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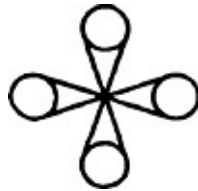
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# FREUD AND PSYCHOANALYSIS

*C. G. JUNG*



*TRANSLATED BY R. F. C. HULL*

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In the Editorial Note to Volume 1 it was pointed out that Jung's interest had gradually transferred itself, over the years, from psychiatry through psychoanalysis and typology to the theory of archetypes, and finally to the psychology of religious motifs. This facilitated the grouping of his published researches under the relevant headings, even though some of the material could equally well fit into any of several volumes. It follows that there is an underlying network linking, in time and subject-matter, each volume with others, and that wide reading among the volumes is required for a thorough grasp of Jung's views on any particular topic. From no single volume, whatever the arrangement, could the continuity of development be seen in historical perspective.

The present volume gives the substance of Jung's published writings on Freud and psychoanalysis between the years 1906 and 1916; two later papers are, however, added for reasons which will become apparent. Anyone familiar with Jung's work will be aware that references to Freud's observations and theories occur frequently throughout his writings; indeed, the discussion of them has engaged his interest from the beginning of the century to the present day. The scientific papers in this volume, while falling short of a complete account of Freud and psychoanalysis, nevertheless give the essential elements in Jung's changing views on this subject.

Between the years 1907 and 1912, when Jung was a psychoanalyst, his association with Freud was very close. Though the personal relationship between the two then became strained, largely owing to the publication of *Wandlungen und Symbole der Libido* in 1911–12, Jung continued to serve as president of the International Psycho-Analytical Association until 1914. [Part I](#) of this volume covers the period of Jung's close and "enthusiastic" collaboration with Freud; the papers in [Parts II](#) and [III](#) contain the essentials of the criticism that led to the formal rupture. The contents of [Part IV](#) are more in need of explanation. "The Significance of the Father in the Destiny of the Individual," having been originally written in 1908, is associated with the material of [Part I](#). It was, however, considerably revised by the author in 1949, and the revisions are sufficiently extensive to warrant its being placed in [Part IV](#). In view of their special interest, the most important differences between the two versions have been indicated by the use of brackets and footnotes (a comparative method applied also to "The Theory of Psychoanalysis" in [Part II](#)). The essay "Freud and Jung: Contrasts" was commissioned in 1929 by the editor of the *Kölnische Zeitung* in view of the then current interest in the relation between Freud and Jung. It is included here because it shows the continuity in Jung's thinking from the time he wrote "The Theory of Psychoanalysis" (1912), serving at the same time as an outline of the changes that had taken place in the interim. In particular, it stresses that the element of confession and the personality of the investigator cannot be eradicated from psychological formulations and may even be considered an essential part of them. Jung's estimate of Freud must be seen in this light, not only in the writings in the present volume but in Volume 15, where Freud is viewed in his cultural setting. "Freud and Jung: Contrasts" and the Introduction to Kranefeldt's *Secret Ways of the Mind* (1931) therefore form a basis for further study of Jung's reassessment of psychoanalysis in that and other volumes of this edition.

The concept of personality is closely bound up with the subject of typology, first broached in this volume and elaborated systematically in *Psychological Types* (Volume 6). Indeed, Jung has once again declared (in his British television broadcast, November 1959) that it was the difference between Freud's views and his own that originally impelled him to work out a psychology of types. We can see this very clearly in the publications between the years 1913 and 1921, when *Psychological Types* was published. The break with Freud was followed by a relatively fallow period. Except for a handful of publications chiefly in English only two works appeared during those years, but they are very important indeed: "The Conception of the Unconscious" and "The Psychology of the Unconscious Processes" (a revision of a 1912 work), published in 1916 and 1917. Through periodic revision they ultimately became the celebrated *Two Essays on Analytical Psychology* (Volume 7), and they contain in embryo the whole future development of analytical psychology both as a therapeutic technique and as a method of investigating the unconscious. In these two seminal works and their subsequent revisions, Jung progressively elaborates and clarifies his basic concepts and carefully differentiates his position from that of Freud. They deepen our understanding of Jung's relation to psychoanalysis and that they set his concepts of the collective unconscious, the archetypes, and the individuation process side by side with his assessment of the theories of Freud and Adler. In this respect, they amplify the papers published in [Parts I, II, and III](#) of the present volume and form the link between them and Jung's more critical approach to Freud in [Part IV](#).

The combination of scientific with less technical essays illustrates another aspect of editorial policy in this and other volumes. Over the years Jung has responded again and again to the widespread interest which psychoanalysis, and later analytical psychology, aroused. The Editors, therefore, have not hesitated to assemble in the same volume scientific articles with essays of a more popular nature

## EDITORIAL NOTE

### I

#### Freud's Theory of Hysteria: A Reply to Aschaffenburg

Translated from "Die Hysterielehre Freuds: Eine Erwiderung auf die Aschaffenburgsche Kritik," *Münchener medizinische Wochenschrift* (Munich), LIII (1906).

#### The Freudian Theory of Hysteria

Translated from "Die Freud'sche Hysterietheorie," *Monatsschrift für Psychiatrie und Neurologie* (Berlin), XXIII (1908).

#### The Analysis of Dreams

Translated from "L'Analyse des rêves," *Année psychologique* (Paris), XV (1909).

#### A Contribution to the Psychology of Rumour

Translated from "Ein Beitrag zur Psychologie des Gerüchtes," *Zentralblatt für Psychoanalyse* (Wiesbaden), I (1910/11).

#### On the Significance of Number Dreams

Translated from "Ein Beitrag zur Kenntnis des Zahlentraumes," *Zentralblatt für Psychoanalyse* (Wiesbaden), I (1910/11).

