-content is the disguised surrogate for the unconscious dream thoughts, and this disguising is the work of the defensive forces of the ego, of the resistances. These prevent the repressed wishes from entering consciousness during the waking life, and even in the relaxation of sleep they are still strong enough to force them to hide themselves by a sort of masquerading. The dreamer, then, knows just as little the sense of his dream as the hysterical knows the relation and significance of his symptoms. That there are latent dream-thoughts and that between them and the manifest dream-content there exists the relation just described-of this you may convince yourselves by the analysis of dreams, a procedure the technique of which is exactly that of psychoanalysis. You must abstract entirely from the apparent connection of the elements in the manifest dream and seek for the irruptive ideas which arise through free association, according to the psychoanalytic laws, from each separate dream element. From this material the latent dream thoughts may be discovered, exactly as one divines the concealed complexes of the patient from the fancies connected with his symptoms and memories. From the latent dream thoughts which you will find in this way, you will see at once how thoroughly justified one is in interpreting the dreams of adults by the same rubrics as those of children. What is now substituted for the manifest dream-content is the real sense of the dream, is always clearly comprehensible, associated with the impressions of the day before, and appears as the fulfilling of an unsatisfied wish. The manifest dream, which we remember after waking, may then be described as a *disguised* fulfillment of *repressed* wishes.

It is also possible by a sort of synthesis to get some insight into the process which bas brought about the disguise of the unconscious dream thoughts as the manifest dream-content. We call this process "dream-work" *(Traumarbeit).* This deserves our fullest theoretical interest, since here as nowhere else we can study the unsuspected psychic processes which are existent in the unconscious, or, to express it more exactly, *between* two such separate systems as the conscious and the unconscious. Among these newly discovered psychic processes, two, condensation (*Verdichtung*) and displacement or transvaluation, change of psychic accent (*Verschiebung*), stand out most prominently. Dream work is a special case of the reaction of different mental groupings on each other, and as such is the consequence of psychic fission. In all essential points it seems identical with the work of disguise, which changes the repressed complex in the case of failing repression into symptoms.

You will furthermore discover by the analysis of dreams, most convincingly your own, the unsuspected importance of the rôle which impressions and experiences from early childhood exert on the development of men. In the dream life the child, as it were, continues his existence in the man, with a retention of all his traits and wishes, including those which be was obliged to allow to fall into disuse in his later years. With irresistible might it will be impressed on you by what processes of development, of repression, sublimation and reaction there arises out of the child, with its peculiar gifts and tendencies, the so-called normal man, the bearer and partly the victim of our painfully acquired civilization. I will also direct your attention to the fact that we have discovered from the analysis of dreams that the unconscious makes use of a sort of symbolism, especially in the presentation of sexual complexes. This symbolism in part varies with the individual, but in part is of a typical nature, and seems to be identical with the symbolism which we suppose to

lie behind our myths and legends. It is not impossible that these latter creations of the people may find their explanation from the study of dreams.

Finally, I must remind you that you must not be led astray by the objection that the occurrence of anxiety-dreams (*Angsttraüme*), contradicts our idea of the dream as a wish-fulfillment. Apart from the consideration that anxiety-dreams also require interpretation before judgment can be passed on them, one can say quite generally that the anxiety does not depend in such a simple way on the dream content as one might suppose without more knowledge of the facts, and more attention to the conditions of neurotic anxiety. Anxiety is one of the ways in which the ego relieves itself of repressed wishes which have become too strong, and so is easy to explain in the dream, if the dream has gone too far towards the fulfilling of the objectionable wish.

You see that the investigation of dreams was justified by the conclusions which it has given us concerning things otherwise hard to understand. But we came to it in connection with the psychoanalytic treatment of neurotics. From what has been said you can easily understand how the interpretation of dreams, if it is not made too difficult by the resistance of the patient, can lead to a knowledge of the patient's concealed and repressed wishes and the complexes which he is nourishing. I may now pass to that group of everyday mental phenomena whose study has become a technical help for psychoanalysis.

These are the bungling of acts *(Feldhandlungen)* among normal men as well as among neurotics, to which no significance is ordinarily attached; the forgetting of things which one is supposed to know and at other times really does know (for example the temporary forgetting of proper names); mistakes in speaking (*Versprechen*), which occur so frequently; analogous mistakes in writing (*Verschreiben*) and in reading (*Verlesen*), the automatic execution of purposive acts in wrong situations *Vergreifen*) and the loss or breaking of objects, etc. These are trifles, for which no one has ever sought a psychological determination, which have passed unchallenged as chance experiences, as consequences of absent-mindedness, inattention and similar conditions. Here, too, are included the acts and gestures executed without being noticed by the subject, to say nothing of the fact that be attaches no psychic importance to them; as playing and trifling with objects, humming melodies, handling one's person and clothing and the like. [14]

These little things, the bungling of acts, like the symptomatic and chance acts (*Symptom- und Zufallshandlungen*) are not so entirely without meaning as is generally supposed by a sort of tacit agreement. They have a meaning, generally easy and sure to interpret from the situation in which they occur, and it can be demonstrated that they either express impulses and purposes which are repressed, hidden if possible from the consciousness of the individual, or that they spring from exactly the same sort of repressed wishes and complexes which we have learned to know already as the creators of symptoms and dreams.

It follows that they deserve the rank of symptoms, and their observation, like that of dreams, can lead to the discovery of the hidden complexes of the psychic life. With their help one will usually betray the most intimate of his secrets. If these occur so easily and commonly among people in health, with whom repression has on the whole succeeded fairly well, this is due to their insignificance and their inconspicuous nature. But they can lay claim to high theoretic value, for they prove the existence of repression and surrogate creations even under the conditions of health. You have already noticed that the psychoanalyst is distinguished by an especially strong belief in the determination of the psychic life. For him there is in the expressions of the psyche nothing trifling, nothing arbitrary and lawless, be expects everywhere a widespread motivation, where customarily such claims are not made; more than that, he is even prepared to find a manifold motivation of these psychic expressions, while our supposedly inborn causal need is satisfied with a single psychic cause.
Now keeping in mind the means which we possess for the discovery of the hidden, forgotten, repressed things in the soul life: the study of the irruptive ideas called up by free association,

[14] Zur Psychopathologie des Alltagslebens- 3d edition, 1910. S. Kargar, Berlin.

the patient's dreams, and his bungled and symptomatic acts; and adding to these the evaluation of other phenomena which emerge during the psychoanalytic treatment, on which I shall later make a few remarks under the heading of "transfer" (*Ueberträgung*), you will come with me to the conclusion that our technique is already sufficiently efficacious for the solution of the problem of how to introduce the pathogenic psychic material into consciousness, and so to do away with the suffering brought on by the creation of surrogate symptoms.

The fact that by such therapeutic endeavors our knowledge of the mental life of the normal and the abnormal is widened and deepened, can of course only be regarded as an especial attraction and superiority of this method.

I do not know whether you have gained the impression that the technique through whose arsenal I have led you is a peculiarly difficult one. I consider that on the contrary, for one who has mastered it, it is quite adapted for use. But so much is sure, that it is not obvious, that it must be learned no less than the histological or the surgical technique.

