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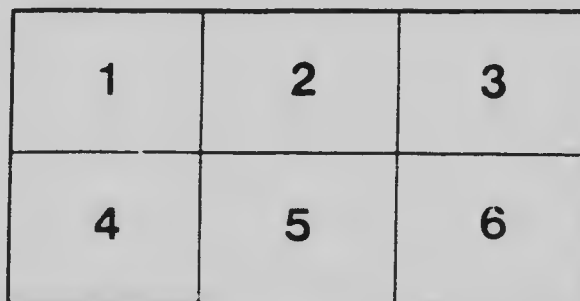
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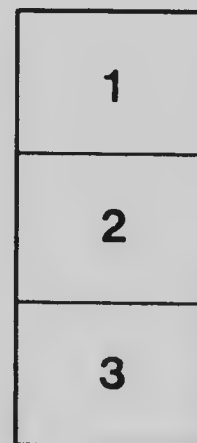
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PAPERS ON PSYCHO-ANALYSIS



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PAPERS ON PSYCHO-ANALYSIS

BY

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"It is impossible to tell the truth so that it shall be understood and not believed."
LAKE

"Ein Nichtverstehen ist oft ein Nichtverstehenwollen."
FREUD

"If ye expect not the unexpected ye shall not find truth."
HERACLITUS

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PREFACE

THE papers here collected have already appeared in print, for the most part in psychological journals that do not circulate widely among the medical profession. They constitute a selection of the author's contributions made during the past few years on the subject of psycho-analysis, and are now issued in a more accessible form in the hope of arousing further interest in this overneglected and important branch of scientific investigation. Being under no illusions as to any intrinsic importance of the papers apart from the subject to which they relate, or, therefore, as to their documentary value, the author has not hesitated to alter considerably their original form, by modifications and additions, wherever this has seemed desirable. They have been grouped under five headings, according to the particular topic with which they deal, otherwise are printed in the order of their publication. Having regard to the difference in the familiarity with French and German respectively in this country, the author has left the quotations from the former language in the original and has appended translations to those from the latter.

A certain amount of repetition is unavoidable in a book thus constructed, but this presents advantages as well as disadvantages; a new thought has usually to be expressed more than once before the full import of it is appreciated. A more serious defect, against which those unfamiliar with the subject should especially be warned, is the extensive incompleteness of the book as an exposition of the Freudian theory. Among the more noteworthy omissions is the absence of any description of the way in which the theory has been applied to the

various mental sciences ancillary to psychology, an exception being, however, made in the case of education. Of normal psychology itself, only certain aspects are dealt with, particularly that of dream-life. Freud's important theory of sex is only briefly delineated, and even on the clinical side there is no account given of the theory of hysteria, of obsessions, or of paranoia. These deficiencies are in part due to the fact that most of the papers were written by request for special occasions, particularly for society meetings and congresses. Nevertheless, it is hoped that the disjointed expositions here offered of various aspects of psycho-analysis, with the illustrative examples that can in this way be furnished, may serve as a complement to more systematic accounts, such as Hitschmann has, for instance, given in his 'Freud's Theory of the Neuroses.'¹

It is well known that Freud's views have met with very considerable opposition. It is not correct to attribute this altogether, as some writers have done, to the mental stereotypy that is so grievous a characteristic of mankind, and which inevitably interposes a resistance to any revolution in thought.² In the present case a greater measure of it is inherent in the situation, in a way that it may be well to explain at the outset. Freud holds that a great part of mental life can, either partially or entirely, be summarised under two principles, which he terms the 'pleasure-principle' and the 'reality-principle' respectively. The former represents the primary, original form of mental activity, and is characteristic of the earliest stages of human development, both in the individual and in the race; it is therefore typically found in the mental

¹ This book has just been translated by Dr. C. R. Payne. An American translation of Freud's works by Dr. A. A. Brill is also in the course of publication, two volumes having already appeared.

² Davenport's remarks in this connection remain just as true now as when they were written seventy years ago: 'It is the fate of all useful discoveries and improvements to meet with bigoted or interested opposition from those who would willingly remain in the beaten path of habit, rather than acknowledge any change to be profitable. That most important discovery of the circulation of the blood by Harvey was at first furiously opposed, and was *proved*, according to the laws of dynamics, to be both impossible and absurd; yet when it was vain to dispute the fact, it was undervalued, as one *almost* known long before.'

life of the infant, and, to a less extent, in that of the savage. Its main attribute is a never-ceasing demand for immediate gratification of various desires of a distinctly lowly order, and at literally any cost. It is thus exquisitely egocentric, selfish, personal, and anti-social. The thought processes corresponding to it proceed by the use of analogies and superficial associations, treat resemblances as equivalent to identities, ignore all the laws of logic, and make no distinction between a phantasy and an actual situation of life. Soon, however, this tendency comes into conflict with the reality-principle, which genetically is derived from it. The function of the latter is to adapt the organism to the exigencies of reality, to subordinate the imperious demand for immediate gratification, and to replace this by a more distant but more satisfactory and permanent one. It is thus influenced by social, ethical, and other external considerations that are ignored by the earlier principle. It can, however, only guide and control the pleasure-principle, adapting this to the environment; it can never abrogate its activity. The fate of the primary pleasure-principle, and the modifications it has to undergo before it can manifest itself, is one of the central objects of psychoanalytic study, which is thus the study of the fundamental driving force behind the majority of human activities and interests. The fate of the pleasure-principle may shortly be described as follows: The primary tendencies comprising it are inhibited, and even 'repressed' (*verdrängt*), so that they can neither reach their immediate aim nor even continue as conscious processes; henceforth they lead an underground life, their very existence unknown to the individual, and ever striving towards an unattainable goal. Being in discord with environmental and educational influences, and repugnant to the moral or æsthetic feelings of the individual, they are subjected to a strong repressing force, and any attempt to uncover them, to make him realise their existence by bringing them to the surface of consciousness, instinctively leads to a lively opposition and resentment on his part. A solution of the conflict between the repressing and the repressed forces is arrived at, however, whereby the energy of the latter is

diverted to other aims, in much the same way that a conservation and transformation of energy occur in the physical world. Upon the manner in which this is accomplished greatly depends the future development and mental harmony of the individual. When the transformation is in accord with the demands of external reality, a process known as 'sublimation,' it represents an important win for the progress of civilisation and culture, an amount of energy being set free that is devoted to carrying out the work and fulfilling the needs of society. A limited part of the original tendencies undergoes a relatively slight modification, and appears in the adult as the sexual instinct (in the narrow sense of the word); the purely mental processes that shew most markedly the characteristics of the primary type are those of the phantasy, such as reveries and dreams. Between these two extremes lie all possible gradations in the extent to which the transformation is effected, neurotic symptoms being an instance of imperfect sublimation. There is also a considerable variation from one time to another; when, for instance, the demands of reality are excessive, when life is hard to bear, there is a tendency for the person's mental activities to revert to the primary type, with all the serious consequences of this.

Now, not only does the individual immediately concerned exhibit a resistance against the tracing out of the roots of various transformed activities, but any of the conclusions reached by so doing necessarily offend both the æsthetic and the rational senses in general; the æsthetic because the discovery of the hidden root can only refer to one that is hidden on account of its unpleasantness, the rational because the inhibiting forces have erected barriers against the illogical and symbolic mode of thinking that characterises unconscious mental processes. When, therefore, critics decry Freud's conclusions as unæsthetic and illogical, they are displaying a perfectly intelligible reaction, although they defensively ascribe to his ratiocination the presence of attributes that properly belong to those phenomena the existence of which they are striving not to recognise. On both grounds an instinctive repulsion is necessarily felt against the translation of any

surface activity into more primary terms, and this expresses itself in a whole series of denials, incredulities, pretexts, rationalisations, and so on. Against this current of prejudice it is the duty of the sceptical investigator to maintain a purely critical attitude, and to endeavour to overcome the influence of both internal and external bias in his effort to reach objective conclusions. On the medical profession the responsibility in this question is especially weighty, because of the immediate practical importance that the new knowledge has for the field of curative psychological medicine; to the race it is a small matter whether a series of new discoveries is made in one century or the next; to the suffering individual it is often of vital importance.

The strongest opposition to Freud's views undoubtedly centres around the significance he attaches to the sexual instinct. It should be remembered, however, that Freud combats the narrow conception of this that generally prevails, and apprehends the expression in a much wider sense. From this point of view it will be seen that the importance he attaches to the instinct does not greatly differ from that of Schopenhauer's and Nietzsche's *Wille zur Macht*, Bergson's *élan vital*, Shaw's 'life force,' and the 'vital impulse' of so many writers, all of which are equivalent to what Freud terms the *Libido*. He replaces these metaphysical or poetical phrases by a scientific and biological one—one that is also in harmony with the sound intuition of the people manifested, among other ways, through language, an example being the etymological unity of the words 'love' and 'life.'

To those who have studied the various aspects of the psycho-analytic theory, the relation it bears to the theory of organic evolution becomes very striking. Freud's recent demonstration of the truth—long suspected, but now proved in a far deeper sense than had been anticipated—that ontogeny repeats phylogeny in the mental sphere just as definitely as in the physical, would alone be of remarkable interest in this connection. He has shewn that the conflict between the primary and secondary systems of mental activity—a conflict on which not merely the growth, but the very existence of

civilisation depends—recapitulates on a modified scale in the individual the history of its course in the race, producing strikingly similar manifestations in the two cases. In general, Freud's thoroughgoing application of the principle of determinism, his shifting of the emphasis in psychology away from the intellectual to the instinctive, and his derivation of the higher and more complex mental activities from lowlier forms more nearly akin to those characteristic of animals, represent a momentous progress in scientific thought; for the reduction of the mental to biological terms—instead of the ignoring of it, which the materialistic doctrine is tantamount to—seems the only satisfactory way of bringing psychology into line with the organic sciences, and of establishing a harmonious relationship between it and physiology. Hardly any serious endeavour has hitherto been made to fertilise psychology with the ideas of organic evolution, and half a century had to pass before the advent of a Darwin of the mind; now, thanks to Freud, we have, for the first time, a purely biological theory of mental evolution, one free of any admixture of supernatural, metaphysical, or ethically mysticism.

The great criterion of the importance of a scientific generalisation is its fertility. The true significance of the theory of organic evolution was appreciated only when its fructifying power became apparent in the fields of embryology, palæontology, and comparative morphology, as well as in that of biology proper. In like manner the psycho-analytic theory has at the same time received extensive confirmation from, and supplied fruitful stimuli to, the mental sciences cognate to psychology, to philology, mythology, folk-lore, criminology, jurisprudence, anthropology, and sociology. With both, the sap of new thought penetrating along the parent stem, in the one case of biology, in the other of psychology, has flowed through to all the branches that arise from it

LONDON,

September, 1912.

CONTENTS

PREFACE	PAGE
	vii

GENERAL PAPERS

CHAPTER I

RATIONALISATION IN EVERYDAY LIFE	1
----------------------------------	---

CHAPTER II

FREUD'S PSYCHOLOGY	10
--------------------	----

CHAPTER III

THE PSYCHOPATHOLOGY OF EVERYDAY LIFE	35
--------------------------------------	----

CLINICAL PAPERS

CHAPTER IV

REMARKS ON A CASE OF COMPLETE AUTOPSYCHIC AMNESIA	103
---	-----

CHAPTER V

A MODERN CONCEPTION OF THE PSYCHONEUROSES	122
---	-----

CHAPTER VI

THE RELATION BETWEEN ORGANIC AND FUNCTIONAL DISEASES	134
--	-----

CHAPTER VII

SIMULATED FOOLISHNESS IN HYSTERIA	141
-----------------------------------	-----

CHAPTER VIII

THE PATHOLOGY OF MORBID ANXIETY	-	-	-	-	PAGE 15
---------------------------------	---	---	---	---	------------

PAPERS ON TREATMENT

CHAPTER IX

PSYCHO-ANALYSIS IN PSYCHOTHERAPY	-	-	-	-	182
----------------------------------	---	---	---	---	-----

CHAPTER X

THE PSYCHO-ANALYTIC METHOD OF TREATMENT	-	-	-	-	193
---	---	---	---	---	-----

CHAPTER XI

THE WORD-ASSOCIATION METHOD IN THE TREATMENT OF PSYCHO-NEUROSES	-	-	-	-	-	206
---	---	---	---	---	---	-----

CHAPTER XII

THE ACTION OF SUGGESTION IN PSYCHOTHERAPY	-	-	-	-	241
---	---	---	---	---	-----

CHAPTER XIII

REFLECTIONS ON SOME CRITICISMS OF THE PSYCHO-ANALYTIC METHOD OF TREATMENT	-	-	-	-	-	283
---	---	---	---	---	---	-----

CHAPTER XIV

THE THERAPEUTIC ACTION OF PSYCHO-ANALYSIS	-	-	-	-	298
---	---	---	---	---	-----

PAPERS ON DREAMS

CHAPTER XV

FREUD'S THEORY OF DREAMS	-	-	-	-	312
--------------------------	---	---	---	---	-----

CHAPTER XVI

THE INFLUENCE OF DREAMS ON WAKING LIFE	-	-	-	-	346
--	---	---	---	---	-----

CONTENTS

xv

CHAPTER XVII

PAGE
15

THE RELATIONS BETWEEN DREAMS AND PSYCHONEUROTIC SYMPTOMS 355 ✓

CHAPTER XVIII

A FORGOTTEN DREAM: NOTE ON THE ŒDIPUS SAVING PHANTASY - 381

PAPERS ON EDUCATION

182

CHAPTER XIX

193 ✓

PSYCHO-ANALYSIS AND EDUCATION - - - - - 393

CHAPTER XX

206

THE VALUE OF SUBLIMATING PROCESSES FOR EDUCATION AND
RE-EDUCATION - - - - - 416

241

283

298

312

346

PAPERS ON PSYCHO-ANALYSIS

CHAPTER I

RATIONALISATION IN EVERYDAY LIFE¹

ONE of the most brilliant results of Professor Freud's researches, and one of the cardinal points of his psychological theory, has been the demonstration that a number of mental processes owe their origin to causes unknown to and unsuspected by the individual. This applies equally to the mentally normal and abnormal, between whom, here as elsewhere, it is so arbitrary to draw a distinction. In my opinion this apparently simple idea is one of the most far-reaching significance both to psychology and to the sciences, such as sociology, that must be founded on psychology. This conclusion is based on the view that enquiry, pursued with adequate scepticism, shews the number of such mental processes to be exceedingly great; in fact, I would maintain that the large majority of mental processes in a normal person arise from sources unsuspected by him. We are as yet only on the threshold of important discoveries that will surely be made as soon as this principle finds a rigorous application; and the subject opened up is so vast that in these remarks I can do no more than sketch out a few of the directions along which it would seem that fruitful conclusions are readily to be attained.

Although the importance of feeling in the moulding of our judgements, beliefs, and conduct, has for centuries been recognised by poets and writers, academic psychology has usually

¹ Read at the First International Psycho-Analytic Congress, April 27, 1908. Published in the *Journal of Abnormal Psychology*, vol. iii., No. 2.

allotted to it a very subordinate position in relation to what may be called the 'intellectual processes.' Of late years, however, more and more recognition has been given to the importance of feeling; until now one may fairly question whether there exist any mental processes in the formation and direction of which feeling does not play a part of the first rank, and the science of feeling psychology, to which Professor Freud has devoted himself, shews every sign of becoming the only scientific psychology of the future. He has shewn with convincing precision that a number of previously incomprehensible mental processes, such as dream formation and certain apparently meaningless and accidental happenings of daily life, are throughout to be explained by regarding them as problems of feeling. He has further shewn that the causes of these mental processes are usually not only unsuspected by the individual concerned, but are repudiated and denied by him when the very existence of them is suggested. In other words, there exist elaborate psychological mechanisms, the effect of which is to conceal from the individual certain feeling processes, which are often of the highest significance to his whole mind. The complexity and subtlety of these mechanisms vary with what may be called the extent of the necessity for concealment, so that the greater the resistance the individual shews to the acceptance of the given feeling, the more elaborate is the mechanism whereby it is concealed from his consciousness. Consideration of this fact from a sceptical point of view should make one entertain the possibility that, even among practical psychologists, a number of mental processes may take their origin from sources widely different from those commonly given as explanatory of them.

The concealment mechanisms may be studied in two ways. The known feeling processes may be traced from their origin to the changed form in which they appear in consciousness, and their effect on associated mental processes thus observed; or a given mental process may be analysed, and its causes traced back to their elementary sources. Study along these lines shews that, although the mechanisms in question are both numerous and complex, they may from one point of

view be grouped into two classes, according to whether the individual will offer an explanation as to the origin of the terminal mental process or not. In both classes enquiry into the source of the mental process is stopped and the individual regards any such enquiry as superfluous—in the one case because he already has an explanation, in the other case because he thinks one does not exist. As will presently be seen, there is no sharp line between the two classes, and in both of them instances may be found of all kinds of mental processes, actions, judgements, memories, beliefs, etc.

The prominent characteristic of the *second class* is the fact that the individual considers the given mental process to be self-explanatory, and regards any further enquiry into its origin as being absurd, irrelevant, meaningless, unnecessary, and, above all, fruitless. This, broadly speaking, is the mechanism that prevents the individual from becoming conscious of the source of the mental process. His precise attitude towards the enquiry varies somewhat according to the kind of mental process concerned, and this enables us further to subdivide the class into two.

When a person is asked what was the cause of a given mental process belonging to this class, he may in the first place categorically assert that it was causeless. Such is the usual attitude adopted towards any of the large group of unconscious and accidental occurrences described by Professor Freud in his 'Psychopathologie des Alltagslebens,' under the different sections of Versprechen, Verschreiben, Vergreifen, Zufallshandlungen, etc. If pressed, the individual may assert vaguely that they are due to 'chance' or 'inattention'; but it is plain that what he means is that they have no effective cause, and that there is no reason whatever why that particular mistake should have been made rather than any other. Yet, as is well known, psycho-analysis always reveals a precise cause for the occurrence, shewing that only it and no other could have arisen, as, indeed, might have been anticipated from the general principles of scientific determinism; and this cause is often associated with some of the most intimate of the individual's feeling processes.

The person may in the second place not so much solemnly deny that the occurrence had a cause as regard the question as being foolish or meaningless. The key to the interpretation of this attitude lies in recollecting the popular illusion that a volitional process is a self-caused one—*i.e.*, has no cause—for it is doubtful whether anyone is entirely free from the taint of voluntarism in feeling, although the heretical nature of the fallacy itself is, from an intellectual standpoint, plain enough. The mental processes now under discussion are thus always volitional ones, though the volitional element may not always be evident at the time, but may be imported as an afterthought. A beautiful example of this class, in which the volitional element was prominent at the moment of occurrence, is the one given by Adler, in which an individual deliberately selected a number under the full impression that there was no mental process at work other than his free unfettered choice: psycho-analysis, however, revealed a complex series of causes which had determined precisely the number chosen, causes reaching into the most intimate part of his mind.¹ Careful consideration of this example shews further that there were two groups of mental processes concerned—first, a conscious determination to select a number, and, secondly, the actual selection itself. The former was a volitional process, caused by the reading of Professor Freud's book; the second an automatic process, caused by the subconscious feeling processes revealed in the psycho-analysis. Yet both groups appeared equally volitional to the individual, the feeling of volition having been extended from the conscious mental process to the automatic one that was associated with it. The same mechanism may be seen in the other cases in which the volitional element is imported as an afterthought. If, for example, a person decides to take a stroll, the actual direction of his stroll may well be determined by various minor influences that pass unnoticed. If later he is asked why he walked down such-and-such a street, the probability is that he will simply answer, 'Because I decided to.' Here also the slightest trace of volitional feeling is utilised to cover

¹ A similar instance is detailed in Chapter III.

other associated mental processes. In a large number of routine acts, performed automatically, the individual adopts the same attitude when questioned as to their cause. Many acts, the cause of which is a reflex obedience to the custom prevailing in his circle, he will regard when questioned as being volitional, the true cause being thus concealed from him. If, for instance, he is asked why he wears a stiff collar or a tie, he will certainly regard the question as being extremely foolish, though if he is in an indulgent mood he may humour one to the extent of giving some imaginary explanation, such as 'to keep warm,' 'to look respectable,' etc. It is quite plain that he does so only to please the enquirer, and to his mind the real and final explanation of the act lies in its obviousness. The fact that he regards the question as to the origin of the mental process as essentially absurd is evidently because he considers there is no need to search for a cause in an action that he likes to think is volitional—*i.e.*, self-caused.

We thus soon come to a full stop in the case of the ordinary man, but in the case of an observer who has trained himself to introspective analysis we can get this further clue. Such an observer may quite well recognise that there is something behind the volitional process, though he cannot directly detect what it is. If, for instance, he essays spontaneously to choose a number, he discovers that he is not free to choose any number; one number alone comes, and not as one of many alternatives; it comes with a certain impulsive force, and he has no option but to 'choose' this one number. In other words, he can recognise that it comes to him apparently from without, and it is clear to him that it must have been determined by some hidden influence to which he has no direct access. A striking illustration of this mechanism, together with an analysis of the source of the mental process, is described by Professor Freud in relation to his 'choice' of the name 'Dora' to designate the heroine of his 'Bruchstück-Analyse.'

Summing up this class of mental processes, therefore, we may say that whenever an individual considers a given process as being too obvious to permit of any investigation into its

origin, and shews resistance to such an investigation, we are right in suspecting that the actual origin is concealed from him—almost certainly on account of its unacceptable nature. Reflection shews that this criterion applies to an enormous number of our fixed beliefs—religious, ethical, political, and hygienic, as well as to a great part of our daily conduct; in other words, the principle above quoted refers to a large sphere of mental processes where we least suspect it. Yet if such beliefs and conduct are to be brought into scientific harmony, it is of the highest importance that the mechanisms controlling them should be made the subject of precise study in a way that is as yet only just begun.

We return now to the first great class of mental processes, in regard to which the individual proffers indeed an explanation, but a false one. It is not sharply divided from the other class we have considered, for there we saw examples in which the individual casually gave an obviously inadequate explanation for an act which to his mind really needed none. Indeed, all possible grades may be observed in what may be called the feeling of a necessity to provide an explanation. On enquiring into the source of this necessity, we see that it is only another aspect of the necessity everyone feels to have what may be called a theory of life, and particularly a theory of himself. Everyone feels that, as a rational creature, he must be able to give a connected, logical, and continuous account of himself, his conduct, and opinions, and all his mental processes are unconsciously manipulated and revised to that end. No one will admit that he ever deliberately performed an irrational act, and any act that might appear so is immediately justified by distorting the mental processes concerned and providing a false explanation that has a plausible ring of rationality. This justification bears a special relation to the prevailing opinion of the circle of people who are most significant to the individual concerned, and two different groups of false explanations can be distinguished, according as they are formed essentially for the individual himself or for him in special reference to the opinions of his circle, or, roughly speaking, according as they are formed

mainly for private or mainly for public consumption. The former of these I would term 'evasions,' the latter 'rationalisations'; there is, however, no sharp line dividing the two, and perhaps it would be better to employ the latter term for both processes.

We may now consider a couple of examples of these. One of the best instances of evasion is the form of religious belief chosen by an individual. Religious belief itself rests of course on psychological principles very different from those now under discussion, but the form of doctrine accepted is another matter. There are a number of arguments used by each sect to support its special view of religion, and as a rule these are as convincing to the members of the given sect as they are unconvincing to the members of other sects. Let us take the case of a man brought up in a close circle, family and otherwise, of Baptists. At the age of puberty he may become a Baptist without thinking twice about the matter, but it often occurs to such a man that it is an irrational and therefore distasteful thing to hold a belief merely because all his friends do so. He therefore embarks with a great shew of reason upon what seems to him to be a critical and dispassionate examination of the evidence for and against Baptism. It need hardly be said that in most cases such an individual is strongly prejudiced in favour of Baptism, and is so deeply persuaded in his subconsciousness of its truth that he is only seeking for the slightest pretext to become an open convert. The matter once settled, he then maintains that he has become convinced of the truth of his doctrine by the overwhelming force of the evidence in its favour, is highly offended if one bluntly says that he believes in Baptism simply because his father did, and passionately denies this true but unacceptable explanation. The origin of his belief is thus concealed from him by the mechanism of evasion. How different with an individual brought up in a Catholic environment! The same arguments that with the one man proved so efficacious may here be repeated with the most persuasive eloquence, and are rejected with scorn as being obviously fallacious. We see here that environmental influence may inculcate a given belief by the

indirect way of raising the standard of acceptability of the arguments used in its favour; in other words, by making them appear more obviously sensible and reasonable to the individual. It will be an interesting question for the future to determine how many of our most firmly held opinions in the value of universal suffrage, of representative government, of marriage institutions, etc., are not similar examples of blind acceptance of the suggestive influence of our environment, fortified by the most elaborate evasions and rationalisations.

As an example of the allied mechanism of rationalisation, I will take the current use of valerian as a specific antidote for hysteria. It will be remembered that for many centuries asafoetida and valerian were administered on the grounds that hysteria was due to the wandering of the uterus about the body, and that evil-smelling drugs tended to drive it down to its proper position and thus cure the complaint. Although these assumptions have not been upheld by experience, nevertheless at the present day most cases of hysteria are still treated by these drugs. Evidently the operating influence that leads to their administration is the blind response to a prevailing tradition, the origin of which is largely forgotten. But the necessity of teachers of neurology to provide reasons to students for their treatment has led to the explanation being invented that the drugs act as 'antispasmodics'—whatever that may mean—and they are often given in the following refined form: One of the constituents of valerian—valerianic acid—is given the name of 'active principle,' and is administered, usually as the zinc salt, *sugar-coated* so as to disguise its unpleasant taste. Some modern authorities, aware of the origin of the treatment, have even remarked how curious it is that the ancients, in spite of their false views about hysteria, should have discovered a valuable line of treatment and have given such an absurd explanation of its action. This continuous rationalisation, in the face of the knowledge that the process in the past was irrational, is often seen, a well-known example being the Last Supper explanation of the Mass and Communion, in spite of the recognised theophagic origin of the rite—that is to say, present-day

exponents often plume themselves on their superior rational behaviour while performing the identical acts that they deride as irrational in their forbears. It is difficult to see to what further lengths self-deception can go once the beaten path of experience and the scientific standard of verifiability are departed from ; and yet I hold it probable that many of our beliefs now thought to be beyond suspicion will prove to be just as bizarre as soon as the searchlight of scepticism is turned on them.

My aim in these few remarks has been to illustrate from what diverse sides Professor Freud's principle may be supported, and to indicate what a vast field there yet remains for it to be applied over. We are beginning to see man not as the smooth, self-acting agent he pretends to be, but as he really is—a creature only dimly conscious of the various influences that mould his thought and action, and blindly resisting with all the means at his command the forces that are making for a higher and fuller consciousness. In conclusion I would point out that future studies in this direction must give us the secret to the formation of opinion and belief, and the methods whereby these can be controlled. This will yield practical help in the knowledge of how best to promulgate ideas that are in themselves unacceptable, for the day is past when psychologists are justified in still sharing the common illusion of mankind that the best way to spread an opinion is simply to state and restate the evidence in its favour, under the pious belief that sooner or later it will surely be accepted if only it is true. We now know that that method is not only tedious, but often permanently unsuccessful. These are unquestionably true ideas that mankind has had the opportunity of accepting for two or three thousand years, but which will never be accepted until they are promulgated with the aid of the knowledge now being gleaned by the new school of psychology.

CHAPTER II

FREUD'S PSYCHOLOGY¹

THE difficulties inherent in the subject of an essay are frequently mentioned in the introductory sentences by way of excuse for the deficiencies of the exposition. In the present case they are of so peculiar a nature that to mention them here will also serve another purpose—namely, to indicate some of the general aspects of the subject.

The first difficulty—one that necessarily occurs in presenting the views of any progressive thinker—resides in the fact that Freud's views have in the past twenty years undergone a continuous evolution. Most writers who have expounded them (Jung, Baroncini, Schultz, etc.) have therefore elected to describe them in terms of their historical development, a course which, while lending greater accuracy, has obvious disadvantages, particularly for readers not familiar with the subject. As, however, the later modifications in Freud's views have mainly concerned clinical subjects, such as the aetiology of hysteria and the technique of the psycho-analytic method, with which we are not now concerned, it will here be

¹ Published in the *Psychological Bulletin*, April, 1910, vol. vii., p. 109. Most of Freud's psychological writings are included in the following list, the two marked with an asterisk being in the present connection the most important: 'Studien über Hysterie,' 1st edition, 1895; 2nd edition, 1909 (with Breuer). * 'Die Traumdeutung,' 1st edition, 1900; 3rd edition, 1911. 'Zur Psychopathologie des Alltagslebens,' 1st edition, 1901; 4th edition, 1912. * 'Drei Abhandlungen zur Sexualtheorie,' 1st edition, 1905; 2nd edition, 1910. 'Der Witz und seine Beziehungen zum Unbewussten,' 1st edition, 1905; 2nd edition, 1912. 'Sammlung kleiner Schriften zur Neurosenlehre,' 1st edition, 1906; 2nd edition, 1911. 'Sammlung kleiner Schriften zur Neurosenlehre,' 2^{te} Folge, 1909. 'Schriften zur angewandten Seelenkunde,' 'Jahrbuch für psychoanalytische und psychopathologische Forschungen Zentralblatt für Psychoanalyse.'

possible to choose the alternative course of attempting to give a more general review of his psychology as a whole.

The second and far weightier difficulty is that Freud's psychology signifies a great deal more than the formulation of a series of new conclusions or the announcement of new discoveries, important as these may be; it involves a radical change in our attitude towards the questions of the structure and functioning of the mind. If, therefore, Freud's views are substantiated by later investigations, they betoken an event of peculiar and far-reaching significance to psychology in general. It is notoriously harder to convey a new attitude or point of view than mere conclusions, or even facts: and yet in regard to our judgement it is a more important matter, for a given conclusion that may appear improbable enough from one point of view is seen in quite a different aspect from another. A corollary of this consideration is that Freud has not only dealt with previously discussed questions—*e.g.*, dream interpretation and the psychology of wit—but has explained what previously had hardly been thought to be a problem at all—*e.g.*, the cause of infantile amnesia, the meaning of various absent-minded and other acts in everyday life, etc.

The third difficulty—one really implicit in the last—is that the applications of Freud's psychology are exceedingly diverse, so that the range of subjects included is very extensive. He has, for instance, given explanations for problems so remote from one another as the origin of myths, the choice of a profession, the sources of artistic creativeness, and the tendency to superstitious beliefs. Of only a few of the subjects, however, has he given any complete or systematic exposition, and the extent to which his principles can be applied refers more to deductions, usually fairly obvious, that follow from these. His expositions are thronged with suggestive hints, of which some are more, some less developed, that are at present being acted on and expanded by both himself and the members of his school. Again, the way in which these different subjects are intimately bound up with one another makes it very difficult to present some without the others. Much of the cogency of Freud's arguments is derived from the astonishing

confirmation and mutual support that the application of them receives from widely different fields of study, such as psychopathology, dreams, wit, mythology, and everyday life. Just as the true significance of Darwin's suggestions became evident only when their fruitfulness was realised in such different fields as palaeontology, comparative morphology, and embryology, so do Freud's hypotheses become irresistibly convincing when one appreciates their capacity to illuminate spheres of human activity that at first sight appear to be remote and unconnected. This third difficulty, the extensiveness of Freud's principles, is one reason why the present exposition can be nothing but the roughest and crudest sketch of the subject indicated in the title of this paper.

Freud is primarily a man of science rather than a philosopher. In philosophy he would perhaps most nearly be classified as accepting scientific idealism, as represented by Karl Pearson, with strong sympathies for the Humanism of F. C. S. Schiller. This is well illustrated by his attitude to such a question as the psychophysical relations of consciousness, or of mental processes in general. He uses the term 'conscious' to denote all the mental processes of which a person is aware, distinctly or indistinctly, at a given moment. Not sharply marked off from these are the preconscious (*vorbewusste*) memories, of which a person is not at a given moment necessarily aware, but which can be fairly readily and spontaneously recalled. Unconscious memories are those that cannot be spontaneously recalled by the subject, but which can be evoked by the use of special methods (hypnosis, psycho-analysis, etc.).¹ As we shall presently see Freud holds that processes of the most complex kind may occur without ever becoming conscious. He is content with this practical finding, and leaves quite open the question as to whether they are of a mental or physical nature. Referring,

¹ It will be noticed that by definition these resemble Myers' subliminal process, Prince's co-conscious, and Janet's *subconscient*. There exist, however, fundamental differences between Freud's views on the subject and those of other writers; these have been very clearly discussed in a striking article by Bernard Hart in the *Journal of Abnormal Psychology*, February-March, 1910.

for instance, to the unconscious occurrence of dissociation between an idea and its accompanying affect, he says: 'Vielleicht wäre es richtiger zu sagen: Dies sind überhaupt nicht Vorgänge psychischer Natur, sondern physische Vorgänge, deren psychische Folge sich so darstellt, als wäre das durch die Redensarten: Trennung der Vorstellung von ihrem Affekt . . . Ausgedrückte wirklich geschehen.' ['It would perhaps be more correct to say: These processes are altogether not of a psychical nature, but are physical processes, the psychical consequences of which are so represented as if what is expressed in the phrase "separation of the idea from its affect" had really occurred.'] Leaving, however, the philosophical aspects of the subject, he empirically accepts the obvious fact that it is impossible to describe the processes in question except in mental terms, and so continues to treat of them as if they were mental. Another justification for this he sees in the continuity that experience establishes between conscious and unconscious processes, which are related to each other in every respect except in the one matter of awareness: the resemblances between them thus far outweigh in importance the differences.

It will be convenient shortly to consider some of Freud's more general and fundamental principles before mentioning their applications. Of these the following seven will be selected, admittedly an arbitrary choice:

1. In the first place, Freud attributes to psychical events a rigorous *determinism*, the word being used in its scientific rather than in its philosophic sense. Psychical processes are never isolated or accidental phenomena, but are as precisely related to preceding ones as are successive physical events; there is no more room for 'chance' in the mental world than in the physical one. Starting from this point of view he develops his psycho-analytic method, on which are based practically all his conclusions. He maintains that, when a subject is asked to make free associations from a given theme to which he is attending, and wholly to suspend the active criticism that under such circumstances is instinctively exercised towards the incoming thoughts, the associations must be

directly or indirectly related, in a causative manner, to the initial theme. The connection between this and the associations that occur are often not at all realised by the subject; for this, however, there are special and definite reasons that will presently be indicated. Discussion of the psychological principles involved in the use of psycho-analysis, as well as of other allied topics, must be reserved for a further paper.

2. Freud's views concerning *affective processes* show certain important deviations from those currently accepted. He tentatively states as a working hypothesis that 'there is to be distinguished in psychical functions something (amount of affect, sum of excitations) which has all the attributes of a quantity—although we have as yet no means of measuring it—something capable of being increased, diminished, displaced, or carried off, and which spreads itself over the memory traces of ideas, rather like an electric charge over the surface of the body.' The two words in brackets (*Affektbetrag*, *Erregungssumme*) indicate that the property in question can be described in either psychological or physiological terms. Indeed, he regards it as something essentially centrifugal in nature, in that it constantly tends to discharge its psycho-motor energy—characteristically by means of bodily expression—in a manner analogous to motor and secretory processes. Most significant, however, is the assumption that it has a certain autonomy, so that it can become released from the idea to which it was primarily attached, thus entering into new psychical systems and producing wide-reaching effects. This displacement of affect from one idea to another Freud denotes as transference (*Uebertragung*), and says that the second idea may in a sense be termed a representative of the first. A simple illustration of the process is when a girl transfers the affective process properly belonging to the idea of a baby to that of a doll, and washes, clothes, fondles and cares for the doll, and even takes it to bed with her or makes attempts to feed it, thus treating it in all possible respects as she would a baby. An equally familiar observation is the behaviour of a spinster towards a pet animal. In Browning's 'The Last Ride Together,' the same mechanism is beauti-

fully seen: the hero, failing in his ambition to win his mistress, consoles himself with the enjoyment of their last ride, and gradually exalts the significance of this until in a final ecstasy he imagines not only that it is an adequate replacement of his former aim, but that it represents the highest bliss that can be attained on earth or in heaven.

3. Connected with his views on affective processes is the emphasis Freud lays on the *dynamic nature of mental processes* in general. This is best described in terms of the scheme by means of which he depicts the structure of the mind. This scheme he proposes in the most tentative way as merely a working hypothesis, expressly disclaiming any likelihood of mistaking the scaffolding of a theory for the building that will later be erected. Taking the analogy of a microscope or telescope, the theory of which makes use of ideal localities in space, he develops the notion of psychical locality. The mind is a complex reflex apparatus or system, with a seat of entry at one extremity and of discharge at the other. The former is of course the sensorial extremity, the latter the motor. Every mental process tends to set up a movement from the end of the apparatus to the other. To begin with is the perception in its sensorial form; this is not fixed as such, but farther on in the system in the form of a 'memory trace.' The farther forward the process moves, the greater is the extent to which it becomes associated with others; at first the association is of a superficial kind (clang, etc.), later on it is of a higher order (similarity, co-ordination, etc.). A mental process is recalled not in its primary perceptive form, but as a 'memory trace.' Accompanying every mental process is a varying amount of psychical energy, which roughly corresponds with what we term the affect. Excessive accumulation of this energy results in a tension that is experienced as discomfort (*Unlust*), and there is a constant tendency towards the discharge of this energy (*Abfuhr*). The discharge is experienced as pleasure, as relief, or gratification (*Befriedigungserlebnis*).

The way in which the relief is brought about differs in complexity in the young child and older persons. The infant

finds by experience that satisfaction of a given need—*e.g.*, hunger—is associated with a certain perception—*e.g.*, the sight of food. The recurrence of this need therefore brings with it the desire to reproduce the perception associated with satisfaction of it. It is possible that at first this may occur by 'regression' of mental processes so that a hallucinatory perception is produced. Experience, however, soon teaches that this method is inadequate to still the need, and that in their capacity in this respect there is an important difference between perceptions externally evoked and those internally evoked. Internal perceptions are adequate only when they are durable, as in the hallucinations of the psychoses. The psychical energy corresponding with the need therefore sets in action further groups of mental processes, the function of which is to modify the environment in such a way as to bring about an externally evoked perception of the kind desired; for instance, the child cries until it is fed. The regressive tendency to reproduce the primary perception by internal means Freud terms the *primary process* (*Primärvorgang*). The *secondary process*, which inhibits this tendency and directs the energy into more complex paths, is the work of a second and quite different psychical system. All the complicated thought processes that occur, from the memory picture to the psycho-motor mechanisms that result in changing the environment so as to bring about the repetition of the desired perception, constitute merely a *détour*, which experience has shewn is necessary in order to produce the wish fulfilment. These two systems, which are already present at an early age, form the nucleus for what later becomes the unconscious and preconscious respectively.