#### Morton Prince, "The Mechanism and Interpretation of Dreams": A Critical Review

Translated from a review in the *Jahrbuch für psychoanalytische und psychopathologische Forschungen* (Leipzig), III (1911).

#### On the Criticism of Psychoanalysis

Translated from "Zur Kritik über Psychoanalyse," *Jahrbuch für psychoanalytische und psychopathologische Forschungen* (Leipzig), II (1910).

#### Concerning Psychoanalysis

Translated from "Zur Psychoanalyse," *Wissen und Leben* (Zurich), V (1912).

### II

# The Theory of Psychoanalysis

Translated from *Versuch einer Darstellung der psychoanalytischen Theorie*, 2nd edn. (Zurich: Rascher, 1955).

FOREWORD TO THE FIRST EDITION

FOREWORD TO THE SECOND EDITION

1. A REVIEW OF THE EARLY HYPOTHESES
2. THE THEORY OF INFANTILE SEXUALITY
3. THE CONCEPT OF LIBIDO
4. NEUROSIS AND AETIOLOGICAL FACTORS IN CHILDHOOD
5. THE FANTASIES OF THE UNCONSCIOUS
6. THE OEDIPUS COMPLEX
7. THE AETIOLOGY OF NEUROSIS
8. THERAPEUTIC PRINCIPLES OF PSYCHOANALYSIS
9. A CASE OF NEUROSIS IN A CHILD

## III

### General Aspects of Psychoanalysis

Translated from “Allgemeine Aspekte der Psychoanalyse,” the original ms., which was published (in an anonymous translation) in *Transactions of the Psycho-Medical Society* (Cockermouth, England), 1913.

### Psychoanalysis and Neurosis

Originally published in English as “On Psychoanalysis” in *Collected Papers on Analytical Psychology* (London: Baillière, Tindall and Cox, 1916).

### Some Crucial Points in Psychoanalysis: A Correspondence between Dr. Jung and Dr. Loÿ

Translated from *Psychotherapeutische Zeitfragen: Ein Briefwechsel mit Dr. C. G. Jung*, edited by Dr. R. Loÿ (Leipzig and Vienna: Deuticke, 1914).



## Prefaces to *Collected Papers on Analytical Psychology*

Originally published in the book, edited by Constance E. Long (London: Baillière, Tindall and Cox, 1916; 2nd edn., 1917).

### IV

#### The Significance of the Father in the Destiny of the Individual

Translated from *Die Bedeutung des Vaters für das Schicksal des Einzelnen* (3rd revised edn., Zurich: Rascher, 1949), including material from the 1st edn. (1909).

#### Introduction to Kranefeldt's *Secret Ways of the Mind*

Translated from the introduction to W. M. Kranefeldt, *Die Psychoanalyse* (Berlin and Leipzig: W. de Gruyter, 1930).

#### Freud and Jung: Contrasts

Translated from "Der Gegensatz Freud und Jung," *Seelenprobleme der Gegenwart* (Zurich: Rascher, 1931).

#### BIBLIOGRAPHY

#### INDEX

**ARTICLES**

**1906-1912**

- [1] If I try to answer Aschaffenburg's—on the whole-very moderate and cautious criticism of Freud's theory of hysteria,<sup>2</sup> I do so in order to prevent the baby from being thrown out with the bath-water. Aschaffenburg, of course, does not assert that Freud's importance ends with his theory of hysteria. But the medical public (psychiatrists included) know Freud mainly from this side of his work, and for this reason adverse criticism could easily throw a shadow on Freud's other scientific achievements. I would like to remark at the start that my reply is not directed to Aschaffenburg personally, but to the whole school of thought whose views and aspirations have found eloquent expression in Aschaffenburg's lecture.
- [2] His criticism is confined exclusively to the role which sexuality, according to Freud, plays in the formation of the psychoneuroses. What he says, therefore, does not affect the wider range of Freud's psychology, that is, the psychology of dreams, jokes, and disturbances of ordinary thinking caused by feeling-toned constellations. It affects only the psychology of sexuality, the determination of hysterical symptoms, and the methods of psychoanalysis.<sup>3</sup> In all these fields Freud has to be credited with unique achievements, which can be contested only by one who has never taken the trouble to check Freud's thought-processes experimentally. I say "achievements," though this does not mean that I subscribe unconditionally to all Freud's theorems. But it is also an achievement, and often not a small one, to propound ingenious problems. This achievement cannot be disputed even by Freud's most vigorous opponents.
- [3] To avoid being unnecessarily diffuse, I shall leave out of account all those points which are not affected by Aschaffenburg's criticism, and shall confine myself only to those it attacks.
- [4] Freud maintains that he has found the root of *most* psychoneuroses to be a psychosexual trauma. Is this assertion nonsense?
- [5] Aschaffenburg takes his stand on the view, generally accepted today, that hysteria is a psychogenic illness. It therefore has its roots in the psyche. It would be a work of supererogation to point out that an essential component of the psyche is sexuality, a component of whose extent and importance we can form absolutely no conception in the present unsatisfactory state of empirical psychology. We know only that one meets sexuality everywhere. Is there any other psychic factor, any other basic drive except hunger and its derivatives, that has a similar importance in human psychology? I could not name one. It stands to reason that such a large and weighty component of the psyche must give rise to a correspondingly large number of emotional conflicts and affective disturbances, and a glance at real life teaches us nothing to the contrary. Freud's view can therefore claim a high degree of probability at the outset, in so far as he derives hysteria primarily from psychosexual conflicts.
- [6] Now what about Freud's particular view that all hysteria is reducible to sexuality?
- [7] Freud has not examined all the hysterias there are. His proposition is therefore subject to the general limitation which applies to empirical axioms. He has simply found his view confirmed in the cases observed by him, which constitute an infinitely small fraction of all cases of hysteria. It

even conceivable that there are several forms of hysteria which Freud has not yet observed at all. Finally, it is also possible that Freud's material, under the constellation of his writings, has become somewhat one-sided.