You may surprised to learn that in Europe we have heard very frequently judgments passed on psychoanalysis by persons who knew nothing of its technique and had never practised it. but who demanded scornfully that we show the correctness of our results. There are among these people some who are not in other things unacquainted with scientific methods of thought, who for example would not reject the result of a microscopical research because it cannot be confirmed with the naked eye in anatomical preparations, and who would not pass judgment until they had used the microscope. But in matters of psychoanalysis circumstances are really more unfavorable for gaining recognition. Psychoanalysis will bring the repressed in mental life to conscious acknowledgment, and every one who judges it is himself a man who has such repressions perhaps only maintained with difficulty. It will consequently call forth the same resistances from him as from the patient, and this resistance can easily succeed in disguising itself as intellectual rejection, and bring forward arguments similar to those from which we protect our patients by the basic principles of psychoanalysis. It is not difficult to substantiate in our opponents the same impairment of intelligence produced by emotivity which we may observe every day with our patients.

The arrogance of consciousness which for example rejects dreams so lightly, belongs -- quite generally -- to the strongest protective apparatus which guards us against the breaking through of the unconscious complexes, and as a result it is hard to convince people of the reality of the unconscious, and to teach them anew, what their conscious knowledge contradicts.

4. Fourth Lecture

Ladies and Gentlemen: At this point you will be asking what the technique which I have described has taught us of the nature of the pathogenic complexes and repressed wishes of neurotics.

One thing in particular: psychoanalytic investigations trace back the symptoms of disease with really surprising regularity to impressions from the sexual life, show us that the pathogenic wishes are of the nature of erotic impulse-components (*Triebkomponente*), and necessitate the assumption that to disturbances of the erotic sphere must be ascribed the greatest significance among the etiological factors of the disease. This holds of both sexes.

I know that this assertion will not willingly be credited. Even those investigators who gladly follow my psychological labors, are inclined to think that I overestimate the etiological share of the sexual moments. They ask me why other mental excitations should not lead to the phenomena of repression and surrogate-creation which I have described. I can give them this answer; that I do not know why they should not do this, I have no objection to their doing it, but experience shows that they do not possess such a significance, and that they merely support the effect of the sexual moments, without being able to supplant them. This conclusion was not a theoretical postulate; in the *Studien über Hysterie,* published in 1895 with Dr. Breuer, I did not stand on this ground. I was converted to it when my experience was richer and had led me deeper into the nature of the case. Gentlemen, there are among you some of my closest friends and adherents, who have travelled to Worcester with me. Ask them, and they will tell you that they all were at first completely sceptical of the assertion of the determinative significance of the sexual etiology, until they were compelled by their own analytic labors to come to the same conclusion.

The conduct of the patients does not make it any easier to convince one's self of the correctness of the view which I have expressed. Instead of willingly giving us information concerning their sexual life, they try to conceal it by every means in their power. Men generally are not candid in sexual matters. They do not show their sexuality freely, but they wear a thick overcoat -- a fabric of lies -- to conceal it, as though it were bad weather in the world of sex. And they are not wrong; sun and wind are not favorable in our civilized society to any demonstration of sex life. In truth no one can freely disclose his erotic life to his neighbor. But when your patients see that in your treatment they may disregard the conventional restraints, they lay aside this veil of lies, and then only are you in a position to formulate a judgment on the question in dispute. Unfortunately physicians are not favored above the rest of the children of men in their personal relationship to the questions of the sex life. Many of them are under the ban of that mixture of prudery and lasciviousness which determines the behaviour of most *Kulturmenschen* in affairs of sex.

Now to proceed with the communication of our results. It is true that in another series of cases psychoanalysis at first traces the symptoms back not to the sexual, but to banal traumatic experiences. But the distinction loses its significance through other circumstances. The work of analysis which is necessary for the thorough explanation and complete cure of a case of sickness does not stop in any case with the experience of the time of onset of the disease, but in every case it goes back to the adolescence and the early childhood of the patient. Here only do we hit upon the impressions and circumstances which determine the later sickness. Only the childhood experiences can give the explanation for the sensitivity to later traumata and only when these memory traces, which almost always are forgotten, are discovered and made conscious, is the power developed to banish the symptoms. We arrive here at the same conclusion as in the investigation of dreams -- that it is the incompatible, repressed wishes of childhood which lend their power to the creation of symptoms. Without these the reactions upon later traumata discharge normally. But we must consider these mighty wishes of childhood very generally as sexual in nature.

Now I can at any rate be sure of your astonishment. Is there an infantile sexuality? you will ask. Is childhood not rather that period of life which is distinguished by the lack of the sexual impulse? No, gentlemen, it is not at all true that the sexual impulse enters into the child at puberty, as the devils in the gospel entered into the swine. The child has his sexual impulses and activities from the beginning, he brings them with him into the world, and from these the so-called normal sexuality of adults emerges by a significant development through manifold stages. It is not very difficult to observe the expressions of this childish sexual activity; it needs rather a certain art to overlook them or to fail to interpret them. [15]

As fate would have it, I am in a position to call a witness for my assertions from your own midst. I show you here the work of one Dr. Sanford Bell, published in 1902 in the *American Journal of Psychology*. The author was a fellow of Clark University, the same institution within whose walls we now stand. In this thesis, entitled "A Preliminary Study of the Emotion of Love between the Sexes," which appeared three years before my "Drei Abhandlungen zur Sexualtheorie, " the author says just what I have been saying to you: "The emotion of sex love . . . does not make its appearance for the first time at the period of adolescence as has been thought." He has, as we should say in Europe, worked by the American method, and has gathered not less than 2,500 positive observations in the course of fifteen years, among them 800 of his own. He says of the signs by which this amorous condition manifests itself: "The unprejudiced mind, in observing these manifestations in hundreds of couples of children, cannot escape referring them to sex origin. The most exacting mind is satisfied when to these observations are added the confessions of those who have as children experienced the emotion to a marked degree of intensity, and whose memories of childhood are relatively distinct." Those of you who are unwilling to believe in infantile sexuality will be most astonished to hear that among those children who fell in love so early not a few are of the tender ages of three, four, and five years.

It would not be surprising if you should believe the observations of a fellow-countryman rather than my own. Fortunately a short time ago from the analysis of a five-year-old boy who was suffering from anxiety, an analysis undertaken with correct technique by his own father, [16] I succeeded in getting a fairly complete picture of the bodily expressions of the impulse and the mental productions of an early stage of childish sexual life. And I must remind you that my friend, Dr. C. G. Jung, read you a few hours ago in this room an observation on a still younger girl who from the same cause as my patient -- the birth of a little child in the family -- betrayed certainly almost the same secret excitement, wish and complex-creation. Accordingly I am not without hope that you may feel friendly toward this idea of infantile sexuality that was so strange at first. I might also quote the remarkable example of the Zürich psychiatrist, E. Bleuler, who said a few years ago openly that he faced my sexual theories incredulous and bewildered, and since that time by his own observations had substantiated them in their whole scope. [17] If it is true that most men, medical observers and others, do not want to know anything about the sexual life of the child, the fact is capable of explanation only too easily. They have forgotten their own infantile sexual activity under the pressure of education for civilization and do not care to be reminded now of the repressed material. You will be convinced otherwise if you begin the investigation by a self-analysis, by an interpretation of your own childhood memories.

Lay aside your doubts and let us evaluate the infantile sexuality of the earliest years. [18] The sexual impulse of the child manifests itself as a very complex one, it permits of an analysis into many components, which spring from different sources. It is entirely disconnected from

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[15] Drei Abhandlungen zur Sexualtheorie. Wien, F. Deuticke, 1908, 2d ed.