4. The subject of 'psychical repression' (*Verdrängung*), which plays such an important part in all Freud's writings, may be considered as a direct continuation of the previously mentioned one concerning the relation between the primary and secondary systems, though it is less hypothetical in nature. The fundamental regulating mechanisms of mental processes are the tendencies to seek pleasure by bringing about relief from psychical tension, and to avoid pain by pre-

venting accumulation of psychical energy. These strivings, which have a more or less definite aim, constitute a wish in the broad sense of the term. When, now, this wish cannot for various reasons be gratified, the tendency of the psychical energy to discharge itself is inhibited, a local damming up takes place, and the mental process in question loses its former power of making free associations. It in this way forms a circumscribed 'complex,' to use Jung's term. Under these circumstances the secondary system cannot make use of the energy of that portion of the primary system, for to do so would only result in the evocation of discomfort (*Unlust*) and it is a chief function of the secondary system to avoid this whenever possible. We have here, then, all the conditions for an intrapsychical conflict, and Freud maintains that, when a mental process is the seat of a competition of opposing affects, blocking (*Sperrung*) of the usual associative activities occurs and the mental process becomes shut off or dissociated. This ostrich-like function of the secondary system therefore results in exclusion of the pain-producing mental process from consciousness. In daily life this mechanism is extraordinarily frequent and shews itself in many ways, the simplest of which is the disinclination for being reminded of disagreeable occurrences we would rather forget.

'Normal' and 'abnormal' conscious mental events differ only quantitatively, not qualitatively, both proceeding by the same mechanisms of the same psychical apparatus. In both cases the energy of the unconscious mental process (*i.e.*, the wish) is directed into the complex conscious paths according to the principle of pleasure and pain, the chief difference between the two being that the discharge of energy in the 'abnormal' case takes place by a more circuitous and unusual route than in the 'normal' case. In both cases consciousness exerts a 'censor' influence over the dynamic process, allowing it to find expression only in certain definite ways. The characteristic function of consciousness is the exercise of this censor influence. Consciousness may be compared with a sense organ, in that it allows the perception and differentiation of psychical qualities. Its action differs from that of a

sense organ in that it is concerned with the perception not only of externally produced stimuli, but also of internal psychical processes. It is probable that between pre-conscious and conscious processes a censor action is also interposed, of the same kind as that between unconscious and pre-conscious processes.

5. The manifestation of abnormally repressed mental processes is to be understood only by consideration of the action of *intrapsychical conflict*. As has already been said, conflict between two tendencies or wishes results in a blocking and dissociation of the mental process concerned. The direct route into consciousness is impeded and the energy passes into a circuitous side-path. The direction thus taken is, however, rigorously determined by preceding psychological and physiological factors. The energy may become linked either with other mental processes or with physical ones. In the first case, the affect accompanying a given idea, which, being dissociated, is incapable of becoming conscious (*bewusstseinsunfähig*), becomes transferred to another one which is assimilable in consciousness (the process known as *Uebertragung*). This is the typical mechanism underlying the production of obsessions and most phobias. An insistent impulse to think of a non-permitted subject shews itself by an obsessive thought about another, associated, but more acceptable one. The passage from the one idea to the other occurs through one of the well-known forms of mental association, usually a lower form, such as extrinsic, and particularly clang associations. Brill¹ narrates an instance in which a patient, possessed with licentious impulse relating to a *dog*, suffered from an apparently innocent obsessive thought concerning *God*.

In the second case the energy finds an outlet in some somatic manifestation, a process Freud terms 'conversion.' This is the characteristic mechanism underlying hysterical troubles, where a given bodily symptom, such as a tremor or an aphonia, is the expression of a repressed mental complex.

¹ A. A. Brill, 'Freud's Conception of the Psychoneuroses,' *Medical Record*, December 25, 1909.

Here also, as in the purely mental field, the actual direction taken by the discharging energy is determined by the existence of performed associations, such as the usual physical accompaniments of emotion, and the occurrence is favoured by an unusual degree of readiness of the physical response (*somatisches Entgegenkommen*).

In both cases the formation of the unusual associations, which permit the circuitous discharge of psychical energy, takes place outside consciousness, and the subject quite fails to apprehend the significance of the end manifestation, or the connection between it and the primary mental process. Yet the mental events that precede the manifestation may be of the most complex order, fully as much so as conscious ones.

6. Stress should be laid on the importance Freud attaches to *infantile mental processes*. He regards the mental processes, and particularly the wishes, of early childhood life as the permanent basis for all later development. Unconscious mental life is indestructible, and the intensity of its wishes does not fade. Wishes and interests of later acquirement are chiefly significant in so far as they ally themselves with those of childhood life, though the association is of course not a conscious one. A great number of the reactions of adult life owe their real force to the adjuvant impulse contributed by the unconscious. Freud, therefore, looks upon the whole of a subject's mental life as a continuity, as a series of associated trends. The appearance of complete discontinuity that it so often presents is an illusion, due to the ignorance of the preceding unconscious influences. For instance, a person may at the age of twenty have his attention for the first time directed in a given line of interest, and may in consequence of this choose a profession and determine his life's career; but the real reason why he reacts in this way to the external influence is that it corresponds with, and becomes associated to, deeper unconscious trends that arose in early childhood life. These views naturally have great importance in their bearing on education,¹ for it is substantially maintained that the main traits of character are permanently determined for

¹ See Chapters XIX. and XX.

good or ill before the end of the fifth year of life. Freud holds in general that owing to our ignorance of the most important mental processes of early childhood, and our own personal amnesia for this period, the significance for later life of these early trends is vastly underestimated.

The amnesia for early mental processes is even greater than is generally supposed, for not only is much actually forgotten, but a selection takes place of such a kind that only the least significant part is remembered. Thus the actual memory for this period is even less valuable than it appears. Further than this, our childhood memories are also less trustworthy than they appear, for later falsifications, distortions, and inventions, arising particularly in the conscious and unconscious phantasies of puberty, impair the reliability of them to a much greater extent than is generally known; it should, however, be added that the technique of psycho-analysis usually enables one to differentiate between an accurate recollection and a falsified one. This infantile amnesia is, according to Freud, not a natural, physiological process, needing no explanation. He considers that, were it not for our extreme familiarity with its happening, we should regard it as by no means so obvious and comprehensible as we at present do. For him it is a curious problem that calls as urgently for solution as that of other less familiar mental events. The cause of the amnesia he sees in the psychical repression that plays so large a part in early education. Children come to the world with potential trends and desires which are innocent enough at an early age, but which are of such a kind that the gratification of them is highly unacceptable to adult standards. Early training largely consists in weaning the child from these desires and directing his mind towards other interests, a process Freud terms 'sublimation.' The primitive trends themselves, such as egotistic enjoyment without regard for others, concern with certain bodily functions, and so on, have to be suppressed, and the mental processes representing them are repressed and become unconscious. This, however, is not effected without a certain cost to the individual, and amongst other penalties paid is the amnesia for infantile mental life.

As in other cases, such as, for instance, with hysteric post-traumatic retrograde amnesia, the memories lost are not only those that directly concern the thoughts and wishes now invested with painful and guilty feeling, but also those that are in any way—*e.g.*, in time—associated with these. Further, as was above pointed out, although the desires in question have been repressed into the unconscious, they lose none of their dynamic functions, and, when the sublimation process is not sufficiently potent to provide an outlet for the accompanying psychical energy, other paths of discharge have to be forged, of a kind that for practical reasons are called 'pathogenic.' It is in this way that psychoneurotic symptoms arise, which thus represent in a disguised form the gratification of repressed wishes. The chief difference between the indirect expression of an unconscious wish by means of a neurotic symptom and that by means of a sublimated activity is that the latter is useful for social aims, whereas the former is harmful both socially and to the individual.

7. The part of Freud's psychology that has aroused most opposition is his attitude regarding the significance of *psychosexual trends*. We are not here concerned with the nature of this opposition, which arises partly from a misconception of Freud's own views, and partly as a result of the peculiarly heavy social ban that is laid on certain aspects of the subject. It should in the first place be stated that he applies the term 'sexual' far more broadly than is customary, and thus includes under it functions that are not generally considered to be of a sexual nature. He does this, however, not in order to distort the usual connotation of the term, but because he finds by experience that many psychical manifestations not commonly thought to be derivatives of the sexual instinct are in fact so. He thus extends, not the connotation of the word 'sexual,' but the conceptions denoted by it. A little reflection makes it evident that, even if the term is by definition made to refer only to tendencies that have to do with the reproductive instinct, it is impossible to confine it to impulses that directly tend to bring about the reproductive act. For instance, no one with any experience of such a 'perversion'

as fetishism would refuse to call this 'sexual' in the full meaning of the term, although from its very nature it expresses a negation of the reproductive act; the same is true of ordinary masturbation. Even more normal manifestations, which anthropologists have shewn to be derivatives of the sexual instinct—such as shame, cruelty, etc.—are by no means obviously tendencies that favour the consummation of this act, although it may be true that they are indirectly connected with reproduction. On precisely similar grounds Freud holds it justifiable to apply the term 'sexual'¹ to mental processes which, like shame, derive their origin from the sexual instinct, and the only reason why his application of the term is more extensive than that of other writers is that, by his psycho-analytic investigation of the unconscious, he has been able to trace to this origin a number of processes that at first sight do not appear to be connected with it. He has striven to free himself from the prejudice that refuses to recognise the sexual nature of a mental process until this is made so obvious as to be quite indisputable, and he points out how deeply rooted in the human mind is this prejudice.

These preliminary considerations may be thus summarised: Freud lays stress on the dynamic aspects of mental processes, and sees in the tendency of the affects to seek discharge of their tension the motive force determining the flow of mental life; he expresses this in terms of wishes. He holds that unconscious mental life is rich and complex, and by the interaction between it and consciousness explains the apparent discontinuity of conscious processes, thus adopting a deterministic attitude towards intuitive and apparently spontaneous mental events. Much of this interaction depends on the result of conflicts between various psychical trends, some of these undergoing repression, so that they can be manifested only

¹ Freud uses the term *Libido* to indicate sexual desires and longings in all their aspects; this corresponds in its connotation with that possessed by the word 'hunger' in relation to the nourishment instinct. Obviously the word, for linguistic and other reasons, cannot be employed in English. Dr. Putnam, in his recent luminous essay on Freud's work (*Journal of Abnormal Psychology*, vol. iv., Nos. 5 and 6), considers that the nearest English equivalent to it is 'craving'; perhaps a more exact translation would be 'sexual hunger.'

along indirect channels. He attributes fundamental importance to the repressed wishes of early childhood life and to the psychosexual systems of activities.

We may now shortly consider some of the fields in which Freud has applied the foregoing principles, and it will be convenient to begin with the subject last mentioned—namely, *Sexuality*. In the first place, Freud holds that the mental processes commonly called 'sexual,' which bear a relatively precise relation to reproduction, are the outcome of a development from a broader group of processes in earlier life, of which certain ones have become selected and intensified, while others have become suppressed. In the child are a number of sexual dispositions, the functioning of which notably differs from that of adult sexual processes, and the later development of which is subject to the greatest variability. A clearer view of these early dispositions is obtained by considering the different kinds of adult sexual perversions. Freud draws a distinction between the sexual object, the source of attraction, and the sexual aim, the activity in which the impulse manifests itself; the difference between these is evident when one dissociates such an impulse as the masochistic one—*i.e.*, the desire to obtain enjoyment through experiencing submission or pain—from its objective, which may be either a male or a female person. Looked at from this point of view, perversions fall into two groups. On the one hand are those that shew a deviation from the normal objective, such as homosexuality. Freud thinks that this inversion of the normal objective can only be explained by assuming that man has a bisexual predisposition psychically as well as anatomically, and that the normal is reached by the heterosexual component being developed at the expense of the homosexual one. On the other hand are those that show a deviation from the normal aim. These may be divided into two sub-groups. First, there are aims that pass beyond the normal anatomical regions, such as when kissing attains a higher sexual value than actual intercourse. The tendency to overestimate the attractive value of anything belonging to

the loved person—her hair, hand, glove, etc.—may be localised to a given part, such as the foot, and thus constitute a fetishism. Secondly, there are the aims that differ from the normal in that they represent a fixation of the sexual impulse on what should be only a preliminary stage in the whole process. Perverts of this kind may, for instance, obtain full sexual gratification from a morbid fascination of merely looking at a member of the opposite sex under certain circumstances, and have no desire to do more than this.

Freud finds that the potentialities of all forms of perversion already exist in the child, which he therefore terms *polymorph pervers*. Under the pressure of educative influences, however, they normally become suppressed, and the psychical energy accompanying the impulses is sublimated into other directions of greater social value. The influences that are specially operative in this respect are as follows: The tendency to display one's own person or to seek pleasure in regarding that of others is opposed by the development of personal modesty and shame. The tendency to obtain enjoyment from various manipulations of and interest in excremental functions is opposed by the development of disgust; and the finding of pleasure in acts that are painful to oneself or to others—masochism and sadism—is suppressed by the cultivation of sympathy with others, and sensitiveness to and horror of suffering. Two other possibilities, however, are open, besides the normal one of sublimation. First, the tendency itself may acquire abnormal strength and may manifest itself in later life as an actual perversion, as indicated above. Secondly, when the conflict between the impulse and the repressing force is especially strong the impulse may find expression in the production of a psychoneurotic symptom, which, therefore, is a disguised form of gratification of the perverse impulse. Hysterical symptoms thus constitute the negative of perversions. These three outcomes are naturally not sharply marked off from one another. One and the same man may shew the results of sublimation of a given tendency, which may, for instance, be revealed in the form adopted by an artistic creation, at a time when he is suffering from

both a perversion and a psychoneurosis. A sub-variety of the sublimation process is the development of abnormal traits of character, which have little or no social value; the morbid tendency of some 'Puritans' to be shocked at the slightest pretext belongs to this group, and is to be regarded as an excessive reaction formation.

The psychosexual life of children differs from that of adults in three main characteristics—in the different nature of the pleasure experienced, in their relative independence of outside persons for this (auto-erotism), and in the fact that they obtain pleasure from much more manifold sources and in much less differentiated ways than do adults. At puberty important changes take place in all these respects. The excitations, mechanical and other, that gave satisfaction to the child's desires, now come to contain a disagreeable component (*Unlust*) due to the feeling of tension experienced. They thus constitute merely a 'fore-pleasure' (*Vorlust*), which impels to further activities destined to produce the 'end-pleasure' (*Endlust*) that relief of tension brings about. The sexual objective, a member of the opposite sex, now wins greater definition and significance. Lastly, the sources of excitation become more localised, particularly anatomically: this is brought about by repression of the more accessory pleasures in the way indicated above. The greater proneness of women to suffer from psychoneuroses is explained by two characters that their sexual development shews in contrast with that of men. In the first place, the sexual activities of children pertain rather to the masculine type, so that at the time of puberty the augmentation of repression that then takes place has in the woman more to accomplish in suppressing the homosexual component than it has with men. In the second place, a shifting of the primary erogenous zone takes place with them, from the clitoris to the vagina, whereas this does not occur with men. The changes at puberty being more complex in the case of women, the possibilities of erroneous development are much greater.

The sexual thoughts of children are much more extensive and important than is generally believed. Usually in the

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third and fourth years of life questions begin to occur to them, the parents' answers to which are less satisfying and less often believed by them than is commonly thought. At this time, and shortly after, they begin to withdraw from their parents, and in their own world weave explanations and theories that are more satisfactory to them. These theories frequently contain more of the truth than might be imagined, and are of great significance in later life. Coincidentally with the repression mentioned above there occurs repression of, and subsequent amnesia for, these early thoughts. A period of latency follows, usually from the fifth to the tenth years, when the process of sublimation is at its highest activity. Most adult memories for sexual thoughts seem to have begun in the latter part of this period, the earlier ones having been quite forgotten. In the earlier period sexual phantasies relating to the parents or other members of the family are very frequent, and often determine important reactions and choices in later life.¹

The next great field that Freud has investigated is that of *Dreams*. I have elsewhere² given an account of Freud's work and conclusions on this subject, and so need here mention only the outstanding features of his theory. Dreams are generally thought to be a meaningless conglomeration of psychical processes evoked by chance somatic stimuli. Freud, on the contrary, finds that they are the disguised expression of highly significant underlying psychical processes. He contrasts the 'manifest content,' which is the dream as directly related, with the 'latent content,' which is the group of thoughts reached by psycho-analysis of the dream. In the young child the manifest and latent contents are identical, and the dream plainly represents the imaginary fulfilment of an ungratified wish; the egocentric nature of the wish is equally evident. Freud maintains that every dream represents the fulfilment of an egocentric wish, and that the chief difference between the dreams of adults and those of young children is that in the former case the wish is a repressed one,

¹ An account of Freud's incest theory will be found in the *American Journal of Psychology*, January, 1910.

² See Chapter XV.

the presentation of which is disguised so as to make it unrecognisable until it has been submitted to psycho-analysis.

The mechanisms by means of which is brought about the distortion between the latent and the manifest content are quite precise. The thoughts of the latent content are unconscious, being repressed by the censor of consciousness. In the waking state they cannot penetrate to consciousness, but during sleep, when the activity of the censor is relaxed, they can do so, provided, however, they are distorted so that their true meaning is not recognised. The formation of the dream, or dream-making, is purely concerned with translating the latent thoughts into the distorted shape of the manifest content; it performs no intellectual work whatever. Apparently intellectual processes in dreams have been taken bodily from the latent content. The extent to which a given dream is incomprehensible, illogical, confused, and contradictory, exactly depends on the degree of distortion that has taken place, and is proportional to the amount of resistance offered by the subject to disclosing the underlying thoughts.

The four mechanisms of the dream-making are :

1. *Condensation*.—Every element in the manifest content represents the fusion of several in the latent thoughts, and *vice versa*. The latent content is condensed to a tenth or a twentieth of its original extent. The condensation is shewn in several ways. For instance, a figure in a dream may be constituted by the fusion of the memories of several different actual persons, either by fusing some traits of one with others of another, or by making prominent the traits common to different persons and neglecting the ones not common to them. The same process frequently affects names, so that neologisms may be formed exactly analogous to those found in the psychoses.

2. *Displacement*.—The psychical intensity of a given element in the manifest content shews no correspondence with that of the associated elements in the latent content; an element that stands in the foreground of interest in the former may represent the least significant of the latent thoughts, and an apparently unessential feature in the dream may represent

the very core of the dream thoughts. Further, the most prominent affect in the dream frequently accompanies elements that represent the least important of the latent thoughts, and *vice versa*.

3. *Dramatisation*.—The manifest content depicts a situation or action, a fact that exercises a selecting influence on the mental processes to be presented. Logical relations between the latent thoughts are as such not represented, but they may be indicated by means of certain special devices. Thus, similarity may be represented by identification, causal relationship by making the one representing group of elements follow on the other, as in the gradual transformation of one scene with another, opposition and contradiction by inverting the two corresponding elements of the already formed dream, and so on. The characteristic that most dreams shew of presenting the manifest content predominantly in a visual form Freud terms 'regression,' and explains it by a very interesting theory in which he also discusses the production of psychotic hallucinations.

4. *Secondary Elaboration*.—This is the product of consciousness, and is brought about by the alteration undergone by the dream processes during their apprehension in consciousness. To it is due whatever degree of ordering and consistency there may be found in a dream. It particularly affects parts of the dream that have been insufficiently distorted during the dream-making; its action continues after waking, so that the memory of a dream becomes more altered the greater is the period that has elapsed since it was experienced.

The affect in the manifest content is invariably less intense than that in the latent content; this inhibition is due partly to the tendency to psychical regression during sleep, and partly to the suppressing effect of the censor. The affect is, as was mentioned above, displaced in the manifest content, but the apparent incongruity in its occurrence and association is solely due to this displacement; in the dream thoughts it is quite congruous and logically justified. The affect itself undergoes no distortion in the dream-making, as does the conceptual content, so that it is of the same nature in the

manifest as in the latent content. The forgetting of dreams is, like the distortion of the latent content, a manifestation of the activity of the censor. The most important part is first forgotten, and often is recalled only during the analysis.

The sources and material from which dreams are composed differ as regards the manifest and latent contents. In every dream appears some incident of the preceding day. Indifferent incidents—*i.e.*, those of little interest to the subject—frequently appear. These may be of the preceding day, or of older date; in every case they have obtained psychical significance by becoming, on the day of their occurrence, associated with significant experiences or memories. Somatic stimuli—*e.g.*, pain—may sometimes provide material. These, however, are treated like other psychical material, and are woven into the dream under the same conditions; under no circumstances can they alone give rise to a dream, except in the sense of occasionally being an instigation. Hypermnesia for previously forgotten infantile events is sometimes seen in the manifest content, and much more frequently in the latent content. The groundwork of every dream is of infantile origin. A recent or conscious wish is inadequate to cause a dream unless it is associated with a repressed, unconscious one; this latter is always the real cause, and the superficial one is merely the 'instigator.' The latent thoughts are always of high personal significance to the subject, and are in direct continuity with the rest of his mental life. Dream analysis is the most valuable means at our disposal for penetrating into the unconscious.

The function of a dream is to protect sleep by stilling the activity of unconscious mental processes that otherwise would disturb it. When, however, the activity of the endopsychic censor, which is diminished during sleep, is insufficient to keep from consciousness the latent thoughts, or to compel such distortion of them as to render them unrecognisable, recourse has to be had to the accession of energy that the censor can exert in the waking state, and the sleeper awakes, usually in terror.

In his book on *Wit* Freud has given a valuable contribu-

tion to the psychology of this subject and to that of humour ; it is extraordinarily rich in new psychological points of view. The pleasure-bringing effect of wit depends partly on the technique and partly on the tendencies of this. Freud has analysed in great detail the various classes of witty jokes, and finds that the technique of their production shews the closest resemblance to that employed in dreams : different forms of condensation, displacement, indirect presentation, reversal into the opposite, failures in thought, production of neologisms, fusion into a unity, etc. According to their aim he divides witty jokes into harmless ones, the aim of which is purely to bring pleasure, and those that have a pronounced tendency ; the latter are subdivided into four classes—the obscene, the aggressive or hostile, the cynical, and the sceptical respectively.

The pleasure of wit arises in an economy of physical expenditure (*Ersparung an psychischem Aufwande*). Four stages in the development of wit may be distinguished. The psychogenesis of wit leads back to the play with words so characteristic of early childhood life. The suppression of this activity, brought about by the development of logical thought, and a knowledge of intrinsic relations between the different conceptions represented by words, is under certain circumstances relaxed in later life, and so arises the simple joke (*Scherz*) in which enjoyment of the old play is again made possible. In the harmless witty jest (*Witz*) the abrogation of the suppressing criticism allows the expression of a given thought of some value ; the difference between joking and wit lies solely in the value of the thought communicated in the latter process. Finally, in wit that has a pronounced tendency, a form that has a more complex mechanism, there is allowed to come to expression a thought that, owing to the force of repression, could not reach expression in a direct way. In the last-named form of wit a certain fore-pleasure (*Vorlust*) is obtained through the technique of the jest itself, but instead of this being all, as in the harmless jest, it serves to release further inhibitions, so that a deeper source of pleasure (*Endlust*) is reached.

Wit has a great deal in common with dreams beyond the fact of their both employing the same technical devices. A witty joke suddenly *occurs* to one ; it is the product, not of the conscious mental processes, but of the unconscious. The source of the pleasure is also an unconscious one ; in wit, strictly speaking, we do not know what we laugh at, and constantly deceive ourselves over the excellence of a joke and the value of the conveyed thought according to the varying part played in the production of our pleasure, on the one hand by the technique of the joke, and on the other hand by its tendency. The most important difference between wit and dreams is that the latter represent an asocial process, the former a social one. Further, dreams serve to guard from pain, wit represents a search for pleasure. Freud makes a number of penetrating remarks on the significance of wit as a social process, its function, and the precise relations between the speaker and hearer, that cannot here be discussed.

Freud further extensively deals with the relation of wit to the comic. The production of the latter and the source of pleasure are, in contradistinction from those of wit, quite conscious. Of the kinds of processes described as comical, ingenuousness stands nearest to wit. It differs from this in being produced free from inhibiting influences and without the application of technical devices ; the pleasure it gives is due to the sight of another setting himself without effort beyond the action of influences that would inhibit the onlooker. Comic processes proper arise from a comparison between our own person and that of the person at whom we laugh, especially when the latter shews an overexpenditure of physical output or a lack of mental. Humour is a defence against the painful or disagreeable ; the energy that would otherwise have produced pain is transformed into a source of pleasure. For humour only one person is necessary, for comicality two, for wit three (the producer of the joke, the imaginary person against whom it is directed, and the person who listens to it).

With wit there is effected an economy of expenditure in inhibition, with comic in thought, with humour in feeling.

All three transport us into a state of our childhood, 'in which we did not know the comic, were not capable of wit, and did not need humour in order to make us feel happy in life.'

In another volume Freud has developed a number of interesting and suggestive investigations into the *Psychopathology of Everyday Life*. The principle underlying this work was his view that certain inefficiencies in our mental activities and certain apparently purposeless performances, both of which groups seem to have no psychical meaning, shew themselves on analysis to have been determined by unconscious motives. These unconscious motives concern unacceptable processes that have been inadequately suppressed, and that come to expression by interfering with the accomplishment of conscious mental activities.

Of the first group may be mentioned the following: Certain acts of forgetting are due to a half-conscious desire to forget, an extension of our general tendency not to recall the disagreeable. The memory that cannot be recalled may itself be of a painful nature, or may be associated with another of this nature. Difficulty in recalling well-known proper names is particularly often to be explained in this way. The actual source of unpleasantness is usually by no means obvious, and often can be discovered only by a little psycho-analysis. It frequently happens during the effort to recall a given name that another one presents itself, sometimes in such a compelling way that it is hard to put it aside. Analysis then shews that the second name is a disguised replacement of the first, being a compromise between the effort to recall the name searched for and the unconscious inhibiting impulse. This concealing-memory (*Deck Erinnerung*), in which one memory appears as a cover for another associated one, may refer to whole episodes, particularly those of childhood life; it is one of the ways in which falsification of memory is brought about. Allied to these defects in recollection are certain mistakes in action (*Vergreifen*) in which the error principally consists in omission. Thus many misplacements of objects, with subsequent inability to find them again, apparently accidental

destroying of objects, and so on, are determined by unconscious motives.

To the second group belong many instances of mistakes in speech (*lapsus linguae*), in reading, in writing, and in apprehending what is said to one (*Veraprechen, Verlesen, Verschreiben, Missverstehen*). As in the former cases the mistake made is, like an hysterical symptom, a compromise between the conscious intention and the unconscious one. Such mistakes, particularly often slips of the tongue or pen, betray hidden thoughts or wishes against the person's will. More complicated mistakes of the same nature are various symptomatic movements, general mistakes in knowledge, when the person knows well the actual fact that he has incorrectly described, and elaborately incorrect performances of simple tasks. With all these errors, as of the ones mentioned above, Freud has given the analysis of a great number of and instructive examples, the study of which is invaluable for practical psychology. He adds in this volume a chapter on the subject of superstition and its psychological significance, making many interesting contributions to the subject of false beliefs and the tendency to read significance into accidental coincidences. Many personal occurrences that seem to be chance are really determined by unconscious motives, and superstitions arise by the inner conviction of meaning in apparently chance events, which is projected by the individual on to external phenomena.

In conclusion, a few of the other fields to which Freud has applied his methods of investigation may be shortly mentioned. The problem of artistic creativeness, its nature and sources, has occupied him in an article and two books he has published on the subject.¹ Explanations are given on the basis of the principles mentioned above, particularly that of the conscious working out of unconscious wishes of childhood origin that are striving for expression and gratification. Abraham, Rank, and Riklin, have published volumes developing in detail suggestions of Freud's concerning the psycho-

¹ I have indicated some of Freud's views on this subject in an essay developing his explanation of the Hamlet mystery, published in the *American Journal of Psychology*, January, 1910.

logical significance of myths, legends, and fairy-tales. These are the expression of perennial wishes, of the same kind as those operative in dreams and in the psychoneuroses; the mechanisms of repression and distortion, of the same nature as in those mental activities, are in them plainly to be traced, becoming more elaborate when the social censor gained in force and complexity as civilisation developed. Last, but not least, should be mentioned the brilliant application of Freud's principles to the elucidation of the psychoses made by Jung¹ and his pupils; this work has already been several times reviewed in this Bulletin. The perspectives opened by Freud's investigations are thus seen to be as vast in their extent as they are momentous in their nature.

¹ 'Psychology of Dementia Præcox,' translated by Peterson and Brill, 1909. See also Brill, *Journal of Abnormal Psychology*, October, 1908, and *American Journal of Insanity*, July, 1909, and Ernest Jones, *American Journal of Insanity*, October, 1909.

CHAPTER III

THE PSYCHOPATHOLOGY OF EVERYDAY LIFE¹

Introduction—Forgetting—*Lapsus Linguae*—*Lapsus Calami*—Misprints—False Visual Recognition—Mislaying of Objects—Erroneously-carried-out Actions—Symptomatic Acts—General Observations—Summary.

I. INTRODUCTION.

UNDER this title Freud has written an interesting volume² dealing with a number of mental processes that previously had received little or no attention from psychologists. The material of this kind that lends itself to study, like that of dreams, is very extensive, and is accessible to everyone; it is therefore of importance to those who wish to test Freud's general psychological conclusions, and who have not the opportunity of investigating the more obscure problems of the psychoneuroses. Freud's study of the mental processes in question is of especial interest as shewing that mechanisms similar to those observable in the abnormal also occur in the normal; indeed, from a psychological point of view these processes may be termed 'symptoms,' although they occur in perfect health. They may be further likened to neurotic symptoms in that they represent flaws in the normal functioning of the mind.

Freud's principal thesis in this connection may be thus stated: Certain inadequacies of our mental functioning, and certain apparently purposeless performances, can be shewn by means of psycho-analysis to have been determined by motives of which we were not at the time aware. The occurrences in question have the following characteristics in

¹ Elaborated from an address delivered before the Detroit Academy of Medicine, May 16, 1911, published in the *American Journal of Psychology*, October, 1911.

² Freud, 'Zur Psychopathologie des Alltagslebens,' 3 Auflage, 1910.

common: They belong to what may be called normal behaviour. They are only temporary disturbances of a function which at another moment would be correctly performed. Their incorrectness is at once recognised as soon as attention is drawn to them. We can trace no motive for them at first, but always attribute them to 'inattention,' to 'chance,' and so on.

It will be seen from this that, according to Freud, our mental processes are more rigorously determined than is commonly believed, and that many of them generally thought to be causeless have in fact a very precise and definable cause. The same remark applies to many mental processes where we believe we have a perfectly free choice. A typical instance of this is afforded by the child game 'think of a number.' Whereas at first sight it would appear that we are free to choose any possible number, careful analysis shews, as was first pointed out by Adler¹ a few years ago, that the number actually chosen is always connected with some mental process of considerable personal significance, though this may never have been realised by the subject, and that the choice has been determined by definite preceding mental constellations. I may relate an example of this, obtained from an unbelieving acquaintance. He produced the number 986, and defied me to connect it with anything of especial interest in his mind. Using the free-association method he first recalled a memory, which had not previously been present to him, and which was to the following effect: Six years ago, on the hottest day he could remember, he had seen a joke in an evening newspaper, which stated that the thermometer had stood at 986° F., evidently an exaggeration of 98·6° F. We were at the time seated in front of a very hot fire, from which he had just drawn back, and he remarked, probably quite correctly, that the heat had aroused this dormant memory. However, I was curious to know why this memory had persisted with such vividness as to be so readily brought out, for with most people it surely would have been forgotten beyond recall, unless it had become associated with some other mental experience of

¹ Adler, 'Drei Psycho-Analysen von Zahleneinfällen und obsidierenden Zahlen,' *Psychiatr.-Neurol. Woch.*, 1905, Jahrg. VII., S. 763.

more significance. He told me that on reading the joke he had laughed uproariously, and that on many subsequent occasions he had recalled it with great relish. As the joke was obviously of an exceedingly tenuous nature, this strengthened my expectation that more lay behind. His next thought was the general reflection that the conception of heat had always greatly impressed him; that heat was the most important thing in the universe, the source of all life, and so on. This remarkable attitude of a quite prosaic young man certainly needed some explanation, so I asked him to continue his free associations. The next thought was of a factory-stack which he could see from his bedroom window. He often stood of an evening watching the flame and smoke issuing out of it, and reflecting on this deplorable waste of energy. Heat, flame, the source of life, the waste of vital energy issuing from an upright, hollow tube—it was not hard to divine from such associations that the ideas of heat and fire were unconsciously linked in his mind with the idea of love, as is so frequent in symbolic thinking, and that there was a strong masturbation complex present, a conclusion that he presently confirmed. His choice of the number was therefore far from being a free one, being, in fact, dictated by a very significant personal constellation.

II. FORGETTING.

One of Freud's most notable contributions to psychology, and a conception fundamental in his study of the present group of mental processes, was his discovery that, in addition to the other causes of forgetting, 'repression' (*Verdrängung*) plays a most important part. Others before Freud had realised the existence of this, but it was reserved for him to demonstrate the extent to which it is operative in both normal and abnormal mental life.

Freud regards repression as a biological defence-mechanism, the function of which is to guard the mind from painful experiences. He holds that there is in the mind of everyone a tendency to forget the things that the person does not like to be reminded of—in other words, painful or disagreeable

memories. It is true that we often remember against our will matters that we would rather forget, but there are two explanations for this. In the first place, such disagreeable haunting memories are frequently themselves only the replacements of buried and still more disagreeable ones with which they are associated, an occurrence allied to that concerned in the genesis of true obsessions. In the second place, the capacity to forget painful experiences is only of a certain strength, which differs greatly in different people, and is not always successful in achieving its aim. It is but rarely that one can forget the death of a dear relative, however desirable that might be, for the associative links to other conscious memories are too well formed. In such cases, what happens is that trivial memories, which by association might serve *unnecessarily* to remind us of the painful event, are apt to get forgotten—the name of the medical attendant, details as to the fatal malady, and so on; the tide of amnesia covers the base of the hill, but cannot reach the summit. By this means an economy is effected in the number of times that the painful memory is recalled to consciousness. Further, it must be remarked that, for reasons which cannot here be gone into, repression acts much more extensively in causing forgetfulness of internal, extremely intimate, and personal mental processes, than of what may be called ‘external memories’ known to the world, such as failure, grief, and so on. As is well known, Freud has applied his conception of repression to a number of other fields, notably to the explanation of infantile and hysterical amnesias, which do not here concern us.

A good instance of the recognition of the part played in everyday life by repression has been furnished by Darwin in a passage that does equal credit to his scientific honesty and his psychological acumen.¹ He writes in his autobiography: ‘I had, during many years, followed a golden rule, namely, that whenever a published fact, a new observation or thought came across me, which was opposed to my general results, to make a memorandum of it without fail and at once; for I had found by experience that such facts and thoughts were

¹ ‘Life of Charles Darwin’ edited by Francis Darwin, 1902, p. 42.

far more apt to escape from the memory than favourable ones.' Pick¹ quotes a number of authors who more or less clearly recognise that a defensive striving against painful memories can lead to their becoming forgotten; but, as Freud remarks, no one has so exhaustively and at the same time so incisively described both the process itself and the psychological basis of it as has Nietzsche in his 'Jenseits von Gut und Böse: 'Das habe ich getan, sagt mein Gedächtnis. Das kann ich nicht getan haben, sagt mein Stolz und bleibt unbittlich. Endlich—gibt das Gedächtnis nach.' ['I have done that, says my memory. I cannot have done that, says my pride, and remains inexorable. Finally—the memory yields.']

The class of forgotten thoughts in everyday life to which this mechanism applies is, of course, that where the other causes of forgetting do not provide adequate explanations; in other words, it principally concerns matters that we should normally expect to remember. For instance, one would expect some hidden reason in the case of the name of a near relative or friend being forgotten much more readily than in the case of that of a casual acquaintance. The examples of the mechanism may conveniently be divided into two groups: (1) Forgetting to carry out some intended purpose (*Vergessen von Vorsätzen*), and (2) forgetting a given memory.

(1) *Forgetting to carry out an intention.*

A field in which some counter-will frequently leads to forgetting is that regarding the making or keeping of appointments. A man unwillingly feels that he should invite a given acquaintance to a social function he is giving in the near future. He says to him, 'You will be sure to come, won't you? I am not absolutely certain of the date at this moment, but I will send you a written invitation and let you know.' He forgets, until it is too late, and his excessive self-reproach betrays his unconscious culpability and shews that the forgetting was not altogether an accident. Maeder² relates the

¹ Pick, 'Zur Psychologie des Vergessen bei Geistes- und Nervenkranken,' *Arch. f. Kriminal-Anthropologie u. Kriminalistik*, 1905, Bd. xviii., S. 251.

² Maeder, 'Contributions à la psychopathologie de la vie quotidienne,' *Arch. de Psychol.*, 1907, t. vi., p. 150.

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case of a lady who forgot to keep her appointment with the dressmaker to try on her bridal gown the day before the wedding, recollecting it only at eight in the evening. One must suppose that her whole heart was not in the marriage, and, in fact, she has since been divorced. In my own life I have noted numerous instances of a purposeful forgetting of appointments, particularly with patients. If a given patient is tedious and uninteresting, I am very apt to forget that I have to see him at a certain hour, and if a doctor telephones to ask me whether I can see an interesting case at that hour, I am more likely than not to tell him that I shall be free then. Indeed, I can recall several annoying quandaries that this habit has led me into. One is perhaps worth repeating, as shewing how complete can be the divorce between two memories when an *Unlust* motive is in action. Some years ago, when in a junior position at a certain hospital, I was asked by my chief to see his out-patients on Friday, as he wished to attend an important luncheon at the time. It was an exceptional request, for the rule was that approbation of the committee had to be obtained before a substitute was allowed to act, and I gladly consented, quite forgetting that I already had at the same time an appointment which I was very desirous of keeping, and which would have been particularly inconvenient to postpone. On several occasions during the week, while going over my future engagements, I thought of both these, but never together; the thought would come, 'Let me see, at one on Friday I have to be at such-and-such a place,' and a few hours later a similar thought would come concerning the other place. The two intentions, both of which I was anxious not to forget, were kept distinct from each other, as if in water-tight compartments. When the time came I forgot the hospital appointment, and to my intense chagrin heard that my chief was very annoyed about being called away from his luncheon on account of my apparent unpardonable remissness. At the present time my memory chiefly fails in this respect in regard to visiting patients in nursing-homes, a duty I find irksome on account of the time consumed. Often when I am busy I conveniently

forget, and recently I left a patient without her daily visit for nearly a week. The self-reproach one feels on recollecting the forgotten duty on these and similar occasions is indicative of the true significance of the occurrence. This significance is intuitively realised in the case of lovers. A man who has failed to appear at a rendezvous will seek in vain to be forgiven on the plea that he had forgotten about it—will, indeed, with this plea only increase the lady's resentment. Even if he falls back on the customary psychological explanations, and describes how urgent business had filled his mind, he will only get as reply: 'How curious that such things didn't happen last year! It only means that you think less of me.' Similarly, when a man begins to be forgetful about paying accustomed attentions to his wife, overlooks her birthday, and so on, she correctly interprets it as a sign of a change in their relations.