[8] We may therefore modify his dictum, with the consent of the author, as follows: An indefinitely large number of cases of hysteria derive from sexual roots.

[9] Has anyone proved that this is not so? By "prove" I naturally mean applying Freud's psychanalytic methods and not just carrying out a rigorous examination of the patient and then declaring that nothing sexual can be found. All such "proofs" are of course worthless from the start. Otherwise we would have to admit that a person who examines a bacterial culture with a magnifying-glass and asserts that there are no bacteria in it is right. The application of psychanalytic methods is, logically, a *sine qua non*.

[10] Aschaffenburg's objection that an entirely traumatic hysteria contains nothing sexual and goes back to other, very clear traumata seems to me very apt. But the limits of traumatic hysteria, as Aschaffenburg's example shows (flower-pot falling followed by aphonia), are very wide. At that rate countless cases of hysteria could be put into the category of "traumatic" hysteria, for how often does a mild fright produce a new symptom! Aschaffenburg will surely not believe that anyone can be so naïve as to seek the cause of the symptom in that little affect alone. The obvious inference is that the patient was hysterical long before. When for instance a shot is fired and a passing girl gets abasia, we can safely assume that the vessel, long since full, has merely overflowed. No special feat of interpretation is needed to prove this. So these and a legion of similar cases prove nothing against Freud.

[11] It is rather different in the case of physical traumata and hysterias about insurance money. Here, where the trauma and the highly affective prospect of money coincide, an emotional situation arises which makes the outbreak of a specific form of hysteria appear at least very plausible. It is possible that Freud's view is not valid in these cases. For lack of other experiences I incline to this opinion. But if we want to be absolutely fair and absolutely scientific, we would certainly have to show first that a sexual constellation really never did pave the way for the hysteria, i.e., that nothing of that sort comes out under analysis. At any rate the allegation of traumatic hysteria proves, at best, only that not all cases of hysteria have a sexual root. But this does not controvert Freud's basic proposition, as modified above.

[12] There is no other way to refute it than by the use of psychanalytic methods. Anyone who does not use them will never refute Freud; for it must be proved by means of the methods inaugurated by him that factors can be found in hysteria other than sexual ones, or that these methods are totally unsuited to bringing intimate psychic material to light.

[13] Under these conditions, can Aschaffenburg substantiate his criticism?

[14] We hear a great deal about "experiments" and "experiences," but there is nothing to show that our critic has used the methods himself and—what is more important—handled them with certainty. He cites a number of—we must admit—very startling examples of Freudian interpretation, which are bound to nonplus the beginner. He himself points out the inadequacy of

quotations torn from their context; it should not be too much if I emphasize still further that psychology the context is everything. These Freudian interpretations are the result of innumerable experiences and inferences. If you present such results naked, stripped of their psychological premises, naturally no one can understand them.

[15] When Aschaffenburg says these interpretations are arbitrary and asserts that other interpretations are just as possible, or that there is absolutely nothing behind the facts in question, it is up to him to prove, by his own analyses, that such things are susceptible of altogether different interpretations. Then the matter would be quickly settled, and everyone would thank him for clearing up this question. It is the same with the question of “forgetting” and other symptomatic actions which Aschaffenburg relegates to the realm of mysticism. These phenomena are extraordinarily common; you meet them almost every day. It is therefore not too much to ask a critic to show by means of practical examples how these phenomena can be traced back to other causes. The association experiment would provide him with any amount of material. Again he would be doing constructive work for which one could not thank him enough.

[16] As soon as Aschaffenburg meets these requirements, that is to say, publishes psychanalyses with totally different findings, we will accept his criticism, and then the discussion of Freud's theory can be reopened. Till then his criticism hangs in mid air.

[17] Aschaffenburg asserts that the psychoanalytic method amounts to auto-suggestion on the part of the doctor as well as the patient.

[18] Apart from the fact that it is incumbent on a critic to demonstrate his thorough knowledge of the method, we also lack the proof that the method is auto-suggestion. In earlier writings<sup>4</sup> I have already pointed out that the association experiment devised by me gives the same results in principle, and that psychanalysis is really no different from an association experiment, as Aschaffenburg himself says in his criticism. His assertion that the experiment was used by me in one case only is erroneous; it was used for the purpose of analysis in a great number of cases, as is evident from numerous statements in my own work and from the recent work of Riklis. Aschaffenburg can check my statements and those of Freud at any time, so far as the latter coincide with my own, by experiment, and thereby acquire a knowledge of the exact foundations of psychanalysis.

[19] That my experiments have nothing to do with auto-suggestion can easily be seen from their results in the *experimental diagnosis of facts*. The step from the association experiment, which is already pretty complicated, to full psychanalysis is certainly a big one. But, by thorough study of the association experiment—to the development of which Aschaffenburg himself has made outstanding contributions—one can acquire invaluable insights which prove very useful during analysis. (At any rate this has been so with me.) Only when he has gone through this arduous and difficult training can he begin, with some justification, to examine Freud's theory for evidence of auto-suggestion. He will also have a more sympathetic insight into the somewhat apodictic nature of Freud's style. He will learn to understand how uncommonly difficult it is to *describe* the delicate psychological matters. A written exposition will never be able to reproduce the reality of

psychoanalysis even approximately, let alone reproduce it in such a way that it has an immediate convincing effect on the reader. When I first read Freud's writings it was the same with me as with everybody else: I could only strew the pages with question-marks. And it will be like that for everyone who reads the account of my association experiments for the first time. Luckily, however, anyone who wants to can repeat them, and so experience for himself what he did not believe before. Unfortunately this is not true of psychoanalysis, since it presupposes an unusual combination of specialized knowledge and psychological routine which not everyone possesses, but which can, to a certain extent, be learnt.