[16] Analyse der Phobie eines 5-jährigen Knaben. Jahrbuch f. Psychoanalytische u. psychopathologische Forschungen. B. 1, H. 1., 1909. [In the original, this footnote is cited in the text as note 2 on page 208, but is given as note 3 at the bottom of the page.]

[17] Bleuler: Sexuelle Abnormitäten der Kinder. Jahrbuch der schweizer, Gesellschaft für Schulgesundheitspflege. IX, 1908.

[18] Drei Abhandlungen zur Sexualtheorie, Vienna, 1910, 2d ed.

the function of reproduction which it is later to serve. It permits the child to gain different sorts of pleasure sensations, which we include, by the analogues and connections which they show, under the term sexual pleasures. The great source of infantile sexual pleasure is the auto-excitation of certain particularly sensitive parts of the body; besides the genitals are included the rectum and the opening of the urinary canal, and also the skin and other sensory surfaces. Since in this first phase of child sexual life the satisfaction is found on the child's own body and has nothing to do with any other object, we call this phase after a word coined by Havelock Ellis, that of "auto-erotism." The parts of the body significant in giving sexual pleasure we call "erogenous zones." The thumb-sucking (*Ludeln*) or passionate sucking (*Wonnesaugen*) of very young children is a good example of such an auto-erotic satisfaction of an erogenous zone. The first scientific observer of this phenomenon, a specialist in children's diseases in Budapest by the name of Lindner, interpreted these rightly as sexual satisfaction and described exhaustively their transformation into other and higher forms of sexual gratification. [19] Another sexual satisfaction of this time of life is the excitation of the genitals by masturbation, which has such a great significance for later life and, in the case of many individuals, is never fully overcome. Besides this and other auto-erotic manifestations we see very early in the child the impulse-components of *sexual pleasure*, or, as we may say, of the *libido*, which presupposes a second person as its object. These impulses appear in opposed pairs, as active and passive. The most important representatives of this group are the pleasure in inflicting pain (sadism) with its passive opposite (masochism) and active and passive exhibition pleasure (*Schaulust*). From the first of these later pairs splits off the curiosity for knowledge, as from the latter the impulse toward artistic and theatrical representation. Other sexual manifestations of the child can already be regarded from the view-point of object-choice, in which the second person plays the prominent part. The significance of this was primarily based upon motives of the impulse of self-preservation. The difference between the sexes plays, however, in the child no very great rôle. One may attribute to every child, without wronging him, a bit of the homosexual disposition.

The sexual life of the child, rich, but dissociated, in which each single impulse goes about the business of arousing pleasure independently of every other, is later correlated and organized in two general directions, so that by the close of puberty the definite sexual character of the individual is practically finally determined. The single impulses subordinate themselves to the overlordship of the genital zone, so that the whole sexual life is taken over into the service of procreation, and their gratification is now significant only so far as they help to prepare and promote the true sexual act. On the other hand, object-choice prevails over auto-erotism, so that now in the sexual life all components of the sexual impulse are satisfied in the loved person. But not all the original impulse components are given a share in the final shaping of the sexual life. Even before the advent of puberty certain impulses have undergone the most energetic repression under the impulse of education, and mental forces like shame, disgust and morality are developed, which, like sentinels, keep the repressed wishes in subjection. When there comes, in puberty, the high tide of sexual desire it finds dams in this creation of reactions and resistances. These guide the outflow into the so-called normal channels, and make it impossible to revivify the impulses which have undergone repression.

The most important of these repressed impulses are koprophilism, that is, the pleasure in children connected with the excrements; and, further, the tendencies attaching themselves to the persons of the primitive object-choice.

Gentlemen, a sentence of general pathology says that every process of development brings with it the germ of pathological dispositions in so far as it may be inhibited, delayed, or incompletely carried out. This holds for the development of the sexual function, with its many complications. It is not smoothly completed in all individuals, and may leave behind

[19] Jahrbuch f. Kinderheilkunde, 1879.

either abnormalities or disposition to later diseases by the way of later falling back or *regression*. It may happen that not all the partial impulses subordinate themselves to the rule of the genital zone. Such an impulse which has remained disconnected brings about what we call a perversion, which may replace the normal sexual goal by one of its own. It may happen, as has been said before, that the auto-erotism is not fully overcome, as many sorts of disturbances testify. The originally equal value of both sexes as sexual objects may be maintained and an inclination to homosexual activities in adult life result from this, which, under suitable conditions, rises to the level of exclusive homosexuality. This series of disturbances corresponds to the direct inhibition of development of the sexual function, it includes the perversions and the general *infantilism* of the sex life that are not seldom met with.

The disposition to neuroses is to be derived in another way from an injury to the development of the sex life. The neuroses are related to the perversions as the negative to the positive; in them we find the same impulse-components as in perversions, as bearers of the complexes and as creators of the symptoms; but here they work from out the unconscious. They have undergone a repression, but in spite of this they maintain themselves in the unconscious. Psychoanalysis teaches us that overstrong expression of the impulse in very early life leads to a sort of fixation *(Fixirung),* which then offers a weak point in the articulation of the sexual function. If the exercise of the normal sexual function meets with hindrances in later life, this repression, dating from the time of development, is broken through at just that point at which the infantile fixation took place.

You will now perhaps make the objection: "But all that is not sexuality." I have used the word in a very much wider sense than you are accustomed to understand it. This I willingly concede. But it is a question whether you do not rather use the word in much too narrow a sense when you restrict it to the realm of procreation. You sacrifice by that the understanding of perversions; of the connection between perversion, neurosis and normal sexual life; and have no means of recognizing, in its true significance, the easily observable beginning of the somatic and mental sexual life of the child. But however you decide about the use of the word, remember that the psychoanalyst understands sexuality in that full sense to which he is led by the evaluation of infantile sexuality.

Now we turn again to the sexual development of the child. We still have much to say here, since we have given more attention to the somatic than to the mental expressions of the sexual life. The primitive object-choice of the child, which is derived from his need of help, demands our further interest. It first attaches to all persons to whom he is accustomed, but soon these give way in favor of his parents. The relation of the child to his parents is, as both direct observation of the child and later analytic investigation of adults agree, not at all free from elements of sexual accessory -excitation *(Miterregung).* The child takes both parents, and especially one, as an object of his erotic wishes. Usually he follows in this the stimulus given by his parents, whose tenderness has very clearly the character of a sex manifestation, though inhibited so far as its goal is concerned. As a rule, the father prefers the daughter, the mother the son; the child reacts to this situation, since, as son, he wishes himself in the place of his father, as daughter, in the place of the mother. The feelings awakened in these relations between parents and children, and, as a resultant of them, those among the children in relation to each other, are not only positively of a tender, but negatively of an inimical sort. The complex built up in this way is destined to quick repression, but it still exerts a great and lasting effect from the unconscious. We must express the opinion that this with its ramifications presents the *nuclear complex* of every neurosis, and so we are prepared to meet with it in a not less effectual way in the other fields of mental life. The myth of King Œdipus, who kills his father and wins his mother as a wife is only the slightly altered presentation of the infantile wish, rejected later by the opposing barriers of incest. Shakespeare's tale of Hamlet rests on the same basis of an incest complex, though better concealed. At the time when the child is still ruled by the still unrepressed nuclear complex,

there begins a very significant part of his mental activity which serves sexual interest. He begins to investigate the question of where children come from and guesses more than adults imagine of the true relations by deduction from the signs which be sees. Usually his interest in this investigation is awakened by the threat to his welfare through the birth of another child in the family, in whom at first he sees only a rival. Under the influence of the partial impulses which are active in him be arrives at a number of "infantile sexual theories," as that the same male genitals belong to both sexes, that children are conceived by eating and born through the opening of the intestine, and that sexual intercourse is to be regarded as an inimical act, a sort of overpowering.