Another field where forgetting occurs to an untoward extent is in giving—a fact that indicates a more widespread objection to giving than is agreeable to our altruistic conceptions. Most of those who have filled secretarial positions have been astonished to find the difficulty there is in collecting subscriptions as they fall due, and the ease with which people with otherwise good memories 'overlook' such matters. It is far from rare for them even to falsify their memory, and to assert firmly that they have already paid. A few, dimly conscious of their weakness, compensate for it by forming the habit of promptly paying every bill as soon as it arrives. In general, however, there is a striking difference between the ease with which one remembers to send to the bank incoming cheques, and that with which one forgets to pay incoming bills. The same tendency is the explanation of the constant 'forgetting' to return borrowed books that seems to afflict so many people, a habit which must have distressed most people who have a good library. This observation will be confirmed by anyone who has tried to establish a permanent library in an institution where many coming and going students have ready access to it.

Almost as common is the habit of forgetting to post letters.

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Here, also, unconscious motives can sometimes be detected in individual instances. Sometimes one leaves a letter on one's desk for several days, forgetting each time to take it with one; in such cases it may be reckoned on that there is some secret opposition to sending the given letter. In one instance of the kind I ultimately posted the letter, but forgot to address the envelope. It was returned to me through the Dead Letter Office; I addressed it and again posted it, but this time without a stamp. I was then forced to recognise that there was in me an unconscious opposition to the sending of the letter, one of which I had previously been unaware, but which manifested itself in external inhibitions. One does not forget to post a letter that one's mind is in full harmony about sending—for instance, a love-letter. One is more apt to forget to send a letter containing a cheque than one containing an account. Often the resistance is of a general order. Thus a busy man forgets to post letters entrusted to him—to his slight annoyance—by his wife, just as he may 'forget' to carry out her shopping orders. Inhibitions of this kind sometimes betray a veiled antagonism towards the person whose behests we forget to fulfil. They constitute a way of depreciating the importance of the other person for ourselves, and when pronounced in general they indicate a lack of consideration for others, based on an excessive self-absorption or abnormally high self-esteem.

George Meredith, in his 'Celt and Saxon,' gives a pretty instance of the forgetting of an intention being determined by a counter-will, one which also well illustrates the mechanism of rationalisation described in the first chapter. There are two brothers, one of whom, Phillip, is suffering under the mortification of having been jilted by his fiancée, Adiante. His brother Patrick, who is very fond of him, determines to visit the lady and try to influence her in his brother's favour. He stays as a guest in her father's house, where he finds that she has eloped with another man. In her home is a miniature of the lady; Patrick is greatly struck by its beauty, becomes fascinated by it, and persuades the father to give it him to take to his brother. On reaching home he shews it to his

brother, and then says good-night. I now quote from Meredith: 'Phillip checked the departing Patrick. "You can leave that." He made a sign for the miniature to be left on the table. Patrick laid it there. His brother had not touched it, and he could have defended himself for having forgotten to leave it, on the plea that it might prevent his brother from having his proper share of sleep; and also, that Phillip had no great pleasure in the possession of it. The two pleas, however, did not make one harmonious apology, and he went straight to the door in an odd silence, with the step of a decorous office-clerk, keeping his shoulders turned on Phillip to conceal his look of destitution.'

In examples similar to those preceding, the counter-impulse that inhibits the memory is as a rule directed immediately against the conscious intention. In a more complicated series of cases, which the Germans term *Fehlleistungen*, it is directed against some other mental process, which, however, stands in associative relation to it; this mental process is, so to speak, symbolized in the conscious intention. The following are two examples of the kind:¹ Maeder² relates the case of a hospital interne who had an important business appointment in the town, but who was not allowed to leave the hospital until his chief, who was out for the evening, returned. He decided to leave his post, nevertheless, and on getting back late in the evening, was astonished to find he had left the light burning in his room, a thing he had never done before during his two years of service. He at once perceived the reason for his omission; his chief always passed by the window on his way to his own house, would see the light burning, and conclude that the assistant was at home. The cause for the inhibition having passed, the subject readily appreciated it. A patient of mine on a number of occasions made the remarkable omission of forgetting to shave the right side of his face. It was always the same side, and it was the

¹ For other examples see Otto Rank, 'Fehlleistungen aus dem Alltagsleben,' *Zentralblatt für Psychoanalyse*, Jahrg. II., S. 265.

² Maeder, 'Une voie nouvelle en psychologie: Freud et son école,' *Cronobium*, Gennaio, 1909, Anno. III., p. 100.

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one that was turned towards me during the treatment. Analysis of the occurrence shewed that it was determined by a number of unconscious processes, of which the following was one: The idea of hair was connected with various sexual ideas, and the non-shaving of the side turned to me symbolised a disinclination to lay bare his sexual life, the occurrence always synchronising in fact with an outburst of resistance against the treatment.

(2) *Forgetting a given memory.*

We are concerned only with striking lapses in memory—namely, regarding matters that as a rule we can easily recall. An instance, which is hard to credit, though I can vouch for the accuracy of it, was related to me by a medical friend. His wife was seriously ill with some obscure abdominal malady, and, while anxiously pondering over the possible nature of it, he remarked to her, 'It is comforting to think that there has been no tuberculosis in your family.' She turned to him very astonished, and said, 'Have you forgotten that my mother died of tuberculosis, and that my sister recovered from it only after having been given up by the doctors?' His anxiety lest the obscure symptoms should prove to be tubercular had made him forget a piece of knowledge that was thoroughly familiar to him. Those accustomed to psycho-analysis will surmise that there is more to be said about the matter, but the example will serve to illustrate the influence affective processes have in connection with forgetting.

A lapse of memory that caused a good deal of stir at the time refers to the occasion on which Cardinal Newman (then Dr. Newman) called the Infallibilists 'an insolent and aggressive faction.' When the words were made public, Dr. Newman vehemently denied ever having used them, but some time after he remembered that he had, and admitted it.

It is with proper names that one observes the most striking instances of this process. In the majority of cases the counter-will that prevents a familiar name from being recalled is directed against some mental process that is associated with the one to be recalled, rather than against this itself.

On account of some disagreeable experience, we would rather not recall a given name; we may actually succeed in forgetting it, but more often the tendency is shown indirectly in our being unable to recall other names resembling it, and which might bring the undesired one to our mind. In other words, we have to think of the undesired name at times, but we guard ourselves against doing so more often than is necessary.

A hospital interne got to know a nurse, whom he of course addressed by her surname, and in his work saw her daily for about a year. They later got more intimate, and he now experienced great difficulty in recalling her surname so as to address envelopes to her. On one occasion he was unable to write to her for three weeks; recourse to her letters was of no use, for she always signed only her Christian name in them. Investigation of the matter brought to light the fact that her Christian name was the same as that of a girl he had previously jilted, and also of another girl he had been passionately in love with throughout his boyhood. This name he could not forget. What had happened was that he had successively transferred his affections from one girl to the other, the three being unconsciously identified in his mind. He was thus always true to his love, and did not wish to recall any fact, such as the different surname, that would tend to remind him of his faithlessness. The surnames in no way resembled one another.

Brill¹ relates the following example from his own experience: When working at Zurich, he wished to recall the name of an old patient of his, on whose case he had specially worked for some months, but was totally unable to do so. He had painstakingly prepared an account of the case for publication, but at the last moment his chief intervened, and decided to report it before a local society. He was unexpectedly prevented from doing so, and Brill was sent to read the paper at the meeting, this being credited to the chief. In trying to recall his patient's name, the name of another patient, Appenzeller, who was suffering from the same disease, persistently pre-

¹ A. A. Brill, 'A Contribution to the Psychopathology of Everyday Life,' *Psychotherapy*, 1909, p. 9.

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sented itself. In the psycho-analysis undertaken, one apparently irrelevant memory kept recurring over and over again. This was an actual scene, in which the chief in question had aimed with a shot-gun at a rabbit, and had missed, to the amusement of Brill and the bystanders. The sought-for name ultimately flashed up—*Lapin* (rabbit), the patient being a French-Canadian. The example is instructive in illustrating the associative replacement-formations that come to the mind instead of the proper memory. The sound of the first part of Appenzeller's name resembles the French pronunciation of *Lapin*, and the scene that kept recurring, the failure of the chief to bag the rabbit, symbolised the whole incident that was the cause of the inhibition.

The following instance is rather more complex, but shows how fine are the threads connecting unconscious mental processes: A lady was unable to recall the Christian name of a near friend. The full name was Isabell Brown, but she could only recall the surname; instead of the other, the name Isidore presented itself, to be at once rejected as incorrect. Thus the failure in memory consisted only in the replacement of the syllable 'bell' by 'dore.' I asked her to associate to the word Brown, and the two names 'Owlie' and 'Leen' at once came to her mind. It will be noticed that the first two letters of the first word and the last one of the second word are contained in Brown; the only foreign ones in each case form the syllable 'ly' in pronunciation—a fact to be borne in mind. The two words were pet names of two common friends who used to live together with the subject, and it was only in their company that she used to see Miss Brown. Concerning the first one, she said that she was at present pregnant for the first time, and that she was anxious as to the outcome, because certain characteristics in her figure had led her to suspect that pelvic narrowing might give rise to difficulties in the confinement. She also mentioned another friend, Dora D., who had similar characteristics, and Isidora D., a famous classical dancer, whom she knew personally, and whose perfect figure she much admired. The name Isidore, which it will be remembered was the replacement-memory, reminded her

of the poem by Edgar Allan Poe, 'Beautiful Isidore Lee' (ly). I told her that the correct name of the poem was 'Beautiful Annabel Lee,' so that she had committed another falsification of memory; some inhibition was therefore acting against the syllables 'Anna' and 'Lee'. Thought of the name Annabel brought to her mind the name of Owlie's sister, Annie Sybil, which is a sound-contraction of Anna Isubell, and at once Miss Brown's proper name Isbell, which I personally did not know, came to her mind. The subject had recently had a painful quarrel with Annie Sybil, in which also the latter's sister had unfortunately become involved: she had always thought it a pity that the latter sister, who liked had a better figure, and was more suited to matrimony, than the one she was so fond of. There were therefore painful thoughts at the bottom of her conscience — thoughts about Owlie's confinement, and her treatment in this respect, the dislike of sister was more favourable situation.

As far as the analysis will now venture on the following reconstruction of the mistake. The names first recalled by the subject — namely Isbell and Miss Brown — one incorrect, the other correct, were both directly associated to the syllable 'ly,' the former to the poem, the latter via the pet names of the friend. The supposed syllable was 'bell.' In view of this fact that the words 'ly' summarised the whole situation so succinctly symbolising a disconcerting idea about the friend's confinement, it is difficult to avoid the inference that the association of the syllable 'bell' had thus proceeded: One must suppose that the thought of Miss Isabell Brown had unconsciously reminded the patient of their common friend Owlie's sister, the diphthong in the surname, further, is connected with that in the former's name, Owlie, and the latter name resembles the second part of the latter's name, Isbell. So the first part of the latter name, Annie, recalled the name 'Beautiful Annabel Lee,' making the word 'ly,' which symbolised the painful thoughts in question. These thoughts, nevertheless, came to expression in the false replacement-memory. First the accent was shifted from the first syllable, 'bell,' of the objectionable word to the second,

ALPHABETIC LIST OF NAMES
 1888-1891

'ly,' which was also the second syllable of Owlie's name. This, however, was unsuitable for forming a name by being added to the remembered part 'Isi,' so that a further shifting took place, in which it was replaced by 'dore.' Dora was the name of a friend with similar characteristics to Owlie's, but, in combination with 'Isi,' it was the name of another person, Isidora D., who was strikingly free from them. The subject, therefore, invests her friend with the beautiful and healthy attributes of the famous dancer. One might even go farther, and surmise that the reason why Dore had appeared rather than Dora was because the word 'door,' which is constantly used symbolically for any exit (for instance, of the body, as in the Song of Songs), was better adapted to symbolise the suppressed complex than the word Dora is. An adjuvant reason for the choice of the masculine form Isidore rather than the feminine one Isidora was probably the fact that her attitude towards her friend was a distinctly masculine and protective one. It is fairly evident that the subject was transferring on to her friend emotions—*e.g.*, solicitude about the confinement—that really referred to herself. She had a dread of the same event, and to an expert there are clues in the falsified memory of the particular infantile origin of this. Her identifying herself with the friend was facilitated by two circumstances—first, that she greatly admired the latter's husband (and was thus unconsciously putting herself in her place); and, secondly, that she was devotedly fond of the friend herself.¹ Of especial interest is the fact that the repressed complex, which was responsible for the forgetting, betrayed itself in the replacement-memory, which was, as is always the case, a compromise-formation. To many readers this reconstruction will probably appear as too fine-spun. In my opinion, however, they underestimate the combination of

¹ An interesting confirmation of the correctness of the analysis occurred some months later when the baby in question was born. The lady, on mentioning the news to various friends, repeatedly made the slip of referring to her friend as Mrs. M., her own name. She thus expresses her wish that the happy event had happened to her instead of to her friend. M. had also been the friend's maiden name, so that by the mistake the lady further expresses the wish that the friend was still single—*i.e.*, her jealousy at her marriage.

delicacy and rigour with which unconscious and preconscious processes are determined, a conclusion which can readily be confirmed by a painstaking study of similar material.

A simple illustration of the way in which a strong affect will cleave to a name, and be transferred to any other person bearing the same or similar name, is afforded by Shakspeare in 'Julius Cæsar' (Act III., Scene iii.) :

Third Citizen. Your name, sir, truly.

Cinna. Truly, my name is Cinna.

Second Citizen. Tear him to pieces ; he's a conspirator.

Cinna. I am Cinna the poet ; I am not Cinna the conspirator.

Second Citizen. It is no matter ; his name's Cinna ; pluck but his name out of his heart, and turn him going.

A field in which significance is apt to be intuitively attributed to the forgetting of names is that where our own are forgotten. Few people can avoid feeling a twinge of resentment when they find that their name has been forgotten, particularly if it is by someone with whom they had hoped or expected it would be remembered. They instinctively realise that if they had made a greater impression on the person's mind he would certainly have remembered them again, for the name is an integral part of the personality. Similarly, few things are more flattering to most people than to find themselves addressed by name by a great personage where they could hardly have anticipated it. Napoleon, like most leaders of men, was a master of this art. In the midst of the disastrous campaign of France in 1814, he gave an amazing proof of his memory in this direction. When in a town near Craonne, he recollected that he had met the mayor, De Bussy, over twenty years ago in the La Fère Regiment. The delighted De Bussy at once threw himself into his service with extraordinary zeal. Conversely, there is no surer way of affronting someone than by pretending to forget his name ; the insinuation is thus conveyed that the person is so unimportant in our eyes that we cannot be bothered to remember his name. This device is often exploited in literature. In Turgenev's 'Smoke' (p. 255) the following passage occurs : "So you still find Baden entertaining, M'sieu—Litvinov." Ratmirov always uttered Litvinov's surname with hesitation, every time,

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as though he had forgotten it, and could not at once recall it. In this way, as well as by the lofty flourish of his hat in saluting him, he meant to insult his pride.' The same author, in his 'Fathers and Children' (p. 107), writes: 'The Governor invited Kirsanov and Bazarov to his ball, and within a few minutes invited them a second time, regarding them as brothers, and calling them Kisarov.' Here the forgetting that he had spoken to them, the mistake in the names, and the inability to distinguish between the two young men, constitute a culmination of disparagement.¹ Falsification of a name has the same signification as forgetting it; it is only a step towards complete amnesia. The word-contamination in this instance shews a striking psychological intuition of the process termed by Freud 'identification'; it indicated that in the Governor's eyes the characteristics of the young men were so little marked, and the men so unimportant, that he did not think it worth while to make the effort of differentiating one from the other. Sensitiveness about the correct spelling of one's name is extremely frequent; we all know the profound difference that members of Scottish clans see between 'Mc' and 'Mac,' and a practical psychologist realises the importance of being sound on the matter every time he writes such a name. I had thought personally that I was free from sensitiveness of this kind, until a little occurrence some time ago taught me the contrary. An article of mine had been published in a German journal; only my surname was printed, with the letters 'M.D.' (which are not used professionally in Germany) attached, as if they were the initials. The same morning I had occasion to fill up a lunacy certificate, and was surprised at the secretary laughing when I handed it in; I had signed it with my Christian name only, thus compensating for the omission in the article. This sensitiveness has sometimes deeper roots than mere personal self-esteem;

¹ In literature disparagement is often indicated by the forgetting of other matters besides names. Thus, in Bernard Shaw's 'Caesar and Cleopatra,' Caesar's indifference to Cleopatra is depicted by his being vexed on leaving Egypt at having forgotten something he has to do. Finally he recollects what it is—to say good-bye to Cleopatra.

Stekel¹ has traced it to infantile complexes relating to the giver of the name—the father.

The following two instances within my own experience are similar to those quoted from Turgenev. The first relates to Mr. Mayo Robson, the eminent gastro-intestinal surgeon, after whom was named a bobbin he had invented for the operation of entero-anastomosis. Another surgeon, almost equally eminent in the same field of work, and living in the same town, remarked one day in a lofty and contemptuous manner: 'This patient had previously been unsuccessfully operated on by a man called Rayo Bobson, or Bayo Robbins, or some such name.' His motive was evident, and of course quite conscious. In the second instance the mistake in the name was quite unconsciously made as the result of a falsification of memory, but the significance was very similar. It was at a university graduation ceremony, where a number of visitors were present arrayed in multicoloured and imposing robes. Those so attired formed a procession in double file. A friend of mine, a foreigner, remarked, as Professor Titchener passed, 'Let me see, who is that? Isn't it Kitchener?' Many would be inclined to see no significance in the mistake, although my friend knew the names of Lord Kitchener and Professor Titchener fairly well. I have, however, to add these two additional facts: A few minutes before, while talking about experimental psychologists in general, he had allowed himself to make the scurrilous remark that in his opinion they should be called the pantry-cooks of psychology, on account of their menial field of work; the passage from 'cook' to 'kitchen' is obvious. Secondly, he had also commented on the martial appearance of this dazzling procession, and I can readily imagine his being especially struck by Professor Titchener's soldierly bearing. It is difficult to avoid the inference that these two trends of thought, present in his mind so recently, played their part in the falsification

¹ 'Warum sie den eigenen Namen hassen,' *Zentralbl. für Psycho-analyse*, Jahrg. I., Heft 3, S. 109. See also his article, 'Die Verpflichtung des Namens,' *Zeitschr. für Psychother. u. med. Psychol.*, February, 1911, Bd. iii., S. 110.

of the name, which thus betrayed his private opinion of the field of work in which Professor Titchener¹ is so eminent.

Many people have a strikingly bad memory for names, even when their memory is otherwise good. This is generally explained by saying that proper names are among the latest acquired knowledge, so that our memory of them is especially fragile; in accordance with the law of dissolution, these memories are among the first to be lost, a process that constitutes one of the most characteristic signs of approaching senility. This explanation is difficult to harmonise with two facts—first, that in many cases the memory is weak in this connection when it is notably good in regard to other more complex and later acquired matters, such as scientific formulæ and so on; and, secondly, that the characteristic in question is much more pronounced with some people than with others. When the opportunity of making a psycho-analysis with someone of this type presents itself, two other matters are brought to light with considerable constancy—namely, that for various reasons the person's own name has acquired an unusual psychical significance, so that it becomes invested with the feeling-tone of the whole personality, and that there is a strong ego-complex present. It would seem, therefore, that the general inability to bear other people's names in mind is an expression of an excessively high estimation of the importance of one's own name and of oneself in general, with a corresponding indifference to, or depreciation of, other people. In my experience I have most often found this characteristic with people having either an extremely common or an extremely rare name, both contingencies leading to undue sensitiveness in the matter, but I cannot put this forward as being a general rule. It further seems to me probable that the increasing difficulty of retaining names that is such a frequent accompaniment of advancing years may, in part at least, be attributed to the growing self-esteem brought by

¹ I trust that Mr. Robson and Professor Titchener will pardon my sacrificing the personal privacy of their names in the cause of science. I have purposely selected, from a large number of similar instances, two in which the contrast between a rare individual disparagement and an otherwise universal respect is specially striking.

success and by cessation from the turmoils and conflicts of youth.

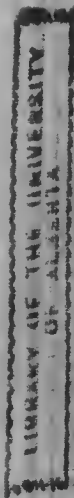
Falsification of memory, as was indicated above, is closely related to forgetting, and is influenced by the same motive. A common instance is the mistakes made with regard to the day of the week. Someone who is eagerly anticipating an event at the end of the week is very apt to think it is Wednesday when it is only Tuesday, and so on; their impatience at the slowness with which the week is passing manifests itself as an error—in the desired direction—as to the present date.

Not only unconscious falsification of memory, but also deliberate or half-deliberate falsification—*i.e.*, lying—may be dictated by similar influences. Many cases of purposeless and apparently unintelligible lying in particular are often of this nature; Riklin has recently published a full analysis of one of this kind.¹

Other mental operations, besides recollecting, may be falsified in the same way, a process designated by Freud as an *Irrtum*. Several examples related elsewhere in this paper might be classified in this group, so that one here will suffice. I was buying some flowers, and put two dollars, the exact price of them, on the counter. While they were being got ready, I changed my mind about one bunch, and told the woman serving me to leave it out; it should be said that she was the owner of the shop. On taking the money a few moments later, she said: 'That bunch cost forty cents, so that will make two dollars forty.' Her wish that I were making the order larger instead of smaller was probably concerned in the mistake.

A few concluding remarks may be added on this mechanism of forgetting. The main points may be summarised in the statements that forgetting is often determined by a painful mental process (*Unlue!*) of which the subject is unaware, either at the time only or permanently; that this inhibiting mental process may be a counter-will to recollecting the matter in question, or may be associated to this in a more complex way; and that a false memory presenting itself in

¹ Riklin, 'Eine Lüge,' *Zentralbl. für Psychoanalyse*, Jahrg. I., S. 193.



the place of the true is a symbolic substitute of this, standing in associative connection with it. Two general considerations indicate that acts of forgetting, of the type illustrated above, are not, as is commonly supposed, accidental or due to chance. First is the fact that the same one tends to be repeated. If we forget to carry out a given intention, or are unable to recall a given name, the failure is apt to recur, thus suggesting that it has a specific cause. Secondly is the fact that in at least two spheres of life it is universally recognised that remembering is under control of the will, so that a failure to remember is regarded as synonymous with a not wanting to remember. Freud¹ writes: 'Frauendienst wie Militärdienst erheben den Anspruch, dass alles zu ihnen Gehörige dem Vergessen entrückt sein müsse, und erwecken so die Meinung, Vergessen sei zulässig bei unwichtigen Dingen, während es bei wichtigen Dingen ein Anzeichen davon sei, dass man sie wie unwichtige behandeln wolle, ihnen also die Wichtigkeit abspreche.' ['Both the service of ladies and military service exact that nothing relating to them must be subject to forgetting, suggesting thus that forgetting is permissible with unimportant matters, while its occurrence in regard to important ones is an indication that they are being treated like unimportant ones—i.e., that their importance is being discounted.] A soldier who forgets to perform a given duty is punished regardless of the excuse. He is not allowed to forget, and whether his not wanting to perform the duty is openly expressed, or indirectly, as by his forgetting, is considered by his officer as comparatively irrelevant. The standard set by women is equally severe; a lover who forgets his lady's wishes is treated as though he openly declared them unimportant.

III. 'LAPSUS LINGUÆ.'

The everyday occurrence of the defect in psychophysical functioning, popularly known as a slip of the tongue, has not received much attention from psychologists. The attempts made, by Meringer and Mayer and others, to explain on phonetic grounds the particular mistake made have signally

¹ Freud, *op. cit.*, S. 83.

failed, for on the one hand many cases are to be observed where no phonetic factors are in operation, and on the other hand careful study shews that such factors are at the most accessory or adjuvant in nature, and are never the essential cause.

According to Freud, the word said in mistake is a manifestation of a second suppressed thought, and thus arises outside the train of thought that the speaker is intending to express. It may be a word or phrase entirely foreign to this train of thought, being taken in its entirety from the outlying thought, or it may be a compromise-formation, in which both come to expression. In the latter case the false word may be a neologism: a common example of this is where a speaker, intending to use the word 'aggravating,' says, 'How very aggravoking!' the word 'provoking' having intruded itself; many malapropisms are formed in this way, being the result of uncertainty as to which is the more appropriate word.

The secondary thought that thus obtrudes itself on the intended speech may, like the motives of repressive forgetting, be of two kinds: (1) A general counter-impulse (*Gegenwillen*) directed immediately against the speech, or (2) another thought accidentally aroused by it. In the latter case it can represent either a continuation of a theme previously in the speaker's mind, or a thought aroused, through a superficial association, by the theme that is intended to be spoken; even when it represents a continuation of a previous theme it will generally, if not always, be found that there is some association between this and the theme of the speech. It will readily be understood that in many cases the disturbing thought is not evident, but can be revealed only by investigation, sometimes a searching psycho-analysis being necessary.

Cases where the disturbing thought is a direct counter-impulse are usually easy to interpret. One instance will suffice. A President of the Austrian Reichstag finished his introductory remarks by declaring the session closed, instead of opened: as the particular session promised nothing but fruitless wrangles, one can sympathise with his wish that it were already at an end.

Some cases where the disturbing thought is nearly related to the intended theme are equally simple. A French governess in Dr. Stekel's family¹ asked his wife that she might retain her testimonials, saying: 'Je cherche encore pour les après-midis, pardon, pour les avant-midis.' The slip betrayed her feeling of dissatisfaction with the afternoon engagement, and her intention to look for another situation for the afternoons as well as the mornings, an intention she proceeded to carry out.

A friend of mine was driving his motor-car slowly and cautiously one day, when a cyclist, who was riding with his head down, furiously, and on the wrong side of the street, ran into him and damaged the bicycle. He sent in a bill for \$50.00, and, as my friend refused to pay, he sued him in Court. When I inquired as to the result of the action, my friend said, 'The judge reprimanded the prisoner for careless riding.' I corrected him, 'You mean the plaintiff, not the prisoner.' 'Well,' he replied, 'I think the fellow should have been arrested for furious riding.'

A lady, when speaking of Bernard Shaw's works, said to me, 'I think very highly of all my writings,' instead of 'all his writings.' She was an amateur writer of short stories.

An unmarried man, a patient, remarked, 'My father was devoted to my wife.' He meant, of course, either 'his wife' or 'my mother.' This is a typical instance of a *lapsus* that would pass as being entirely accidental and devoid of significance. I must add, however, that one of the main causes of the patient's neurosis was an unconscious incestuous attachment to his mother, so that his unsuppressed thoughts on the subject of the remark would run in full, 'My attitude towards my mother is the same as that of my father.' No alteration is too slight to have a meaning. The instance narrated above, in which the first letter only of Titchener's name was replaced by a 'K,'² belongs to the subject of *lapsus lingue* equally as much as to that of forgetting.

¹ Related by Freud, *op. cit.*, S. 48.

² This replacing of the initial letter of a word by that of another word, typically from the same sentence, is known in Oxford as a Spoonerism, on account of a distinguished professor who had the habit of committing the particular slip.

Such self-betrayals as those just related sometimes afford valuable insight into character and motive. I was present at the International Congress of Neurology in Amsterdam, when the following curious episode occurred: There was a heated discussion regarding Freud's theory of hysteria. One of the most violent opponents, who is noted as having worked long and fruitlessly on the subject of hysteria, was grudgingly admitting the value of the earlier work of Breuer and Freud—the conclusions of whom he had himself confirmed the truth of—as a prelude to a vehement denunciation of the 'dangerous' tendencies of Freud's later work. During his speech he twice said, 'Breuer und *ich* haben bekanntlich nachgewiesen,' ['As is well known, Breuer and *I* have demonstrated'], thus replacing Freud's name by his own, and revealing his envy of Freud's originality.

The following example is more complicated: In talking of the financial standards so prevalent in modern civilisation, I said: 'In yesterday's newspaper there were the headings, "Ten million dollar fire in Halifax; six lives lost."' It was at once pointed out to me that I had said Halifax instead of Bangor, Maine. Analysis brought the following free associations: Until a few years ago I was disgracefully ignorant of the existence of Bangor, Maine, and I remember in college days being puzzled by the reference to Maine in the well-known student song, 'Riding down from Bangor,' as in my ignorance I supposed that this related to Bangor, the university town of Carnarvonshire, Wales. The name Bangor essentially stands in my mind for the original Bangor. It brought up a memory of the recent controversy as to whether the new National Welsh Library should be established at Bangor, at Swansea (my home), or at Cardiff (the university town where I studied). This reminded me of interests I have in the contents of this library, in Celtic mythology, which naturally carried me to the valuable library of mythological books that I possess myself. Then I remembered that what had especially struck me in reading about the recent fire was the fact that a valuable collection of books had been destroyed in it, and that this had made me enter a note not

LIBRARY OF THE UNIVERSITY
OF ALBERTA

to forget to renew my fire insurance, which had recently lapsed, before leaving in the coming week for a fortnight's visit to the United States.

The meaning of my *lapse* is beginning to emerge. A library fire at Bangor was too near home for my peace of mind, and my unconscious had consolingly relegated it to some other spot. The next problem is to discover the motive for the replacement of Bangor by Halifax, a process that was greatly 'over-determined.' Maine is, from its geographical position, closely associated in my mind with the Maritime Provinces of Canada, and only on the preceding day a Canadian had been demonstrating to me on a map, for the *n*th time, how Maine should rightfully have formed part of these Provinces. Still, that does not explain why I selected Halifax rather than St. John, the other town I know the name of in the Maritime Provinces. One reason, doubtless, was the fact that at the time I was treating a patient from Halifax, Nova Scotia, who had recently been telling me that the houses there were mostly built of wood, and therefore were exposed to the danger of fire. The name Halifax, however, is better known to me as an English euphemism for Hell, as in the expression, 'Go to Hal-ifax.' This called up the memory of half-forgotten childhood fears, for, like most Welsh children, I was carefully nurtured with a proper dread of what was called 'the burning fire'; as I grew up I was comforted to learn the groundlessness of this particular dread. My slip of the tongue, therefore, registered my desire that any library fire should be in some other place than in my home, and if possible in a non-existent locality.

An example for which I am indebted to Dr. A. A. Brill is peculiar in that the slip of the tongue represented a resolution in opposition to the conscious intention. A man, who on account of homosexual practices was in constant fear of coming into conflict with the law, invited two lady friends to spend an evening at the theatre. They expressed a wish to see a play called 'Alias Jimmy Valentine,' which deals largely with convicts and prisons. He was far from comfortable at the idea of spending an evening with such thoughts,

but could not well avoid it. On getting into the cab to drive to the theatre, however, he accidentally gave the driver the name of another theatre, and did not notice the mistake until they arrived there, when it was too late to rectify it. At this theatre the play was about the cleverness with which a daughter outwitted her selfish old father. It was not without significance that the subject's attitude towards his own father was one of pronounced hostility, so that his slip of the tongue had the effect of exchanging an evening with a painful topic for one with a topic that he greatly enjoyed.

Several non-scientific writers before Freud had noted the psychological significance of accidental slips of the tongue. Freud¹ quotes examples of this from, for instance, Brantôme and Wallenstein. Shakspeare himself furnishes a beautiful one in the 'Merchant of Venice' (Act III., Scene ii.). It occurs in the scene where Portia is expressing her anxiety lest the favoured suitor should fare as badly as the distasteful ones in the hazard set for them by her father. She wants to tell Bassanio that in the event of his failure she would nevertheless belong to him, but is prevented by her promise to her father. In this mental discord she speaks:

'There is something tells me (but it is not love),
I would not lose you; and you know yourself
Hate counsels not in such a quality.
But lest you should not understand me well,
(And yet a maiden hath no tongue but thought)
I would detain you here some month or two.
Before you venture for me. I could teach you
How to choose right, but then I am forsworn;
So will I never be; so may you miss me;
But if you do, you'll make me wish a sin,
That I had been forsworn. Beshrew your eyes,
They have o'erlooked me, and divided me:
One half of me is yours, the other half yours,—
Mine own, I would say; but if mine, then yours,—
And so all yours.'

Rank² comments on this passage: 'Gerade das, was sie ihm also bloss leise andeuten möchte, weil sie es eigentlich ihm überhaupt verschweigen sollte, dass sie nämlich schon vor der Wahl *ganz* die seine sei und ihn liebe, das lässt der

¹ Freud, *op. cit.*, S. 50, 58.

² Otto Rank, *Zentralbl. für Psychoanalyse*, Jahrg. I., Heft 3, S. 110.

LIBRARY OF THE UNIVERSITY OF ALBERTA

Dichter mit bewundernswerten psychologischen Feingefühl in dem Versprechen sich offen durchdrängen und weiss durch diesen Kunstgriff die unerträgliche Ungewissheit des Liebenden sowie die gleichgestimmte Spannung des Zuhörers über den Ausgang der Wahl zu beruhigen.' [‘Just that which she would like to hint to him gently, because really she should not speak of it — namely, that even before the choice she loves him and is wholly his — the poet with wonderful psychological fine-feeling allows to leak through in the *lapsus lingue*, and manages by this device to allay the intolerable uncertainty of the lover as well as the like tension of the hearer.’]

Our greatest novelist, George Meredith, in his masterpiece, ‘The Egoist,’ shews an even finer understanding of the mechanism. The plot of the novel is, shortly, as follows: Sir Willoughby Patterne, an aristocrat greatly admired by his circle, becomes engaged to a Miss Constantia Durham. She discovers in him an intense egoism, which he skilfully conceals from the world, and to escape the marriage she elopes with a Captain Oxford. Some years later Patterne becomes engaged to a Miss Clara Middleton, and most of the book is taken up with a detailed description of the conflict that arises in her mind on also discovering his egoism. External circumstances, and her conception of honour, hold her to her pledge, while he becomes more and more distasteful in her eyes. She partly confides in his cousin and secretary, Vernon Whitford, the man whom she ultimately marries, but, from a mixture of motives, he stands aloof.

In a soliloquy Clara speaks as follows: ‘“ If some noble gentleman could see me as I am and not disdain to aid me! Oh! to be caught out of this prison of thorns and brambles. I cannot tear my own way out. I am a coward. A beckoning of a finger would change me, I believe. I could fly bleeding and through hootings to a comrade. . . . Constantia met a soldier. Perhaps she prayed and her prayer was answered. She did ill. But, oh, how I love her for it! His name was Harry Oxford. . . . She did not waver, she cut the links, she signed herself over. Oh, brave girl, what do you think of me?’

THE PSYCHOPATHOLOGY OF EVERYDAY LIFE 61

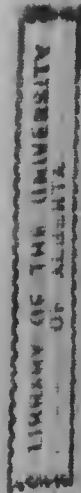
But I have no Harry Whitford; I am alone" . . . the sudden consciousness that she had put another name for Oxford, struck her a buffet, drowning her in crimson.'

The fact that both men's names end in 'ford' evidently renders the confounding of them more easy, and would by many be regarded as an adequate cause for this, but the real underlying motive for it is plainly indicated by the author. In another passage the same *lapsus* occurs, and is followed by the hesitation and change of subject that one is familiar with in psycho-analysis when a half-conscious complex is touched. Sir Willoughby patronisingly says of Whitford: "False alarm. The resolution to do anything unaccustomed is quite beyond poor old Vernon." Clara replies: "But if Mr. Oxford—Whitford . . . your swans, coming sailing up the lake, how beautiful they look when they are indignant!" I was going to ask you, surely men witnessing a marked admiration for someone else will naturally be discouraged?" Sir Willoughby stiffened with sudden enlightenment.'

In still another passage. Clara by another *lapsus* betrays her secret wish that she was on a more intimate footing with Vernon Whitford. Speaking to her friend, she says: "Tell Mr. Vernon—tell Mr. Whitford."

In relation to these two literary examples I made a personal slip of the tongue that illustrates the probability of the unconscious mind as contrasted with the duplicity of the conscious one. Expounding the subject of *lapsus lingue* to someone, I said that I had come across two interesting literary examples—in Meredith's 'Egoist,' and Shakspeare's 'Love's Labour's Lost'; when detailing the second I noticed that I had named the wrong play. Analysis of the mistake brought the following memories. On the preceding day, while talking of the sources of Shakspeare's plots, I had made the remark that the only one he had not taken from previous authors was that contained in 'Love's Labour's Lost.' Some six months before,

¹ The nature of the change of the subject here accurately betrays the content of the underlying affect, *indignation* at Patterne's disparagement of Whitford, just as a mediate association reaction indicates the nature of the complex stimulated.



Professor Freud had told me that he had heard from Dr. Otto Rank that there was in the 'Merchant of Venice' an example of *lapsus linguae* attributed to the disturbing influence of a suppressed thought, but he could not tell me where it occurred. On looking back I realise that I felt just a touch of pique, though I did not pay any attention to it at the time, at not having observed it myself, and took the first opportunity to re-read the play, when of course I came across the example. The one in the 'Egoist' I had really observed myself. My statement that I had discovered the two examples in question was therefore only three parts true. The fact, which I had suppressed,¹ that Dr. Rank deserved some credit, leaked through to external expression in my error of naming the wrong play, substituting Shakspeare's only *original* one. An interesting feature of the example is the fact that a few minutes before I had been relating how a man not ever-scrupulous in the matter of priority had betrayed his dishonesty in a treacherous slip of the tongue. No doubt deeper factors than interest in mere scientific priority were also operative in my own case, such as rivalry and an 'English' complex, both of which are matters that play a very subordinate part in my conscious mental life.

IV. 'LAPSUS CALAMI.'

The introductory remarks made on the subject of slips of the tongue apply almost literally to slips of the pen. One principal difference is that the delay interposed by the mechanical acts of writing enables disturbances of co-ordination to occur with especial readiness, as can be illustrated by a glance over any author's manuscript. The necessity for numerous corrections indicates that, whether owing to the intricacy of the subject-matter or to a lack of clearness in the author's mind, a harmonious flow is far from being attained. General perplexities mirror themselves in half-conscious hesitations as to the choice of individual words. Thus, a correspondent, who couldn't decide as to the advisability of a given

¹ Naturally I excused this to myself on the ground that pedantic accuracy is uncalled for in conversation, but the facts remain.

proposal, wrote to me that it might turn out to be 'unpracticable,' evidently a contamination of 'impracticable' and 'unpractical.'

A field of frequent errors is that of dates. Many people continue to write the date of the previous year throughout a great part of January. Not all such mistakes are due to the fixation of habit, as is readily assumed; sometimes they signify a disinclination to accept the fact that yet another bygone year has brought them nearer to old age, a reflection that is apt to be prevalent at the turn of the year. Regrets that such and such a date is already past, or impatience that it has not yet arrived, are common motives of such unconscious mistakes. A student dated a letter to me April 11, 1911, instead of April 22. An examination was due in the first week of May for which he was very unprepared, and I attributed his slip to the wish that there was twice as much time ahead of him in which to get ready. That the date he actually wrote was the 11th was no doubt influenced by the presence of these integers at the end of 1911, but it is to be noted even in this connection that his mistake consisting in writing them earlier than he should—i.e., in putting the date earlier. As with the phonetic factors entering into slips of the tongue, the fact that the part wrongly written occurs elsewhere in the same line only predisposes to the mistake. Such factors do not cause the mistake; they only make it easier to assume that particular form.