[20] So long as we do not know whether Aschaffenburg has this practical experience, the charge of auto-suggestion cannot be taken any more seriously than that of arbitrary interpretation.

[21] Aschaffenburg regards the exploration of the patient for sexual ideas as, in many cases, immoral.

[22] This is a very delicate question, for whenever morals get mixed up with science one can only push one belief against another belief. If we look at it simply from the utilitarian point of view, we have to ask ourselves whether sexual enlightenment is under all circumstances harmful or not. The question cannot be answered in general terms, because just as many cases can be cited for and against. Everything depends on the individual. Many people can stand certain truths, others not. Every skilled psychologist will surely take account of this fact. Any rigid formula is particularly wrong here. Apart from the fact that there are many patients who are not in the least harmed by sexual enlightenment, there are not a few who, far from having to be pushed towards this theme, guide the analysis to this point of their own accord. Finally, there are cases (of which I have had more than one) that cannot be got at at all until their sexual circumstances are subjected to a thorough review, and in the cases I have known this has led to very good results. It therefore seems to me beyond doubt that there are at least a great many cases where discussion of sexual matters not only does no harm but is positively helpful. Conversely, I do not hesitate to admit that there are cases where sexual enlightenment does more harm than good. It must be left to the skill of the analyst to find out which these cases are. This, it seems to me, disposes of the moral problem. "Higher" moral considerations derive all too easily from some obnoxious schematism, for which reason their application in practice would seem inopportune from the start.

[23] So far as the therapeutic effect of psychoanalysis is concerned, it makes no difference to the scientific rightness of the hysteria theory or of the analytic method how the therapeutic result turns out. My personal conviction at present is that Freud's psychoanalysis is one of several possible therapies and that in certain cases it achieves more than the others.

[24] As to the scientific findings of psychoanalysis, nobody should be put off by seeming enormities and particularly not by sensational quotations. Freud is probably liable to many human errors, but that does not by any means rule out the possibility that a core of truth lies hidden in the crude husk of whose significance we can form no adequate conception at present. Seldom has a great truth appeared without fantastic wrappings. One has only to think of Kepler and Newton!

[25] In conclusion, I would like to utter an urgent warning against the standpoint of Spielmeier.

which cannot be condemned sharply enough. When a person reviles as unscientific not only a theory whose experimental foundations he has not even examined but also those who have taken the trouble to test it for themselves, the freedom of scientific research is imperilled. No matter whether Freud is mistaken or not, he has the right to be heard before the forum of science. Justice demands that Freud's statements should be verified. But to strike them dead and then consign them to oblivion, that is beneath the dignity of an impartial and unprejudiced scientist.

[26] To recapitulate:

- (1) It has never yet been proved that Freud's theory of hysteria is erroneous in all cases.
- (2) This proof can, logically, be supplied only by one who practises the psychoanalytic method.
- (3) It has not been proved that psychoanalysis gives other results than those obtained by Freud.
- (4) It has not been proved that psychoanalysis is based on false principles and is altogether unsuitable for an understanding of hysterical symptoms.

- [27] It is always a difficult and ungrateful task to discuss a theory which the author himself has not formulated in any final way. Freud has never propounded a cut-and-dried theory of hysteria; he has simply tried, from time to time, to formulate his theoretical conclusions in accordance with his own experience at that moment. His theoretical formulations can claim the status of a working hypothesis that agrees with experience at all points. For the present, therefore, there can be no talk of a firmly-established Freudian theory of hysteria, but only of numerous experiences which have certain features in common. As we are not dealing with anything finished and conclusive, but rather with a process of development, an historical survey will probably be the form best suited to an account of Freud's teachings.
- [28] The theoretical presuppositions on which Freud bases his investigations are to be found in the experiments of Pierre Janet. Breuer and Freud, in their first formulation of the problem of hysteria, start from the fact of psychic dissociation and unconscious psychic automatisms. A further presupposition is the aetiological significance of affects, stressed among others by Binswanger. These two presuppositions, together with the findings reached by the theory of suggestion, culminate in the now generally accepted view that hysteria is a psychogenic neurosis.
- [29] The aim of Freud's research is to discover how the mechanism producing hysterical symptoms works. Nothing less is attempted, therefore, than to supply the missing link in the long chain between the initial cause and the ultimate symptom, a link which no one had yet been able to find. The fact, obvious enough to any attentive observer, that affects play an aetiological decisive role in the formation of hysterical symptoms makes the findings of the first Breuer-Freud report, in the year 1893, immediately intelligible. This is especially true of the proposition advanced by both authors, that the hysteric suffers most of all from *reminiscences*, i.e., from feeling-toned complexes of ideas which, in certain exceptional conditions, prevent the initial affect from working itself out and finally disappearing.
- [30] This view, presented only in broad outline at first, was reached by Breuer, who between the years 1880 and 1882 had the opportunity to observe and treat an hysterical woman patient of great intelligence. The clinical picture was characterized chiefly by a profound splitting of consciousness together with numerous physical symptoms of secondary importance and constancy. Breuer, allowing himself to be guided by the patient, observed that in her twilight states complexes and reminiscences were reproduced which derived from the previous year. In these states she hallucinated a great many episodes that had had a traumatic significance for her. Further, he noticed that the reliving and retelling of these traumatic events had a marked therapeutic effect, bringing relief and an improvement in her condition. If he broke off the treatment, a considerable deterioration set in after a short time. In order to increase and accelerate the effect of the treatment Breuer induced, besides the spontaneous twilight state, an artificially suggested one in which more material was "abreacted." In this way he succeeded in effecting a substantial improvement. Freud, who at once recognized the extraordinary importance of these observations, thereupon furnished a number of his own which agreed with them. This material can be found in *Studies on Hysteria*.