But just the unfinished nature of his sexual constitution and the gaps in his knowledge brought about by the hidden condition of the feminine sexual canal, cause the infant investigator to discontinue his work as a failure. The facts of this childish investigation itself as well as the infant sex theories created by it are of determinative significance in the building of the child's character, and in the content of his later neuroses.

It is unavoidable and quite normal that the child should make his parents the objects of his first object-choice. But his *libido* must not remain fixed on these first chosen objects, but must take them merely as a prototype and transfer from these to other persons in the time of definite object-choice- The breaking loose (*Ablösung,)* of the child from his parents is thus a problem impossible to escape if the social virtue of the young individual is not to be impaired. During the time that the repressive activity is making its choice among the partial sexual impulses and later, when the influence of the parents, which in the most essential way has furnished the material for these repressions, is lessened, great problems fall to the work of education, which at present certainly does not always solve them in the most intelligent and economic way.

Gentlemen, do not think that with these explanations of the sexual life and the sexual development of the child we have too far departed from psychoanalysis and the cure of neurotic disturbances. If you like, you may regard the psychoanalytic treatment only as a continued education for the overcoming of childhood-remnants (*Kindheitsresten*).

5. Fifth Lecture

Ladies and Gentlemen: With the discovery of infantile sexuality and the tracing back of the neurotic symptoms to erotic impulse-components we have arrived at several unexpected formulae for expressing the nature and tendencies of neurotic diseases. We see that the individual falls ill when in consequence of outer hindrances or inner lack of adaptability the satisfaction of the erotic needs in the sphere of reality is denied. We see that he then flees to sickness, in order to find with its help a surrogate satisfaction for that denied him. We recognize that the symptoms of illness contain fractions of the sexual activity of the individual, or his whole sexual life, and we find in the turning away from reality the chief tendency and also the chief injury of the sickness. We may guess that the resistance of our patients against the cure is not a simple one, but is composed of many motives. Not only does the ego of the patient strive against the giving up of the repressions by which it has changed itself from its original constitution into its present form, but also the sexual impulses may not renounce their surrogate satisfaction so long as it is not certain that they can be offered anything better in the sphere of reality.

The flight from the unsatisfying reality into what we call, on account of its biologically injurious nature, disease, but which is never without an individual gain in pleasure for the patient, takes place over the path of regression, the return to earlier phases of the sexual life, when satisfaction was not lacking. This regression is seemingly a twofold one, a *temporal*, in so far as the *libido* or erotic need falls back to a temporally earlier stage of development, and a *formal*, since the original and primitive psychic means of expression are applied to the expression of this need. Both sorts of regression focus in childhood and have their common point in the production of an infantile condition of sexual life.

The deeper you penetrate into the pathogenesis of neurotic diseases, the more the connection of neuroses with other products of human mentality, even the most valuable, will be revealed to you. You will be reminded that we men, with the high claims of our civilization and under the pressure of our repressions, find reality generally quite unsatisfactory and so keep up a life of fancy in which we love to compensate for what is lacking in the sphere of reality by the production of wish-fulfillments. In these phantasies is often contained very much of the particular constitutional essence of personality and of its tendencies, repressed in real life. The energetic and successful man is he who succeeds by dint of labor in transforming his wish fancies into reality. Where this is not successful in consequence of the resistance of the outer world and the weakness of the individual, there begins the turning away from reality. The individual takes refuge in his satisfying world of fancy. Under certain favorable conditions it still remains possible for him to find another connecting link between these fancies and reality, instead of permanently becoming a stranger to it through the regression into the infantile. If the individual who is displeased with reality is in possession of that *artistic talent* which is still a psychological riddle, be can transform his fancies into artistic creations. So he escapes the fate of a neurosis and wins back his connection with reality by this round-about way. [20] Where this opposition to the real world exists, but this valuable talent fails or proves insufficient, it is unavoidable that the *libido*, following the origin of the fancies, succeeds by means of regression in revivifying the infantile wishes and so producing a neurosis. The neurosis takes, in our time, the place of the cloister, in which were accustomed to take refuge all those whom life had undeceived or who felt themselves too weak for life. Let me give at this point the main result at which we have arrived by the psychoanalytic investigation of neurotics, namely, that neuroses have no peculiar psychic content of their own, which is not also to be found in healthy states; or, as C. G. Jung has expressed it, neurotics fall ill of the same complexes with which we sound, people struggle. It depends on quantitative relationships, on the relations of the forces

[20] Compare, Rank, Otto: Der Künstler, Ansätze zu einer Sexual-Psychologie. 56 p. Heller & Co., Wien, 1907.

wrestling with each other, whether the struggle leads to health, to a neurosis, or to compensatory over-functioning (*Ueberleistung*).

Ladies and gentlemen, I have still withheld from you the most remarkable experience which corroborates our assumptions of the sexual impulse-forces of neurotics. Every time that we treat a neurotic psychoanalytically, there occurs in him the so-called phenomenon of *transfer* (Uebertragung), that is, he applies to the person of the physician a great amount of tender emotion, often mixed with enmity, which has no foundation in any real relation, and must be derived in every respect from the old wish-fancies of the patient which have become unconscious. Every fragment of his emotive life, which can no longer be called back into memory, is accordingly lived over by the patient in his relations to the physician, and only by such a living of them over in the "transfer" is he convinced of the existence and the power of these unconscious sexual excitations. The symptoms, which, to use a simile from chemistry, are the precipitates of earlier love experiences (in the widest sense), can only be dissolved in the higher temperature of the experience of transfer and transformed into other psychic products. The physician plays in this reaction, to use an excellent expression of S. Ferenczi, [21] the rôle of a *catalytic ferment*, which temporarily attracts to itself the affect which has become free in the course of the process.

The study of transfer can also give you the key to the understanding of hypnotic suggestion, which we at first used with our patients as a technical means of investigation of the unconscious. Hypnosis showed itself at that time to be a therapeutic help, but a hindrance to the scientific knowledge of the real nature of the case, since it cleared away the psychic resistances from a certain field, only to pile them up in an unscalable wall at the boundaries of this field. You must not think that the phenomenon of transfer, about which I can unfortunately say only too little here, is created by the influence of the psychoanalytic treatment. The transfer arises spontaneously in all human relations and in the relations of the patient to the physician; it is everywhere the especial bearer of therapeutic influences, and it works the stronger the less one knows of its presence. Accordingly psychoanalysis does not create it, it merely discloses it to consciousness, and avails itself of it, in order to direct the psychic processes to the wished for goal. But I cannot leave the theme of transfer without stressing the fact that this phenomenon is of decisive importance to convince not only the patient, but also the physician. I know that all my adherents were first convinced of the correctness of my views through their experience with transfer, and I can very well conceive that one may not win such a surety of judgment so long as he makes no psychoanalysis, and so has not himself observed the effects of transfer.