A lady once told me that an old friend in writing to her had closed the letter with the curious sentence, 'I hope you are well and *unhappy*.' He had formerly entertained hopes of marrying her himself, and the slip of the pen was evidently determined by his dislike at the thought of her being happy with someone else. She had recently married.

In a paper on the subject of suggestion I formulated as one of the conclusions the sentence: 'Suggestion plays the principal part in all psychotherapeutic methods except the psychoanalytic one.' In abstracting the article for a neurological journal, a reviewer, who strongly disagrees with the theses I maintained, allowed himself to quote this as follows, 'La

suggestion joue le rôle principal dans toutes les méthodes psycho-analytiques,' thus completely reversing my meaning.

In the 1887 edition of Baedeker's 'London,' I happened to notice the following curious slip. The full passage may be quoted: 'Die Sonntagsfeier ist in England bekanntlich streng; alle Geschäfte, Läden, Sehenswürdigkeiten und die City Restaurants sind den ganzen Tag, andere Speisehäuser nur von 1 bis 3 und von 6 bis 11 Uhr geöffnet. Viele Geschäfte schliessen schon Samstag Mittag. Man geht daher Sonntags am besten aufs Land.' ['As is well known, the Sabbath in England is kept very strictly; all the offices, shops, sights, and city restaurants are *open* the whole day, and other eating-houses only from 1 to 3 and 6 to 11. Many places of business close already at noon on Saturday. It is thus better to spend Sunday in the country.'] The last sentence shews that the writer, like most foreign visitors, had suffered much discomfort from the London Sabbath, and in the mistake of writing 'open,' instead of 'closed,' it is plain that the wish was father to the thought.

For the following example I am indebted to Dr. A. A. Brill. A patient wrote to him on the subject of his sufferings, which he tried to attribute to worry about his financial affairs induced by a cotton crisis: 'My trouble is all due to that d—d frigid wave;¹ there isn't even any seed.' What he really wrote, however, was not 'wave,' but 'wife.' In the bottom of his heart he cherished half-avowed reproaches against his wife on account of her sexual anaesthesia and childlessness, and he dimly realised, with right, that his life of enforced abstinence played a considerable part in the genesis of his symptoms.

As with slips of the tongue, no mistake is too slight to be significant. The following four are instances, selected from a considerable number of similar ones, in which it consisted only in the replacement of one letter by another:

A correspondent of mine had published a scientific paper on a sexual subject, and was writing to me about a virulent criticism of it that had appeared; the critic had used such

¹ Meaning in the money-market.

passionately denunciatory language as to make it evident that the topic of the paper had aroused some strong personal complex. My correspondent's first sentence was, 'Have you seen X's satirical criticism of my paper?' plainly indicating by his unconscious substitution of 'y' for 'i' his estimate of the nature of the criticism.

Some few years ago I was writing to an old friend, whom I had always called by his surname. On account of family ties it became more appropriate to address him by his Christian name, and, after a momentary embarrassment natural under the circumstances, I took up my pen and began, 'Dear Fred.' To my amazement, however, I saw that I had slipped in a 'u' before the final letter of the name. This may seem a very trivial mistake, and due to the similarity of the two words, but a psycho-analytic conscience tends to be more unsparing in the criticism of its owner, as it is more sparing in that of others. Two memories at once rushed to my mind. One was of a dream I had had two years before, at a time when I was debating with myself whether it would be politic openly to defend the Freudian principles, the truth of which my experience had made me accept. In the dream I was in a swiftly moving motor-omnibus, the driver of which was a composite figure (*Sammelperson*),¹ bearing mostly the lineaments of my friend. An angry crowd surrounded us, and threatened the driver for 'going so fast.' It became necessary for me to decide whether to stand aloof or to side with the driver, and I did the latter. I need not give the other details of the dream, but the analysis shewed it to be a presentation of my waking dilemma, the driver being a replacement-figure for Professor Freud. I had recently been taken for a long motor ride by my friend, who, by the way, has a German surname, and, though at first I had qualms as to the recklessness of his driving, I soon perceived, to my relief, that this was only apparent, and that he was really an exceedingly skilful and reliable driver. Before the incident of the *lapsus calami*, therefore, he had long been unconsciously associated in my mind with Professor Freud. The second memory was

¹ See Chapter XV., p. 316.

LIBRARY OF THE UNIVERSITY OF ALBERTA

of a letter I had recently written to a Canadian professor of a subject allied to my own. On coming to Canada, I had felt very awkward and constrained at the American custom of formally prefacing a man's title to his name when addressing him, and it was a long time before I got accustomed to being spoken to by both younger and older colleagues as Dr. Jones or as Doctor. It embarrassed me to have to speak to even fairly intimate friends in this way, and, in the case of the gentleman in question, I frankly told him, in the letter referred to above, that my English prejudices would not let me do it with any degree of comfort. As he was some fifteen years older than myself, I wondered afterwards whether he might resent a younger man taking the initiative of addressing him simply by his surname. The slip of the pen now began to take on a different aspect, and I was obliged to recognise in it the manifestation of a snobbish wish that I was on sufficiently close personal terms with Professor Freud to allow such a familiar mode of address. I feel certain that no thought of the kind had ever entered my consciousness, to which it is quite strange, though my intense reaction of shame convinced me of the reality of its existence. The circumstances of the slip of the pen were extraordinarily favourable to its occurrence—the similarity in the names, the previous identification of the men, the occasion of the letter following so soon after the other one, and so on. If it were not for this, I hardly think that such a deeply repressed wish could have come to expression—at least, not so flagrantly.

I am indebted to Dr. A. A. Brill for the following personal example: Although by custom a strict teetotaler, he yielded to a friend's importunity one evening, in order to avoid offending him, and took a little wine. During the next morning an exacerbation of an eye-strain headache gave him cause to regret this slight indulgence, and his reflections on the subject found expression in the following slip of the pen. Having occasion to write the name of a girl mentioned by a patient, he wrote not Ethel, but Ethyl.¹ It happened that the girl in question was rather too fond of drink, and

¹ Ethyl alcohol is, of course, the chemical name for ordinary alcohol.

in Dr. Brill's¹ mood at the time this characteristic of hers stood out with conspicuous significance.

Some three years ago I was writing to a friend in England, and gave the letter to a member of my family to post. Fortunately she noticed I had made a mistake in the address, having written as the street number 19 instead of 55. The two numbers do not even resemble each other, so that the customary explanations are here more than ever in default. I will relate a few of the associations as they occurred. The name of the street, Gordon Street, brought 'Gordon Highlanders—the Highlands—the thought that my friend is an ardent mountaineer—the thought that Professor Freud is very fond of the mountains—*Berg* (= Mountains)—*Berggasse*, the street in Vienna in which Professor Freud lives—the number of his house, 19.' The friend's name, Maurice, brought 'morrisdancers—maypole—phallus—sex—Professor Freud's works on sexual subjects.' In desperation I started again with Gordon, which now brought 'the regiment called the Gay Gordons—gay women (the London euphemism for prostitutes)—the German equivalent, *Freudenmädchen*—a cheap joke I had heard in Germany in this connection on Professor Freud's name': as a matter of fact, I had on the previous evening read a passage in his 'Traumdeutung' where he refers to jokes on names. Turn which way I would, I arrived at the same end-point, and I began to suspect that this was not chance. It might be said that for some reason or other, whether from the number coinciding with that in the *Berggasse* or what not, thoughts relating to Professor Freud were at the time occupying my mind to the exclusion of all else, in reply to which I have to say that I do not find this so in other analyses, and that in my experience, whenever free, unforced associations

¹ In writing my manuscript, I made the slip of replacing the word 'Brill' by that of 'Bree,' the name of another medical friend. The mistake is evidently a contamination derived from: the word picture of 'Brill on the spree,' and is determined by the memory of tenuous jests relating to Berlin on the (River) Spree; both the vowel and the consonants of Brill are contained in the word 'Berlin.' It is only right to add, however, that the thoughts of both Dr. Brill and Dr. Bree are intimately connected in my mind with Berlin in ways that discretion prevents me from describing.

ALBERT EINSTEIN
 LIBRARY
 THE UNIVERSITY OF CHICAGO

constantly lead in the same direction there is some good reason for it; in such cases there is invariably some essential, significant connection between the starting-point and the end reached. Further, the more far-fetched and strained the associations appear, as in this example—in other words, the more superficial they are, the more important is the underlying essential connection found to be. This conclusion, clearly demonstrated in Jung's experimental work, was fully confirmed in the present instance. Although I could see no possible connection between my friend and Professor Freud, of whom he knew nothing, I was led to investigate the contents of the letter I had sent him. To my astonishment, I found that the main feature of it could be applied to Professor Freud in the same sense, and that I must unknowingly have harboured a wish to send it to him; in the slip in writing I had expressed my unconscious wish to send the letter to another man by addressing the envelope partly to him and partly to the one I consciously intended it to go to. There can be no question as to the intense personal significance of the complex covered by the superficial associations of the analysis, for wild horses would not tear from me the contents of that letter.

Mistakes in addressing envelopes, as in the example just mentioned, are generally manifestations of some disturbing thought that the writer does not mean to express. A young lady was secretly engaged to a medical man, whom we will call Arthur X. She addressed a letter one day not to Dr. Arthur X, but to Dear Arthur X, thus expressing her desire to let all the world know of their relationship.

Not long ago I was treating a case of exceptional interest in a patient who lived some sixty miles from Toronto. On account of the distance, the patient, who could not leave his work, was able to visit me only twice a week. I found it impossible to treat him on these conditions, and wrote to tell him so. Instead of writing the name of his town on the envelope, however, I wrote Toronto, displaying my wish that he were more conveniently situated.

V. MISPRINTS.

Misprints may, of course, arise from errors made by the writer, the editor, the proof-reader, or the printer. From time to time the Press records amusing instances of a disagreeable truth unintentionally leaking out in the form of a misprint; in Freud's book several examples of this are related.¹ Unlike the other kinds of failure under discussion, one here is rarely in a position to obtain an objective verification of a given interpretation, but sometimes this in itself reaches a high grade of probability. At all events, general principles indicate that the mistake made must be determined by personal constellations of whoever made it, and cannot be altogether accidental.

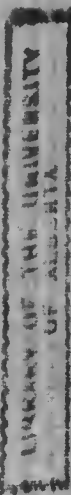
In a recent number of the *Zentralblatt für Psychoanalyse*,² the title of a book of Gross's is wrongly given as 'Das Freud'sche Ideogenitätsmonument,' instead of 'Ideogenitätsmoment.' As both the writer of the article and the editorial staff (Drs. Adler and Stekel) regard the conception as a monumental one, it is possible that the overlooking of the mistake is to be correlated with this fact.

In a paper of my own on nightmare, I wrote the sentence, 'The association in general between the sex instinct and the emotions of fear and dread is a very intimate one.' This was correctly rendered in the proof, but on the second occasion of reading it the proof-reader was shocked to think that I could make such an obviously outrageous mistake, and altered the word 'intimate' to 'distant,' in which form it appeared in print.

In a brochure of mine that appeared as a German translation, a mistake was made of a less unfortunate kind. One of my main theses was that the conception of Hamlet represented a projection of the most intimate part of Shakspeare's personality, and so thoroughly did the translator absorb my view of the identity of the two that, when he came to a passage on the death of Shakspeare's father, he unconsciously substituted the name Hamlet for Shakspeare, and rendered the

¹ S. 66, etc.

² Jahrg. 1., S. 197.



passage as referring to 'the death of Hamlet's father in 1601.' The substitution was overlooked in the proof by two other readers thoroughly familiar with the subject.

The following misprint occurred last year in the *Scotsman* in reporting a speech: 'He had not the wealth of the Plantagenets, nor did he derive any income from American trusts. (Loud daughter).' *Punch* unkindly comments on this replacement of one letter for another (*d* for *l*), 'We knew what was meant without the explanatory parenthesis.'

In the notorious 'Wicked Bible,' issued in 1631, the word 'not' was omitted from the Seventh Commandment, so that this read, 'Thou shalt commit adultery.' The possibility is not to be excluded that the editor had a personal interest in the subject of the commandment. At all events, he was heavily fined, it being empirically recognised that whether his purpose was conscious or unconscious he was equally responsible for it, and that he had no right, even 'accidentally,' to impute such commandments to Jahveh.

Perhaps a similar theme was running through the mind of whoever composed this passage, which referred to the proposal to tax bachelors: 'Unmarried people usually have just as good reason to be unmarried as those who are married.' The words 'have to be married' have evidently been omitted from the end of a rather clumsy sentence.

A highly interesting misprint of historic importance is detailed by Dattner.¹ At the time when Austria and Hungary were separated, in 1867, special arrangements were made for regulating their common National Debt and their future financial relations. In the Hungarian law on the subject a single word 'effectiv' was accidentally omitted, the consequence of which will be to cost Austria between eleven and fifty-two million crowns. The desire of the Hungarian law-makers to come as well as possible out of the transaction unconsciously overcame their probity.

Typewriting, being a form of writing, is subject to the same influences as this. Mistakes made may be due to either a

¹ Dattner, 'Eine historische Fehlleistung,' *Zentralbl. für Psychoanalyse*, Jahrg. I., S. 550.

Verschreiben or a *Verlesen*, in any case being determined by the previous mental constellations of the typist. Thus my typist, having worked long in a lawyer's office, is fond of replacing 'illogical' by 'illegal,' and, being of a very proper turn of mind, makes such mistakes as changing 'a vulgar word' to 'a regular word.' I have found that distinctness of calligraphy is powerless to prevent such mistakes.

One practical aspect of this matter is generally appreciated—namely, that accuracy in correcting proofs can be attained only by getting someone else to do it for one. A mistake once made in the manuscript, and then copied, is very apt to get overlooked by the person who made it. The affective blindness that enabled him to make the mistake, or, more strictly, that enabled an unconscious impulse to come to expression, will very likely continue its action by preventing him from recognising it.

VI. FALSE VISUAL RECOGNITION.

In visual perception the same mistakes of affective origin that were discussed in connection with memory are frequently to be observed, and here also they are of two kinds—a failure to see something that for various reasons we do not want to see, and a falsification of perception in the light of personal complexes. Examples of the former kind are very common in connection with reading the newspaper. Thus, just when a relative was crossing the Atlantic last year, I saw in the news-headings that a serious accident had happened to a liner, but I had the greatest difficulty in finding the account of it in the paper, overlooking it again and again.

Perhaps the commonest example of false perception is the catching sight of one's name where it really doesn't occur. As a rule, the word that has attracted one's attention is very similar to one's name, containing perhaps the same letters differently arranged. Professor Bleuler¹ relates an example where this was not so, and where, therefore, the essential cause of the mistake must have been of a greater affective

¹ Bleuler, 'Affektivität, Suggestibilität, Paranoia,' 1906, S. 121.

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intensity; the word was really 'Blutkörperchen,' only the first two letters being common to the two words. He explained it thus: 'In diesem Falle liess sich aber der Beziehungswahn und die Illusion sehr leicht begründen: Was ich gerade las, war das Ende einer Bemerkung über eine Art schlechten Stiles von wissenschaftlichen Arbeiten, von der ich mich nicht frei fühlte.' ['In this case, however, the delusion of relation and the illusion were easily to be traced to their origin: What I was just reading was the end of a remark on a certain kind of bad style in the writing of scientific works from which I felt myself to be by no means free.']

Freud¹ quotes an example from Lichtenberg: 'He always mistook "angenommen" for "Agamemnon," so thoroughly had he read his Homer.' In searching an American newspaper for English political news at the time of the Navy scare, my attention was caught by the heading 'German Danger'; on looking nearer I saw that it was 'General Danger.' On another occasion I read the heading, 'Future of the Insurance Scheme,' as 'Failure of the Insurance Scheme'; it is easy to discern my sympathy with my medical colleagues in the attack they were at the time conducting on the scheme. Another personal example, with an even grosser mistake, was the following: I was searching the literature to find the earliest instance of a certain superstitious act, and, although I had only been able to trace it to the ninth century, I suspected that it might have occurred still earlier. One day I found in an old French book an account of it quoted from an earlier writer, the reference to whose work contained the words '6^e livre.' I read this as '6^e siècle,' and entered it in my notes as such; it was only some time after, on making further investigation, that I discovered the error.

Similar observations can be made in regard to the perception of other objects than written matter, and especially with the recognising of other people. False recognition is quite commonly due to a pervading desire to meet the person in question; a lover who has a rendezvous with his mistress fancies he sees

¹ Freud, *op. cit.*, S. 64.

her coming many times over, when really the woman he mistakes for her may bear only the faintest resemblance to her.

The failure to greet a friend or acquaintance in the street is not always due to not seeing them, and one knows how gradual are the shades between a direct 'cut,' where one person consciously pretends he does not see the other, and a not seeing that is due to a not wanting to see.¹ Women intuitively feel that the difference between the two is unimportant, and are as much offended by the one as by the other; someone who thinks highly of them has no right not to see them when they pass.

A striking instance of this affective blindness occurred to me not long ago: It was part of my routine duty to check the invoices for laboratory apparatus as they come in, and hand them over to the assistant superintendent to see that they got paid. On one occasion I had neglected to do this until a small number collected. I then went through them, and took them with me into the assistant superintendent's office. I was very pressed for time, and hoped he would not be there, so that I could simply deposit them on his desk; especially so, as there was a small error in one of them that I had to point out to him, and I realised that his over-conscientiousness would mean a tedious investigation of the error. I felt, however, that I ought to try to find him, and explain the point to him. On going into his office, I saw several men there, went up to one of them who had his back to me, and said, 'Do you know where Dr. X is?' To my astonishment he replied, 'Why, I am Dr. X.' My not recognising him was facilitated by the fact of his having an unfamiliar hat on, but the actual cause of it I knew well enough.

The phenomenon of *fausse reconnaissance*, or *déjà vu*, which has perplexed so many psychologists, is closely allied to the same category. Freud has finally solved this riddle,² but, as the explanation of it is of a more complex order than with the

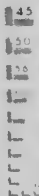
¹ One might invert the familiar proverb and say, 'What the heart doesn't grieve over, the eye doesn't see.'

² Freud, *op. cit.*, S. 139.



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other occurrences under consideration, I shall not go into it here.

It will be noticed that in this group, as in the other allied ones, the operative feeling-complex manifests itself in two ways—in causing the suppression of one mental process and the prominence of another; it determines what one does see (falsely) as well as what one doesn't see. In some cases the negative of these two effects is more striking, in others the positive. A further group of occurrences may now be mentioned, in which, although strictly speaking there is no false perception, the positive phenomenon in question is seen at its acme; it is where one's attention is attracted in an unusual way to a given object that would have passed unnoticed were it not for the presence of a certain feeling-complex with which the idea is associated. A simple instance will best explain what is meant: An English lady who had recently come to Canada, and who had not yet got acclimatised to the strange life, was paying a society call. She had to wait a few moments for her hostess, and on the latter's entry was discovered deeply engrossed in Pierre Loti's 'L'Exilée,' which she had unearthed from an unobtrusive corner of a pile of other books. She had never read anything of Loti's before, and it was purely the title that had attracted her interest. Pursuance of this theme, which is obviously impossible here, would lead us into the psychology of attention and interest, and the importance played in these processes by feeling; it will be seen, however, that psycho-analysis has a very considerable bearing on these problems.

VII. MISLAYING OF OBJECTS.

It is probable that objects are never accidentally mislaid. The underlying motive manifests itself in two ways—in the act of mislaying the object, and in the subsequent amnesia; in other words, a *Verlegen* is a composite of a *Vergreifen* and a *Verzessen*, the latter being the main feature. As before, the motive may be a counter-impulse directed against the use of the object, or against an idea associated with the use of it. Instances of both will be given, first of the former.

We are all more apt to mislay bills rather than cheques, and in general objects that we don't want to see rather than those we do. Apparent exceptions to this rule, such as the mislaying of valuable objects, come under the second category, where our objection is not to the thing itself, but to what it can remind us of.

A common experience, which has often occurred to me personally, is the following: Whenever I suffer from the effects of over-smoking, I notice that it is much harder to find my pipe; it has got put behind ornaments or books, and in all sorts of unusual places that it normally does not occupy.

A patient of mine was recently very put out at having lost an important bunch of keys. He told me that he urgently wanted them that afternoon to open the lock of a minute-book at a meeting with his auditor and solicitor. I inquired as to the purpose of the meeting. It appeared that an important resolution had been passed at an annual directors' meeting, and that he had omitted to enter it in the minute-book. He was the managing director, and it became a question legally whether a certain action could be taken without the formal consent of the other directors, or whether possibly the minute could be subsequently added by private arrangement with them. At all events, it was an annoying situation, and I felt sure that his dislike of having to face it was connected with the loss of the key. Further inquiry shewed that he had used the keys only once that morning to open his office desk; after doing this it was his custom immediately to replace them in his pocket, the desk being provided with an automatic closing lock. He had missed the keys as soon as he got into the street-car to come to see me, and had telephoned a message for a clerk to search the short distance between his private office and the car-line. The surmise was near that he must have flung the bunch into his desk behind some papers, later closing it in the usual way; on telephoning to have the desk forcibly opened, this was found to be correct.

The following example is a little more complicated: A lady had lost the key of a box containing phonograph records, and had thoroughly ransacked her rooms for it many times

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during six weeks, but all in vain. The records belonged to a correspondence college, and were a means of learning French pronunciation. They had been put away early in the summer, and now, in the autumn, she wanted them for the purpose of renewing her French studies. Her whole heart was not in these, however, for it happened that she was fond of singing, and hoped to get accepted in an orchestral choir, the rehearsals of which would leave her no time for other studies. As time went on she despaired more and more of being accepted, and fell back on the French as the next best way of occupying her winter evenings. Soon after her definite rejection by the choir she discovered the lost key, which had been carefully stowed away in the corner of an attic. She recollected locking the box in the early summer and thinking that she would not need it again for a long time, but had no memory of putting the key away. She was extremely proud of her voice, and had built on her application being successful. Taking up the French studies connoted failure of her hopes. Her inability to find the key thus symbolised her loathness to believe that her vocal reputation would be slighted.

To lose or misplace a present, especially if it happens more than once, is not generally considered a compliment to the giver, and with right, for it often is an unconscious expression of disdain, disregard, or indifference.¹ When a wife repeatedly loses her wedding-ring during the honeymoon, it does not augur well for the future happiness of the marriage. Freud² relates an example of misplacing where the motive was of this kind, and which, like the last-mentioned example, is interesting in regard to the circumstances under which the object was again found. It concerned a married couple who lived rather aloof lives from each other, any marks of tenderness being of a distinctly lukewarm nature: the fault, according to the husband, lay in the emotional apathy of his wife. One day she made him a present of a book that would interest him. He

¹ For an example of how complex may be the mental processes behind such a simple occurrence, the reader is referred to a striking analysis by Otto Rank, 'Das Verlieren als Symptomhandlung,' *Zentralbl. für Psychoanalyse*, Jahrg. I., S. 450.

² Freud, *op. cit.*, S. 78.

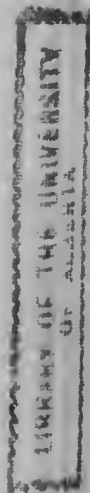
thanked her for the attention, promised to read it, put it aside, and couldn't find it again. In the next six months he made several vain attempts to find it. At the end of this time his mother, to whom he was devoted, got seriously ill, and was very tenderly nursed by his wife. His affection for his wife rapidly increased, and one evening, coming home from the sick bed with his heart filled with gratitude towards her, he went to his desk, and, without any conscious purpose, unhesitatingly opened a drawer and took out the lost book.

Leaving things behind one is a common type of mislaying. To do so in the street or in a public conveyance has a very different significance from doing so in the house of a friend. In the latter case it often expresses the person's attachment, the difficulty he has in tearing himself away, and the desire or willingness he has to come back. One can almost measure the success with which a physician is practising psychotherapy, for instance, by the size of the collection of umbrellas, handkerchiefs, purses, and so on, that he could make in a month.

VIII. ERRONEOUSLY-CARRIED-OUT ACTIONS.

A secondary suppressed tendency may manifest itself in the disturbance not only of writing, but also of any other conscious motor act, an occurrence Freud terms a *Vergreifen*. The intended action is not carried out, or only incorrectly, being entirely or partly replaced by an action corresponding with the suppressed impulse that breaks through. As in the former cases, this secondary tendency is associated, either directly or indirectly, with the conscious intention, and the faulty action is customarily explained as being due to 'chance,' 'accident,' or 'carelessness.'

A trite example will perhaps best illustrate the type of occurrence. On starting to open a fresh tin of tobacco, I economically reflected that I should first finish the rather dry remains of the previous one. A few minutes later, however, while engrossed in reading, I wanted to refill my pipe, and to my surprise detected myself in the act of opening the new tin, although I had pushed it farther away from me than the



other. My checked wish to enjoy the fresh tobacco had taken advantage of my distraction, and so interfered with my conscious intention of filling the pipe from the old tin.

An equally simple example is the following: It is my custom to put scientific journals, as they arrive, on a stool in the corner of my study. On reading them I write on the back the page number of any articles I wish to enter in my reference books; the journals not so marked are put on top of the files to be bound at the end of the year, while the others are placed on a pile at one side of my desk. Once a week or so I go through this pile and enter the references, but, whenever I have neglected this for so long that the pile begins to assume formidable dimensions, I find I have a pronounced tendency to put no more there, and to put on the files any fresh journal I read, whether it has articles that should be entered or not. The motive is obvious—to save myself the trouble of having to enter more than I already have to.

A lady went to post some letters which had come for her brother, and which had to be re-addressed and forwarded on account of his absence. When she got home she found the letters still in her handbag, and realised that she must have posted two letters, addressed to herself, which she had opened that morning; they duly arrived on the next day. At the time another younger brother was at home seriously ill with typhoid fever, and she had just written to the elder brother begging him to come home as soon as possible. She knew, however, that on account of urgent business he would not be able to leave immediately, but her posting letters addressed to the home, under the impression that she was sending them to her brother, indicated her keen anxiety that he was already there.

A patient came up from the country to get advice about various obsessing ideas that greatly distressed him. He had been recommended to consult two physicians, another one and myself. The other physician told him 'not to think about the ideas,' and advised him to take a course of physical exercise at a special gymnasium that he kept for the purpose. I, of course, advised psycho-analytic treatment, which has

since cured him. He promised us both that he would think the matter over, and let us know what he decided. That night, on getting home, he wrote to each of us—to the other physician that he couldn't yet make up his mind, and to me that he would like to make an appointment to begin the treatment as soon as possible. He put the letters into the wrong envelopes. During the subsequent psycho-analysis it became evident that this 'accidental' mistake was unconsciously determined by the spiteful desire to let both the other physician and myself know what his opinion was of the former's advice.

The use of keys is a fertile source of occurrences of this kind, of which two examples may be given. If I am disturbed in the midst of some engrossing work at home by having to go to the hospital to carry out some routine work, I am very apt to find myself trying to open the door of my laboratory there with the key of my desk at home, although the two keys are quite unlike each other. The mistake unconsciously demonstrates where I would rather be at the moment.

Some years ago I was acting in a subordinate position at a certain institution, the front-door of which was kept locked, so that it was necessary to ring for admission. On several occasions I found myself making serious attempts to open the door with my house-key. Each one of the permanent visiting staff, of which I aspired to be a member, was provided with a key to avoid the trouble of having to wait at the door. My mistakes thus expressed my desire to be on a similar footing, and to be quite 'at home' there.

Two other everyday sets of occurrences may briefly be mentioned where unconscious disturbances of otherwise intended actions are very frequent. The one is the matter of paying out money, and particularly of giving change. It would be an interesting experiment to establish statistically the percentage of such mistakes that are in favour of the person making them, in comparison with that of the opposite sort.

The second is the sphere of domestic breakages. It can be observed that after a servant has been reprimanded,

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especially when the reprimand is more than usually unjust in her eyes, is a favourite time for crockery to 'come to pieces in her hand.' Careless breakage of valuable china, an event that often perplexes the owner as much as it incenses her, may be the product of a number of factors in the mind of the transgressor, class-envy of valuable property, ignorant lack of appreciation for objects of art, resentment at having to devote so much labour to the care of what appear to be senseless objects of enthusiasm, personal hostility towards the owner, and so on.

IX. SYMPTOMATIC ACTS.

Under the name of *Symptomhandlungen* Freud discusses a series of unconsciously performed actions that differ from the last-mentioned ones in being independent activities, and not grafted on to another conscious one. They are done 'without thinking' or 'by chance,' and no significance is seen in them. Analysis of them, however, shews that they are the symbolic expression of some suppressed tendency, usually a wish. In many instances the action is a complicated one, and performed on only one occasion; in others it is a constant habit that often is characteristic of the person. The mannerisms of dress, of fingering the moustache or clothes-buttons, the playing with coins in the pocket, and so on, are examples of them. They all have their logical meaning, though this may not be read before becoming evident.

Different ways of occupying the hands often betrays thoughts that the person does not wish to express or even does not know of. It is related of Eleanora Duse that in a divorce play, while in a soliloquy following a wrangle with the husband, she kept playing with her wedding-ring, taking it off, replacing it, and finally taking it off again; she is now ready for the seducer. The action illustrates the profundity of the great actress's character studies.

Maeder¹ tells the following story of a Zurich colleague who had a free day, and was hesitating between making an agree-

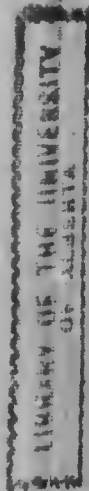
¹ Maeder, 'Nouvelles Contributions à la psychopathologie de la vie quotidienne,' *Arch. de Psychol.*, 1908, vol. vii., p. 296.

able holiday of it and paying a distasteful duty-call on some people in Lucerne. He ultimately decided on the latter, and dolefully set out. Halfway to Lucerne he had to change trains; he did this mechanically, and settled down in the other train to continue his reading of the morning papers. When the ticket-collector came round, he discovered that he had taken a train back to Zurich. His wish to spend the day there and not in Lucerne had proved too strong for his good intentions.

In most of the examples previously mentioned in this paper, and of those encountered in real life, it is possible to discover a motive for the given occurrence that logically accounts for this, but which does not lie particularly deep in the person's mind. In other words, it is, in Freud's language, preconscious,¹ and the subject has no particular difficulty in recognising it as an integral part of his personality. The problem, however, is far from exhausted at this point. It is next necessary to discover the origin of the motive or tendency in question, or to explain why it needs to be expressed at all. In this investigation one reaches the realm of the unconscious proper, and here it often turns out that the error which is being analysed has a deeper meaning—that it symbolises more than the preconscious motive, and expresses tendencies of much greater personal significance; this may be the case, however trivial the error in itself. In some of the preceding examples the preconscious motive disclosed appears trite, and it seems unlikely that such a trifling matter should need a complicated psychological mechanism to manifest itself. In the cases of this kind that I have had the opportunity of submitting to a detailed psycho-analysis, I have found that the unconscious associations often shed an unexpectedly instructive light on the full meaning of the occurrence. Unfortunately, however, the motives thus reached are usually of so intimate a nature that discretion forbids the publishing of them.

In still other cases no preconscious motive can be discerned, and the error appears to be quite meaningless until the truly

¹ For the explanation of this and allied terms, see Chapter II., p. 12.



unconscious sources are reached. In the following example¹ the preconscious motive was not discovered until the resistance to the unconscious sources of it were broken down. It is further peculiarly instructive in illustrating what important and fundamental traits of character may be revealed by the analysis of an absolutely trivial occurrence.

A doctor on rearranging his furniture in a new house came across an old-fashioned, straight, wooden stethoscope, and, after pausing to decide where he should put it, was impelled to place it on the side of his writing-desk in such a position that it stood exactly between his chair and the one reserved for his patients. The act in itself was certainly odd. for in the first place the straight stethoscope served no purpose, as he invariably used a binaural one; and in the second place all his medical apparatus and instruments were always kept in drawers, with the sole exception of this one. However, he gave no thought at all to the matter until one day it was brought to his notice by a patient, who had never seen a wooden stethoscope, asking him what it was. On being told, she asked why he kept it just there; he answered in an off-hand way that that place was as good as any other. This started him thinking, however, and he wondered whether there had been any unconscious motive in his action. Being interested in the psycho-analytic method he asked me to investigate the matter.

The first memory that occurred to him was the fact that when a medical student he had been struck by the habit his hospital interne had of always carrying in his hand a wooden stethoscope on his ward visits, although he never used it. He greatly admired this interne, and was much attached to him. Later on, when he himself became an interne, he contracted the same habit, and would feel very uncomfortable if by mistake he left his room without having the instrument to swing in his hand. The aimlessness of the habit was shewn, not only by the fact that the only stethoscope he ever used was a binaural one, which he carried in his pocket, but also in that

¹ In the *Zentralbl. für Psychoanalyse*, Jahrg. I., S. 96, I have published a fuller account of this example.

it was continued when he was a surgical interne and never needed any stethoscope at all.

From this it was evident that the idea of the instrument in question had in some way or other become invested with a greater psychological significance than normally belongs to it—in other words, that to the subject it stood for more than it does with other people. The idea must have got unconsciously associated with some other one, which it symbolised, and from which it derived its additional fulness of meaning. I will forestall the rest of the analysis by saying what this secondary idea was—namely, a phallic one: the way in which this curious association had been formed will presently be related. The discomfort he experienced in hospital on missing the instrument, and the relief and reassurance the presence of it gave him, was related to what is known as a ‘castration-complex’—namely, a childhood fear, often continued in a disguised form into adult life, lest a private part of his body should be taken away from him, just as playthings so often were; the fear was due to paternal threats that it would be cut off if he were not a good boy, particularly in a certain direction. This is a very common complex, and accounts for a great deal of general nervousness and lack of confidence in later years.

Then came a number of childhood memories relating to his family doctor. He had been strongly attached to this doctor as a child, and during the analysis long-buried memories were recovered of a double phantasy he had in his fourth year concerning the birth of a younger sister—namely, (1) that she was the child of himself and his mother, the father being relegated to the background, and (2) of the doctor and himself; in this he thus played both a masculine and a feminine part.¹ At the time, when his curiosity was being aroused by the event, he could not help noticing the prominent part taken by the doctor in the proceedings, and the subordinate position occupied by the father; the significance of this for his later life will presently be pointed out.

¹ Psycho-analytic research, with the penetration of infantile amnesia, has shewn that this apparent precocity is a less abnormal occurrence than was previously supposed.

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The stethoscope association was formed through many connections. In the first place, the physical appearance of the instrument—a straight, rigid, hollow tube, having a small bulbous summit at one extremity, and a broad base at the other—and the fact of its being the essential part of the medical paraphernalia, the instrument with which the doctor performed his magical and interesting feats, were matters that attracted his boyish attention. He had had his chest repeatedly examined by the doctor at the age of six, and distinctly recollected the voluptuous sensation of feeling the latter's head near him pressing the wooden stethoscope into his chest, and of the rhythmic to-and-fro respiratory movement. He had been struck by the doctor's habit of carrying his stethoscope inside his hat; he found it interesting that the doctor should carry his chief instrument concealed about his person, always handy when he went to see patients, and that he only had to take off his hat (*i.e.*, a part of his clothing) and 'pull it out.' At the age of eight he was impressed by being told by an older boy that it was the doctor's custom to get into bed with his women patients. It is certain that the doctor, who was young and handsome, was extremely popular among the women of the neighbourhood, including the subject's own mother. The doctor and his 'instrument' were therefore the objects of great interest throughout his boyhood.

It is probable that, as in many other cases, unconscious identification with the family doctor had been a main motive in determining the subject's choice of profession. It is here doubly conditioned, (1) by the superiority of the doctor on certain interesting occasions to the father, of whom the subject was very jealous, and (2) by the doctor's knowledge of forbidden topics¹ and his opportunities for illicit indulgence. The subject admitted that he had on several occasions experienced erotic temptations in regard to his women patients; he had twice fallen in love with one, and finally had married one.

¹ The term 'medical questions' is a common periphrasis for 'sexual questions.'

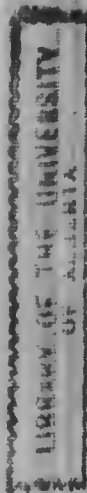
The next memory was of a dream, plainly of a homosexual-masochistic nature; in it a man, who proved to be a replacement-figure of the family doctor, attacked the subject with a 'sword.' The idea of a sword, as is so frequently the case in dreams, represented the same idea that was mentioned above to be associated with that of a wooden stethoscope. The thought of a sword reminded the subject of the passage in the 'Nibelung Saga,' where Sigurd sleeps with his naked sword (*Gram*) between himself and Brunhilda, an incident that had always greatly stirred his imagination.

The meaning of the symptomatic act now at last became clear. The subject had placed his wooden stethoscope between him and his patients, just as Sigurd had placed his sword (an equivalent symbol) between him and the maiden he was not to touch. The act was a compromise-formation; it served both to gratify in his imagination the repressed wish to enter into nearer relations with an attractive patient (interposition of phallus), and at the same time to remind him that this wish was not to become a reality (interposition of sword). It was, so to speak, a charm against yielding to temptation.

X. GENERAL OBSERVATIONS.

1. *Warrant for Interpretations.*

The first criticism of the theses here maintained that naturally presents itself is the question as to the reliability of the individual interpretations. It is not likely that anyone will reject them all as improbable, but, particularly with the more complex analyses, doubt must arise concerning the trustworthiness of the results. This is especially so in regard to the personal, subjective factor in the interpretations, although as a matter of fact the very constancy of the way in which similar conclusions are reached by different observers indicates that this factor is less potent than might be imagined. Experience shews that, when attention is carefully directed to the objective aspects of the analysis, the importance of the personal factor, which from the unavoidable nature of the circumstances can never be entirely eliminated, can be reduced to a degree where



it is practically negligible. In most scientific work the personal factor has to be reckoned with, but appreciation of the way in which it acts, especially when this is based on psychological knowledge, as a rule enables it to be excluded to such an extent as not to interfere with conclusions being formulated that are valid enough to stand the objective test of verifiability. It is contended that this statement applies unrestrictedly to psycho-analytic interpretations. It is, of course, to be conceded that the probable accuracy of these interpretations varies considerably in different instances, as conclusions do elsewhere in science. Thus, in a chemical analysis, the conclusion as to whether a given substance is present or not varies in probability according to the quality and amount of evidence obtainable; in some cases the confirmatory tests are so unequivocal that the final decision is a practically certain one, in others it is very probable, in still others it is only a plausible possibility, and so on.