[31] On this foundation was raised the original theoretical edifice constructed jointly by the two authors. They start with the symptomatology of affects in normal individuals. The excitation produced by affects is converted into a series of somatic innervations, thus exhausting itself and restoring the “tonus of the nerve centres.” In this way the affect is “abreacted.” It is different in hysteria. Here the traumatic experience is followed—to use a phrase of Oppenheim’s—by an “abnormal expression of the emotional impulse.”<sup>3</sup> The intracerebral excitation is not discharged directly, in a natural way, but produces pathological symptoms, either new ones or a recrudescence of old ones. The excitation is converted into abnormal innervations, a phenomenon which the authors call “conversion of the sum of excitation.” The affect is deprived of its normal expression of its normal outlet in adequate innervations; it is not abreacted but remains “blocked.” The resulting hysterical symptoms can therefore be regarded as manifestations of the retention.

[32] This formulates the situation as we see it in the patient; but the important question as to why the affect should be blocked and converted still remains unanswered, and it was to this question that Freud devoted special attention. In “The Defence Neuro-psychoses,” published in 1894, he tried to analyse in great detail the psychological repercussions of the affect. He found two groups of psychogenic neuroses, different in principle because in one group the pathogenic affect is converted into somatic innervations, while in the other group it is displaced to a different complex of ideas. The first group corresponds to classic hysteria, the second to obsessional neurosis. He found the reason for the blocking of affect, or for its conversion or displacement, to be the incompatibility of the traumatic complex with the normal content of consciousness. In many cases he could furnish direct proof that the incompatibility had reached the consciousness of the patient, thus causing an active repression of the incompatible content. The patient did not wish to know anything about it and treated the critical complex as “non arrivé.” The result was a systematic circumvention of the “repression” of the vulnerable spot, so that the affect could not be abreacted.

[33] The blocking of affect is due, therefore, not to a vaguely conceived “special disposition” but to a recognizable motive.

[34] To recapitulate what has been said: up to the year 1895 the Breuer-Freud investigations yielded the following results. Psychogenic symptoms arise from feeling-toned complexes of ideas that have the effect of a trauma, either

1. by conversion of the excitation into abnormal somatic innervations, or
2. by displacement of the affect to a less significant complex.

[35] The reason why the traumatic affect is not abreacted in a normal way, but is retained, is that its content is not compatible with the rest of the personality and must be repressed.

[36] The content of the traumatic affect provided the theme for Freud’s further researches. Already in the *Studies on Hysteria* and particularly in “The Defence Neuro-psychoses,” Freud had pointed out the sexual nature of the initial affect, whereas the first case history reported by Breuer sketched around the sexual element in a striking fashion, although the whole history not only contains a wealth of sexual allusions but, even for the expert, becomes intelligible and coherent only when the

patient's sexuality is taken into account. On the basis of thirteen careful analyses Freud felt justified in asserting that the specific aetiology of hysteria is to be found in the sexual traumata of early childhood, and that the trauma must have consisted in a "real irritation of the genitals." The trauma works at first only preparatorily; it develops its real effect at puberty, when the old memory-trace is reactivated by nascent sexual feelings. Thus Freud tried to resolve the vague concept of a special disposition into quite definite, concrete events in the pre-pubertal period. At that time he did not attribute much significance to a still earlier *inborn* disposition.

[37] While the Breuer-Freud *Studies* enjoyed a certain amount of recognition (although, despite Raimann's assurances,<sup>4</sup> they have not yet become the common property of science), this theory of Freud's met with general opposition. Not that the frequency of sexual traumata in childhood could be doubted, but rather their exclusively pathogenic significance for normal children. Freud certainly did not evolve this view out of nothing, he was merely formulating certain experiences which had forced themselves on him during analysis. To begin with, he found memory-traces of sexual scenes in infancy, which in many cases were quite definitely related to real happenings. Further, he found that though the traumata remained without specific effect in childhood, after puberty they proved to be determinants of hysterical symptoms. Freud therefore felt compelled to grant that the trauma was real. In my personal opinion he did this because at that time he was still under the spell of the original view that the hysteric "suffers from reminiscences," for which reason the cause and motivation of the symptom must be sought in the past. Obviously such a view of the aetiological factors was bound to provoke opposition, especially among those with experience of hysteria, for the practitioner is accustomed to look for the driving forces of hysterical neurosis not so much in the past as in the present.

[38] This formulation of the theoretical standpoint in 1896 was no more than a transitional stage for Freud, which he has since abandoned. The discovery of sexual determinants in hysteria became the starting-point for extensive researches in the field of sexual psychology in general. Similarly, the problem of the determination of associative processes led his inquiry into the field of dream psychology. In 1900 he published his fundamental work on dreams, which is of such vital importance for the development of his views and his technique. No one who is not thoroughly acquainted with Freud's method of dream interpretation will be able to understand the conception he has developed in recent years. *The Interpretation of Dreams* lays down the principles of Freudian theory and at the same time its technique. For an understanding of his present views and the verification of his results a knowledge of Freud's technique is indispensable. This fact makes it necessary for me to go rather more closely into the nature of psychoanalysis.