Ladies and gentlemen, I am of the opinion that there are, on the intellectual side, two hindrances to acknowledging the value of the psychoanalytic view-point: first, the fact that we are not accustomed to reckon with a strict determination of mental life, which holds without exception, and second, the lack of knowledge of the peculiarities through which unconscious mental processes differ from those conscious ones with which we are familiar. One of the most widespread resistances against the work of psychoanalysis with patients as with persons in health reduces to the latter of the two moments. One is afraid of doing harm by psychoanalysis, one is anxious about calling up into consciousness the repressed sexual impulses of the patient, as though there were danger that they could overpower the higher ethical strivings and rob him of his cultural acquisitions. One can see that the patient has sore places in his soul life, but one is afraid to touch them, lest his suffering be increased. We may use this analogy. It is, of course, better not to touch diseased places when one can only cause pain. But we know that the surgeon does not refrain from the investigation and reinvestigation of the seat of illness, if his invasion has as its aim the restoration of lasting health. Nobody thinks of blaming him for the unavoidable difficulties of the investigation or

[21] S. Ferenczi: Introduction und Uebertragung. Jahrbuch f. psychoanal. u. psychopath. Forschungen, Bd. 1, H. 2., 1909.

the phenomena of reaction from the operation, if these only accomplish their purpose, and gain for the patient a final cure by temporarily making his condition worse. The case is similar in psychoanalysis; it can lay claim to the same things as surgery; the increase of pain which takes place in the patient during the treatment is very much less than that which the surgeon imposes upon him, and especially negligible in comparison with the pains of serious illness. But the consequence which is feared, that of a disturbance of the cultural character by the impulse which has been freed from repression, is wholly impossible. In relation to this anxiety we must consider what our experiences have taught us with certainty, that the somatic and mental power of a wish, if once its repression has not succeeded, is incomparably stronger when it is unconscious than when it is conscious, so that by being made conscious it can only be weakened. The unconscious wish cannot be influenced, is free from all strivings in the contrary direction, while the conscious is inhibited by those wishes which are also conscious and which strive against it. The work of psychoanalysis accordingly presents a better substitute, in the service of the highest and most valuable cultural strivings, for the repression which has failed.

Now what is the fate of the wishes which have become free by psychoanalysis, by what means shall they be made harmless for the life of the individual? There are several ways. The general consequence is, that the wish is consumed during the work by the correct mental activity of those better tendencies which are opposed to it. The repression is supplanted by a condemnation carried through with the best means at one's disposal. This is possible, since for the most part we have to abolish only the effects of earlier developmental stages of the ego. The individual for his part only repressed the useless impulse, because at that time he was himself still incompletely organized and weak; in his present maturity and strength he can, perhaps, conquer without injury to himself that which is inimical to him. A second issue of the work of psychoanalysis may be that the revealed unconscious impulses can now arrive at those useful applications which, in the case of undisturbed development, they would have found earlier. The extirpation of the infantile wishes is not at all the ideal aim of development. The neurotic has lost, by his repressions, many sources of mental energy whose contingents would have been very valuable for his character building and his life activities. We know a far more purposive process of development, the so-called *sublimation* (*Sublimirung*), by which the energy of infantile wish-excitations is not secluded, but remains capable of application, while for the particular excitations, instead of becoming useless, a higher, eventually no longer sexual, goal is set up. The components of the sexual instinct are especially distinguished by such a capacity for the sublimation and exchange of their sexual goal for one more remote and socially more valuable. To the contributions of the energy won in such a way for the functions of our mental life we probably owe the highest cultural consequences. A repression taking place at an early period excludes the sublimation of the repressed impulse; after the removal of the repression the way to sublimation is again free.

We must not neglect, also, to glance at the third of the possible issues. A certain part of the suppressed libidinous excitation has a right to direct satisfaction and ought to find it in life. The claims of our civilization make life too hard for the greater part of humanity, and so further the aversion to reality and the origin of neuroses, without producing an excess of cultural gain by this excess of sexual repression. We ought not to go so far as to fully neglect the original animal part of our nature, we ought not to forget that the happiness of individuals cannot be dispensed with as one of the aims of our culture. The plasticity of the sexual-components, manifest in their capacity for sublimation, may cause a great temptation to accomplish greater culture-effects by a more and more far reaching sublimation. But just as little as with our machines we expect to change more than a certain fraction of the applied heat into useful mechanical work, just as little ought we to strive to separate the sexual impulse in its whole extent of energy from its peculiar goal. This cannot succeed, and if the narrowing of sexuality is pushed too far it will have all the evil effects of a robbery.

I do not know whether you will regard the exhortation with which I close as a presumptuous one. I only venture the indirect presentation of my conviction, if I relate an old tale, whose application you may make yourselves. German literature knows a town called Schilda, to whose inhabitants were attributed all sorts of clever pranks. The wiseacres, so the story goes, had a horse, with whose powers of work they were well satisfied, and against whom they had only one grudge, that he consumed so much expensive oats. They concluded that by good management they would break him of this bad habit, by cutting down his rations by several stalks each day, until he had learned to do without them altogether. Things went finely for a while, the horse was weaned to one stalk a day, and on the next day he would at last work without fodder. On the morning of this day the malicious horse was found dead; the citizens of Schilda could not understand why he had died. We should be inclined to believe that the horse had starved, and that without a certain ration of oats no work could be expected from an animal.

I thank you for calling me here to speak, and for the attention which you have given me.

Commentary on "The Origin and Development of Psychoanalysis."

by Raymond E. Fancher, York University

Freud's lectures at Clark University occurred at almost exactly the midpoint of his long and prolific career. By then Freud had already developed most of the truly foundational ideas of psychoanalysis in a series of major publications, which he attempted briefly to abstract in his five lectures. Still, some important details and elaborations of the basic theory remained to be worked out, and Freud devoted much of the rest of his career to this project. This commentary will begin by describing Freud's background and then specifying the major works he had completed prior to the lectures in 1909; it will conclude with a brief summary of the major developments in his work and thought during the remainder of his career.

Freud's Early Life

Sigmund Freud was born on 6 May 1856 in the town of Freiburg in the AustroHungarian Empire (now called Prîbor and part of the Czech Republic). In 1860 his father, a Jewish wool merchant of modest means, moved the family to Vienna, where Freud remained until the final year of his long life. The family constellation was unusual in that Freud's father was much older than his mother, and in a previous marriage had had two sons who were roughly the same age as Freud's mother. One of these halfbrothers had a son - Freud's nephew - who was older than Freud himself. Freud was the first of his mother's eight children, and so grew up as the oldest - and most favored - child within his immediate family household. Some have speculated that this unusual situation may have particularly sensitized Freud to family dynamics such as those he later emphasized in formulating the Oedipus Complex.