The view that the psycho-analytic interpretations of the class of occurrences under discussion are reliable is based on, among others, the following considerations:

1. The psychological correctness of the principles of the free association method. This is too complex a matter to be gone into here, and I will only refer the reader to Jung's well-known works¹ on the subject.

2. The constancy of the findings by different observers, and the harmony of the conclusions with those reached in the study of other fields—*e.g.*, dreams, psychoneuroses, mythology, etc. It is extremely unlikely that this is due to coincidence, and still more so that it is due to identical prejudices on the part of the different workers, for in the first place this would be postulating a very remarkable uniformity in their individual mental constellations, and in the second place psycho-analytic research brings with it an eradication of personal prejudice, and an appreciation of personal complexes, that is rarely attained elsewhere in the same degree.

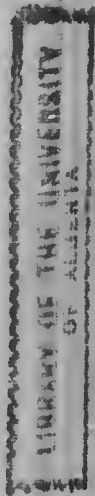
- 3 The increased intelligibility of the processes in question. An occurrence that previously was obscure and meaningless

¹ Jung, 'Diagnostische Assoziationsstudien,' Bd. i., 1906; Bd. ii., 1910.

now becomes throughout comprehensible, and an integral part of the rest of the person's mental operations. It is seen to be merely an irregular manifestation of a logical tendency that is an essential constituent of the personality, the unusual features having certain definite reasons for their occurrence. Moreover, the discovery of the underlying motive, and its connection with the manifestation being analysed, is a matter that commonly lends itself to external verification. When, in an analysis, one traces a given error in mental functioning, such as a *lapsus lingue*, to a thought that the person was desirous of keeping back, it is usually easy to confirm the truth of the conclusion. Very significant in this connection is the unmistakable evidence of the resulting affect in the person, which accurately corresponds with that characteristic of the revealed mental process. Often this is so pronounced that it is quite impossible to doubt the truth of the interpretation made; this especially is a matter where personal experience is more convincing than any possible amount of discussion.

4. The fact that in many fields the principles in question are generally recognised to be valid. Freud's study is only a detailed working-out of laws that were already known to hold true over a limited area. When a man is hurt at finding his name unfortunately forgotten, or at unexpectedly being passed by unrecognised in the street; when a lady is offended by someone who professes regard for her forgetting to carry out her behests or to keep a rendezvous—they are displaying an affect that accords perfectly with the inferences of the psycho-analyst, and with no others. In this correct intuition of mankind lies already the essential nucleus of the conclusions maintained by Freud.

Indeed, it is quite impossible to go through life without constantly making interpretations of just this kind, though usually they are simpler and more evident than those needing a special psycho-analysis. Observation of a very few jokes is sufficient to illustrate this, and we 'read between the lines' of the people we have to do with, doubting the scientific justification of our right to do so as little as we do in the interpreta-



tions of jokes.¹ This holds in the most manifold fields of mental activity. A few examples may be quoted of a kind that could be multiplied indefinitely: With Mr. E. R. Bennett's play, 'The Servant in the House,' no one can witness it intelligently and doubt that the Hindoo servant, who is the principal character, is a presentation of Jesus Christ, or that his name 'Manson' is a disguised form of the title 'Son of Man.' Yet we should find it difficult to 'prove' this to a carping critic who is bent on avoiding the obvious inference, and still more to 'prove' our assumption that the disguise was the product of definite motives in the author's mind. In Mr. Bernard Shaw's play 'Press Cuttings,' one of the characters, the Prime Minister of England, is called 'Balsquith.' When one infers that he compounded the word from the names of two Prime Ministers, Balfour and Asquith, the critic may accuse us of reading into Mr. Shaw's mind views of our own that never existed there.² In Shelley's '(Edipus Tyrannus' what right have we to assume that, in his ridicule of the Ionian Minotaur,³ the author was satirising the Englishman of his time? When Edward Lear⁴ speaks of Excelsue, how is it that everyone recognises that he is referring to Fortescue (Excel = XL = Forty = Forte)? Our answer in all these cases is the same—namely, that we feel justified in making the inferences in question because they make something intelligible that otherwise would have no meaning. This answer is perfectly correct, for in the last analysis the justification of every scientific generalisation is that it enables us to comprehend something that is otherwise obscure—namely, the relations between apparently dissimilar phenomena.

To this it may be said that, in such cases as those just

¹ In 'Der Witz und seine Beziehungen zum Unbewussten' Freud has made a detailed study of this subject. As with the occurrences studied in the present paper, he has shewn that the insight consciously obtained is often only a partial one, and that the true significance is often related to unconscious sources.

² The Royal Censor refused to let the play be acted until the name was replaced by one less open to this personal interpretation—namely, Johnson; the name of the Commander-in-Chief, Mitchener (from Milner and Kitchener), had to be altered to Bones.

³ = John Bull.

⁴ See Lady Strachey's 'Later Letters of Edward Lear.'

mentioned, a logical meaning is given to something that from previous experience we have every reason to expect has one, but that the point in dispute about the 'psychopathological' occurrences of everyday life is whether they have such a meaning or not. Here *a priori* argument can take us no farther, and the question can only be referred for solution to actual investigation—a matter usually considered unnecessary, on the pure assumption that the occurrences have no logical meaning. Freud's scepticism made him challenge the necessity of this assumption, and prefer to leave the question open until it was investigated. On doing so, he found as a matter of experience two things—namely, that the realm of psychical determinism is more extensive than is generally supposed, and that awareness of a motive at a given moment is not a necessary accompaniment of the external manifestation of this.

Freud further came to the conclusion that there was a definite cause for the popular belief that so many blunders in our mental functioning are meaningless. He holds that this belief is due to the same cause as the blunders themselves—namely, to repression. Various repressed thoughts are in every one of us constantly coming to expression in the shape of 'meaningless' blunders, the significance of which necessarily escapes us. Being thus accustomed to the occurrence of such matters in ourselves, we naturally attach no significance to them in others; we 'explain' these as we do our own, or accept the 'explanations' proffered just as we expect others to accept the 'explanations' of our own blunders.¹

As to these explanations, little more need be added. Where the factors they have recourse to are operative at all, they act only as predisposing conditions, not as the true cause. Freud² gives the following apposite illustration of the actual state of affairs: 'Suppose I have been so incautious as to go for a stroll in a lonely part of the town, where I am attacked and robbed of my watch and money. At the next police-station

¹ If one wished to be epigrammatic, one might say: 'In the future, reason will be used to explain things; at present, it has to be used to explain them away.' This would be true of a good many matters besides the slips of everyday life.

² Freud, 'Zur Psychopathologie,' S. 22.

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I give information, with the words: I have been in this and that street, where *loneliness* and *darkness* stole my watch and money. Although in these words I should have said nothing that was not correct, still, from the wording of my information, I run the danger of being thought not quite right in the head. The state of affairs can correctly be described only thus: 'That favoured by the loneliness of the spot, and *unrecognisable* through the *protection* of the darkness, a thief has robbed me of my valuables. Now, the state of affairs in the forgetting of a name need not be otherwise; favoured by fatigue, circulatory disturbances, and poisoning, some unknown psychical agent robs me of the proper names that belong to my memory—the same agent that on other occasions can bring about the same failure of memory during perfect health and capacity.' Similarly, such a mistake as a slip of the tongue is often attributed by psychologists (*e.g.*, Wundt) to a momentary inattentiveness. It is certainly a question of conscious attention, but Freud¹ has pointed out that the defect is more accurately described as a disturbance of attention than as a diminution, the true cause being the disturbing influence of a second train of thought. The same remarks apply to all the other explanations urged. Several examples were given above in which names and other words differing by only one letter were confounded or interchanged, and evidence was brought forward to shew that this external resemblance was merely a predisposing circumstance, and not the actual cause of the mistake. Many such circumstances favour the occurrence of a blunder—that is, they permit a repressed thought to slip partly through. Alcoholic intoxication is notoriously one. Emotional excitement is another. Many blunders, forgettings, and other oversights, are attributed to the confusion of hurry. Thus, for instance, I have noticed that the using of the wrong key, in the examples quoted above, most often occurred when I was in a great hurry (the same was true of the not recognising the assistant superintendent in his office); but if haste were the true cause, it would be curious that it should bring about a blunder of a kind that defeats its own object; strictly

¹ Freud, *op. cit.*, S. 68.

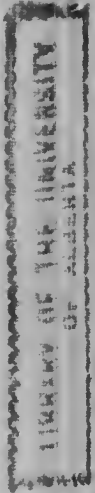
speaking, it is the emotional confusion or excitement engendered by hurry that permits a second repressed impulse to manifest itself in what externally appears as a blunder.

As has been remarked above, there are certain occasions in everyday life when the normal person divines the motivation of unintentional errors, though these are rare in comparison with the occasions on which it escapes him. Freud¹ has pointed out that there are two other groups of processes in which an *unconscious*, and therefore distorted, knowledge of this motivation is manifested—namely, in paranoia and in superstitions. In both these the subject reads a meaning into external happenings that have no such psychical meaning, and, in a very interesting discussion of the subject, Freud produces reasons to believe that this erroneous functioning is due to a projection to the outside of motives that exist in the subject's mind and are full of meaning there, but which he does not directly perceive.

A little may be said on a feature of some of the analyses quoted that may strike the reader as odd—namely, the remarkable play on words that is so often found. Whoever is surprised at this needs to be reminded of the almost boundless extent to which the same feature occurs in other fields of mental activity—in wit, dreams, insanity, and so on. Even in the serious affairs of everyday life it is far from unusual. Thus, to cite a few business announcements, we see the National Drug Company using as its trade motto 'Nadru,' the National Liquorice Company (N. L. Co.) that of 'Enelco'; we find the Levy Jewellery Company reversing its first name into the more pretentious one of 'Yvel,' and advertisements of 'Uneeda' biscuits and 'Phiteezi' boots are familiar to everyone. This tendency to play on words, and to produce a more useful or pleasant 'It (mirror-writing, ciphers, and rhyming slang,² also belong, (re), is evidently dictated in part by the

¹ Freud, *op. cit.*, S. 131 *et seq.*

² The following are instances from the Cockney type of this: 'Aristotle' = bottle; 'Cain and Abel' = table; 'Harry Nichols' = pickles. Mediate forms are: 'Christmas' (card, = guard; 'Bull' (and cow) = row; 'Malcolm' (Scott) = hot; 'Stockton' (on-Tees) = cheese; 'Rosie' (Loader) = soda, and so on.



same *Unlust* motives—to avoid banal or otherwise unattractive words—that so much stress has been laid on above. It is one that has far-reaching roots in early childhood life. In preconscious and unconscious mental activities this play on words—clang associations—is much more extensive than in consciousness, and serves for the transference of a given affect from one mode of expression to a more suitable and convenient one.

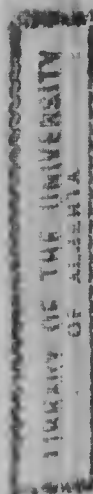
2. *Bearing on Psycho-Analytic Method of Treatment.*

Three brief remarks may be made on this matter: In the first place, investigation of the errors and slips of everyday life is perhaps the best mode of approach to the study of psycho-analysis, and affords a convenient preliminary to the more difficult, though more important, subject of dreams. The greatest value is to be attached to self-analysis, a fact to which attention cannot too often be called. In the second place, analysis of the occurrences in question is of great service in the treatment of neurotic patients. Their behaviour in this respect needs to be closely observed, and frequently a quite trivial occurrence will, when investigated, provide clues to the elucidation of the main problems. Thirdly, consideration of the mechanism of these erroneous functionings makes it easy to understand the way in which psycho-analysis brings about its therapeutic effects. Both the errors and neurotic symptoms are the manifestations of dissociated conative trends which are weaker than the rest of the personality opposed to them, are consequently repressed, and can come to expression only in indirect ways and only under certain circumstances. An essential condition for this is non-awareness of the process. Psycho-analysis, by directing the dissociated trend into consciousness, abolishes this condition, and therefore brings the trend under the control of the conscious inhibiting forces. Conscious control is substituted for automatic expression, the significance of which was not realised. These considerations may be illustrated by the tritest of the examples given above—namely, my opening of a fresh tobacco-tin although I wished first to finish the old one.

Here it is quite obvious that the rule just stated holds that an essential condition of the erroneous functioning is non-awareness of the significance of the process; I knew that I was reaching for tobacco, but didn't notice which tin it was. The moment I realised the situation, I of course checked the error, and controlled the wish that was taking advantage of my absent-mindedness to come to expression. On a larger scale the same is true of neurotic symptoms; realisation of their significance checks the morbid expression of the underlying impulse. *The cardinal proposition is that consciousness of an aberrant impulse means increased control of it.* ✓

3. *Relation to Health and Disease.*

This matter should be fairly evident from the preceding considerations, so that the two corollaries that follow in this respect need only to be stated. The first is that from a psychological point of view perfect mental normality does not exist. In other words, everyone shews numerous defects in mental functioning that are manifestations of dissociated, repressed, psychical material, and which are brought about by the same psychological mechanisms as those operative in the case of the psychoneuroses. A further matter not brought out in the preceding study is that this material is ultimately of the same nature as that from which neuroses are produced. The second corollary is that the border-line between mental health and disease is much less sharp even than is generally supposed. The distinction between the two is really a social one rather than a psychopathological one, just as the distinction between sanity and insanity is primarily a legal one. When the erroneous mental functioning happens to carry with it a social incapacity or disability, the condition is called a neurosis, and when it does not it is called absent-mindedness, eccentricity, personal mannerism, and so on. Further reflections on the significance of these conclusions will here be omitted, as they are not relevant to the main purpose of the paper.



4. Determinism and Free-Will.

One of the psychological arguments against the belief in a complete mental determinism is the intense feeling of conviction that we have a perfectly free choice in the performance of many acts. This feeling of conviction must be justified by something, but at the same time it is entirely compatible with a complete determinism. It is curious that it is not often prominent with important and weighty decisions. On these occasions one has much more the feeling of being irresistibly impelled in a given direction (compare Luther's 'Hier stehe ich, ich kann nicht anders'). On the contrary, it is with trivial and indifferent resolutions that one is sure that one could just as well have acted otherwise, that one has acted from non-motivated free-will. From the psycho-analytic point of view, the right of this feeling of conviction is not contested. It only means that the person is not aware of any conscious motive. When, however, conscious motivation is distinguished from unconscious motivation, this feeling of conviction teaches us that the former does not extend over all our motor resolutions. What is left free from the one side receives its motive from the other—from the unconscious—and so the psychological determinism is flawlessly carried through. A knowledge of unconscious motivation is indispensable, even for philosophical discussion of determinism.

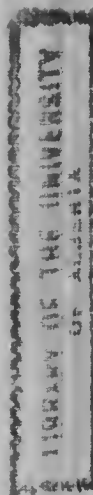
That the relation between unconscious and conscious mental processes furnishes the key to the problem of psychological determinism has also been clearly pointed out by Kohnstamm,¹ approaching the subject in quite a different way from Freud. He writes: 'Die biologische Betrachtungsweise sieht in den Bewusstseinsdingen nur Bergspitze, die über einem Nebelmeer sichtbar werden, während das Bergganze—die Gesamtheit der Lebensphänomene—dem unmittelbaren Bewusstsein verborgen bleibt. Wenn man sich auf die Betrachtung von oben her beschränkt, ergibt sich kein natürlicher Zusammenhang, keine Gesetzmässigkeit. Sieht man aber von dem Nebel ab, der die Gründe verhüllt,

¹ Kohnstamm, *Journ. f. Psychol. u. Neurol.*, Bd. xviii., S. 101.

so erkennt man, wie die Berge aus der Ebene aufsteigen, sich von einem gemeinsamen Grunde abhebend. Man gelangt zu der naturwissenschaftlichen Einsicht von der Einheit dessen, was unter zufälligen Bedingungen teils sichtbar, teils unsichtbar war. Ähnlich sucht die biologische Betrachtungsweise die Bewusstseinsphänomene umzusetzen in raumzeitliche Geschehnisse und Gesetzmässigkeiten, wie sie auch sonst den Gegenstand naturwissenschaftlicher Biologie bilden. So zeigte die gegenwärtige Untersuchung die Zielstrebigkeit unter dem Bilde eines Berges, welcher uns den allgemeinen Reizverwertungstypus des Lebens darstellt und in eine Spitze ausläuft, welche die Willenshandlung bedeutet.' [The biological way of thinking sees in the facts of consciousness only mountain-peaks, which soar into sight over a sea of mist, while the mountain as a whole—the totality of vital phenomena—remains hidden from the immediate consciousness. If one confines oneself to the view from above, there appears to be no natural connection, no regularity. If, however, one disregards the mist that conceals the base, one recognises how the mountains rise from the plain, and have a common basis. One attains the scientific insight of the unity of what, under chance conditions, was partly visible, partly invisible. Similarly, the biological way of thinking seeks to transpose the phenomena of consciousness into regular occurrences of time and space, just as these elsewhere constitute the subject of scientific biology. The modern investigation of purposefulness shews itself thus under the metaphor of a mountain, which represents the general reaction of life to different stimuli, and which terminates as a peak, that signifies the action of the will.']

5. *Social Significance.*

It would be interesting to speculate as to the result of a general knowledge of the unconscious motives that underlie the failures of mental functioning in everyday life; but it is perhaps more profitable to review some of the present results of ignorance of them.



One of these is that both intellectual and moral dishonesty is facilitated to an extraordinary extent. There is no doubt that dishonesty of which the subject is not conscious is much commoner than deliberate dishonesty, a fact of considerable importance in, for instance, juristic matters. The hysteric who cannot move her leg because unconsciously she wishes it to be paralysed, the tourist who oversees a prohibiting notice because he finds such things annoying, and the impetuous man who forgets to pay a bill because he doesn't want to, are all instances of this. At the same time, the line between these two types of dishonesty is nowhere a sharp one, and in many cases one can only conclude that the subject could with a very little effort recognise the suppressed motive, which is more than half-conscious. In psycho-analytic treatment this is constantly to be observed. The following slight example of it may be quoted: A young woman told me of a certain experience she had had in her childhood in company with a boy. I had every reason to believe that this was far from being an isolated one, and asked her whether it had occurred with anyone else. She said, 'Not any time that I can remember.' Noticing the wording of her answer and a certain expression in her face, I asked, 'What about the times that you can't remember?' She exclaimed, 'Oh, shucks!' and in such a disconcerted tone that I was sure my surmise had been well founded. She then made the remark, 'Well, I really had forgotten the other times till this minute,' the truth of which was probably only partial. The incident made me think of Nietzsche's epigram: 'Man lügt wohl mit dem Munde, aber mit dem Maule, das man dabei macht, sagt man die Wahrheit.' ['One may indeed lie with the mouth, but with the accompanying grimace one nevertheless tells the truth.'] Half-amnesias of this kind are extremely common in daily life.

In spite of the constant endeavour to keep back disagreeable or unacceptable thoughts, these very thoughts betray themselves in blunders of the type under discussion. By the world this self-betrayal is passed by unnoticed, but it does not escape anyone who has made a study of unconscious

functioning. Freud¹ in no way exaggerates when he says: 'Wer Augen hat, zu sehen, und Ohren, zu hören, überzeugt sich, dass die Sterblichen kein Geheimnis verbergen können. Wessen Lippen schweigen, der schwätzt mit den Fingerspitzen; aus allen Poren dringt ihm der Verrat.' ['He who has eyes to see, and ears to hear, becomes convinced that mortals can hide no secret. Whoever is silent with the lips, tattles with the finger-tips; betrayal oozes out of every pore.'] Moreover, even with a direct lie, careful observation of the undue emphasis here and the distortion there will usually disclose what the person is trying to conceal, for the lie is a creation of the same mind that at the moment is cognisant of the truth. It is very rare, especially on emotional occasions, for self-control to be so complete as to inhibit all unconscious manifestations, which to an attentive observer will indicate the truth. Strictly speaking, one cannot lie to another, only to oneself, and skilled introspection makes even this increasingly difficult.

An important consequence of this is that everyone is apt to know more about the inner motives of those near to him than they themselves know, inasmuch as everyone is continually performing, at all events, some simple kind of psychical analysis on those around him. This is a fertile source of misunderstandings and friction,² especially in family and married life, where contact is much nearer. One person intuitively recognises an intention or tendency in the other that the latter refuses to admit even to himself. When the unavoidable inferences are presented to him, he is indignant, rebuts them as being groundless, and complains that he is misunderstood. Strictly speaking, such misunderstanding is really a too fine understanding. The more nervous two people are, the more often do they give rise to schisms, the reasons for which are as categorically denied by the one as they are obvious to the other. This is the punishment for the inner improbity, that, under the pretext of forgetting, absent-mindedness, and so on, people allow tendencies to

¹ Freud, 'Sammlung kleiner Schriften,' Zweite Folge, S. 69.

² Freud, 'Zur Psychopathologie,' S. 114.

come to expression which they would do better to admit to themselves and others, unless they can control them.

Most important, however, is the extension of these principles to the sphere of human judgement, for it is probable that repressed complexes play as prominent a part in distortion here as they do in the minor errors of memory mentioned above. On a large scale this is shewn in two ways—in the minimum of evidence often necessary to secure the acceptance of an idea that is in harmony with existing mental constellations, or to reject one that is incompatible with these. In both cases it is often affective influences rather than intellectual operations that decide the question. The same evidence is construed quite differently when viewed in the light of one affective constellation from the way it is when viewed in the light of another. Further, when the general attitude towards a question changes in the course of time, this is often due at least as much to modification of the prevailing affective influences as to the accumulation of external evidence; for instance, the average man of to-day does not hesitate to reject the same evidence of witchcraft that was so convincing to the man of three centuries ago, though he usually knows no more about the true explanation of it than the latter did.

Ignorance of the importance of affective factors in this respect, combined with the ineradicable popular belief in the rationality of the individual mind, has the interesting result that strong differences of opinion are attributed by each side to a defect in reasoning capacity on the part of the other. In an exposition of this matter, Trotter¹ writes: 'The religious man accuses the atheist of being shallow and irrational, and is met with a similar reply; to the Conservative, the amazing thing about the Liberal is his incapacity to see reason and accept the only possible solution of public problems. Examination reveals the fact that the differences are not due to the commission of the mere mechanical fallacies of logic, since these are easily avoided, even by the politician, and since there is no reason to suppose that one party in such

¹ Wilfred Trotter, 'Herd Instinct and its Bearing on the Psychology of Civilised Man,' *Sociological Review*, July, 1908, p. 19 of reprint.

controversies is less logical than the other. The difference is due rather to the fundamental assumptions of the antagonists being hostile, and these assumptions are derived from herd suggestion.'

There is a certain amount of truth in this imputation of stupidity to a person on the opposite side, for in his blind refusal to appreciate or even to perceive the evidence adduced by his opponent he may give an unavoidable appearance of marked stupidity. A further reason for this is that some one under the sway of strongly affective influences thinks not only that anyone differing from him must be deficient in reasoning power, but also that the views of the latter are themselves stupid. In attempting to controvert these, therefore, he unconsciously distorts them until they really are foolish, and he then finds it easy to condemn them. Any man of the period who read only the account of Darwin's views that was promulgated by his theological and scientific opponents must have wondered why it was worth while to attack such obvious nonsense, while our wonder, on the other hand, is that reputable and otherwise intelligent men could have managed so to pervert and misunderstand statements that to us are lucidity itself. Similarly at the present time, if some of the remarkable accounts of Freud's views that are given by his opponents represented anything like what he really holds, the fact would need much explanation that so many scientific men can accept them and yet remain sane.

Yet this astonishing stupidity in apprehending the arguments of opponents, and in defending preconceived views, is only apparent. The men who so grossly misinterpreted Darwin were often men of the highest intellectual power, and the same is true of many of Freud's opponents; similarly no one can read closely the 'Malleus Maleficarum' without admiration for the amazing intellectual ingenuity with which the most fantastic propositions are there defended. The process is akin to one that psychiatrists call 'functional stupidity,' a symptom seen in patients who have no real defect of reasoning power, but who through various affective influences are in

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a condition that at first sight gives rise to a strong suspicion of some organic defect of the brain.

On observing the general attitude towards people whose 'emotional stupidity' has in the course of time become apparent, two things are noticeable: In the first place, as was remarked above, the fault is attributed much more to intellectual inferiority than to the more important affective causes. Hence the present-day supercilious pity for the scholastics of the 'dark ages,' an attitude considerably modified by an objective comparison of the reasoning powers characteristic of the two civilisations. In the second place, far greater leniency is shewn towards a stupidity that expressed itself in the form of blind adherence to accepted errors than that which expressed itself in the form of blind rejection of a novel truth; in other words, incredulosity is always more harshly judged than credulosity, though they are both merely different aspects of the same fundamental failing—namely, lack of true scepticism. Yet the one is hardly more characteristic of human weakness than the other—as Nietzsche put it: 'Mankind has a bad ear for new music'—and it would be hard to convince a student of human progress that the first manifestation has a greater retarding influence on this than the second. In any case, these considerations go to shew the fallacy of the popular belief that the will is the servant of reason, the truth being that reason has always been, and probably always must be, only the handmaid of the will.

XI. SUMMARY.

Only a small part of the subject-matter dealt with by Freud has been covered in the present paper. Those interested are referred to his book for richer and more numerous examples, and for the lucid and penetrating discussion there given of the theoretical aspects of the subject. It is perhaps desirable, however, to summarise here the main conclusions on the topics discussed above.

The occurrences that form the subject-matter of this study, the general characteristics of which were defined in the intro-

ductory section,¹ may be divided into motor and sensory.² The defects of the former class that enter into consideration are two: (1) The erroneous carrying out of an intended purpose (slips of the tongue and pen, erroneously-carried-out actions); and (2) the carrying out of an unintended purpose (symptomatic acts). The defects of the latter class are also two: (1) Simple failure of perception (forgetting, not seeing); and (2) erroneous perception (false recollection, false visual perception). In each class the distinction between the two kinds of defects is not sharp; thus, in the latter one, for instance, a failure to remember is always accompanied by an over-prominent remembrance of some associated memory, a false recollection. Further, the distinction between the two classes themselves is not a sharp one, both motor and sensory processes playing a part in many instances; thus, in the mislaying of objects, the object is first misplaced, and then the memory of the act is forgotten.

Common to all forms is the fact that the subject, and most observers, either give an obviously inadequate explanation of the particular occurrence—such as that it was due to 'inattention,' 'absent-mindedness,' 'chance,' and so on—or frankly maintain that it has no explanation at all. On the contrary, psycho-analysis shews that there is not only a definite psychical cause for the occurrence, but that this has always a logical meaning, and may strictly be called a motive. This motive is some secondary tendency or train of thought, of which the subject is not aware at the time. Usually it is preconscious, or, in popular language, unconscious; in many cases it is unconscious, in the strict sense, and is then correspondingly more difficult to reveal. In most cases there are both a preconscious and unconscious motive, which are associated with each other. The motive is repressed by the subject, the repression being a defence-mechanism that subserves the function of keeping from consciousness undesirable

¹ In Germany the erroneousness of the process is conveniently indicated by the preface 'ver'—thus, Verdrucken, vergessen, vergreifen, verlegen, verlesen, verschreiben, versehen, versprechen, etc.

² This term is here used in its neuro-biological sense, and hence includes both perceptive and apperceptive processes.

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or painful thoughts. The motive may be one of two kinds—either it is a counter-impulse (*Gegenwillen*) directed immediately against the mental operation that is intended, or it is an impulse directed against some mental tendency that stands in associative connection with this operation; that is to say, the association between the two mental processes may be either intrinsic or extrinsic. As a result of the repression, any direct manifestation of the tendency is inhibited, and it can come to expression only as a parasitic process engrafted on another conscious one. The disturbance thus caused constitutes a temporary failure or error of normal mental functioning.

This error can psychologically be compared with a psychoneurotic symptom; the mechanisms by which the two are brought about are almost the same, and the psychical material that is the source of them is closely similar in the two cases. It is maintained that appreciation of the significance of these everyday errors is important for both the practice and theory of psychology; this is especially so in the contribution it furnishes to the problem of psychical determinism, and in the understanding it gives to the deeper, non-conscious motives of conduct. It further throws a valuable light on certain social problems, notably the question of mutual misunderstandings in everyday life, and on the importance of affective influences in forming decisions and judgements.

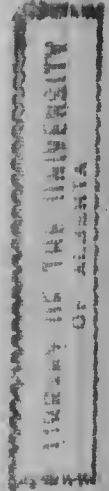
CHAPTER IV

REMARKS ON A CASE OF COMPLETE AUTOPSYCHIC AMNESIA¹

THE following case presents nothing remarkable from a casuistic point of view; it was a combination of hysterical fugue and complete autopsychic amnesia, such as occurs commonly enough. Further, no detailed study of the case could be undertaken; my observations were confined to three interviews with the patient, of a couple of hours each. In spite of these facts, a sufficient number of matters of interest was noted to make it seem worth while to utilise the case in illustrating a few of the simpler psychological mechanisms characteristic of hysteria. The actual interpretations offered of the various points must necessarily be of a tentative nature, but they are sufficiently in accord with the experience gained from extensive psycho-analyses to justify the pretension to a high degree of probability.

On May 20, 1909, a man of about thirty walked into St. Michael's Hospital, Toronto, and complained of pain in an old appendicitis scar. On being asked his name he discovered that he had forgotten it, and, what was more that he could give no account at all of himself or of his past life. He was at once admitted under the care of Dr. H. B. Anderson, to whom I am indebted, not only for the opportunity of observing the case, but also for kind permission to make use of it in this article. When I first saw the patient, on May 29, his mental condition was as follows: He conversed clearly and intelligently. Though he was naturally bewildered at his

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situation, his powers of attention, apperception, and comprehension, were quite intact. He gave evidence of having had a fair education, knew a little French and German, and spoke with a slight Irish accent. In short, there was nothing noteworthy beyond his extraordinary lack of memory. This is perhaps best described by considering separately his memory relating to his own personality and that to external matters.

Of his *personal or autopsychic memories*, only the following were present: He recollected having recently been on board a steamboat called the *Corona*—where he knew not—and, further, had a dim remembrance of having been a good deal at sea. The latter fact we at once corroborated by finding on his body extensive tattooing, of the kind frequent amongst seamen. He also remembered having undergone an operation on his left elbow in the Boston City Hospital about a year ago. Beyond this he knew practically nothing of himself. He could not tell us his name, address, profession, or nationality, and could give no information about his family or his past life. The memory of one or two unimportant matters concerning his travels returned later, as will presently be mentioned. His amnesia for all autopsychic processes was therefore complete. He had retained his somatopsychic memories, which in similar cases are often lost.

Of his *general memories*, many disconnected fragments were present. He recalled the pictures of many seaport towns, with a few details about each. Thus he said he had been to Hamburg, and, when asked if he knew the St. Pauli, smiled and answered: 'Yes; it is in the gay district.' He had been to Rouen, and, when asked if he recalled anything noteworthy about a bridge there, said: 'There is a high one we had to strike our masts to pass; it is a "transporter."' Capetown, he said, lay between Table Mountain on the left and the Devil's Peak on the right, as seen from the sea. He similarly mentioned Durban, Sydney, Cherbourg, and other ports. He dimly remembered having been in the docks district of London. When told he was in Toronto, he remarked that he had never been to Canada, except on one occasion when his ship lay at Montreal. He did not know how long he had

been in Toronto. The sight of a large departmental store through the window attracted his attention, and brought to his mind the name of J. C. Myers. He surmised that he must have had to do with some store of that name, but could not recall in what town. He could not remember whether he had ever been in Ireland, though it later came out that he had been born there and educated at St. Patrick's College, Cork. He caught sight of some praying beads in the hospital, and several Latin prayers automatically came to his lips. From this he concluded that he must have been at one time a Roman Catholic, though he felt sure he had not attended church for many years. Of Boston he could recall several streets—Boylston Street, Beacon Street, Tremont Street—and knew the Common, though not the name of the pond in it. Of New York he recalled the Bowery, Chatham Square, the Battery Park and Central Park, and added that Brooklyn and Jersey City were both across the water. He dimly remembered taking part in an excursion from New York to Niagara with a crowd of about two hundred, but, except for one or two details of the town, nothing more. In reality, this trip had taken place some years before, and he could recall nothing of his visit to Niagara a week ago, which had immediately preceded his coming to Toronto.

The *Corona* steamboat mentioned by the patient plies across Lake Ontario, so we asked him if he was an American. He answered: 'Yes, I guess I must be; for all your clothes look strange to me, and cut differently to those I am used to seeing.' This led us to hope that indirect methods of questioning would succeed in restoring some of his memories where more direct methods failed, so, as the first step in exploration, we employed the 'guessing' device. This consists, as is well known, in getting the patient to recall a given mental experience under the pretence that he is merely volunteering a guess, and is not being expected actually to recall the experience as a personal memory.

The first application of this more than justified our expectations.

Q. You say you can't remember whether you are married

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or not. Now, suppose you had to guess whether you are or not, which would you say?

A. Well, if you put it in that way, I should say I was married and have a baby, but I can't remember anything about a wife or a baby.

Q. Not the wife's name?

A. Not at all.

Q. What sort of name would you give her, if you had to fit her with one?

A. (Pause.) I should think Annie; that comes easiest.

Q. And the baby?

A. Katie. (The correctness of both these answers was afterwards confirmed.)

Q. And your own name?

A. Whenever I think about my own name, the name Bert Wilson comes to my mind, but I am sure it is not mine. I can't remember my own name at all, except that I believe they call me Bert.

The last answer was so suggestive that it seemed legitimate to make the following speculations as being at least probable inferences from it: namely, that the patient's name was one resembling in sound Bert Wilson; that there was a real person called Bert Wilson, the memory of whom was playing an important part in the present symptoms, probably in the sense that the patient was for some reason unconsciously identifying himself with the other man; that, as he now recognised the falsity of that identification, the amnesia for his own personality was not likely to be profound, and would probably yield to simple measures. It was also to be expected that when the memory of the true Bert Wilson returned it would be only temporarily, and would again disappear for a longer or shorter period. The correctness of these seemingly fragile inferences was borne out by subsequent events.

As it was now probable that the patient had a young wife, who would be concerned about his absence, it became an urgent duty to try to recover his lost memories, particularly his name and address, as soon as possible. I therefore sug-

gested to Dr. H. S. Hutchison,¹ who was present and in charge of the case, that we should facilitate this by inducing hypnosis. This was done, and after a little time the patient recalled that Myers's Store (see above) was in Albany, and that he himself lived in that town. He could picture to himself his house, but not the number of it, or the name of the street in which it was. On having his attention directed to neighbouring streets, and particularly to the main ones, he slowly recalled that the one in which he lived was near Pearl Street. Then, by encouraging him to trace his steps from Myers's Store along Pearl Street towards his home, one gradually got him more familiar with the neighbourhood, and after an interval he burst out with: 'Williams Street, that's where I live, and that's my name, Richard Albert Williams.'

With that came back a flood of memories, from which we pieced together the following story: The patient had for many years been a sea-cook in English vessels, and for the past three or four years had been a chef at various places in New York State. He got married in May, 1908, and about two months later underwent an operation in Boston for a stiff elbow that had been badly injured in a railway accident. In the winter he was for some time ill with appendicitis, for which he also underwent an operation, and through which he lost a great deal of work. In February of the present year he left his wife in Albany, and took up a post in Rome, New York. His wife bore a baby on March 12, and soon afterwards rejoined him. Early in April the restaurant where he was employed closed for the summer, and on April 15 he left Rome to seek work elsewhere. He failed to get any, partly because his equipment and clothes were needy; these rapidly deteriorated further or got sold. He travelled to Brockport, Utica, Syracuse, Rochester, Buffalo, Tonawanda, etc., tramping much of the way on foot. His small supply of money gave out, he had to sleep in the open, and got but little food; towards the end of the time he went for five days without any

¹ I am greatly obliged to Dr. Hutchison for taking careful notes during his interview, and for rendering me every assistance both then and later.

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food whatever passing his lips. In addition to this physical stress, he had to endure mental suffering of even greater severity, for he had left his wife with only money enough to last a couple of weeks, and these had now come to an end. He knew that she had no friends, was destitute in a strange place, and was not in a position to earn a living. He was exceedingly devoted to her, so that as time went by, and his chances of getting work became more and more hopeless, his anxiety reached an almost intolerable pitch. On May 17, when now in a very light-headed condition, he walked from Niagara to Lewiston; he took the ferry to Queenstown, and got on board the *Corona*. In Toronto he slept in a Workman's Home, and for three days wandered the streets, seeking vainly for work, until the pain in his abdominal scar forced him to apply for relief at the hospital.

Before going any farther, it is desirable here to interpolate a few general observations concerning the production of hysterical symptoms. That these are the external expression of mental processes which have become split off from the main body of consciousness—in other words, 'disaggregated'—has, of course, been known for over twenty years. The cause of this disaggregation, though equally well established, is less widely recognised. It is commonly asserted to be due to the effect of psychological trauma acting on a mind congenitally unstable in certain respects. Those who hold this 'traumatic' view would probably find no difficulty in explaining the case described above, and in attributing it to the action of the physical and mental stress just specified. This view undoubtedly contains a modicum of truth, but the incompleteness of it becomes more and more apparent the deeper we penetrate into the basis of the symptoms; the inadequacy of it in the case here described will presently be made evident. Closer investigation into the nature of the pathogenic mental processes demonstrates that there is always a very precise reason why they have become split off or 'disaggregated'; the defect in assimilation of these processes is due, namely, to the incompatibility of them with the main body of the personality. The patient cannot reconcile them with the rest of his mind, because

they are to him painful or unpleasant. He automatically strives to forget them, to submerge them, or, as it is technically called, to 'repress' them (*Verdrängen*).

From this point of view it is plain that every hysterical symptom essentially rests on a pathological amnesia, though in most cases not only the nature, but the very existence of the amnesia is unknown both to the patient and to the physician. In some cases, as in the present one, the amnesia does not become converted into a symptom, but remains as such, and is manifest to all. This latter condition is not so simple, however, as might be supposed from these remarks; for the amnesia which is obvious, and which can usually be overcome by very simple measures, is a secondary phenomenon, being dependent on a deeper mental process, which has been still more profoundly forgotten. Even when we have reached this second group of mental processes, it is only to find that in its turn has been 'repressed' and forgotten because of the action of a still deeper group, which is itself similarly conditioned. An hysterical symptom is thus seen to be built up by an extensive series of amnesias, of different levels. If only the uppermost amnesia is removed, it will readily recur, and the deeper the level reached in the analysis, the less likely is the symptom to be reconstructed.

The treatment of a case such as the present one would consist in the following procedure: We ask why the patient wished to forget the memories in question, and we find it was because they are associated with other more painful thoughts he did not wish to recall. We then go on to ask why these other thoughts were too painful to recall, and we get a precisely similar answer—namely, because they are associated with yet deeper thoughts which he was still more desirous not to recall. We continue the investigation in the same way, constantly asking 'Why?' and continually penetrating deeper and deeper into the patient's mind, and reaching farther and farther back into his earliest memories. The pathogenic chain of associations is in this way traced to its original starting-point.