[39] The original cathartic method started with the symptoms and sought to discover the traumatic affect underlying them. The affect was thus raised to consciousness and abreacted in the normal manner; that is, it was divested of its traumatic potency. The method relied to a certain extent on suggestion—the analyst took the lead, while the patient remained essentially passive. Aside from this inconvenience, however, it was found that there were more and more cases in which no real trauma was present, and in which all the emotional conflicts seemed to derive exclusively from morbid fantasy activity. The cathartic method was unable to do justice to these cases.

[40] According to Freud's statements in 1904,<sup>5</sup> much has altered in the method since those early days. All suggestion is now discarded. The patients are no longer guided by the analyst; the free rein is given to their associations, so that it is really the patients who conduct the analysis. Freud contents himself with registering, and from time to time pointing out, the connections that result. If an interpretation is wrong, it cannot be forced on the patient; if it is right, the result is immediately visible and expresses itself very clearly in the patient's whole behaviour.

[41] The present psychoanalytic method of Freud is much more complicated, and penetrates much more deeply, than the original cathartic method. Its aim is to bring to consciousness all the false associative connections produced by the complex, and in that way to resolve them. Thus the patient gradually gains complete insight into his illness, and also has an objective standpoint from which to view his complexes. The method could be called an educative one, since it changes the whole way of thinking and feeling of the patient in such a way that his personality gradually breaks free from the compulsion of the complexes and can take up an independent attitude towards them. In this respect Freud's new method bears some resemblance to the educative method of Dubois,<sup>6</sup> the undeniably successful success of which is due mainly to the fact that the instruction it imparts alters the patient's attitude towards his complexes.

[42] Since it has grown entirely out of empirical practice, the theoretical foundations of the psychoanalytic method are still very obscure. By means of my association experiments I think I have made at least a few points accessible to experimental investigation, though not all the theoretical difficulties have been overcome. It seems to me that the main difficulty is this. If, as psychoanalysis presupposes, free association leads to the complex, Freud logically assumes that this complex is associated with the starting-point or initial idea. Against this it can be argued that it is not very difficult to establish the associative connection between a cucumber and an elephant. But that is to forget, first, that in analysis only the starting-point is given, and not the goal; and second, that the conscious state is not one of directed thinking but of relaxed attention. Here one might object that the *complex* is the point being aimed at and that, because of its independent feeling-tone, it possesses a strong tendency to reproduction, so that it "rises up" spontaneously and then, as though purely by chance, appears associated with the starting-point.

[43] This is certainly conceivable in theory, but in practice things generally look different. The complex, in fact, does not "rise up" freely but is blocked by the most intense resistances. Instead of what "rises up" often seems at first sight to be quite incomprehensible intermediate associations which neither the analyst nor the patient recognizes as belonging in any way to the complex. But once the chain leading to the complex has been fully established, the meaning of each single link becomes clear, often in the most startling way, so that no special work of interpretation is needed. Anyone with enough practical experience of analysis can convince himself over and over again that under these conditions not just *anything* is reproduced, but always something that is related to the complex, though the relationship is, *a priori*, not always clear. One must accustom oneself to the thought that even in these chains of association chance is absolutely excluded. So if an associative connection is discovered in a chain of associations which was not intended—if, that is to say, the complex we find is associatively connected with the initial idea—then this connection has existed

from the start; in other words, the idea we took as the starting-point was already constellated by the complex. We are therefore justified in regarding the initial idea as a sign or symbol of the complex.

[44] This view is in agreement with already known psychological theories which maintain that the psychological situation at a given moment is nothing but the resultant of all the psychological events preceding it. Of these the most predominant are the affective experiences, that is, the complexes, which for that reason have the greatest constellating power. If you take any segment of the psychological present, it will logically contain all the antecedent individual events, the affective experiences occupying the foreground, according to the degree of their actuality. This is true of every particle of the psyche. Hence it is theoretically possible to reconstruct the constellations from every particle, and that is what the Freudian method tries to do. During this work the probability that you will come upon just the affective constellation lying closest to hand, and not merely on one but on many, indeed very many, each according to the degree of its constellating power. Freud has called this fact *over-determination*.

[45] Psychoanalysis accordingly keeps within the bounds of known psychological facts. The method is extraordinarily difficult to apply, but it can be learnt; only, as Löwenfeld rightly emphasizes, one needs some years of intensive practice before one can handle it with any certainty. For this reason alone all over-hasty criticism of Freud's findings is precluded. It also precludes the method from ever being used for mass therapy in mental institutions. Its achievements as a scientific instrument can be judged only by one who uses it himself.

[46] Freud applied his method first of all to the investigation of dreams, refining and perfecting it in the process. Here he found, it appears, all those surprising associative connections which play such an important role in the neuroses. I would mention, as the most important discovery, the significant role which feeling-toned complexes play in dreams and their symbolical mode of expression. Freud attaches great significance to verbal expression—one of the most important components of our thinking—because the double meaning of words is a favourite channel for the displacement and improper expression of affects. I mention this point because it is of fundamental importance in the psychology of neurosis. For anyone who is familiar with these matters, which are everyday occurrences with normal people too, the interpretations given in the “Fragment of an Analysis of a Case of Hysteria,” however strange they may sound, will contain nothing unexpected, but will fit smoothly into his general experience. Unfortunately I must refrain from a detailed discussion of Freud's findings and must limit myself to a few hints. These latest investigations are required reading for Freud's present view of hysterical illnesses. Judging by my own experience, it is impossible to understand the meaning of the *Three Essays* and of the “Fragment” without thorough knowledge of *The Interpretation of Dreams*.