Be that as it may, young Freud became a brilliant and ambitious student, standing at or near the top of his class at school with particular interests in history and literature. A chance hearing of a lecture on nature during his final year of secondary school turned his attention toward science, and led to his almost impulsive enrollment in the University of Vienna's medical school in 1873. There, after a brief but intense involvement in the "act psychology" promoted by his philosophy professor Franz Brentano (1838-1917), his imagination was captured by the new, "mechanistic physiology" promoted by his physiology teacher, Ernst Brücke (1819-1892). According to this view, *all* physiological processes, no matter how complex, had to be accounted for "mechanistically" in terms of ordinary physical and chemical laws. Freud worked enthusiastically and productively in Brücke's laboratory for six years, publishing several papers on neuroanatomy, and hoping eventually to pursue a career as a research physiologist rather than as a practicing physician. In the early 1880s, however, he reluctantly concluded that an academic research career would not be possible for an impecunious Jew in anti-Semitic Vienna. He would have to practice medicine after all, and so he went to the General Hospital for clinical training.

There, Freud's prior neurophysiological interests naturally led him to the psychiatry clinic directed by the famous brain anatomist Theodore Meynert (1833-1893). Under Meynert's direction, Freud became unusually adept at diagnosing organic brain disorders, particularly

the effects of localized injuries. He now developed ambitions of specializing in this field, and as Meynert's best student he won a fellowship enabling him to travel to Paris and study with the great French neurologist Jean Charcot (1825-1893) for six months beginning in November of 1885. Charcot had made his reputation by studying "orthodox" neurological conditions such as polio and multiple sclerosis, but when Freud encountered him he happened to be deep into the study of **hysteria**. As Freud relates in the first of his Clark lectures, hysterical symptoms often *resemble* in some ways the effects of localized brain injuries, but occur in the absence of such injuries. Most physicians of the time dismissed hysteria as malingering and did not take it seriously, but Charcot believed it was a real condition caused by generalized (as opposed to localized) weakness of the nervous system, and closely related to the susceptibility to hypnosis. As Freud suggests at the beginning of his second lecture, Charcot's specific theory proved to be incorrect. But with his great prestige he helped elevate the previously "disreputable" subjects of hysteria and hypnosis to scientific respectability, and introduced Freud to their serious and systematic study. This proved crucial to Freud after he returned to Vienna and tried to establish himself in private practice.

Studies on Hysteria

Given a choice, Freud would have specialized exclusively in "ordinary" neurological diseases and brain injuries, and in fact he wrote some very well received works on aphasia and infantile cerebral palsy. He found he could not attract enough patients of this type to make a living, however, and somewhat reluctantly, began accepting patients with hysterical symtoms. At first, his therapeutic armamentarium for such cases was sparse, consisting mainly of "hydrotherapy" (the prescription of warm or cold baths) and "electrotherapy" (mild electrical stimulations of the afflicted body parts). These worked very imperfectly, and much more because of the power of suggestion than any inherent physical effects. Then Freud tried direct hypnosis, where patients were simply hypnotized and told that their symptoms would disappear. This was an improvement, but still far from perfect. Finally Freud remembered a case that had been described to him many years earlier, before his fellowship with Charcot, by his older friend Josef Breuer (1842-1925).

Breuer was a highly respected Viennese physician who had supported Freud financially as well as morally when he was a struggling medical student. Breuer sometimes had confided about his own practice, including the case of Bertha Pappenheim (18591936), a remarkable young woman with severe hysterical symptoms. Breuer did not normally accept hysterical patients, but the Pappenheims were family friends and he agreed to do what he could for Bertha. Over a period of several months, he and Bertha together developed the basic, **cathartic method** of treatment that Freud sketched out in the first of his Clark lectures. Under hypnosis, Bertha would recall previously forgotten but emotionally charged experiences related to the onset of her symptoms. Upon remembering them and expressing the previously pentup emotions associated with them - a process Breuer and Freud later called **abreaction** - the symptoms disappeared. The treatment seemed effective, and Pappenheim went on to have a distinguished career as a social worker and activist for feminist causes. Towards the end of the treatment, however, she had begun to express a strong and irrational emotional attachment to Breuer - a manifestation of what Freud would later call "transference." Breuer (and his wife) found this very upsetting, and never again could he be persuaded to treat a hysterical patient. The cathartic method was forgotten and not used again until Freud, launched upon his own practice several years later, remembered being told about it and decided to try it out for himself.

When he did so, he found it better than anything else available, and treated a number of patients with some success. In 1893 he persuaded the reluctant Breuer to collaborate in writing a short, "preliminary communication" describing the technique and containing the famous summarizing statement that Freud repeated in the first Clark lecture: namely, that "*hysterics suffer mainly from reminiscences*." Two years later the authors elaborated substantially on the treatment method and its theory in a book entitled *Studies on Hysteria* (*Studien über Hysterie*). This contained five detailed case studies including that of Bertha Pappenheim (disguised under the name, "Anna O."), and four of Freud's early patients.

At the time *Studies on Hysteria* was published, Freud still confronted two important problems - one practical and the other theoretical. The practical issue arose because not all hysterical patients could be hypnotized, so a more widely applicable technique was necessary for accessing their unconscious pathogenic ideas. The theoretical question was why those ideas had become unconscious in the first place. Freud's second lecture summarized his interlinked efforts to solve those two problems - efforts that he made without the collaboration of Breuer and that are seen by many scholars as marking the real beginning of Freudian "psychoanalysis." These efforts culminated in the invention of **free association**: Patients in the normal waking state (but still reclining with eyes closed on the hypnotic subject's couch) were instructed to let their minds wander freely to any and all thoughts aroused by their symptoms, no matter how ridiculousseeming or anxietyarousing. Although simple in principle, this procedure was difficult in practice because the patients inevitably experienced what Freud called **resistance** - a blocking, editing or censoring of their accounts that could be overcome only with great persistence and encouragement from the therapist. Freud now became convinced that pathogenic ideas became unconscious because there was something fundamentally anxietyarousing about them, so much so that they were actively **repressed** from consciousness and the symptoms appeared in their stead. Unconsciously, the patients seemed to have made a decision that it was better to suffer the pain of the symptom than that of thinking the thought. The symptom therefore represented a **defense** against the conscious acknowledgement of the thought.

At the same time he was advancing his understanding of hysteria in these ways, Freud was also working energetically on an even more ambitious theoretical project. He hoped to integrate his new insights about hysteria with his earlier knowledge of neurology, in constructing a comprehensive theoretical model of the mind. The main result was 100 pages of draft manuscript composed in late 1895, that Freud himself never published but that he sent to his best friend and confidant Wilhelm Fliess (1858-1928), a physician in Berlin. The work, along with a treasure trove of other draft manuscripts and letters sent to Fliess, came to light only after Freud's death. Although the manuscript was untitled and privately referred to by Freud as his "Psychology for Neurologists," his English translators called it the *Project for a Scientific Psychology*. Employing the mechanistic neurological terminology Freud had learned from Brücke and Meynert, this extraordinary work presented his first systematic theory of how *unconscious* and *instinctually driven* processes presumably underlie most psychological activity in general. Here Freud for the first time seriously considered the subject of *dreams*. His neurologically oriented theory predicted that dreams should show some structural properties similar to hysterical symptoms, and also - momentously - that they should often represent the symbolic gratification of conflictladen *wishes*. Here was a hypothesis that Freud could put to a *psychological* test by subjecting the content of dreams to free association. When he did so dream analysis turned out to be - as he put it in his third lecture - the *via regia* ("royal road") to the unconscious.