There was no opportunity of making any such analysis in the present case, but enough indications were present in con-

nection with the terminal links in the chain to illustrate some of the mechanisms by which they were forged. The question with which we started was: 'What motive had the patient for not wishing to know who he was and where he had come from?' Or, put in another way: 'Why were his autopsychic memories so painful to him?' The patient himself naturally wanted to recover these lost memories, but some conflicting motive for suppressing them was also struggling in his mind to gain expression, and this 'repressed' wish had finally succeeded in attaining gratification.

A direct clue to these questions was obtained by innocently interposing in the conversation which ensued on the patient's recovering his personal memories the query: 'Who is Bert Wilson?' He at once replied: 'He was one of the cooks on board the *Louise*, the boat I went my first long voyage in.' 'What became of him afterwards?' 'I haven't heard anything of him since I was a boy. All I can remember of him now is that he was a darkey, and that in between his voyages he used to live with a white woman who kept a sailor's lodging-house in Shadwell, London.'

At this point the reflection naturally arises that the patient's motive in 'repressing' his personal memories might have been to escape from the unendurable situation in which he found himself. If we reconstruct his mental state at that period, we might express it in the following artificially definite phrases: 'Oh, if only I didn't have the frightful responsibility, to which I am not equal, of having a dependent wife! If only my wife could support herself without having to look to me! If only I could go away, as Bert Wilson used to, on long voyages, and safely leave my wife, as he used to, in the knowledge that I should find her all right when I returned! If only I were like Bert Wilson!' The passionate wish, although suppressed on account of the unmanliness and disloyalty it connoted, realised itself, as wishes so frequently do, and led to the belief that he really was Bert Wilson. I consider it very probable that some such process as here depicted actually occurred, though, like most interpretations of hysterical symptoms, it is merely part truth, and is only a

very incomplete explanation of the real events. We shall presently note, however, several observations that go to support the suggestion just made. The mechanism of *unconscious identification* is exceedingly frequent in hysteria, and accounts for much of the so-called 'imitation' of the symptoms of other patients. The unconscious phantasy fuses its own 'repressed' wishes with the realisation of these wishes that occurs to someone else, and identifies the individual personality with that of the other person. In the present case, it is likely that the similarity of the two names facilitated the occurrence of the process :

Bert Wil — son.

Bert Wil — liams.

The significance of proper names to the personality varies considerably with different people, and is sometimes very remarkable.¹ There was much evidence to shew that with the present patient this significance was unusually great. One instance may at once be mentioned—namely, he volunteered the statement that he loved his wife so much that he could not bear the thought of any other woman being called by her name, Annie. Two other statements made at the same interview go to strengthen the suggestion ventured above : First, he had, as a boy, greatly admired Bert Wilson, and had much envied him his access to his mistress on the convenient arrangement above referred to. Secondly, his journey to Toronto, where he knew no one and had no prospect of getting employment, had been suddenly determined by his seeing a placard in Buffalo announcing that navigation was open on Lake Ontario. The picture of the steamship on the advertisement aroused his old longing for the sea as a means of escape from conditions he could no longer endure. In fact, he had himself, as a boy of twelve, escaped from school by climbing through a window at night and run away to sea.

My second interview with the patient was on May 31. He had fairly well retained his recovered memories, with one notable exception, which will be mentioned in a moment.

¹ See Chapter III., pp. 49-52.

One of my first questions was: 'Are you sure about your own name now?' He answered: 'Oh, yes. Frederick Albert Williams.' After a while, he remembered that he had made a mistake, and corrected the name to Richard Albert Williams. The origin of the mistake we shall come upon later. The most interesting feature of this interview, however, was the patient's absolute amnesia for the man Bert Wilson—an amnesia I had anticipated would probably occur, though I need hardly say that I let no inkling of this escape me that might act as a suggestive influence.

Q. Tell me again about Bert Wilson.

A. Wilson? You mean Jack Webb, don't you? (Pause.) Why don't you keep some fencing-foils or boxing-gloves here to pass away odd moments? (We were in my consulting-room.)

The unconscious deviating from a painful subject is very clearly seen here.

Q. Who was Jack Webb?

A. He was with me in the *Pimera* for a couple of years. We had a big fight, because I wouldn't stand his trying to boss the fo'castle, and I licked him. (Evidently the reason for the combative suggestion made to me in his preceding answer.)

Q. No, I mean Bert Wilson.

A. Bert Wilson! You mean the fighter in New York. (Perseveration of the combative idea.) (Pause.) No, I must be thinking of Bert Keyes. (Pause.) I remember *Jack* Wilson; he was a schoolmate of mine, and we ran away to sea together, but we went on different vessels, and I have hardly seen him since. (Again the idea of 'Wilson running away to sea' is in his mind, though in an innocent form; we also see now why the thought *Jack Webb* had come to him when he was asked about Bert Wilson—mediate clang association.)

Q. The man I mean was 'coloured.'

A. That must be Frederick Stanley.¹ He was a fireman on the *Mary Thomas* boat out from Cardiff. He was a West Indian nigger.

Q. No, the man I mean was a cook, not a fireman.

A. The only cook I can think of whose name is like that

¹ The unimportant names I have altered, for obvious reasons.

is Bert Williams, a man of my own name. He's a chef in the Mansion House in T—.

Q. No, that man is white. Bert Wilson was a cook, but he was coloured.

A. That must be Frederick Kerr. He was the second steward on the *William Cliffe*.

Q. Who were the cooks on the *Louise*?

A. Jimmy MacGregor was the first, and Jack Green the second.

The last questions were put in a leading way only after prolonged efforts, employed after inducing a hypnoidal state, had completely failed. In two hours I could evoke no memory whatever of Bert Wilson. One felt fairly sure that the first account of Wilson was correct, as was later substantiated. It is a safe rule, when an hysterical patient gives two different stories, to rely rather on the first, spontaneous one; the second is usually a product of subsequent 'repression.'

In the third interview, on June 4, the patient at once recalled the names of the men mentioned on the previous occasion, but still had no knowledge of any Bert Wilson. He now stated, however, that on the *Louise* there had been, besides the two cooks whose names he had before mentioned, three other men in the galley: two of these were white, one the baker and butcher, and one whose duty it was to prepare the vegetables, and one was coloured, the sculleryman. The name of the last man he did not know, but remembered that he 'hailed from Dublin, and that he jumped [deserted] at Sydney.'

At first he said he had never been to Shadwell, and knew no one there; but after many efforts, aided by a map of Shadwell, he recalled the street in which the sailor's lodging-house was situated, and the name of the woman who kept it. He then volunteered that Frederick Stanley used to live with her when ashore. (We here get the probable explanation as to why the patient temporarily altered his name to Frederick in the preceding interview—further 'identification' of himself with a man who could go to sea and leave his wife.) 'But

¹ Freud, 'Sammlung kleiner Schriften,' 2^e Folge, 1909, S. 11,

there was another darkey used to live with her [pause]: he was sculleryman on a boat with me [pause] running to Australia. He hailed from Dublin.' After a while he remembered that this boat was called the *Louise*. 'I fancy he was one time fireman on the *Mary Thomas*' (evidently now confounding Wilson and Stanley, the paramours of the same woman). He still could not recall the man's name, but from a written list of familiar and unfamiliar names, he picked out that of Bert Wilson. Even now he hesitated, and seemed to think there was something wrong. "'Bert" is all right, but "Wilson" seems to belong to Jack Wilson: when I think of the name "Wilson," Jack comes into my head and fills it.' After about half an hour's work on the point, however, the doubt was cleared up as follows: Bert Wilson was in fact the name of the negro sculleryman on the *Louise*, but it was a false name he had taken after deserting from a ship, so as to escape the penalties thus incurred.

Before again taking up the main theme of the 'identification,' we may shortly consider two little matters which illustrate some processes characteristic of hysteria. The first concerns what Freud terms *Ueberdetermination*—that is to say, the convergent action of several factors to produce the same result. There may be two causative factors acting in the same direction, each of which may be unable alone to bring about the result, though the two succeed when they act in unison. The following is an instance of this: When the patient hesitated as to whether Bert Wilson was the correct name of the sculleryman, I asked him whether any alternative name suggested itself. He slowly replied: 'Perhaps Thomas. No; I am thinking of Captain Thomas, of the *Mary Thomas* boat, owned by Radcliffe and Thomas, and sailing from Cardiff.' Now, in enquiring why the name Thomas occurred to him in this connection, we find at least two trains of association indirectly binding the name Thomas to that of Wilson, so that when the patient was in doubt about the latter name, the former associated name suggested itself as a possible, though incorrect, alternative. The first train was that the *Mary Thomas* boat was the one on which Frederick

Stanley had served—the man whom we saw above he confounded first with himself and then with Bert Wilson. The second train reaches farther: not only was there on the *Mary Thomas*, owned by Radcliffe and Thomas, a man who resembled Bert Wilson in the crucial respect of living with the same woman in London and under the same conditions, but another man, Captain Thomas, who bore more indirect relations to the name Wilson. Immediately after the remark quoted above, the patient spontaneously continued: 'There was another Captain Thomas, of Llanelly, who sailed on a boat belonging to *Williams* of Cardiff (the same seaport as the last), but I can't remember the name of the boat.' He puzzled over this name, and couldn't be got to leave the subject. I suggested the name Sumatra,¹ but he answered: 'No; that was his first boat. I mean a later one.' After a long pause the name flashed to him—Gwalian. I asked him whether the name Gwalian reminded him of any other name, and he at once replied, 'Gwilym.' 'Do you know the meaning of that?' 'Yes; it is Welsh for *William*.' So that Captain Thomas had a double connection in his memory with the name *Williams*, which, as we have seen, was closely associated with the name *Wilson*.

These facts shew the astounding network of associations that is unconsciously operative in the lower forms of mental processes, and also illustrate some of the ways in which one mental process gets linked to another. Thus, *William*—*Gwilym* (translation from one language to another; the identity-form of extrinsic association)—*Gwalian* (clang association).

A very frequent occurrence in hysteria is that, of two groups of memories, it may be possible for the patient to recollect either at different times, but not both at the same time. Each of the two is harmless alone, but the two are incompatible, because the relation between them is associated with deeper painful memories. Thus, the present patient had the greatest difficulty in retaining both the names Bert *Williams* and Bert *Wilson*. When he was first seen he knew

¹ It so happens that I knew the Captain in question and his boat.

the latter name; for a short time after hypnosis he knew both. When I next saw him he knew only the former.

The 'repression' process also extends from the original memory on to harmless but associated ones. It is a general rule in clinical psychology that an indirect and apparently harmless association is much more efficacious in evoking an external manifestation of a painful complex than is a direct association. Thus, in the association-reaction test a word indirectly bearing on a painful subject is more likely to be accompanied by delayed reaction time, etc., than one directly bearing on it. A man accused of theft is more likely to give an abnormal response to the word 'left' than to the word 'steal.' In the present instance, the patient reacted normally to the word Williams at a time when he could not recall the word Gwalian.

Another instance of this was given at the first interview. The patient could recall many facts about New York, even some particulars about his former address there; but when I asked him in what street was the Grand Central Station—which he had left to go to his later address—he could not remember.¹ On being persuaded to guess, he suggested Twenty-fourth Street.

This little example illustrates two common processes in hysteria. In the concealing of an unconscious complex, the conscious manifestation frequently consists of the identical material of the complex, but in a distorted form (Freud's *Verwendung desselben Materials*); when a word or a name in particular is being 'repressed,' the form that appears in consciousness is often composed of the identical letters of the word in an altered order. It was no mere chance that the patient did not guess 95 or 37. Further, one of the commonest modes of this distortion is, as here, simply the reversal of the content of the complex. This reversal may be either in space or in time; it is also particularly frequent in normal dreams.

When I asked the patient to guess again, he answered this time with 28 (21+4), then with 32 (24+4+4), then finally with 26 (24+2). The same play on the figures 4 and 2 is

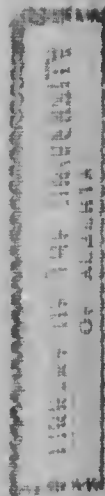
¹ The station is, as is well known, in Forty-second Street.

manifest throughout, 4 being naturally the more prominent of the two. It is, perhaps, also not without significance that the patient's address in New York was 4, Charles Street. Those who believe that the occurrence of these figures is a matter of mere chance are recommended to make a psycho-analysis of any figures which appear in their own dreams, or which they freely 'choose' for any purpose without there being any reason why some figures should be chosen rather than others;¹ if they do this they will soon be convinced that the occurrence of 'chance' figures is just as rigorously pre-determined by previous mental processes as are all our 'chance' thoughts. The same unconscious play goes on with figures as with words in the lower forms of associative activity.

To continue the history of the case. After the return of the autopsychic memories, a number of other symptoms either developed or became more prominent—namely, agoraphobia, auditory hallucinations, marked concentric contraction of the visual fields, reduction in visual acuity amounting in the evening almost to amaurosis, simultaneous micropsia with the left eye and macropsia with the right. His physical health was fairly good, especially towards the end of his stay in the hospital. We failed to find employment for him in or near Toronto; and, as he said his prospects in Albany were good, we sent him there.

We may now summarise in the following way the 'identification' theme developed above. The patient's unconscious phantasy had fixed his cowardly and 'repressed' wish, to escape from his difficult situation, with the old memories of a man whose life was the actual realisation of that wish. Bert Wilson was a man he had formerly envied, of the same profession and almost the same name as himself, who used to free himself of ties by going away to sea (as the patient had himself done when a boy); who could happily leave his wife to look after herself, and would find her safe and prosperous whenever he returned; who had deserted from his duty, and had changed his name to escape from the responsibility of that desertion. The resemblance is certainly striking enough

¹ See Chapter III., p. 36.



to influence a man in such desperate straits as was the patient.

Still, it is evident that this process, intelligible enough as it may seem, would not have occurred in a normal person, however great the stress to which he had been submitted. We cannot, therefore, have before us more than the beginning of an explanation of the symptom under discussion. We have penetrated below the first layer, but we are only at the outset of the task of tracing the symptom back to its earliest origins. This task was for obvious reasons pursued hardly any further in this case, but a few indications were present to serve, at all events, as a clue to the next step in the analysis.

When I saw the patient for the second time, fifty-seven hours after the first interview, one of my first remarks naturally was: 'I suppose you have written to let your wife know you are all right?' Not altogether to my surprise, he said: 'No, haven't you done so?' He explained this by adding that 'he thought the news would come better from a doctor, so that he had put off writing till he heard from her and knew that she was all right,' though he had taken no steps to get any doctor to write. This lame excuse only added emphasis to the abnormal mode of reaction, which I think will be agreed was certainly unnatural for a man who was deeply concerned about his wife and baby, as the patient sincerely was.

Still more noteworthy were the following facts, elicited in the same interview: When he left Rome on April the 15th, it was with the fullest intention of going to Albany, where he had good prospects of getting employment, and he was at a complete loss to explain why he turned westward to Brockport, and not east to Albany. Some abnormal, unconscious impulse was evidently guiding his movements even at that early period. But most remarkable of all in this connection was the next memory, which was recovered after very great efforts. When he was in Brockport, he received a postcard, which was forwarded to him from his Rome address, offering him a situation for the summer at Saranac Lake. The salary was \$90 a month, and it was specifically stated that his wife and

child would be given free board and lodging. On getting this invitation, which was exactly what he wanted, he turned away from Rome and Saranac, and proceeded to wander in the north-west part of the State looking for employment.

Light is thrown on these curious circumstances by a statement of the patient to the effect that all his life he had been subject to periodical attacks of what he himself called *Wanderlust*. He had not had an attack for a couple of years, but during the whole of March he had felt one coming on and progressively getting stronger and stronger. We thus have to deal with some form of hysterical fugue, but, although several suggestive points concerning it were elicited, it would take us too far from the purpose of this article to enter on a discussion of this extensive subject. Enough, however, has perhaps been said to indicate the complexities to which even the partial elucidation of a single symptom leads, and to illustrate a few of the psychological mechanisms by which such symptoms are produced.

In conclusion, a word may be added on the different forms of amnesia. It used to be taught that memory depends on four processes—registration, conservation, reproduction, and localisation in time—and that an amnesia may be due to defective functioning of any one of these. The modern trend, on the other hand, is to look to reproduction as the source of every defect in memory. It is obviously incorrect to call the result of defective registration an amnesia, for what has never been acquired cannot be lost, so that we are at once reduced to the other three. The fourth process—localisation in time—has long ago been shewn to be unnecessary for even perfect recollection of a given memory. The present case gave numerous instances of this fact. For example, the patient gave a detailed account of the public events concerned with the late King's Accession and Coronation—his illness, etc.—but could not say whether it was before or after the Boer War, although he was in South Africa at the time of this; he gave the date of the Accession as six years earlier than one he gave half an hour after for the death of the Queen.

Most forms of amnesia are usually classified under one or

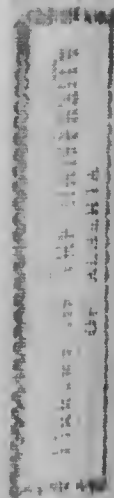
other of the sub-groups of either retrograde or continuous amnesia. The present case was, of course, mainly retrograde in type, but many instances of continuous amnesia also occurred. For example, on May the 31st the patient went to Hamilton to apply for work in a certain hotel there, but in the evening of the same day he had quite forgotten the name of the hotel, and also several important details of the excursion.

It is frequently assumed that the two main types of amnesia—retrograde and continuous—correspond respectively with defects of reproduction and of conservation. Thus Coriat¹ writes: 'If the conservation of experiences is at fault, it is then impossible to have memory of any kind, because nothing is stored up. Impressions then are forgotten as fast as they are experienced, making what is termed a continuous amnesia.' I must personally confess to the profoundest scepticism as to whether this latter process ever occurs; in other words, as to whether there exists at all an amnesia due to a defect of conservation. The more carefully we investigate cases of continuous amnesia, the more do we find that they are due to defects, not of conservation, but of reproduction. It was easy to shew in the present case that the continuous and anterograde amnesias were of this nature, for by special devices all such forgotten memories could be recovered, and my belief is that, theoretically at all events, this is always possible. It is evident that no one has the right to speak of a conservation amnesia until he has excluded the possibility of the symptom being due to defective reproduction. The evidence is rapidly increasing which indicates that, provided apperception, and therefore registration, are sufficiently unimpaired, then the memories will be indefinitely conserved, and any apparent loss of them is really due to defective reproduction only. Such a view is, of course, very hopeful, for it encourages one to expect that with improved special technique cases of amnesia will always yield to treatment, provided that the mental functioning in general does not too

¹ *Journal of Abnormal Psychology*, vol. iv., p. 4

greatly deviate from the normal. Corcket¹ recently reported a case of complete hysterical autopsychic amnesia more marked even than in the instance here reported, which was unchanged at the time of writing, two years after the onset. The preceding considerations indicate that in the future such a case should be readily amenable to treatment.

¹ Corcket, *Ann. Méd.-Psychol.*, 1908, p. 37.



CHAPTER V

A MODERN CONCEPTION OF THE PSYCHONEUROSES¹

IN no department of medicine are more divergent opinions promulgated or more valueless papers written than on the subject of psychoneuroses. The reasons for this lie partly in the great complexity and difficulty of the subject-matter itself, and partly in the fact that actual investigation of the problems has up to the present been confined to a small number of workers. One unfortunate consequence of this state of affairs is that the average practitioner, and indeed neurologist, has been led to look upon the subject as being essentially chaotic and vague, and has taken refuge in a few simple conceptions that are either quite superficial or throughout erroneous. Having had no opportunity for personally studying the subject at first hand, he is often unaware of the fact that there exists in connection with it a large body of precise knowledge, and that the progress made here in the past twenty years has been at least as extensive and valuable as that made in any other branch of medicine. The great need at the present moment is not a fruitless discussion of intricate problems on the part of those who have never investigated them, but the awakening of the medical profession to the fact that in their education there has been an important gap which should be filled. I would strongly urge that what we need is study, and not talk; facts, and not opinions. The weighty lessons of bacteriology were assimilated by the profession only when this subject had been embodied as an integral part of the curriculum at the medical schools, and we cannot hope that the no less weighty lessons of clinical

¹ Read, as part of the Symposium on the Psychoneuroses, before the Canadian Medical Association, Toronto, June the 1st, 1910. Published in the *Interstate Medical Journal*, August, 1910.

psychology will be assimilated until this likewise has become an integral part of the medical curriculum. Few of those in a position to judge would admit that the study of clinical psychology is less complex, less difficult, or less significant—both to our patients and to society at large—than is even that of bacteriology.

I shall here attempt to sketch some of the more important and secure of the modern conceptions of the neuroses, and may state at the outset that we owe them to the fundamental work of Freud, who for the first time brought order and intelligibility into the subject.¹ As Dr. Putnam has dealt with the general questions of aetiology, I shall confine my remarks in this connection to a single point—one of essential moment. It is highly desirable to bring our views in this matter into line with those on other diseases. Increased knowledge in aetiology means an increased precision in estimating the relative significance of the various pathogenetic factors. In place of an ill-defined group of banal causes, we come to distinguish a specific cause for each disease, and, by the side of this, various predisposing and exciting factors. For instance, whereas thirty years ago general paralysis was thought to be due to the combined action of a variety of agents, such as heredity, mental strain, alcoholism, and so on, it is now known invariably to result from a specific cause,—namely, syphilis—the other factors playing a relatively subordinate part in its production. In the past fifteen years, thanks to the researches of Freud, we have learnt to recognise the specific cause of the neuroses—namely, some disturbance of the sexual function; in other words, one maintains that no neurosis can possibly arise with a normal sexual life. I know that this statement must at first sight seem strange. There is a strong tendency in medical circles to discount the significance of the sexual life in general; an illustration of this tendency is the total omission of the subject from medical textbooks and from medical teaching, so that most practitioners do not even so

¹ As the present paper aims only at presenting Freud's views, this sentence should not be taken as intending to depreciate the value of the work done by Janet, Prince, and others, along different lines.

much as know the names of the manifold sexual disturbances. Even the importance of syphilis in disease has been accepted with the greatest reluctance. It took a quarter of a century to establish the syphilitic origin of tabes, and this was done only in the teeth of strong opposition on the part of the leading authorities, including Chareot, Leyden, and many others. Many writers even maintain that it is improper to enquire into the sexual life of patients, and it is curious to note that it is just these writers who deprecate the importance of the subject. Now, a man may have the right to refuse to investigate a given matter, but he cannot at the same time pose as an authority on that matter. What would be thought of a physician who taught that it was wrong even to enquire for evidences of rheumatism in cases of juvenile heart disease, and then at the same time proclaimed that rheumatism played no part in this connection? Yet it is precisely such illogical conduct as this that many modern writers are guilty of in regard to the neuroses. Others admit that sexual disturbances may play a certain part, but would place them side by side with many other factors, and deny that they are in any sense specific. One can most readily criticise this position by drawing an analogy with the acute fevers, scarlet fever, rheumatism, poliomyelitis, and so on. If anyone thirty years ago had enunciated the opinion that these are invariably due to infection with micro-organisms, and that other factors play a subordinate and non-essential part, he would certainly have been accused of gross exaggeration and defective judgement. Suppose, on the other hand, that to-day a physician were to teach that epidemic meningitis was due to the combined action of numerous factors, such as heredity, ill-nourishment, strain, chill, etc., and that in some cases possibly infection may *also* play a part? It would surely be said that his perspective of the relative importance of these factors was strangely distorted, and that he could have no true conception of the scope of infective agents. There still survive physicians, untrained in bacteriology, who take precisely this view of poliomyelitis, rheumatism, and similar conditions, and their position resembles that of the majority of the medical profession in

regard to the neuroses, who are untrained in clinical psychology.

We turn now to the question of classification of the neuroses. In the past it has been customary to group these according to the symptoms present. For instance, in a quite arbitrary way a large group of symptoms was brought together, and a patient suffering from them was said to have neurasthenia. Other symptoms were said to characterise hysteria, and these two terms, together with the occasional introduction of hypochondria, are still commonly thought adequate to describe all varieties of neurosis. It should be plain, however, that this type of classification is from its very nature a tentative one, only to be used pending further investigation. It reminds one of the old 'simple continued fever,' which in former years was used to designate a number of conditions that are now known to be quite independent of one another. We cannot rest satisfied with any classification of disease that is based on an arbitrary grouping of symptoms, and every effort should be made to distinguish different types, not according to their superficial characteristics, but on the basis of their pathogenetic origin. Only when we penetrate into the actual nature and aetiology of different diseases can we separate the essential from the accidental, and thus differentiate one type from another. It is significant that the most discordant views on classification exist precisely where least is known of pathogenesis and aetiology—for instance, in the hinterland of chronic joint affections. Thanks to the researches of Freud, we are now in a position to recognise the essential pathogenetic characteristics of the neuroses, and thus to distinguish the different types.

Freud has pointed out that it is necessary to separate the 'actual neuroses' from the 'psychoneuroses,' the fundamental distinction between the two being the fact that in the former the individual symptoms cannot be further reduced and explained by any form of psychological analysis, whereas in the latter the symptoms can be shewn to be the last links in a long chain of mental processes. There are two 'actual neuroses,'—neurasthenia and the anxiety-neurosis. Concern-

ing the former, the following general remark must first be made: One of the matters on which investigators are most in accord is that the term 'neurasthenia' is commonly made to include totally different conditions. Since Van Densen first used the term, over forty years ago, it has become applied over an ever-increasing range, so that Raymond's recent description of neurasthenia as *un géant informe* is only too well founded. In an average medical textbook at least five totally different conditions are confounded in the description of neurasthenia. The wide application of the term is doubtless due to the consolation there is in at least being able to give a name to conditions which are difficult to comprehend, and it depends on two kinds of mistakes. In the first place, many symptoms, such as obsessions, which are in no way part of neurasthenia, are grouped together with it by those who do not know the different pathogenesis of the conditions in question; and, in the second place, numerous errors in diagnosis are made owing to the insecure criteria commonly relied upon for this purpose. For many years it has been pointed out by various authorities that conditions grouped under the term 'neurasthenia' are really distinct from this. In 1864, Krafft-Ebing maintained the independence of obsessional states, twenty years ago Janet separated obsessions and phobias under the title of 'psychasthenia,' and fifteen years ago Freud demonstrated the nosological independence of the anxiety-neurosis. I would say that if a series of cases in which the diagnosis of neurasthenia had been made were submitted to exact analysis, it would turn out that the majority of them were really cases of anxiety-neurosis, obsessional neurosis, or of some form of hysteria; that many were mild or early forms of dementia præcox or maniacal-depressive insanity; that a small proportion were toxic psychoses, particularly early general paralysis and post-influenzal depression; and that only a minimal number, certainly fewer than one per cent., were really cases of neurasthenia. This being so, it is evident that all hypotheses, such as the intestinal toxin one, which are derived from observation of a series of cases thrown together without any analysis, stand

on a very insecure foundation. To take, without any pathogenetic differentiation, a number of cases with functional gastric symptoms, to call them at will 'neurasthenic,' and then to proclaim that neurasthenia is due to a hypothetical gastrointestinal toxin, is exactly on a par with taking a number of cases of pain in the legs, calling them at will neuralgic, and then proclaiming that neuralgia is due to a hypothetical strain from overwalking. Nevertheless, there is a condition to which the term 'neurasthenia' may be applied, just as there is one to which that of 'neuralgia' may be applied; but in both cases it is one that constitutes a residuum after a number of other affections have been differentiated from it. When this has been done, and only then, we have the opportunity of studying the nature and origin of it. True neurasthenia—that is, a condition with pure fatigue, sense of pressure on the head, irritable spine, flatulent dyspepsia, and constipation, none of which symptoms has been secondarily produced by any of the affections mentioned above—will be found to depend on excessive onanism or involuntary seminal emissions. The specific cause is the inordinate repetition of some form of auto-erotic activity, of an unsatisfactory nature, which occurs in spite of a painful mental conflict. The psychical energy of the person is being unduly taxed to replace the excitation that normally should come from without. The harmful effect of masturbation is frequently exaggerated, and sometimes altogether denied, the truth being between the two extremes.

The other 'actual neurosis' is given the name 'anxiety-neurosis,'¹ because morbid anxiousness or dread is the most constant symptom present, frequently dominating the clinical picture; and because all the other symptoms stand in the closest relation to this, being best regarded as secondary derivatives of it. The most typical form of the affection is the 'anxiety attack,' though chronic symptoms are often found during the inter-paroxysmal periods. In an acute attack the dread may be very intense, and is often accompanied by a sense of congestion in the head, with a fear of impending apoplexy, insanity, or death; consciousness may

¹ A fuller discussion of this topic will be found in Chapter VIII

be lost. There is a great increase in frequency of the heart's action, with anginal pain, marked palpitation, fluttering, and irregularity; it may seem temporarily to stop. General tremor and sweating occur, and the pupils may be widely dilated. Nausea, and sometimes vomiting, occur, and they are frequently accompanied by diarrhœa and a free flow of urine. Respiratory symptoms are in some cases very pronounced, the chief being asthmatic attacks with air hunger and a sense of suffocation. Nightmare is a manifestation of this affection. Very frequently the attacks are larval, or incomplete—that is, only some of the symptoms appear. The commonest of these are attacks of vertigo, palpitation, sweating, sudden hunger, an imperative desire to micturate or defecate, and feelings of suffocation. They are accompanied by a variable amount of anxiety, though the patient, having his attention concentrated on the physical disturbance, may not directly complain of this. The vertigo is a locomotor one, like that due to eye trouble, the patient feeling that the floor is swaying, and that he cannot support himself; the legs feel heavy and trembling, and give way under him. There is no sense of external rotation of objects in a definite direction, as in auditory or cerebellar vertigo. In the chronic condition the patient is in a state of apprehensive expectation, dread, or uncertainty. This becomes readily attached to any idea that in any way justifies anxiety; it therefore frequently arises in connection with ideas that normally evoke a trace of this, such as thunder, snakes and insects, the dark, and so on. Sleeplessness and general irritability, with a hyperæsthesia to auditory sensations, are common accompaniments of this anxious state. Other chronic symptoms are giddiness, paræsthesias—simulating rheumatic pains—vasomotor congestions, and gastro-intestinal disturbances, especially nausea and diarrhœa. When one group of symptoms is especially prominent, particularly the respiratory, cardiac, or gastro-intestinal, the condition is very apt to be mistaken for organic disease. I have several times seen such cases with profuse sweating, occurring only at night, arouse a grave suspicion of phthisis.

The ætiological agents may arise in various way that it is impossible here to enumerate, but they can all be resumed under the following statement: An anxiety-neurosis is the result of sexual excitation occurring under circumstances in which the mental constituent (desire) is not allowed to reach consciousness. Typical instances of these are the embraces of engaged couples, the employment of certain harmful preventive measures, particularly *coitus interruptus*, sexual abstinence, particularly when previous indulgence is suddenly given up, such as on the death of the married partner or on refraining from long-continued masturbation. The desire is diverted from consciousness and becomes converted into its opposite—namely, dread; morbid dread is sexual desire that the subject does not wish to feel. Overwork and other forms of strain act only as exciting factors, and are powerless to produce an anxiety-neurosis unless the specific cause is present. The knowledge of the pathology of the condition thus enables us to carry out a rational and effective treatment, which is otherwise impossible.

We come next to the psychoneuroses proper, and as there is a great deal that is common to the pathogenesis of all forms of these it will be convenient to make some general remarks of uniform applicability. The first step in the understanding of these affections is the realisation that the symptoms result from the activity of certain unconscious mental processes—that is, of processes which the patient is unable spontaneously to recall to his memory. If we confine our attention only to those processes that are conscious we are soon struck by the sense of discontinuity in the patient's mental life. We find that a bizarre obsessive thought suddenly arises, like a volcanic island in the Pacific, apparently from nowhere; or that a given harmless object awakes in him an uncontrollable fear or an outburst of rage. These processes seem to be quite isolated phenomena; they have apparently no connection with the rest of the patient's mental life, and when superficially regarded they are quite inexplicable and illogical. As soon, however, as they are traced by psycho-analysis to their origin it is found that they are connected

with highly significant underlying mental processes, of which the patient was not at all aware. They then prove to be throughout intelligible, and the distress they occasion is shewn to be logically quite justified. The island ceases to be a freak of nature, and takes its place in the general rational scheme. The discontinuity of mental life is merely an apparent one, and disappears as soon as one realises that only a part of that life is conscious, another equally important part being unconscious. The knowledge of various unconscious mental processes given us by Freud has proved illuminating not only in the case of the neuroses, but also in the so-called normal, a theme that it would here be out of place to discuss, and it has thrown a bright light on a number of matters that were previously obscure and incomprehensible. Without this knowledge it is quite hopeless to attempt to solve the many riddles of the psychoneuroses.

The next question is the source of the pathogenic activity of these unconscious processes, or rather the source of the unconsciousness of the processes, for, strangely enough, this is only another aspect of the same question. Their harmful effect is due to the fact that they are unconscious, and vanishes as soon as they are again made conscious; it is on this empiric knowledge that the invaluable psycho-analytic method of treatment is based. The processes in question are unconscious because they have forcibly been made so by a defensive act on the part of the patient. They concern memories that the patient wishes to forget and cannot bear to recall, from which he has striven to get away. They are disagreeable to him for reasons such as shame, disgust, conscience, and so on. The occurrence just mentioned is technically described by the term 'repression.' Further study of the pathogenic repressed processes reveals the fact that they are always of a dynamic nature—that is, they represent a striving, a tendency, or, most simply expressed, a wish. This is a very important matter, for it will at once be noticed that it contradicts the current opinion that static mental processes, such as a painful shock, grief, etc., are the essential cause of hysterical symptoms. It gives

us a new point of view, for we can now describe the splitting of consciousness, or psychological disaggregation, which has long been known to be at the basis of hysterical symptoms, in terms of mental conflict. The symptoms arise as the result of a conflict between two forces, one of which is a wish that is striving to realise itself consciously; the other of which is an effort to keep back all knowledge of this wish—to 'repress' it. Neither of these forces is entirely successful, and the result is a compromise, which clinically is called a symptom. The 'repressed' wish comes to fulfilment in the patient's unconscious phantasy, but is not admitted to external expression until it has been distorted by the repressing action of the opposite force, which is termed the endopsychic censor. We can, therefore, formulate the general statement that every psychoneurotic symptom is the disguised manifestation of a repressed wish-fulfilment. Neither force altogether succeeds or altogether fails. The wish is not expressed in its native form, but undergoes distortion; and the censor fails to achieve its object of preventing the wish from reaching consciousness, though it succeeds in preventing the significance of this from being appreciated.

When the whole process is elucidated it becomes evident that the underlying dynamic forces, or wishes, are in every case of a sexual nature. The symptoms thus represent a perverse form of unconscious sexual gratification, a fact which explains the persistency with which so many patients cling to them. There is always an unconscious resistance against getting better, for giving up the symptoms means renouncing a certain amount of sexual gratification, in many cases the chief one open to the patient. This dogmatic statement may sound strange, but it is a question that can be decided only by actual experience, and all those who have succeeded in fully unravelling such symptoms are unanimous in supporting this conclusion.

The actual pathogenesis of psychoneurotic symptoms is far from being as simple as I have just schematically indicated. In practice one always finds that a symptom results not from one submerged wish, but from many. In the series of un-

THE
 HISTORY
 OF
 ALZHEIMER
 DEMENTIA

conscious psychical processes that underlie a given symptom are woven a great number of actual experiences that the patient has lived through. The memory of these experiences has in many instances got lost, through the process of repression. This is because the memories have become associated in the most complex manner with submerged wishes, so that the mental processes in question are exceedingly intertwined. On disentangling them one finds that the energy that goes to make up the symptom is derived from various sources, some of recent date, others of older. In every case, however, the most essential sources are those of earliest date, namely, in the first half of childhood. These are present in every case, so that one may lay down the general law that nothing happening to a child after the age of five can cause a psychoneurosis. Later experiences, of whatever kind, are only significant in this direction if the specific causes have already been in operation before this age. The importance of this for prophylaxis is obvious. The specific causes in question are various sexual experiences in early childhood, of a kind that I have here no time to describe. Freud has shown that the sexual life of children, though widely differing from that of adults, is far richer and more significant than is commonly supposed. From the early tentative sexual trends are developed, on the one hand the relatively precise sexual functions of adult life, and on the other a great number of non-sexual mental capacities and activities. The early development of the sexual instinct is a highly delicate one, and one peculiarly prone to errors both of direction and of intensity.

The statements here made apply to the three forms of psychoneurosis, though there are special psychological features of each. The best-known form is the classical hysteria, which Freud terms 'conversion-hysteria,' on account of the conversion of psychical disturbances into physical symptoms that is its chief characteristic. The second form is the most frequent, namely, 'anxiety-hysteria': in it both the cause and the effect are psychical, the symptoms constituting one of the several varieties of phobias. The third form is the

'obsessional neurosis,' of which the commonest and most important manifestations are the obsessions.

In conclusion, I would again say that the knowledge gained by patient and thorough investigation of the pathogenesis gives us both a stable foundation on which to build our conceptions of the nature of the neuroses and at the same time the power to deal radically and successfully with these most distressing of maladies.

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CHAPTER VI

THE RELATION BETWEEN ORGANIC AND FUNCTIONAL NERVOUS DISEASES.¹

As I wish to confine my remarks on this subject principally to questions of diagnosis it will first be necessary shortly to consider what we understand by these terms. Under the term 'functional nervous disease' two different groups of conditions are included, and I must here express my grave doubt as to whether either group concerns functional nervous disease in the sense ordinarily implied by this, that is, a disorder of nervous function apart from alteration in nervous tissue; in my opinion, the evidence points to the one class being of a truly organic nature, while the other is not truly a nervous disorder. I can best make my meaning clear by recalling to your mind the following groups of conditions in a scheme which will illustrate the point at issue:

- A. Nervous diseases with a gross macroscopic lesion. (Tabes dorsalis, disseminate sclerosis, etc.)
- B. Nervous diseases with no gross macroscopic lesion. (Chorea, Parkinson's disease, some forms of epilepsy, etc.)
- C. Actual neuroses.
 - 1. Neurasthenia.
 - 2. Anxiety neurosis.

¹ Summary of a lecture delivered at the Post-Graduate Clinic of the Toronto Orthopædic Hospital, November 12, 1910. Published in the *Dominion Medical Monthly*, December, 1910.

D. Psychoneuroses.

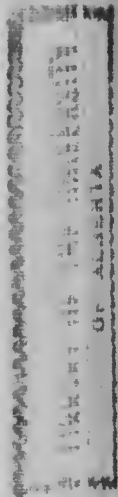
1. Hysteria.
2. Obsessional states.