[47] By “thorough knowledge” I naturally do not mean the cheap philological criticism which many writers have levelled at this book, but a patient application of Freud's principles to psychological processes. Here lies the crux of the whole problem. Attack and defence both miss the mark so long as the discussion proceeds only on theoretical ground. Freud's discoveries do not, at present, lend themselves to the framing of general theories. For the present the only question is: do the associative connections asserted by Freud exist or not? Nothing is achieved by thoughtless

affirmation or negation; one should look at the facts without prejudice, carefully observing the rule laid down by Freud. Nor should one be put off by the obtrusion of sexuality, for as a rule you come upon many other, exceedingly interesting things which, at least to begin with, show no trace of sex. An altogether harmless but most instructive exercise, for instance, is the analysis of constellations indicating a complex in the association experiment. With the help of this perfectly harmless material a great many Freudian phenomena can be studied without undue difficulty. The analysis of dreams and hysteria is considerably more difficult and therefore less suitable for a beginner. Without a knowledge of the ground-work Freud's more recent teachings are completely incomprehensible, and, as might be expected, they have remained misunderstood.

[48] It is with the greatest hesitation, therefore, that I make the attempt to say something about the subsequent development of Freud's views. My task is rendered especially difficult by the fact that actually we have only two publications to go on: they are the above-mentioned *Three Essays on the Theory of Sexuality* and the "Fragment of an Analysis of a Case of Hysteria." There is as yet no attempt at a systematic exposition and documentation of Freud's more recent views. Let us first try to come closer to the argument of the *Three Essays*.

[49] These essays are extremely difficult to understand, not only for one unaccustomed to Freud's way of thinking but also for those who have already worked in this special field. The first thing to be considered is that Freud's conception of sexuality is uncommonly wide. It includes not only normal sexuality but all the perversions, and extends far into the sphere of psychosexual derivatives. When Freud speaks of sexuality, it must not be understood merely as the sexual instinct.<sup>7</sup> Another concept which Freud uses in a very wide sense is "libido." This concept, originally borrowed from "libido sexualis," denotes in the first place the sexual components of psychic life so far as they are volitional, and then any inordinate passion or desire.

[50] Infantile sexuality, as Freud understands it, is a bundle of possibilities for the application of "investment" of libido. A normal sexual goal does not exist at that stage, because the sexual organs are not yet fully developed. But the psychic mechanisms are probably already in being. The libido is distributed among all the possible forms of sexual activity, and also among all the perversions—that is, among all the variants of sexuality which, if they become fixed, later turn into real perversions. The progressive development of the child gradually eliminates the libidinal investments of perverse tendencies and concentrates on the growth of normal sexuality. The investments set free during this process are used as driving-forces for sublimations, that is, for the higher mental functions. At or after puberty the normal individual seizes on an objective sexual goal, and with this his sexual development comes to an end.

[51] In Freud's view, it is characteristic of hysteria that the infantile sexual development takes place under difficult conditions, since the perverse investments of libido are much less easily discarded than with normal individuals and therefore last longer. If the real sexual demands of later life impinge in any form on a morbid personality, its inhibited development shows itself in the fact that it is unable to satisfy the demand in the proper way, because the demand comes up against an unprepared sexuality. As Freud says, the individual predisposed to hysteria brings a "bit of sexual repression" with him from his childhood. Instead of the sexual excitation, in the widest sense of the

word, being acted out in the sphere of normal sexuality, it is repressed and causes a reactivation of the original infantile sexual activity. This is expressed above all in the fantasy-activity characteristic of hysterics. The fantasies develop along the line already traced by the special kind of infantile sexual activity. The fantasies of hysterics are, as we know, boundless; hence, if the psychic balance is in some measure to be preserved, equivalent inhibiting mechanisms are needed or, as Freud calls them, resistances. If the fantasies are of a sexual nature, then the corresponding resistances will be shame and disgust. As these affective states are normally associated with physical manifestations, the appearance of physical symptoms is assured.

[52] I think a concrete example from my own experience will illustrate the meaning of Freud's teachings better than any theoretical formulations, which, because of the complexity of the subject, are all apt to sound uncommonly ponderous.

[53] The case is one of psychotic hysteria in an intelligent young woman of twenty. The earliest symptoms occurred between the third and fourth year. At that time the patient began to keep back her stool until pain compelled her to defecate. Gradually she began to employ the following auxiliary procedure: she seated herself in a crouching position on the heel of one foot, and in this position tried to defecate, pressing the heel against the anus. The patient continued this perverse activity until her seventh year. Freud calls this infantile perversion anal eroticism.

[54] The perversion stopped with the seventh year and was replaced by masturbation. Once, when her father smacked her on the bare buttocks, she felt distinct sexual excitement. Later she became sexually excited when she saw her younger brother being disciplined in the same way. Gradually she developed a markedly negative attitude towards her father.

[55] Puberty started when she was thirteen. From then on fantasies developed of a thoroughly perverse nature which pursued her obsessively. These fantasies had a compulsive character: she could never sit at table without thinking of defecation while she was eating, nor could she watch anyone else eating without thinking of the same thing, and especially not her father. In particular she could not see her father's hands without feeling sexual excitement; for the same reason she could no longer bear to touch his right hand. Thus it gradually came about that she could not eat at all in the presence of other people without continual fits of compulsive laughter and cries of disgust, because the defecation fantasies finally spread to all the persons in her environment. If she was corrected or even reproached in any way, she answered by sticking out her tongue, or with convulsive laughter, cries of disgust, and gestures of horror, because each time she had before her the vivid image of her father's chastising hand, coupled with sexual excitement, which immediately passed over into ill-concealed masturbation.