Dream Interpretation and Self-analysis

The first dream Freud analyzed by this new method was one of his own, subsequently known as "The Dream of Irma's Injection." In the dream, Freud was at a gathering at which "Irma," one of his own patients in real life, fell ill after being given an injection of propyl (a ridiculous medical procedure) by one of his colleagues; then Freud vividly saw before him the formula for the chemically related substance trimethylamin, printed in heavy type. Like the content of so many dreams, this experience was disjointed, somewhat bizarre, and made no obvious sense. When Freud free associated to this directly experienced but nonsensical content of the dream, however, a series of unsuspected ideas emerged that did make sense. These included the recollection that his best friend Fliess (not the doctor from the dream) had been dangerously negligent in a real operation Freud had asked him to perform on Irma in real life. Freud also recalled a recent conversation with Fleiss in which they had speculated about the role of trimethylamin in the chemistry of the body's sexual processes. These recollections in turn led to a whole welter of conflict-laden thoughts and wishes regarding both Fliess and Irma - feelings of resentment and anger towards his best friend, and of a certain sexual attraction between himself and his patient, for example. Many of these thoughts were anxiety arousing and difficult to accept, but Freud felt forced to acknowledge that they were true, that they made sense, and that they therefore constituted the "real" motivation and meaning of his dream.

Freud soon became convinced that virtually *any* dream could be interpreted in much the same way, and moreover could be shown to have some remarkable similarities to hysterical symptoms. When the remembered dream experience, referred to by Freud as its **manifest content**, was subjected to free association in the same way that hysterical patients' symptoms were, a previously unconscious **latent content** was revealed. This latent content seemed to stand in many of the same relationships to the manifest content that unconscious pathogenic ideas stood to hysterical symptoms. In both instances the conscious products were psychologically "safer" - i.e., less anxiety arousing - than the original unconscious ideas that had to be recovered through free association. Further, individual symptoms and manifest dream images both seemed to represent *several different* unconscious ideas at once; e.g., a whole group of different pathogenic ideas often underlay a single hysterical symptom, just as a large number of complexly interrelated ideas had been associated with Freud's brief dream sequence of Irma's injection. Freud called this phenomenon **overdetermination** in the case of symptoms and **condensation** in the dreams.

A fluent recaller of his own dreams, Freud now he became his own best subject in psychoanalytical research. And after his father died in 1896, he also literally became his own patient. Even though the death had been expected for some time it precipitated a severe personal crisis in which Freud felt as if he had been "torn up by the roots." Attempting to cure himself by the method he had previously developed for his patients, he began systematically subjecting the manifest content of his dreams to free association. This was the famous **self-analysis**, regarded by many of Freud's followers as his greatest and most heroic accomplishment.

Following as best as he could his rule of allowing his associations to go where they would without censorship, Freud discerned within himself a number of consciously very uncomfortable ideas and memories. In particular, he detected a constellation of attitudes and impulses dating from childhood, when - he was forced to believe - he had wished for the exclusive possession of his mother as a source of sensual, "sexual" gratification, and for he removal or "death" of his father, whom he perceived as the main rival for that gratification. The words "sexual" and "death" have been enclosed in quotation marks here because they

represent those concepts as understood by Freud as a young child, differing from his mature understanding of the terms. But Freud had no doubt that these childhood attitudes were the genuine precursors and originating points for the adult concepts. So here, within himself, was the original evidence for the **Oedipus complex** which he soon came to view as a nearly inevitable consequence of *any* child's development, and which he elaborated upon in his fourth lecture at Clark.

This self-knowledge helped Freud to solve a problem that had arisen in his understanding and treatment of hysteria. Previously, he had been increasingly impressed by the regularity with which his patients' associations had led to "memories" of a sexual nature, dating from childhood. Surprisingly often, these remembered scenes entailed sexual abuse, usually at the hands of a parent. Indeed, Freud in 1896 had published papers proclaiming a **seduction theory** of hysteria: namely, that childhood sexual abuse was a *necessary precondition* for the illness. Presumably the experiences had not been perceived as "sexual" by the immature children at the time of their occurrence, but after the onset of puberty their memories became disturbingly charged with new meaning and "sexualized after the fact," causing them to be repressed from normal consciousness. Thus they became pathogenic ideas.

This theory was not well received, as one eminent Viennese physician called it "a scientific fairy tale." And soon, Freud himself began to have doubts about it. He confessed to Fliess in late 1897 that in too many cases the uncovering of these "memories" failed to produce the expected symptom relief, and that in too many cases contrary evidence suggested they could not be literally true. Even in Freud's own family a sibling had developed hysterical symptoms, and if his theory were correct it would point to his own father as a child abuser. This just did not ring true.

Freud's self-analysis and postulation of the Oedipus complex pointed to a possible resolution. His discovery of traces of childhood sexuality in himself suggested that these might be universal, and that the traditional definition of "sexuality" should be revised. Instead of being a highly specific, genitally and heterosexually oriented instinct to copulate and reproduce, "sexuality" should be thought of as a highly general drive for sensual gratification of many different kinds, present in all individuals from infancy onwards. Under this new conception, an infant is born in a state of "polymorphous perversity," capable of "sexual" gratification via various autoerotic and non-reproductive activities such as those highlighted by Freud in his fourth lecture. By the time the child reaches the age of five or six, many of these pleasures arouse condemnation from parents and society, and thus cause such severe anxiety that the urges for them must be repressed into unconsciousness. They do not disappear, however, but remain in the unconscious waiting for opportunities to be expressed indirectly - not only in dreams but also, in some cases, as hysterical symptoms. Hysterical pathogenic ideas, like the disturbing latent content of many dreams, could be interpreted as disguised representations of childhood *wishes* rather than actual experiences.

With his increasing sense of the pervasiveness of unconscious motivation, and with free association available as a technique for revealing it, Freud turned his attention to diverse phenomena such as jokes and mistakes (or "slips"). As he argues in the third lecture, these psychic creations apparently are not random, but like symptoms or dreams they express *by allusion* wishful ideas that are too dangerous or embarrassing to be directly stated.

While treating his patients, Freud gradually came to place as much emphasis on the analysis of their dreams as on their symptoms. Dreams often provided more detailed and useful insight than symptoms did into the patients' underlying personality dynamics. And to his surprise, Freud discovered that frequently the latent content of his patients' dreams entailed

unconscious fantasies about *himself*, and that those fantasies recreated many of the crucial Oedipal and other conflictladen relationships the patients had had with important figures in their lives. Here was the phenomenon of **transference**, which Freud discussed in his fifth lecture (where the term was translated as "transfer") as one of the most important aspects of the relationship between patient and psychoanalyst.

Freud's Major Works

In essence, Freud's five lectures abstracted the contents of six important longer works he had published prior to 1909. *Studies on Hysteria*, published with Breuer in 1895, gave a complete account of the two men's pioneering work on hysteria. A detailed presentation of Freud's dream theory appeared in *The Interpretation of Dreams*, a long book published in late 1899 but dated 1900 by the publisher. This contains many interpretations of Freud's own dreams, and sheds incidental light on his self-analysis. It closes with a theoretical chapter drawing the implications of the dream theory for a general model of the mind which, although couched in completely psychological as opposed to neurological terms, is clearly the successor of the *Project*. Freud himself always regarded this as his single most important book. 1901 saw the first publication of *The Psychopathology of Everyday Life*, in which Freud detailed the evidence in favor of unconsciously motivated mistakes or "Freudian slips." One of his most popular works, this originally appeared as a long article in a medical journal but was reprinted as a separate book in 1904, and subsequently expanded and revised in nine further editions over the next twenty years. The three other major publications all appeared in 1905: Freud's analysis of humor and wit in *Jokes and their Relationship to the Unconscious*; his broadened and revolutionary theory of the sexual drive in *Three Essays on the Theory of Sexuality*; and his account of the case that first showed him the importance of transference in a long paper entitled "Fragment of an Analysis of a Case of Hysteria."