E. Psychoses. (Dementia præcox, general paralysis of the insane, etc.)

It has been established that in the case of the diseases in Group B there are definite changes demonstrable by the aid of the microscope, though much remains to be learned concerning the nature and distribution of these; properly speaking, therefore, these diseases are truly organic in nature, and the term 'functional' should not be applied to them. On the other hand, the diseases in Groups C and D can hardly be called primarily nervous diseases, since they take their origin in a more general source, namely, in deviations, perversions and erroneous functioning of certain of the biological instincts—principally those that relate to the adaptation of the person to his environment. As, however, the central nervous system is essentially concerned in this, it is readily comprehensible that the manifestations of such disorders should reveal themselves by means of perturbations of this system. In the same way, Graves' disease is not now regarded as a true nervous disease, for the nervous alterations and symptoms are only *secondary* to affections of the thyroid gland.

A word must be said on the differences between the actual neuroses and the psychoneuroses. The main three are these: (1) The injurious trauma is a physical one in the former case, a mental one in the latter. (2) In the former case the cause is still operative at the actual moment, and the neurosis ceases when it is removed. In the latter case the ultimate cause lies in the patient's past, in early childhood. (3) In the former case the individual symptoms cannot be further reduced or explained by any form of psychological analysis, whereas in the latter it is found that each separate symptom has a psychological meaning, is in fact a condensed symbolic expression of a great number of mental experiences.

It is frequently observed in practice that a given patient may present signs of both a neurosis and an organic affection. No doubt this occurrence is frequently a coincidence, for there



is nothing in the nature of a neurosis that precludes the patient from acquiring a tumour of the brain or other organic trouble. Every neurologist will agree, however, that in many cases there is a causal connection between the two conditions, in that the presence of an organic affection, perhaps of some more than of others, seem to favour the occurrence of certain neuroses. It is to be noted that the organic affection should be regarded as the cause of the *outbreak* of the neurosis, not of the neurosis itself. To understand the explanation of this, we have to remember that in the aetiology of the neuroses, just as in that of all other diseases, there have to be distinguished specific, essential factors, in the absence of which the condition cannot arise, and accessory, adjuvant or exciting factors; the latter, such as overwork, strain, grief, and accidents, are often erroneously thought to be the essential factors. Now you are familiar with the fact that with various infectious disease will result if the dose of the specific virus is sufficient, but that disease may also result from a smaller dose, provided that adjuvant factors (general ill-health, etc.) are also in action. The specific causes of the neuroses are widespread, and we have all had to contend more or less successfully, with some of them; with many persons their harmful effect can be averted only so long as no other noxious factor intervenes. Dealing with the accessory factors, which have evoked the outbreak of symptoms, is in most cases merely a temporary postponement of the trouble; on the other hand, satisfactorily dealing with the specific factors means making the patient free, strong, and independent, so that he is in a position to resist the action of any of the accessory influences. Organic nervous disease is one of the accessory factors; it alone can produce no neurosis, but it can favour the outbreak of neurotic symptoms in a patient with whom the specific causes of neurosis are acting.

In regard to the differential diagnosis of the neuroses, I wish to lay down one principal thesis: one should never make such a diagnosis on merely negative grounds, but only when the characteristic features of neurotic symptoms are present. It is an only too common practice to examine for certain

signs that are generally considered pathognomonic of organic changes in the nervous system, and, when these are not found, to declare the case one of 'functional disease.' A little consideration shews that in many cases this procedure must inevitably lead the observer into error, for, on the one hand, many cases of organic nervous disease do not shew in their early stage the particular signs just referred to, and so would incorrectly be labelled 'functional,' while, on the other hand, when a neurosis coexists with an organic affection, it would necessarily be overlooked. When a patient complains of headache and fatigue, one does not make the diagnosis of Bright's disease merely by excluding other diseases; one looks for the characteristic evidences of this affection. In spite of the obviousness of this truth, it is remarkable how frequently it is ignored when it is a question of recognising a neurosis. I must insist that the features of neurotic symptoms are as typical and clearly defined as those of most other diseases, so that, in the absence of these features, one should refuse to pronounce a given case one of neurosis.

It is only possible here to select a few of the commonest errors in diagnosis, and thus to illustrate the principles on which such diagnosis should be founded. In the case of the actual neuroses, the mistakes made are commonly due, not to errors in judgement, but to ignorance of the cardinal features of each form. For instance, the mistake of confounding the early stage of a general paralysis or dementia præcox with neurasthenia is not so frequent as the ignorant confounding under this term of conditions which are fundamentally different one from the other. Affections so disparate as obsessional states, cyclothymia (a mild form of maniacal-depressive insanity), anxiety states, and neurasthenia proper are frequently brought together under a single heading, whereas, in reality, the ætiology, course, prognosis, and treatment are totally different with each of these. Even the two forms of actual neuroses have to be very clearly distinguished from each other, for the cause and treatment is almost exactly opposite in the two cases; neurasthenia is due to the combination of deficient afferent excitation with excessive

efferent outflow, while the anxiety neurosis is due to the combination of excessive afferent excitation with deficient efferent outflow. With the anxiety neurosis the mistake most frequently made is to confound the condition, not with any organic nervous disease, but with affections of some other system. This is due to the fact that so many of the cases are atypical, some symptoms of the complete syndrome being much more pronounced than others. For instance, when these are mainly cardiac, such as palpitation, increased frequency, irregularity and sudden stoppage of the heart's action, pain of cardiac distribution, deep-sighing respiration, apparent dyspnoea, etc., they may easily be thought to proceed from some mural or valvular lesion; the attacks of nausea or vomiting, with chronic diarrhoea, often mislead the observer into concentrating his attention on the alimentary tract; the pollakiuria, precipitancy of micturition, and polyuria may give rise to the suspicion of granular kidney, and so on.

Obsessional states, if they are not erroneously thought to be neurasthenic, should as a rule be easily recognised. They are rarely mistaken for any organic nervous disease, but they are sometimes difficult to distinguish from certain forms of hysteria, and especially from dementia præcox.

Hysteria is the neurosis that is most frequently confounded with organic nervous disease; one of the chief reasons for this is neglect of the principle above referred to, for a knowledge of the exceedingly characteristic traits presented by hysterical symptoms would prevent the majority of such mistakes. One or two instances only will be given. In the case of a paralysis, possibly due to hysteria, one, of course, examines for the most valuable indications of organic change in the nervous system, such as Babinski's sign, Mendel's sign, etc., but the absence of these by no means proves the case to be one of hysteria, neither does the presence of them exclude the coexistence of hysteria. If a paralysis is due to hysteria, then it will present at least some of the features characteristic of hysterical paralysis; these do not occur in cerebral paralysis, and it is with this that the differential diagnosis is largely concerned. The paralysis may, for instance,

affect the proximal part of the limb to a greater extent than the distal, contrary to the rule of cerebral palsies. It is frequently more intense than is seen with these, and yet at the same time may be strikingly localised. When this combination of excessive intensity and limited distribution is present, it is highly characteristic of hysteria. One may formulate the rule that a cerebral paralysis is never at the same time complete and partial, as an hysterical one frequently is. When a cerebral lesion causes complete paralysis of a limb, then the paralysis will not be altogether confined to that limb. In hysteria, the limitation may proceed still further, to what is called dissociation of a given function; thus a limb may be absolutely paralysed for one purpose, as in the syndrome known as *astasia-abasia*, and yet may function normally in other respects.

This curious combination of excessive intensity and strict limitation is seen in other regions than that of motility. In hysteria, an absolute aphasia may be observed quite confined to the sensory side, an occurrence never met with in organic disease. Remarkable dissociations are here also not infrequently met with; a patient may lose the power of comprehending his native tongue while retaining that in regard to foreign languages. This is in sharp contrast to the less striking forms of dissociation produced by organic disease, where the function lost is always the most complex or latest acquired.

Similar features may be observed in connection with the sensory symptoms. Absolute loss of one form of sensibility, *e.g.*, pain, with perfect retention of all other forms, is an occurrence rarely if ever found in organic disease, but frequently in hysteria. Here the dissociation, or electivity, may be so pronounced as to be quite distinctive of the affection; a patient may, for instance, be quite unable to recognise by touch certain objects at a time when he can readily distinguish others. The function lost may, as before, be less complex than that retained, in contrast to the rule of organic disease; I have seen a patient recognise the shape and nature of an object placed in his totally anæsthetic hand, a paradox the

explanation of which leads us far into the understanding of the pathogenesis of hysteria.

These few examples must suffice to illustrate the principle above laid down, that neurotic symptoms have their peculiar characteristics as well as organic ones, and that the diagnosis of them, to be accurate, must rest on a knowledge of these characteristics.

An evident corollary from these considerations is that in neurological diagnosis a knowledge is necessary of the typical features not only of organic diseases, but also of the neuroses. May I add a few other reasons why such a knowledge of the neuroses is an important matter? In the first place, on account of their great frequency, when the neuroses are first in diagnosis are taken in consideration, it is probable that hysteria alone is the most frequent single cause of referral for medical treatment. In the next place, it is of the greatest importance to recognise a disease in relation to the therapeutic measures to be adopted. In this connection I wish to call attention to the importance of securing an early diagnosis of these affections. You have often heard stress laid, with right, on the urgency of the early recognition of pulmonary tuberculosis, of appendicitis, of operative peritonitis, and other maladies in which therapeutic success largely depends on the time of intervention. One hears very little about the desirability of recognising a neurosis in its early stages. Yet it is far from being a matter of indifference as to whether the radical treatment of a neurosis is begun early or late. I would remind you that the treatment of an advanced case of neurosis when the patient is in a state of inveterate delirium, or of a morbidly morose and often disappointing tameness, is very different from that which, at one time in an early stage, might have been successful. It is difficult to foretell whether any given case will or will not respond to a certain treatment or not. Last, but not least, is the fact that a study of the conditions favouring the development of a neurosis is perhaps more instructive than any other medical study in regard to various sociological and educative problems which every medical practitioner must face no less than any other thoughtful citizen.

CHAPTER VII

SIMULATED FOOLISHNESS IN HYSTERIA¹

THE word 'simulation' is involved in so many misunderstandings and divergent meanings that whenever it is used it is desirable to define it, even when, as here, it is not intended directly to discuss the main problems concerning the relation of it to mental abnormality. The two chief connotations of the term in medicine are: (1) The conscious and purposive feigning of a given symptom with the intention of deriving a palpable benefit therefrom, and (2) the deceptive resemblance that one symptom may bear to another. The extreme types of these are easily to be distinguished. An example of the first would be the deliberate feigning of insanity in order to escape punishment for a crime; of the second, the 'simulation' of emphysema by an unusual form of pulmonary tuberculosis. There are, however, many different kinds of cases in which the distinction is by no means so obvious, and is sometimes so blurred, almost impossible to make; this is particularly so in the simulation of mental symptoms. It is occasionally a very difficult matter to decide whether the simulation of a mental symptom not really present is due to deliberate design, or to the effect of another, and unsuspected, disorder that is operating independently of the patient's will. The two criteria that are naturally first thought of, namely whether the patient is conscious of the simulation and whether he has anything to gain by its occurrence, are open to many sources of fallacy.

¹ Read before the Detroit Society of Neurology and February 3, 1910. Published in the *American Journal* October, 1910.

Awareness on the part of the patient in no way demonstrates deliberate production of the symptom, nor is it always present at a given moment even in cases of this nature. Again, a symptom that occurs quite independently of the patient's will may be distinctly welcome to him and of considerable benefit, while on the other hand the advantage accruing from the deliberate feigning of a given symptom may to the observer appear to be quite incommensurate with the drawbacks and suffering endured.

From the extensive and excellent work¹ that has in recent years been done on the subject of simulation of insanity some conclusions stand out with peculiar distinctness. Of these the following may be mentioned: Deliberate simulation of insanity is a rare occurrence, much more so than was previously thought; in the cases of this nature the great majority of the patients shew positive mental disorder, most frequently feeble-mindedness, hysteria, and dementia præcox; deliberate simulation is commonly the product of motives that in their quality or intensity shew marked deviation from the normal, and is an undertaking very difficult for a healthy person to sustain for more than a short time.

In the psychoneuroses, and especially in the case of hysteria, the problem is even more complex. Purposiveness and imitation are attributes so easily ascribed to hysteria by superficial consideration that it is little wonder that it has taken thirty years' investigation to convince neurologists that the symptoms are not the product of conscious deception. This conclusion,

¹ See particularly Becker: Beiträge zur Lehre von der Simulation und Aggravation bei traumatischer Neurose. 1906. Die Simulation von Krankheiten und ihre Beurteilung. 1908. Ueber die Bedeutung der Sommersehen Untersuchungsmethoden für die Frage der Simulation. *Aerztl. Sachverst. Ztg.*, 1908, Nr. 19. Ueber Simulation von Schwachsinn. *Klinik f. psych. u. nerv. Krankheiten*, Bd. iv., S. 69 u. 85. Bolte: Ueber einige Fälle von Simulation. *Allg. Zeitschr. f. Psychiatr.*, Bd. lx., S. 47. Bonhöffer: Klinische Beiträge zur Lehre von den Degenerationspsychosen. 1907. Bresler: Die Simulation von Geistesstörung und Epilepsie. 1904. Jung: Ueber Simulation von Geistesstörung. *Journ. f. Psychol. u. Neur.*, Bd. ii., S. 181. Köppen: Ueber die Entlarvung von Simulation bei Geisteskranken. *Deutsche Med. Woch.*, 1907, Nr. 24. Mairet: La simulation de la folie. 1908. Peuta: Die Simulation von Geisteskrankheit. 1906. Raimann: Simulation von Geistesstörung, 1907. Riehn: Zur Frage der Simulation von Geisteskrankheit. *Allg. Zeitschr. f. Psychiatr.*, Bd. lxxv., S. 28.

certain as it is, has up to the present been only partially assimilated by the medical profession at large, which still talks of 'detecting' hysteria almost as often as of diagnosing it. Some of Freud's recent work may, when imperfectly understood, have the effect of reinforcing this ancient error; I refer to his demonstration that each hysterical symptom does in fact have a meaning, in a sense a purpose, and serves the function of gratifying an egoistic aim of the patient's. He holds that an hysterical symptom is the symbolic and distorted expression of the fulfilment of a 'repressed' (*verdrängt*) wish, that it is 'he only means open to the patient of obtaining a secret pleasure. There is, however, this fundamental difference to be noted between Freud's conception and the current view—namely that, according to him, the whole process always takes its roots in the unconscious, and is usually unconscious throughout; both the wish and the gratification are unknown to the patient. That is the reason why urging the patient consciously to overcome the symptom meets with such limited success. It is only when the underlying process is made conscious that it becomes within the patient's power permanently to overcome the symptom.

The symptom of foolish, silly behaviour has long been recognised as a frequent one in hysteria, and is often thought to be characteristic of the mental state of this malady. Only a few observers, however, have noted how closely allied it is to another, equally frequent, mental trait, namely childishness. When associated with a peculiar kind of foolish funniness, called by Oppenheim '*Witzelsucht*,' it has been given the name of '*Moria*' by Jastrowitz. Very little had been contributed to the elucidation of the obscure symptom in question until the adoption of Freud's psycho-analytic method, and it is hoped that the following case may throw some light on the nature and origin of it, as well as illustrate the difficulties in diagnosis that its presence may give rise to.

The patient, a boy of 15, was kindly transferred to my care by Dr. C. K. Clarke on September the 20th, 1909. He was then suffering from attacks of a peculiar kind that will presently be described. The history was that he had been quite well until

two months before. On July the 21st, when at work, he was hit on the head by a number of bobbins which he was piling up above him. He was slightly stunned, but went on with his work. That night he seemed to be a little out of sorts, and lay quiet, curled up on the hearthrug. On July the 25th his mother first heard about the accident, and on the next day she took him to see a doctor. During these five days the boy's behaviour had quite changed, in that he had become moody and sulky, refused to speak to anyone, and resented answering questions addressed to him. The doctor sent him into the hospital, where he rapidly became very excited and even delirious. That night he was extremely restless, had to be held in bed, and did not recognise his mother. The doctor said that he had brain fever, and had his head shaved. On the next day his mother took him away from the hospital, but he continued in the same excited and restless condition for about ten days. During this time he was very noisy and obstreperous, and they had difficulty in feeding him or in getting him to answer any questions. He gradually recovered, but had never been quite well since. In the succeeding two months he suffered from attacks that regularly recurred every ten days. In these he behaved in an exceedingly foolish and childish manner, restlessly wandering about the house whistling, played silly pranks, and teased his brothers and sisters, using rough horseplay; he would slap them until they got annoyed, and then would hug and kiss them to excess. On two occasions he got into a waggon that was outside the door, and aimlessly drove off. He could give no explanation of all these actions, and could with difficulty be persuaded to talk. One curious feature, the significance of which we shall see later, was that he kept avoiding his father, with whom he had previously been on good terms, and that when his father addressed him he would instinctively put up his arm as if to guard from a blow. In between these attacks, which lasted about ten days each, he did not return to his normal state, but continued to behave in a peculiar, foolish and childish manner, though to not such a marked extent. He would often be afraid to go to the closet alone, even in broad daylight, and would insist on

his mother accompanying him. Again, he would make only the feeblest efforts to wash himself, so that his mother had to do this for him as if he were a child. He slept well, and his appetite was good, though very capricious.

When I saw him the most noticeable feature was his apparently foolish stupidity. He giggled in a curious silly way, and his behaviour was throughout asinine. He refused to speak, and answered questions, in a monosyllable, only after repeated enquiries. He had some slight headache, which was general and continuous. I was struck by the incongruity between the slightness of the accident and the apparently grave consequences of it. The bobbins weigh only nine ounces each, and had left no mark on his scalp. There was not the slightest evidence or probability of any fracture of the skull, and on careful neurological examination no abnormal physical signs whatever could be made out. The question of diagnosis was at this stage by no means an easy one, for the boy's mental state closely resembled that found in the stage of recovery from cerebral irritation due to physical trauma. However, for the reasons just stated, I felt that the remarkable symptoms could hardly have been produced by an organic lesion, decided that the case was probably one of hysterical automatism, and advised psychotherapeutic treatment.

On his next visit he was in one of what his mother called his bad spells. In an interview of nearly an hour I never once got him to speak or answer me. He ignored my questions except that he occasionally gave a silly giggling smile. As a rule he sat there stupidly, and would not cooperate in the examination. When one tried to test his reflexes he resented it like a timorous child who does not understand what is being done. After a while he began to blubber and cry, and tearfully clung to his mother's skirt. This culminated in his bellowing 'Want to doe home; Tum home with me.' He absolutely refused to be soothed by either his mother or me, and behaved like an inconsolable baby, so that finally she had to take him home. The speech alteration accorded well with his babyish behaviour, for it is well known

how characteristic of early childhood speech is the replacement of posterior linguo-palatals by the corresponding anterior ones.

It will be seen at this point that the patient had relapsed into the mental state of a child about four years old, and was acting throughout in correspondence with this. Partial dis-aggregation had occurred of his later memories, which had lost their normal vividness and significance, and in his phantasy he was living over again the time of his early childhood. As was mentioned above, this is an occurrence by no means rare in hysteria. The first description of it seems to have been by a writer in 1584,¹ who related a case in an hysterical nun of twenty-five: for nine days she relapsed into a state of childhood; she played at doll with a saint's image, talked and behaved just like a child of four years old, and was unable to eat meat or other solid food, living only on milk. Another early description, under the name of 'état surnaturel de l'enfance,' was given by Carré de Mongeron,² who, in portraying some hysterical nuns of Saint-Médard, writes: 'On voit tout à coup un air enfantin se répandre sur leur visage, dans leurs gestes, dans leur ton de voix, dans l'attitude de leur corps, dans toutes leurs façons d'agir, et quoique leurs convulsions leur fassent faire alors des mouvements à la façon simple, innocente et timide, avec laquelle ils énoncent leurs pensées; néanmoins, cet instinct leur fait souvent dire bonnement des vérités très fortes.' It is one form of the syndrome termed by Pitres, in 1882, '*ecmnésie*,' which he defines as a partial retrograde amnesia with reversion of the personality to that corresponding with an earlier period of life.³ He relates the case⁴ of a girl of twenty-eight who passed into a delirious state in which she fancied herself seven years old, and acted accordingly. This case and the syndrome in question were fully discussed by one of his pupils, Blanc-Fontenille, in a

¹ 'Histoire admirable et véritable des choses advenues à l'endroit de Jeanne Féry, religieuse professe du couvent des sœurs noires de la ville de Mons, âgée de vingt-cinq ans, possédée du maling esprit et depuis délivrée (1584)' ('Collection Bourneville,' 1886, p. 25).

² Carré de Mongeron, 'La vérité des miracles' 1737, t. ii., p. 88.

³ Pitres, 'Leçons cliniques sur l'hystérie,' 1891, t. ii., p. 219.

⁴ Petres, *op. cit.*, p. 292.

thesis¹ devoted to the subject; this author's definition, however, of *ecmnesia* as 'une forme d'amnésie dans laquelle la mémoire est entièrement conservé pour tous les événements antérieurs à une période déterminée de la vie du sujet et complètement abolie pour les événements survenus postérieurement à cette période' is rather too broad, for it would include all forms of retrograde amnesia, such as the common post-traumatic one. A classical instance of *ecmnesia* is the celebrated case of Louis V., studied by many observers.²

After this no interest appears to have been taken in the subject for more than a decade, but in the past few years, chiefly owing to the instigation of Dupré,³ much attention has again been attracted to it. Dupré gave the name of 'puérilisme mental' to the condition; in the same year as he published his first paper he and Garnier⁴ reported the case of a woman of thirty-three who for a fortnight lived like a child of five or six, and who afterwards lost her memory for this period. Soullard, following Dupré's teachings on the pathology of the condition, devoted a volume to a study of it.⁵ Leroy⁶ reported a case that resembled the one described in the present paper in that it occurred at the time of puberty, the patient being a boy of thirteen, and that it consisted in repeated attacks of mental puerilism. Janet, in his book on psychasthenia,⁷ referring to the 'besoin de direction' and

¹ Blanc-Fontenille, 'Étude sur une forme particulière de délire hystérique (délire avec *ecmnesia*),' *Th. de Bordeaux*, 1887.

² Camuset, 'Un cas de dédoublement de la personnalité. Période amnésique d'une année chez un jeune hystérique,' *Annales Méd.-Psychol.*, janvier, 1882, p. 75. Jules Voisin, 'Note sur un cas de grande hystérie chez l'homme avec dédoublement de la personnalité,' *Arch. de Neurol.*, 1885, t. i., p. 212. Berjon, 'La grande hystérie chez l'homme,' *Th. de Bordeaux*, 1886. Bourru et Burot, 'Variation de la personnalité,' 1888. Mabile et Ramadier, 'Déroulement spontané ou provoqué d'états successifs de personnalité chez un hystéro-épileptique,' *Rev. de l'hypnotisme*, 1888, t. ii., p. 42.

³ Dupré, 'Un syndrome psychopathique particulier: le puérilisme mental,' *Congrès de Bruxelles*, 1903, t. ii., p. 269.

⁴ Garnier et Dupré, 'Transformation de la personnalité et puérilisme mental chez une hystérique,' *Presse Médicale*, 18 décembre, 1901, p. 327.

⁵ Soullard, 'Le puérilisme mental,' 1904.

⁶ Leroy, 'Un cas de puérilisme mental chez une hystérique: Guérison par suggestion,' *Tribune Médicale*, 18 février, 1905, p. 104.

⁷ Janet, 'Les Obsessions et la Psychasthénie,' 1903, t. i., pp. 391, 392.

'besion d'être aimée' as stigmata of this disorder, says that the fear of loneliness when extreme may culminate in a 'rétour à l'enfance,' where the patients insist on being treated as children. He mentions the case of a boy of twenty who (like the present patient) would not leave his mother's petticoats and wanted her to nurse him like a baby; he has noted the syndrome in patients as much as forty years of age. In a later publication¹ he describes two further cases. In one of them, the patient, a girl of nineteen, had violent scenes with her stepmother, which were followed by a relapse to the age of seven; she developed a peculiar speech, characteristic tics, and other features that had been present at this age. He pointedly remarks in reference to this case, 'ce n'est pas du puérilisme réel, c'est une comédie du puérilisme qui est jouée involontairement à la suite d'une idée fixe.' The second case was that of a girl of twenty whose stepfather had several times attempted to assault her, evocating an intense reaction of fright and disgust. She kept saying that she used to be happier as a little girl, before her mother re-married, and in her hysterical crises she reverted to this happy period, played at dolls, and so on. Capgras and Terrien² traced, in a woman of thirty-five, the attacks of mental puerilism to a marked nostalgia and desire to revisit the pleasant scenes of her childhood. Arnaud³ refers to a case he had published in 1893, in which the patient, a woman of thirty-nine, acted for months as if she were only fifteen years old; she had the delusion that she had been re-incarnated and was recommencing her life.

Of the publications in Germany, where not many have appeared, two may be mentioned. Pettow,⁴ under the title of 'rétour à l'enfance,' reports a case where the symptom seemed to be due to a pronounced paedophilia. A valuable con-

¹ Janet, 'Un cas de délire somnambulique avec retour à l'enfance,' *Rev. Neurol.*, 1908, p. 1172.

² Capgras et Terrien, 'Puérilisme mental par idée fixe chez une débile,' *L'Encéphale*, avril, 1912. Année vii. 1^o sém., p. 361.

³ Arnaud, Discussion of preceding paper, *loc. cit.*, p. 368.

⁴ Pettow, 'Eine sexuelle Anomalie,' *Zeitschr. f. d. ges. Neurol. u. Psychiat.*, Originalien, 1911, Bd. iv., S. 692.

tribution was recently published by Strüssler,¹ who describes seven cases in great detail. They all occurred in soldiers undergoing punishment, and showed the typical extensive retrograde amnesia, combined with regression of the personality to a period of early childhood. As the patients recovered they presented the Ganser syndrome. Strüssler observed that the few remaining memories of the current time were always miserable ones, and that the ones hardest to recover were the most pleasant ones—concerning the punishment, etc. He explains the occurrence as a 'flight into disease,' the motive being to replace the disagreeable present by an imaginary past, and says that, in their desire to forget the thought of the unhappy present, the patients go too far and forget everything; 'the patient, as a contrast to his present existence, seeks refuge in the childhood time with his father and mother.'

As regards the pathology of mental puerilism the following conclusions may be reached from a study of the literature. In the first place, it seems clear that the symptom may occur in a variety of disorders. Most of the reported cases are evidently hysterical in nature, but some of the recent French ones are cases of some form of psychosis; Dupré and Tarnier,² for instance, record one of maniacal-depressive insanity. Pitres first pointed out,³ and it has frequently since been confirmed, that the condition can in some cases be artificially brought about in hypnosis, a fact well illustrated by the production of the personality Sally in Prince's Miss Beauchamp case.⁴ Charpentier and Courbon,⁵ following Dupré, state that there are three kinds of mental puerilism: (1) *puérilisme confusionnel*, of toxic-infective origin, and to be found in hysteria (which

¹ Strüssler, 'Beiträge zur Kenntnis des hysterischen Dämmerzustandes—Über eine eigenartige, unter dem Bilde eines psychischen "Puerilismus" verlaufende Form,' *Jahrb. f. Psychiatr. u. Neurol.*, Bd. xxxii., S. 1.

² Dupré et Tarnier, 'Puerilisme mental chez une maniaque,' *L'Encéphale*, juillet, 1911. Année vi., 2^e sém., p. 32.

³ Pitres. *op. cit.*, p. 221.

⁴ Morton Prince, 'The Dissociation of a Personality,' 1906.

⁵ Charpentier et Courbon, 'Le puérilisme mental et les états régression de la personnalité,' *L'Encéphale*, octobre, 1909, p. 819, and décembre, 1909, p. 513.

they believe to be a toxic disorder!), tuberculosis, and so on; (2) *puérilisme démentiel*, in organic and senile dementias, where there is an intellectual enfeeblement; and (3) *puérilisme constitutionnel*, in mental debility, where there is an arrest of development. In this scheme psychological factors are entirely ignored. Janet, on the contrary, opposes to Dupré's view of mental retrogression the functional conception of the *idée fixe*. As to the origin of this fixed idea, however, he has little to say, still less as to the presence of any motive or reason in it. Many of the cases recorded show that the symptom in question arises particularly when the patient is in an unpleasant or distressing situation, and Strüaussler's valuable suggestion that it indicates a flight in the imagination back to the happy days of childhood, to the safety and comfort of the mother's arms, is amply supported by a study of the cases reported by independent observers. Unfortunately he does not push his analysis beyond this point, nor does he correlate with the puerilism the allied symptom of 'foolishness,' one which in my opinion affords a valuable clue to the understanding of the whole syndrome. Even clinically we see a close association between the two symptoms, for it is plain that the terms 'Dummstellen,' 'Moria,' 'Witzelsucht,' 'retour à l'enfance,' 'ecmésie,' 'puérilisme mental,' are merely different terms for different aspects of what is fundamentally a unitary syndrome. We have therefore to take up the problem at this point, and see what light a more detailed study of the 'foolishness' will throw on the general question.

That the symptom of simulated foolishness (*Dummstellen*) was in the present case intimately connected with the infantile form of ecmnesia is evident when the detailed features of it are more closely studied. The foolishness shewed all the characteristics of childishness, namely complete irresponsibility, apparent purposeless naughtiness for its own sake, absurdity, silliness and almost imbecile ignorance. Following Freud, I have elsewhere¹ pointed out that the occurrence of this particular form of foolishness sometimes seen in hysterical adults has its exact counterpart in the fits of exaggerated

¹ *Amer. Journ. of Psychol.*, January, 1910, p. 8.

childishness at times indulged in by some children. These fits when pronounced are often the prelude to nervous giggling, uncontrollable laughing or outbursts of weeping. The motive actuating the behaviour of these children is to delude their elders into regarding them as being 'too young to understand,' and into, therefore, ignoring their presence. The reason for this artifice is that they may by means of it overhear or see various private matters that they are not supposed to. When a mother chats with her intimate friends over various private topics, frequently the child will resort to the strangest devices in order to stay in the room and listen to the conversation. Then when someone remarks him, and by her look insinuates a doubt as to the propriety of conversing in his presence, he will interrupt his innocent crooning over his toys and indulge in exaggeratedly foolish antics, to disarm, as it were, the suspicions of the company by convincing them of his thorough simple-mindedness and innocence; such children are not always so innocent as they appear. It need hardly be said that this curiosity is in most cases concerned with matters of a directly sexual nature, such as, for instance, obstetric topics; indeed, there is no doubt that children in this way overhear and even witness marital embraces far more frequently than most parents suppose, often with very harmful consequences. Psycho-analysis of infantile memories reveal the remarkable frequency with which the subject had passed through such experiences when in the same room as their parents, or in an adjoining one. This gratification of sexual curiosity may in many complex ways greatly influence the phantasies of children at a surprisingly early age, a remark that no doubt will appear strange to those who do not realise how much richer and more extensive is the psycho-sexual life of young children than, through 'repression' and later amnesia, appears to be the case.

Another, allied motive behind this acting of foolishness and simplicity lies in the freedom the child thereby wins in doing and saying things that otherwise would not be permissible. Just as many thoughts are allowed in the adult to come to expression if only they are clothed in the form of a joke, so

in the child many remarks and actions are overlooked when made with a simulated air of innocence; an *enfant terrible* is often more knowing than he is given credit to be. Freud writes in this connection:¹ 'Aus meinen Psychoanalysen Neurotischer weiss ich, dass die sogenannte Naivität junger Leute und Kinder häufig nur solch eine Maske ist, um das Unanständige unbeirrt durch Genieren aussprechen oder tun zu können.' ['From my psycho-analysis of neurotics, I know that the so-called naïveté of young people and children is often only a mask assumed so as to enable them to say or do something improper without embarrassment.']

To return to consideration of the present patient. For unavoidable reasons I was unable to carry out a full psycho-analysis, but analysis of the actual symptom in question had the result both of elucidating the psychogenesis of it and of thereby removing it. At first the patient disclaimed all knowledge of sexual matters, and in an automatic parrot-like way said that 'doctors brought the babies,' a belief obviously inconsistent with the information usually possessed by a boy of his age and class. It soon came out that he not only had the fullest knowledge of the subject, but had passed through a number of sexual experiences. Further, he was able to recall having at the age of four or five experienced sexual excitations in his mother's caresses, and having at different times indulged in various improper phantasies about her. The unconscious motive of his present delirium was, by feigning the helplessness of a child, to obtain a repetition of his old intimate relation with his mother, to get taken into her bed and nursed, to be washed and otherwise cared for by her just as a child; he had even insisted on her accompanying him to the closet and arranging his clothes. The guilty dread of his father, which was mentioned above, arose from his jealous dislike² that he had as a child felt towards him in relation to sleeping with the mother. His violent outburst in the hospital was occasioned by the fact that he had for medical

¹ Freud, 'Zur Psychopathologie des Alltagslebens,' 3^e Aufl., 1910, S. 97.

² See a development of this subject in the *Amer. Journ. of Psychol.*, January, 1910, p. 96 *et seq.*

SIMULATED FOOLISHNESS IN HYSTERIA 153

reasons been placed in an isolation ward which happened to have barred windows. He was terrified whenever he caught sight of the bars, for his guilty conscience gave him the idea that he had done something wicked and had been put in gaol.

After a few weeks' treatment he recovered, went back to work, and has been quite well ever since.



CHAPTER VIII

THE PATHOLOGY OF MORBID ANXIETY¹

THAT the present subject is one of immense importance becomes evident from the following considerations. Including its indirect manifestations, morbid anxiety is the most frequent single symptom in psychopathology, and, I feel tempted to add, perhaps in all medicine; it has been called, and without gross exaggeration, the Alpha and Omega of practical psychiatry.² Secondly, the intensity of distress it may give rise to is equalled by that of very few other forms of suffering. Thirdly, the study of the pathogenesis of it is qualified, as perhaps no other, to lead us towards a comprehension of those deeper biological problems concerning the relation of body to mind that underlie the question of the derivation of mental disturbances in general. Lastly, it is a disorder that in a great number of cases obstinately resists treatment, unless this is based on a deeper understanding of the pathology of it. This feature of intractability is dwelt on by most writers of experience, and was, for instance, one of the reasons why Oppenheim proposed the subject for discussion in a symposium held at the last meeting of the Society of German Neurologists.³ He quotes a touching letter from one of his patients: 'Ich kuriere nun schon an die 6 Jahre herum, ohne dass mein Zustand sich auch nur vorübergehend gebessert hatte, ich bin bei den Autoritäten

¹ Contribution to the Symposium of the American Psychopathological Association, May 10, 1911. Published in the *Journal of Abnormal Psychology*, June, 1911.

² Dick, 'Die Angst der Kranken,' *Allg. Zeitschr. f. Psychiatric*, 1877, Bd. xxxiii., S. 231.

³ Oppenheim, 'Pathologie und Therapie der nervösen Angstzustände,' *Deutsche Zeitschr. f. Nervenheilk.*, 1911, Bd. xli., S. 173.

aller Länder gewesen. Ist denn wirklich die Medizin so arm, dass man einen körperlich und geistig gesunden Menschen von solch einem Leiden nicht befreien kann?' ['I have been going about being treated now for six years without my condition being even temporarily bettered; I have visited the authorities of every country. Is the science of medicine really so poor that some one who is bodily and mentally sound cannot be freed from such an affliction?']¹ He further states that, 'In der Regel muss sich aber eine psychotherapeutische Kur, wenn sie sich einigermaßen wirksam erweisen soll, auf viele Monate erstrecken. Und ich kenne eine Anzahl von Patienten dieser Art, die einer dauernden geistigen Führung bedürfen oder sich mindestens einige Monate in jedem Jahr der seelischen Behandlung unterziehen müssen.' ['As a rule a psychotherapeutic treatment to be at all effective must be extended over many months. And I know a number of patients of this kind who need a permanent mental directing, or who have to undergo mental treatment for at least several months of every year.']² Fortunately this pessimism is not justified in fact; it only arises when, from an imperfect knowledge of the pathogenesis, the proper line of treatment is not carried out.

The first problem is to define as nearly as may be what is to be understood under the term 'morbid anxiety.' It is at once obvious that the word 'anxiety,' the significance of which has been debased through the use of such expressions as 'to be anxious to catch a train,' etc., has now a much weaker meaning than the term needed to denote the condition under consideration, and which is more accurately described by the German word *Angst*; when, therefore, the word 'anxiety' is employed in the following pages it will be in the more significant sense of *Angst*, or intense, morbid anxiety. It is customary to distinguish anxiety in this sense from fear,³ but it would seem that the resemblances between the two emotions

¹ Oppenheim, *op. cit.*, S. 188.

² *Ibid.*, *op. cit.*, S. 190.

³ See, for instance, Hoche, 'Pathologie und Therapie der nervösen Angstzustände,' *Deutsche Zeitschr. f. Nervenheilk.*, Bd. xli., S. 195. Janet, 'Les Obsessions et la Psychasthénie,' 1903, t. i., p. 463. Stekel, 'Nervöse Angstzustände und ihre Behandlung,' 2^e Aufl., 1912, S. 2, 3.

are great enough to predicate at least a common biological source for them, and there is little doubt but that the differences between the two are due rather to the respective circumstances under which they arise than to more fundamental divergences. All writers seem agreed in regarding these differences as the same as those existing between *normal* and *morbid* fear, which can be formulated, as Oppenheim has done,¹ under two distinct headings :

1. Preponderance of certain physical symptoms, many of which can be objectively investigated. Hoche, indeed, defines *Angst* as fear *plus* specific bodily sensations.² The main symptoms will presently be enumerated.

2. Disproportion between the intensity of the emotion and the occasion of its occurrence. This is a more accurate statement than the one describing anxiety as an exaggerated form of fear, for normal fear may be very intense whereas anxiety need by no means always be so; it is not so much an excessive fear as a *relatively* excessive fear. The essential feature is the disproportion, anxiety being evoked on a given occasion where the normal would either experience a slighter degree of fear or none at all. It is obvious that in estimating the morbidity of a given attack of anxiety one has thus to judge by an empiric standard of how much fear is to be allowed to the normal under various circumstances. Often it is easy to decide this, but considerable difficulty may arise in borderland states; it will presently be pointed out that for certain definite reasons our standard of normality is too low, so that we are too generous in allotting some degrees of fear to the normal that, strictly speaking, have a pathological basis.

On taking up the clinical features of anxiety states we have to note the following facts. *First*, anxiety may appear as a symptom of any form of psychoneurosis or psychosis. Those in which it is most prominent are hysteria, in the special form to which Freud has given the name anxiety-hysteria, in the obsessional neurosis, as obsessive phobias, in melancholia, especially in the cases occurring in women past the climacteric age, and in alcoholic conditions, especially the

¹ Oppenheim, *op. cit.*, S. 183.