[56] At the age of fifteen, she felt the normal urge to form a love relationship with another person. But all attempts in this direction failed, because the morbid fantasies invariably thrust themselves between her and the very person she most wanted to love. At the same time, because of the disgust she felt, any display of affection for her father had become impossible. Her father had been the object of her infantile libido transference, hence the resistances were directed especially against him, whereas her mother was not affected by them. About this time she felt a stirring of love for her

teacher, but it quickly succumbed to the same overpowering disgust. In a child so much in need of affection this emotional isolation was bound to have the gravest consequences, which were not long in coming.

[57] At eighteen, her condition had got so bad that she really did nothing else than alternate between deep depressions and fits of laughing, crying, and screaming. She could no longer look anyone in the face, kept her head bowed, and when anybody touched her stuck her tongue out with every sign of loathing.

[58] This short history demonstrates the essentials of Freud's view. First we find a fragment of perverse infantile sexual activity—anal eroticism—replaced in the seventh year by masturbation. At this period the administering of corporal punishment, affecting the region of the anus, produced sexual excitement. Here we have the determinants for the later psychosexual development. Puberty with its physical and spiritual upheavals, brought a marked increase in fantasy activity. This seized on the sexual activity of childhood and modulated it in endless variations. Perverse fantasies of this kind were bound to act as moral foreign bodies, so to speak, in an otherwise sensitive person, and had to be repressed by means of defence mechanisms, particularly shame and disgust. This reading accounts for all those fits of disgust, loathing, exclamations of horror, sticking out the tongue, etc.

[59] At the time when the ordinary longings of puberty for the love of other people were beginning to stir, the pathological symptoms increased, because the fantasies were now directed more intensively to the very people who seemed most worthy of love. This naturally led to a violent psychic conflict, which fully explains the deterioration that then set in, ending in hysterical psychosis.

[60] We now understand why Freud can say that hysterics bring with them "a bit of sexual repression from childhood." For constitutional reasons they are probably ready for sexual or quasi-sexual activities earlier than other people. In keeping with their constitutional emotivity, the infantile impressions go deeper and last longer, so that later, at puberty, they have a constellating effect on the trend of the first really sexual fantasies. Again in keeping with their constitutional emotivity, affective impulses are much stronger than in normal persons. Hence, to counteract the intensity of their abnormal fantasies, correspondingly strong feelings of shame and disgust are bound to appear. When real sexual demands are made, requiring the transference of libido to the love-object, all the perverse fantasies are transferred to him, as we have seen. Hence the resistance against the object of love. The patient could not transfer her libido to him without inhibitions, and this precipitated the great emotional conflict. Her libido exhausted itself in struggling against her feelings of defence which grew ever stronger, and which then produced the symptoms. Thus Freud can say that the symptoms represent nothing but the sexual activity of the patient.

[61] Summing up, we can formulate Freud's present view of hysteria as follows:

- a. Certain precocious sexual activities of a more or less perverse nature grow up on constitutional basis.
- b. These activities do not lead at first to real hysterical symptoms.
- c. At puberty (which psychologically sets in earlier than physical maturity) the fantasies tend

a direction constellated by the infantile sexual activity.

*d.* The fantasies, intensified for constitutional (affective) reasons, lead to the formation of complexes of ideas that are incompatible with the other contents of consciousness and are therefore repressed, chiefly by shame and disgust.

*e.* This repression takes with it the transference of libido to a love-object, thus precipitating the great emotional conflict which then provides occasion for the outbreak of actual illness.

*f.* The symptoms of the illness owe their origin to the struggle of the libido against the repression; they therefore represent nothing but an abnormal sexual activity.

[62] How far does the validity of Freud's view go? This question is exceedingly difficult to answer. Above all, it must be emphatically pointed out that cases which conform exactly to Freud's schema really do exist. Anyone who has learnt the technique knows this. But no one knows whether Freud's schema is applicable to all forms of hysteria (in any case, hysteria in children and the psychotraumatic neuroses form a group apart). For ordinary cases of hysteria, such as the neurologist meets by the dozen, Freud asserts the validity of his views; my own experience, which is considerably less than his, has yielded nothing that would argue against this assertion. In the case of hysteria which I have analysed, the symptoms were extraordinarily varied, but they all showed a surprising similarity in their psychological structure. The outward appearance of a case loses much of its interest when it is analysed, because one then sees how the same complex can produce apparently very far-fetched and very remarkable symptoms. For this reason it is impossible to say whether Freud's schema applies only to certain groups of symptoms. At present we can only affirm that his findings are true of an indefinitely large number of cases of hysteria which till now could not be delimited as clinical groups.

[63] As to the detailed results of Freud's analyses, the violent opposition they have met with is due simply to the fact that practically no one has followed the development of Freud's theory since 1896. Had his dream-analyses been tested and his rules observed, Freud's latest publications, particularly the "Fragment of an Analysis of a Case of Hysteria," would not have been so difficult to understand. The only disconcerting thing about these reports is their frankness. The public can forgive Freud least of all for his sexual symbolism. In my view he is really easiest to follow here because this is just where mythology, expressing the fantasy-thinking of all races, has prepared the ground in the most instructive way. I would only mention the writings of Steinthal<sup>8</sup> in the 1860's which prove the existence of a widespread sexual symbolism in the mythological records and the history of language. I also recall the eroticism of our poets and their allegorical or symbolic expressions. No one who considers this material will be able to conceal from himself that there are uncommonly far-reaching and significant analogies between the Freudian symbolisms and the symbols of poetic fantasy in individuals and in whole nations. The Freudian symbol and its interpretation is therefore nothing unheard of, it is merely something unusual for us psychiatrists. But these difficulties should not deter us from going more deeply into the problems raised by Freud for they are of extraordinary importance for psychiatry no less than for neurology.



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