All six of the above works, while necessarily more technical and detailed than the lectures that summarized them, were nonetheless addressed to a relatively broad audience of general physicians and intelligent laypeople, and so were very readable. Many of Freud's works that came *after* 1909 showed a rather different quality, occasioned by the emerging status of psychoanalysis as a *movement*. As was noted in the Introduction, the Clark lectures represented a watershed in Freud's career, marking the end of his years of "splendid isolation" and the beginnings of his leadership of an international organization. And even though some of his early followers like Jung and Adler soon broke with him to form rival psychodynamic schools of their own, a much greater number became positively attracted, joined the International Psycho-Analytical Association and became selfidentified "Freudians." Inevitably, this group of followers became the intended audience for much of Freud's later work. Now that he could take for granted his readers' prior familiarity and basic sympathy with his views, his writing inevitably became more specialized and technical - and, it must be said, not nearly as enjoyable for the ordinary reader. (Two notable exceptions to this, intended as summaries of his theory for a general audience, were *Introductory Lectures on PsychoAnalysis* and *An Outline of PsychoAnalysis*, published respectively in 1916-17 and 1940.)

Among the more important of Freud's technical writings were a series of "Papers on Metapsychology" from the mid-1910s, exploring the fine points of repression and the unconscious. Other works concerned the precise nature of the instinctual drives. In the 1914 paper, "On Narcissism: An Introduction," for example, Freud postulated that the sexual energy or libido could be directed not only "outwards" towards external figures but also inwards towards the self. In *Beyond the Pleasure Principle* (1920), a controversial work that was not accepted by some of his otherwise staunchest supporters, Freud posited an ultimately

destructive "death instinct" ("Thanatos") in perpetual conflict with a sexuallyoriented life instict ("Eros").

In 1923, concern over some technicalities in psychoanalytic terminology stimulated Freud to write *The Ego and the Id*. Previously he had used the terms "unconscious" and "preconscious" both as adjectives (e.g., to describe an "unconscious wish" or a "preconscious memory") and as nouns (postulating "*the* Unconscious" or "*the* Preconscious" as separate systems in the psyche). But Freud was troubled by the fact that several of the important processes he had attributed to the Preconscious system actually occurred unconsciously, and that certain repressed components of the Unconscious system were structured like preconscious material. Thus he now renamed "the Unconscious" as the **id**, and "the Preconscious" as the **ego**. Further, he had become increasingly aware of situations when conflicts between the instinctual drives and external reality are further complicated by *moral* demands. For example, sometimes one abstains from seeking a desired object, or feels guilty at the very thought of doing so, simply out of a feeling that it would be *wrong*. Freud reasoned that the source of this moral force in the psyche was acquired rather than innate, since very young children and some psychopathic adults lack it. It also seemed to be based on some kind of unconscious *identification* with authority figures from the developing child's society, and to have a certain amount of independent energy at its disposal to create feelings of guilt. Accordingly, Freud postulated the **superego** as a separate entity in his new conception of the psyche, the result of a childhood identification with the same-sexed parent in the Oedipal relationship. Psychology textbooks often *begin* their treatment of Freud and psychoanalysis by describing this famous idegosuperego trichotomy; seldom do they acknowledge that this was actually a rather *late* development in Freud's theory, and more a response to technical details than to fundamental issues.

One of Freud's most controversial papers, "Some Psychical Consequences of the Anatomical Distinction between the Sexes" (1925), hypothesized differences in the typical male and female superego. Freud argued that the discovery of anatomical sex differences during childhood typically leads to "penis envy" in the little girl, and "castration anxiety" in the boy. Anxiety presumably constitutes a stronger motive than envy does to repress Oedipal wishes by identifying with the proscriptive aspects of the samesexed parent; thus the boy develops a stronger superego, and consequent moral sense, than the girl. Freud presented this view only tentatively, and it dealt with a relatively technical detail of his theory. Like the death instinct it was rejected by some of Freud's closest followers, and he accepted their dissent with equanimity. Personally, Freud welcomed women as professionals in the psychoanalytic movement, and was relatively free of many of the typical male biases of his time. Yet perhaps understandably, he acquired a a public reputation of being unfriendly to women following publication of this paper.

Just prior to writing that paper, Freud had been diagnosed with mouth cancer - a consequence of many years of heavy cigar smoking. During the fourteen remaining years of his life he underwent a long series of painful and disfiguring operations. Although he confronted his situation stoically, the tone of his writing became increasingly philosophical and pessimistic. *The Future of an Illusion* (1927) interpreted all religious beliefs as illusions or wishful thinking based on childhood dependency, and *Civilization and its Discontents* (1930) speculated that the destructive aspects of Thanatos are likely to prevail in the long run over the positive and creative urges of Eros. And in a 1937 paper entitled "Analysis Terminable and Interminable," Freud concluded that no individual can ever undergo a *complete* psychoanalysis - that no matter how successfully "cured" one has been in the past there is no guarantee that some new conflict may arise and overwhelm the psyche's capacity for adaptive compromise solutions.

In 1938, the Nazi occupation of Vienna led Freud and his immediate family to flee to London for sanctuary. A year later at the age of 83, and just before the horrors of World War II seemed to justify his philosophical pessimism, he succumbed to his long illness. Despite the controversy surrounding much of his work, Freud's basic image of human beings as creatures in conflict - with aspects of themselves as well as with external circumstances - struck a responsive chord. His fundamental concepts of repression and the unconscious nature of much psychological activity have become commonplace. In the words of the poet W. H. Auden, by the end of his life Freud had become not just an important historical character, "but a whole climate of opinion/ Under whom we conduct our differing lives."

Suggested Reading

Freud was as skillful a writer as he was a lecturer, and the student who has been intrigued by his brief lectures deserves the pleasure of sampling Freud's more substantive writing. The vast majority of his works have been translated, edited and extensively documented by James Strachey in the 24 volumes of *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (London: Hogarth, 1953-1974). All of Freud's major individual works are available in various paperback volumes based on this *Standard Edition*. As suggested in the commentary, Freud's earlier works are generally more accessible as well as fundamental than his later ones, so students are advised to start with *Studies on Hysteria, The Interpretation of Dreams, The Psychopathology of Everyday Life,* and *Three Essays on the Theory of Sexuality*. For a detailed exposition of Freud's major works in the order in which they were written, see Raymond E. Fancher's *Psychoanalytic Psychology: The Development of Freud's Thought* (New York: Norton, 1973). For a complete and authoritative biography see Peter Gay's *Freud: A Life for Our Time* (New York: Norton, 1988).

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- Images on front page:
  Sigmund Freud, half-length portrait, facing left, holding cigar in right hand
  Photographer: A. Max Halberstadt, ca. 1921.
  From Prints and Photographs Division, Library of Congress
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  Page 1 & 2 of Holograph manuscript, 1910, "Five Lectures on Psychoanalysis"
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