² Hoche, *loc. cit.*

acute ones, such as delirium tremens. As is well known, Wernicke in 1894 attempted to mark off a group of psychoses as an independent condition, to which he gave the name anxiety-psychosis.¹ This view did not find any wide acceptance, and, since the appearance of Forster's detailed clinical study,² it may be regarded as a settled matter that anxiety occurring in any psychosis is merely one symptom of some more comprehensive condition. *Secondly*, on the other hand, there is no doubt that as a neurosis anxiety states may appear in a pure form. The first delineation of this condition was given by Hecker,³ but it was Freud⁴ who recognised the unitary nature of the syndrome and its nosological independence. It is true that this condition is most frequently found to be complicated by some other neurosis, but the occurrence of it in a pure form, called by Freud the anxiety-neurosis, gives one a unique opportunity to investigate the pathology of the main symptom, anxiety, and was the occasion of Freud's formulating his views as to the significance of this. *Thirdly*, intense anxiety is such an unendurable form of suffering that every effort seems to be made on the part of the organism so far as possible to get rid of it. At all events it is found in experience that in any long-standing case of anxiety-neurosis one of two things—or both—has happened. Either the physical manifestations increase at the expense of the mental—tending to replace them to a greater or less extent—or the person guards against the outbursts of anxiety by the creation of sundry inhibiting phobias. These processes occur to a very varying degree in different cases, and they are hardly ever completely successful; the problem, however, is greatly complicated by their presence, and for the elucidation of the pathogenesis of pure anxiety one does better to investi-

¹ Reported in the *Allg. Zeitschr. f. Psychiatrie*, 1895, Bd. li., S. 1020. See further his 'Grundriss der Psychiatrie,' 1900, S. 236.

² Forster, 'Die klinische Stellung der Angstpsychose,' 1910.

³ Hecker, 'Ueber larvierte und abortive Angstzustände bei Neurasthenie,' *Centralbl. f. Nervenheilk. und Psychiatrie*, 1893, S. 565.

⁴ Freud, 'Ueber die Berechtigung, von der Neurasthenie einen bestimmten Symptomenkomplex als "Angstneurose" abzutrennen,' *Neurol. Centralbl.*, 1895, S. 50. Republished in the 'Samml. kleiner Schriften zur Neurosenlehre,' 2^e Aufl., 1911, S. 60.

gate the cases in which they are less prominent. The importance of the former of these processes is twofold: In the first place, it raises the difficult question of the relation of mental to bodily processes, and is one of the reasons why stress has so often been laid on the organic causes of anxiety states. In the second place, it is a matter of considerable practical importance, because when a patient's symptoms are referred to one or other system of organs the physician's attention is apt to get focussed there, and the general nature of the condition may be overlooked; the mistakes in diagnosis that in this way arise are very numerous, and though these clinical aspects do not here concern us they are referred to because they go far to explain the fact that the great frequency of anxiety states is not generally recognised. The latter of the two processes also raises a series of fresh problems, concerning the psychogenesis of specific phobias, which have to be kept distinct from those relating to anxiety proper.

It is not necessary here even to enumerate the different views that have been put forward concerning the pathology of anxiety; those interested in the historical aspects of the subject may be referred to the writings of Forster,¹ Hartenberg,² Loewenfeld,³ Pitres and Régis,⁴ etc. We have, however, briefly to review the types of explanations that have been offered, which can fairly well be classified into definite groups. It may be said at the outset that very few writers now believe in either an exclusively mental or exclusively physical origin of anxiety, and that there is a general convergence towards the conclusion that both kinds of factors are operative. This biological conception, which is the one adopted here, in itself indicates that the solution of the problem is likely to be found by investigation of the inherited instincts, for it is in this sphere that the physical and the mental aspects of the human organism approach each other most closely. Before developing this conception it will be convenient first to consider the

¹ Forster, *op. cit.*

² Hartenberg, 'La névrose d'angoisse,' 1902.

³ Loewenfeld, 'Die psychischen Zwangsercheinungen,' 1904.

⁴ Pitres and Régis, 'Obsessions et phobies,' 1903.

mental and physical aspects separately, from both a descriptive and pathological point of view.

In the mental manifestations the emotional element is naturally the most prominent. It consists in a curious admixture of dread, panic, terror, anguish, and apprehension. It varies greatly from, on the one extreme, a slight abashment, awkwardness, embarrassment, or confusion to, on the other, a degree of indescribable dread that may even rob the sufferer of consciousness. Common to all degrees is a sense of something impending, of anxious expectation of something harmful or awful. One needs an artist to portray the higher grades of dread. Guy de Maupassant in his novel 'La Peur' sketches with a few rapid strokes a strikingly accurate picture: 'C'est quelque chose d'effroyable, une sensation atroce, comme une décomposition de l'âme, un spasme affreux de la pensée et du cœur, dont le souvenir seul donne des frissons d'angoisse. Mais cela n'a lieu, quand on est brave, ni devant une attaque, ni devant la mort inévitable, ni devant toutes les formes connues du péril! Cela a lieu sous certaines influences mystérieuses, en face de risques vagues.' The anxious expectation may become especially linked to certain ideas or occasions, usually loosely, so that it readily passes from one to another; the commonest of these are hypochondriac ideas, ideas of moral scrupulousness, fears of loss of property or of professional capacity, etc. Freud speaks of there being in this stage a quantity of 'free, floating anxiety' which becomes attached to one idea after another. We here have the beginning of the passage of the condition into a true phobia, where the fear is, so to speak, precipitated on to a given idea, and becomes localised. The general mental effect shows an alternation or a combination of overexcitation and inhibition; as a rule the former is found with slighter grades, the latter with higher grades of anxiety. For instance, the thought processes may be either hurried and agitated, one idea rapidly chasing the other, with very superficial associations between them, or there may be a blocking of them, an inhibition, so that the mind may even 'become a blank.' The various kinds of insomnia frequently met with in this affection should here

be mentioned, as also the bad dreams (anxiety dreams) that almost constantly accompany it; I have elsewhere pointed out¹ that the nightmare is a typical symptom of the anxiety neurosis. The fullest account of the mental state is given by Loewenfeld.²

In the genesis of anxiety most writers attach importance to mental factors. Mannhardt³ says that one of the chief causes of the condition is overwork, Oppenheim⁴ finds that in most cases grief or some psychical shock has been the provoking agent, Dagonet⁵ traces it to a feeling of depression, which infects the mind with a sense of danger, and similar remarks will be found in most writings. So far as I know, the only writer that holds an intellectualistic (ideogenous) conception of anxiety is Dubois,⁶ who consequently believes that it can be treated by means of persuasive reasoning with the patient. He maintains that such patients shew a general mental deficiency, superstitiousness, and lack of judgement; he attributes both anxiety and phobias to 'faint-heartedness and defective logic.' This conception approximates to Janet's⁷ less intellectualistic one of a 'lowering of the mental tension' and 'incapacity to give attention or experience emotions demanded by the circumstances,' i.e., a general psychasthenia; similarly Varendonek⁸ describes the origin of fear as a 'mode of adaptation to the new.' In contradistinction from Dubois practically all other writers⁹ point out that such patients often shew an astonishing general courage in face of real danger and difficulties, with unusually high intelligence and strong will power:

¹ 'On the Nightmare,' *American Journal of Insanity*, January, 1910, p. 383.

² Loewenfeld, *op. cit.*, S. 306-308, 318-330.

³ Mannhardt, 'Die nervösen Angstgefühle,' S. 15.

⁴ Oppenheim, *op. cit.*, S. 174.

⁵ Dagonet, 'Les sentiments et les passions,' *Annal. méd.-psychol.*, 1895, t. ii., p. 5.

⁶ Dubois, 'Psychologie und Heilkunst,' *Berl. klin. Woch.*, 1909, Nr. 25. 'Zur Psychopathologie der Angstzustände,' *Ibid.*, Nr. 33. 'Pathogenese der neurasthenischen Angstzustände,' *Volkmanns Sammlung Klinischer Vorträge*, 1909.

⁷ Janet, *op. cit.*, p. 561.

⁸ Varendonek, 'Phobies d'enfants,' *La revue psychologique*, mars, 1910, vol. iii., p. 38.

⁹ Cf., for instance, Janet, *op. cit.*, p. 464.

many a hero of the battle-field has been overcome with extreme nervousness (*i.e.*, anxiety) on having to make an after-dinner speech, and they often remark that they would rather face the former situation than the latter; the same applies to men distinguished for moral courage. As Oppenheim¹ epigrammatically, but unfortunately not metaphorically, remarks, 'Der Mut kann im Grosshirn herrlich thronen, während im Bulbus die Angst gebieterisch ihre Herrschaft ausübt.' ['Courage can reign in splendour in the cerebrum while anxiousness is exercising an imperious mastery in the pons.'] Further, most observers² are agreed that the various fears and anxieties cannot be influenced by mere explaining and reasoning in the way Dubois believes; there is no question but that any success obtained by Dubois is, as Oppenheim³ remarks, to be ascribed to suggestion.⁴ In fact the patients rarely need telling that their fears are groundless; much of their distress arises from their being unable to control fears that they realise are 'foolish.' Oppenheim⁵ puts this forcibly, when, referring to the dread of thunder, he says, 'Versuche nur, sie zu beruhigen und von der Nichtigkeit ihrer Furcht zu überzeugen. Und wenn du mit Engelszungen zu ihr sprichst und die Redekraft der Propheten besässest, es gelingt dir nicht, sie der qualvollen Lage zu entreissen.' ['Only try to calm them and convince them of the nothingness of their fear. And though you spoke to them with the tongues of angels, and possessed the oratory of the prophets, you will not succeed in detaching them from their tormenting situation.'] We shall see that the reason why morbid fears cannot be removed by appeals to the patient's conscious processes is that the cause of them does not lie there. The conscious process, *e.g.*, the idea of an approaching thunderstorm, that evokes the anxiety attack is not the *cause* of this, but only the exciting agent; it is merely a signal that acts by arousing through association the real

¹ Oppenheim, 'Zur Psychopathologie der Angstzustände,' *Berl. klin. Woch.*, Juli 12, 1909, S. 1294.

² See, for instance, Loewenfeld, *op. cit.*, S. 305.

³ Oppenheim, *Deutsche Zeitschr. f. Nervenheilk.*, Bd. xli., S. 190.

⁴ See Chapter XII.

⁵ Oppenheim, *Berl. klin. Woch.*, *loc. cit.*

cause, which is entirely unconscious. A view allied to Dubois's superficial conception of the genesis of these troubles is that which attributes them to implanted ideas and fearful emotions, *e.g.*, by the bogey stories of nursemaids or an erroneous religious training. This notion would hardly be worth discussing, in spite of its prevalence, were it not that in the latter instance there is a modicum of truth, there being in fact a close connection between morbid anxiety and most forms of religion. Those who trace morbid anxiety to early religious ideas, however, are guilty of a curiously simple error of logic. Because the two stand in a certain relation to each other it is inferred that one must be the cause of the other, the truth being that they are both manifestations of a common cause. To hold that an over-religious training is the cause of anxiety is like holding that the smoke of a fire is the cause of the heat it gives out.

Turning to the physical symptoms of anxiety we note the same admixture of overexcitation and inhibition phenomena as that referred to in connection with the mental symptoms. Thus one sees at one time a rapid, excited heart's action or a polypnoea, at another time a feeble pulsation with bradycardia or a bradypnoea with deep, sighing inspirations; pollakiuria may alternate with retention of urine, hunger with loss of appetite, etc. The symptoms themselves need not here be detailed, as they are well known from the writings of Freud,¹ Janet,² Loewenfeld,³ Mosso,⁴ and others. They may be described with fair accuracy as excessive manifestations of the normal, physiological accompaniments of fear. They are, however, rarely developed in a uniform manner; in most cases certain manifestations stand out with great, or even almost exclusive, prominence. The most frequent regions in which this occurs are, in order, those of the precordium, the head, the sternum, and the epigastrium, the first being by far the most frequent.⁵ In such cases the patient often actually

¹ Freud, *op. cit.*

² Janet, *op. cit.*, pp. 218-231.

³ Loewenfeld, *op. cit.*, S. 308-312.

⁴ Mosso, 'Fear,' Engl. Transl., 1896.

⁵ Forster, *op. cit.*, S. 15.

refers his anxiety, usually under the name of 'nervousness,' to the region most concerned; in other words, he feels it to be there, just as he would in the case of a painful sensation. As a rule the feeling is one of great weight and choking oppression, which may be accompanied by disagreeable paresthesias, sometimes hardly to be distinguished from pain. Pseudo-angina is merely a symptom of precordial anxiety,¹ as so-called bronchial asthma is of the sternal variety.² The bodily secretions are profoundly affected, cessation of the salivary³ and gastric flow, with increased pouring out of urine and sweat, being the rule. Excessive and irregular functioning of the involuntary muscle fibres takes place, which may result in a peristaltic diarrhoea, strangury, tenesmus, seminal or vaginal emissions, vasomotor constriction with coldness of the skin, etc. From this outline it will be evident that bodily processes are affected which are not at all under control of the 'will' in the ordinary sense, though it has experimentally been proved that all of them may be influenced by deeper, automatic mental processes. Ignorance of the latter fact has contributed to the opinion being formulated by many writers that the cause of anxiety states is to be sought exclusively in organic processes, other adjuvant factors strengthening this opinion being the general materialistic leanings of the medical profession, the inadequacy of the mental explanations commonly proffered, the failures of psychotherapy, and the remarkable extent and severity of the physical symptoms just mentioned.

The explanation of the pathology of anxiety on a physical basis has been, and still is, attempted along many different lines, and only a selection of the views held need be referred to. In general they may be divided into two classes: those

¹ Loewenfeld, *op. cit.*, S. 309. Stekel, *op. cit.*, ch. vi.

² Loewenfeld, *loc. cit.* Stekel, *op. cit.*, ch. vii.

³ The fact that the salivary flow is inhibited by anxiety is made use of in India to detect thieves. A grain of rice is put into the mouth of each suspected person, and the one in whose mouth it remains dry is held to be the culprit (Pick, *Medizinische Klinik*, 1909, No. 40). The principle of the procedure is identical with that underlying the modern examination of criminals by the word-association test, and the fallacies and limitations of the method are similar in the two cases.

that postulate an *undue excitability* and readiness of response on the part of the nervous centres concerned with the regulation of the visceral organs, and those that postulate an *undue excitation* of the nervous system as a result of disturbance of those organs. Of the two views the former seems at present to be the more widespread; it was maintained in two of the three papers on the subject read at the last meeting of the Society of German Neurologists. It is foreshadowed in Roller's¹ hypothesis of a 'functional disturbance in the medulla oblongata,' and in Luy's² opinion that there is in these cases an ischæmia of the brain. The most modern form of it is expressed by Hatschek,³ who postulates a 'special excitability of the subcortical, or spinal and sympathetic, centres,' and by Oppenheim,⁴ who speaks of a 'morbidly heightened excitability of the vasomotor-secretory-visceral nervous centres.' It need hardly be said that no evidence whatever has been adduced for this hypothesis, which remains a pure supposition. According to Oppenheim and Hatschek the *modus operandi* is that these lower nervous centres react more readily, not so much to visceral excitations, as to 'ideas and sense impressions'; there is, therefore, a relative inefficiency of the normal cortical inhibitions.

The second view was first formulated by Arndt,⁵ who saw in an abnormal functioning of the heart the primary cause, an idea closely allied to that of Krafft-Ebing's⁶ of an 'over-excitability of the vasomotor nerves of the heart with consequent vascular constriction.' Ball⁷ speaks of 'reflex impulses that arise in the internal organs and are conveyed by way of the sympathetic,' and Régis⁸ sees in cœnæsthetic troubles the starting point of the disorder. It is little wonder

¹ Roller, 'Zur Pathologie der Angst,' *Allg. Zeitschr. f. Psychiatrie*, 1880, Bd. xxxvi., S. 149.

² Luy's, 'Traité clinique et pratique des maladies mentales,' 1881, p. 496.

³ Hatschek, 'Zur vergleichenden Psychologie des Angstaffektes,' *Deutsche Zeitschr. f. Nervenheilk.*, Bd. xli., S. 211.

⁴ Oppenheim, *Deutsche Zeitschr.*, *op. cit.*, S. 187.

⁵ Arndt, *Allg. Zeitschr. f. Psychiatrie*, 1874, Bd. xxx., S. 89.

⁶ Krafft-Ebing, *Lehrbuch der Psychiatrie*, 1890, S. 141.

⁷ Ball, 'Leçons sur les maladies mentales,' 1890, p. 178.

⁸ Régis, 'Précis de Psychiatrie,' 1906, 3^e éd., p. 251, etc.

that, in view of these conceptions, Mannhardt¹ has proclaimed massage over the solar plexus to be a sovereign remedy for the trouble. Hoche² also definitely regards it as essentially of physical origin. He states that it may arise in two ways, as the result either of reflex irritation or of poisoning (mostly with carbon dioxide); of these the latter is, according to him, considerably the more frequent. Meynert's³ hypothesis is a combination of these two sets of views; he supposes a 'dyspnoic nutritional state of the cortex, the result of vasoconstriction produced by excitation of the vasomotor cortical centres.'

Plainly the views just mentioned arise through attention being especially directed to the physical symptoms of the anxiety syndrome. If there were no other symptoms to be accounted for, the inadequacy of these views would not be so evident, but it cannot be disguised as soon as we begin to apply them to the mental symptoms. These are supposed essentially to consist in the apprehending of disagreeable physical sensations, a conception practically identical with that underlying the James-Lange hypothesis of the emotions. It is hardly possible satisfactorily to discuss the views in question without first considering in detail this hypothesis. This, however, cannot be done in the space at my disposal, and I propose to avoid the difficulty by assuming that the criticisms of numerous psychologists—Lipps, Wundt, etc.—have been effectual, so that at the present day the hypothesis is no longer tenable, at all events in its original form. I would only remark that in my opinion the purely clinical study of anxiety states affords weighty evidence against the probability of the hypothesis. Janet⁴ has commented on the obvious objection that, in the case of various organic diseases, *e.g.*, *morbis cordis*, the physical manifestations characteristic of the anxiety syndrome may occur in an even more severe degree than here without being followed by any anxiety,⁵

¹ Mannhardt, *op. cit.*, S. 16.

² Hoche, *op. cit.*, S. 190, 200.

³ Meynert, 'Psychiatrie, Klinik der Erkrankungen des Vorderhirns, 1894.

⁴ Janet, *op. cit.*, p. 468.

⁵ The reason why anxiety sometimes occurs in these cases will be pointed out later.

and Loewenfeld¹ has pointed out that the occurrence of the abortive anxiety attacks, *i.e.*, pronounced physical manifestations with little or no anxiety, stands in direct conflict with the James-Lange hypothesis. Indeed, writing on the subject of fear, Stanley Hall² goes so far as to say, 'What problem could better illustrate the crude scholastic stage of the contemporary psychology of feeling and emotion than the elaborate recent discussions of the problem whether they are the results of tension of muscles, vessel walls, etc., or (whether) the latter are primal and causative?'

An escape from the deadlock in regard to the question of 'physical or mental' has been sought by endeavouring to state the problem in terms of biology. Biologically fear must be regarded as being a protective mechanism, a defensive reaction against anticipated harm, and Stanley Hall,³ developing a suggestion of H. M. Stanley, has very plausibly argued that even in man it fulfils many beneficial functions. It is interesting to recall that with morbid anxiety the anticipatory dread of impending harm or danger, of pain in the broadest sense of the term, is a constant and characteristic feature, and this fact, therefore, should not be lost sight of when discussing the pathology of the emotion; in regarding anxiety from this point of view it is not necessary, however, to agree with Forster that it is possible to trace it to older memories of bodily pain or that the physical manifestations are nothing but reflexes evoked by the pain sense.⁴

It was Darwin⁵ who first expressed the thought that perhaps the tendency to fear certain objects is inherited from past generations. Stanley Hall⁶ has elaborated this suggestion to explain why fear arises in certain situations of life, under certain circumstances, in connection with certain ideas, etc., and recently Hatschek⁷ has also laid stress on the

¹ Loewenfeld, *op. cit.*, S. 314.

² Stanley Hall, 'A Study of Fears,' *American Journal of Psychology*, January, 1897, p. 241.

³ *Ibid.*, *op. cit.*, pp. 242, 243.

⁴ Forster, *op. cit.*, S. 13-15.

⁵ Darwin, 'The Expression of the Emotions in Man and Animals,' Pop. Ed., 1904, p. 40.

⁶ Stanley Hall, *op. cit.*, pp. 244-248.

⁷ Hatschek, *op. cit.*, S. 210.

atavistic nature of morbid anxiety. No one can doubt that this is a very valuable point of view, and unquestionably true so far as the predisposition, the capacity of fearing, is concerned; the tendency to fear must in other words be regarded as a true inherited instinct. But when it comes to explaining by the same atavistic hypothesis the fear of certain objects, the anxiety under certain circumstances, serious, and in my opinion insuperable, objections can be raised. In the first place inherited habits, whether mental or physical, are characterised by stereotyped behaviour, by regularly occurring under similar circumstances, and so on. Anxiety and fear, on the other hand, as King¹ has pointed out in this connection, shew just the opposite features to this, varying remarkably in intensity, and in regard to the kind of situation that evokes them, being in many cases very difficult to predict the occurrence of even in the same person. Then, again, the conception that certain ideas or memory contents can be directly inherited is not supported by any evidence, and is quite foreign to our experience of child development.²

The results of the discussion up to the present may be summarised in the following three statements: (1) As the condition frequently occurs when the bodily health is, so far as can be determined, otherwise perfect, there is no evidence in support of the views either that the nervous centres are in a state of primary overexcitability or that abnormal irritative impulses are arising in any pathologically altered visceral organs. (2) Morbid anxiety and its physical accompaniments are essentially an exaggerated manifestation of a normal biological instinctive activity, the function of which is to protect the organism against pain (in the wide sense). (3) As the outburst of anxiety frequently takes place as a reaction to trivial occasions, which in the normal give rise to little or no anxiety, and also occurs quite spontaneously, independently of any ascertainable external cause, it follows that the external agents

¹ King, 'The Psychology of Child development,' 2nd ed., 1906, p. 56.

² The distinction between inherited mental activities and acquired mental contents has been sharply drawn, and the subject strikingly developed, by Otto Gross, 'Ueber psychopathische Minderwertigkeiten,' 1909, S. 15, etc.



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(including here also ideas of danger, etc.) cannot be regarded as the true cause of the anxiety, but at most as evoking factors. We have further noted the difficulty, which theoretically indeed amounts to an impossibility, of explaining the condition by either an exclusively 'mental' or an exclusively 'physical' hypothesis, and should be prepared to give the preference to any explanation that accounts equally for the mental and physical symptoms. Before formulating a unitary explanation of this kind, however, it will first be necessary briefly to separate again these two classes.

Further light on the mental aspect is obtained by a study of the psychogenesis of phobias, *i.e.*, conditions in which outbursts of anxiety are more or less successfully guarded against by the building up of specific, protective fears. The subject itself does not properly belong to the present discussion, so that I will only shortly state two conclusions which are invariably reached whenever a psycho-analysis of a phobia is made. (1) Morbid fears of external objects or situations are projections of fears on to the outside that arise in relation to internal mental processes. This process of projection, as is well known, is very common in everyday life. To give a simple example: A business man, whose affairs were financially unsound, heard a harmlessly-meant reference to the finance of his business made by a friend, and immediately began to defend this with unnecessary heat; he had projected his inner feeling of reproach on to his friend, and read into the latter's words a meaning that was not intended. Qui s'excuse s'accuse. In dementia præcox, as Freud,¹ Jung,² and Maeder³ have shewn, the process is remarkably frequent. The following is an instance of it in the present connection: One of my women patients had a phobia of flower seeds, and this had arisen as a defence reaction against certain internal temptations relating to 'seed' of another kind. (2) Morbid fears are the external expression of internal wishes. It is plain that

¹ Freud, 'Weitere Bemerkungen über die Abwehr-Neuropsychosen,' *Neurol. Centralbl.*, 1896, S. 447. Reprinted in 'Sammlung,' etc., S. 132.

² Jung, 'Ueber die Psychologie der Dementia Præcox,' 1907.

³ Maeder, 'Psychologische Untersuchungen an Dementia-præcox Kranken,' *Psychoanalytisches Jahrbuch*, 1910, Jahrg. ii., S. 237.

every fear is but the obverse of a wish, *e.g.*, a wish that the feared event may not happen. Two opposite mental processes are always closely associated with each other, so that it is not surprising that in psycho-analysis one finds fear to be intimately connected with desire; this becomes especially comprehensible when one recollects the fact, familiar in daily life to every one, that the readiest way of disguising a thought is to replace it by its opposite. The essential association between desire and anxiety is indeed demonstrated by the linguistics of the very word in question, for we speak of being anxious (desirous) to meet someone just as we do of being anxious (apprehensive) about the outcome of some event. This is, however, far from being the only mechanism at work in the construction of a phobia. The fear has morbid features only when the underlying wish is of a repressed kind, so that the phobia replaces this in consciousness. A simple illustration of the process is afforded by the case of a patient of mine whose child was the only obstacle that stood in the way of a divorce and a prospectively happy remarriage; she suffered intensely from the continuous dread that her child might in some way die, and had great difficulty in admitting to herself the possibility that she might have harboured a corresponding wish.

Returning now to the physical aspects of the problem, we have seen that practically all writers on the subject are agreed in reducing the matter to a question of overexcitation of the nervous centres. Whether this overexcitation is a relative one, due to the action of normal stimuli on overexcitable centres, or an absolute one, due to the action of pathological stimuli on normal centres (the two 'physical' views discussed above) is irrelevant to the main point; the failure to discover a source for pathological stimuli has led most writers to predicate the former supposition. This failure, however, may have been due to the search having been directed solely to *pathological* stimuli, the possibility of abnormally strong *physiological* ones being overlooked. Janet¹ has stated the problem at this stage very justly: 'En deuxième

¹ Janet, *op. cit.*, p. 561.

lieu l'angoisse contient des sensations de troubles organiques, ceux-ci nous apparaissent comme le résultat d'une décharge intéressante les appareils des fonctions organiques. Cette décharge est en rapport avec une fuite du courant inutilisé par les phénomènes supérieurs. Des fuites de ce genre sont nombreuses : un exemple bien frappant nous est donné par l'excitation génitale et la masturbation.¹ In other words everything seems to point to the symptoms being an *aberrant* discharge of excitations or impulses that cannot find their suitable outlet, or, as I have elsewhere² expressed it, an excessive afferent excitation with deficient efferent outflow. Freud,³ agreeing with other writers up to this point, solved the difficulty by shewing that the abnormally directed impulses were not, as had been thought, of a pathological nature, but were physiological sexual impulses that were not finding a suitable outlet. Although Freud arrived at this conclusion quite empirically as a result of clinical experience, it would seem as though *a priori* reasoning, if logically carried through, could lead to no other result, especially in view of such considerations as the failure to find any source of pathological stimuli, the plain hint of a biological solution in relation to one of the inherited instincts, the nature of fear as being a defensive function, and so on. However, conclusions are apt to seem easy once they have been pointed out ; *c'est le premier pas qui coûte*.

If one now tries to formulate Freud's conclusion in general terms it would run somewhat as follows : *Under certain circumstances, which will presently be mentioned, sexual excitations arise that cannot follow their natural course of leading to either physical gratification or conscious desire for such ; being deflected from their aim they manifest themselves mentally as morbid anxiety, physically as the bodily accompaniments of this.* The circumstances in question may be of either a physical or mental nature, usually there being a combination of both ; in both cases a state of tension due to physical over-

¹ He then relates some interesting examples of the kind.

² Chapter VI., p. 138.

³ Freud, ' Ueber die Berechtigung,' etc., *op. cit.*

excitation results from the unsatisfactory functioning of an important organic system. It is impossible to enumerate here more than a few of them; for further details Freud's writings must be consulted. The physical ones are conditions which cause sexual excitation without satisfactory gratification, such as the over-arduous embraces of engaged couples, coitus interruptus (probably the most frequent cause), abrupt introduction of girls or women to gross sexual experiences, disproportion between desire and potency, and, under certain circumstances, particularly when previous indulgence is suddenly given up, sexual abstinence.¹ Freud² has pointed out the resemblance of the physical accompaniments of anxiety states to those of the sexual act (rapid heart's action, hurried breathing, sweating, dry mouth, peristaltic contraction of involuntary muscles, etc.). The mental conditions are those that lead, by means of repression, to unconscious fixation of important components of sexual desire, so that they cannot reach consciousness; such are infantile conflicts arising during the normal suppression of perverse tendencies or incestuous attractions. A consideration of great practical significance is that such fixations may render the person incapable of obtaining gratification even though regularly exercising sexual relations; the case is then one of anxiety-hysteria. Morbid anxiety is commonly described by Freudians as being derived from repressed sexuality. While this is clinically true, it is psychologically perhaps more accurate to describe it as a reaction against repressed sexuality, a reaction derived from the instinct of fear. The following remark of Bacon's is very applicable in this connection: 'We know diseases of stoppings and suffocations are the most dangerous in the body; and it is not much otherwise in the minde.' Desire that can find no direct expression is 'intro-

¹ This term is here used in its strict sense, as defined by H. v. Müller (*Sexual-Probleme*, 1909, S. 309), as meaning abstinence from physical gratification of the type of sexuality characteristic of the person concerned. Thus a person whose main sexuality is of a perverse type is abstinent even though exercising normal intercourse, while a normal person is abstinent even if he masturbates daily.

² Freud, 'Sammlung,' *op. cit.*, S. 81.

verted,' and the dread that arises is really the patient's dread of an outburst of his own buried desire.¹ In other words, morbid anxiety subserves the same biological function as normal fear, in that it protects the organism against mental processes of which it is afraid. It has a further biological root in being an exaggeration of the normal feminine apprehension of sexuality, and is thus a form of masochism. The biological instincts of fear and sex are indeed intimately intertwined throughout their whole evolution, a chapter which demands a special exposition in itself.

I wish to lay stress on the fact that, at least so far as the somatic anxiety neurosis is concerned, the conclusion just enunciated is not a matter of psycho-analysis, so that it can at any time be tested by means of direct clinical investigation. Indeed it has been extensively confirmed by a number of observers who are either firmly opposed to psycho-analysis or else indifferent towards it; their unbiassed testimony is therefore of especial interest. A few writers, on the other hand, admit the facts, but deny the conclusion. Janet,² for instance, says: 'Si on peut avoir des renseignements, des aveux dans la vie sexuelle des malades, on voit qu'elle est presque toujours troublée et qu'elle est bien troublée en effet dans le sens qu'indique Freud. . . . J'admets donc le fait signalé par M. Freud, mais je crois qu'il faut l'interpréter.'³ He then discusses the lack of gratification obtained by such patients, evidently cases of psychical impotence, but considers this failure to be merely a manifestation of their general psychasthenic defect.⁴ Psycho-analysis shews, however, that these defects, like all 'psychasthenic' ones, are the result of specific disturbances in the early development of the psycho-sexual life, and clinical observation shews that when the defects concern the sexual function itself, as in Janet's cases of impotence, the physical tension that results secondarily leads to an anxiety neurosis; there is in fact a vicious circle

¹ Typified in the common fear of becoming insane—*i.e.*, of losing control of one self.

² Janet, *op. cit.*, p. 622.

³ *I.e.*, explain it away.

⁴ *Ibid.*, *op. cit.*, pp. 562, 623.

in the pathology. The objections raised by other authors are more superficial and have been fully met by Freud, both in his original paper and in a later one;¹ to answer them here would be merely to repeat Freud's words. Many consist of nothing but irrelevancies; thus, the only reason Oppenheim² gives for not accepting Freud's theory of the anxiety neurosis—a matter which has nothing to do with psycho-analysis—is that he cannot agree with Stekel's interpretations of dream symbolisms. Freud's observations and conclusions were confirmed, quite apart from psycho-analysis, by Gattel,³ Kish,⁴ Strohmayer,⁵ Tournier,⁶ Tschisch,⁷ and others. Loewenfeld,⁸ for instance, writes: 'Die Libidoerregung kann aber auch und zwar unabhängig vom Willen des Individuums Wege einschlagen und Erscheinungen produzieren, die wir als pathologisch betrachten müssen. Das wichtigste hierher gehörige Phänomen ist das Auftreten von Angstzuständen im Gefolge sexueller Abstinenz und analoger Verhältnisse. Hierbei handelt es sich um ein andauerndes oder periodisches Abströmen eines Erregungsquantums von den kortikalen Geschlechtssinnzentren nach den bei dem Angstzustand beteiligten kortikalen und subkortikalen (bulbaren) Apparaten.' ['Sexual excitation can, however, and independently of the person's will, enter paths and produce occurrences that we must consider as pathological. The most important phenomenon in this connection is the appearance of anxiety states in consequence of sexual abstinence and analogous circumstances. Here it is a question of a lasting or periodic flowing of a sum of excitation from the cortical sense centres of sex towards the cortical and subcortical (bulbar) apparatus

¹ Freud, 'Zur Kritik der "Angstneurose,"' 'Sammlung,' *op. cit.*, S. 94.

² Oppenheim, *op. cit.*, S. 180.

³ Gattel, 'Ueber die sexuellen Ursachen der Neurasthenie und Angstneurose,' 1898.

⁴ Kish, 'Névrose cardiaque d'origine sexuelle chez la femme,' 1897.

⁵ Strohmayer, 'Ueber die ursächlichen Beziehungen der Sexualität zu Angst- und Zwangszuständen,' *Journ. f. Psychol. u. Neur.*, Dec., 1908. Bd. xii. S. 69.

⁶ Tournier, 'Essai de classification étologique des névroses,' *Arch. d'anthropologie criminelle*, 15 janvier, 1900.

⁷ Tschisch, Sixth Congress of the Society of Russian Physicians, 1896.

⁸ Loewenfeld, 'Ueber die sexuelle Konstitution,' 1911, S. 217.

that is concerned in the anxiety state.] A great number of writers have published their experience of disorders resulting from sexual abstinence that are plainly symptoms of the anxiety neurosis; I need only refer to Erb,¹ Féré,² Gyurkovechky,³ Kafemann,⁴ Krafft-Ebing,⁵ Loewenfeld,⁶ Marcuse,⁷ Neisser,⁸ Nyström,⁹ Porosz,¹⁰ Runge,¹¹ and Rutgers.¹² This mass of work cannot be ignored by any one whose discussion of the subject is to be taken seriously.

An interesting indirect confirmation of the truth of Freud's conclusion has lately been afforded through Herz, of Vienna. In a book¹³ devoted to the subject, and in a number of articles,¹⁴ he proclaimed the discovery of a special form of cardiac neurosis, to which he gave the name of 'sexual psychogenic cardiac neurosis—phrenocardia,' because the essential cause of it consists in lack of sexual gratification. The nosology and sexual ætiology of this phrenocardia has been confirmed

¹ Erb, 'Bemerkungen über die Folgen der sexuellen Abstinenz,' *Zeitschr. f. Bekämpf. d. Geschlechtskr.*, 1910.

² Féré, 'L'instinct sexuel,' 1899.

³ Gyurkovechky, 'Pathologie und Therapie der männlichen Impotenz,' 1897.

⁴ Kafemann, 'Die Sexualhygiene des Mannes in Beziehung auf ansteckende Krankheiten und funktionelle Störungen,' *Sexual-Probleme*, 1907, S. 97 u. 194.

⁵ Krafft-Ebing, 'Ueber Neurosen und Psychosen durch Abstinenz,' *Jahrb. f. Psychiatrie u. Neur.*, 1889, Bd. viii., S. 1.

⁶ Loewenfeld, 'Die psychische Zwangserseheinungen,' 1904, S. 358, and 'Sexualleben und Nervenleiden,' 4^{te} Aufl., 1906, eh. vi. and vii., esp. p. 264.

⁷ Marcuse, 'Die Gefahren der sexuellen Abstinenz für die Gesundheit,' *Zeitsch. f. Bekämpf. der Geschlechtskr.*, 1910, Bd. xi., Heft 3. Also published in brochure form.

⁸ Neisser, *Mittheilungen der Deutsche Gesell. f. Bek. d. Geschlechtskr.*, 1904, S. 10.

⁹ Nyström, 'Des Geschlechtsleben und seine Gesetze,' 1904; 'Die Einwirkung der sexuellen Abstinenz auf die Gesundheit,' *Sexual-Probleme*, 1908, S. 398.

¹⁰ Porosz, 'Ueber das Wesen der sexuellen Neurasthenie,' *Monatsschr. f. prakt. Dermatol.*, 1903.

¹¹ Runge, 'Das Weib in seiner geschlechtlichen Eigenart,' 1900.

¹² Rutgers, 'Sexuelle Abstinenz und Lebensenergie,' *Die Neue Generation*, 1900, S. 271.

¹³ Herz, 'Die sexuelle psychogene Herzneurose (Phrenokardie),' 1909.

¹⁴ *Ibid.*, 'Seufzerkrampf,' *Wien. klin. Woch.*, 1909, No. 39. 'Die Herzneurosen,' *Die Heilkunde*, 1910, No. 1. 'Ueber die psychischen Behandlung von Herzkranken,' *Wien. klin. Rundsch.*, 1910, S. 75, etc.

by Erb,¹ Romberg,² Rumpf³ and others; the general importance of sexual disturbances for the pathogenesis of cardiac neuroses has also been emphasised by Curschmann,⁴ Hoffmann,⁵ and Treupel.⁶ Now, although Herz does not mention Freud at all, it is apparent to any one who has read Freud's papers published in 1895 that phrenocardia is identical with the cardiac symptoms of anxiety neurosis there fully described; indeed, Stekel⁷ had, in 1908, devoted to the subject a special chapter of his book.⁸

I have not cited the writings of any members of the Freud school in support of the conclusions here maintained, but need hardly say that their experience is unanimously in favour of them. Indeed, to any one who has carried out psycho-analysis it is an obvious truism that morbid anxiety is but another expression for unsatisfied sexuality, a truism that is confirmed anew in every case studied. I will only refer to the hundred cases narrated by Stekel⁹ in a book that gives an excellently full account of the clinical and therapeutic aspects of the different varieties of anxiety states.

Only two analyses of cases of anxiety states have been

¹ Erb, *Monatsschr. f. Psychiatr. u. Neur.*, Aug., 1909, Bd. xxvi., S. 170, and *Munch. Med. Woch.*, 1909, Nr. 22.

² Romberg, 'Die Lehre von den Herzneurosen,' *Deutsche Zeitschr. f. Nervenheilk.*, 1910, Bd. xxxviii., S. 185.

³ Rumpf, 'Zur Diagnose und Behandlung der Herz und Gefässneurosen,' *Deutsche Med. Woch.*, 1910, S. 1305 u. 1353.

⁴ Curschmann, 'Ueber Angina Pectoris vasomotoria,' *Deutsche Zeitschr. f. Nervenheilk.*, Bd. xxxviii., S. 216.

⁵ Hoffmann, 'Die Lehre von den Herzneurosen,' *Deutsche Zeitschr. f. Nervenheilk.*, Bd. xxxviii., S. 207.

⁶ Treupel, *Deutsche Zeitschr. f. Nervenheilk.*, Bd. xxxviii., S. 228.

⁷ Stekel, *op. cit.*, ch. vi.

⁸ This unblushing plagiarism of Herz's has recently been followed by another on the part of De Fleury (*Bull. de l'acad. de méd.*, Déc. 21, 1909), Church (*Journ. of the Amer. Med. Assoc.*, July 23, 1910), and Mendel (*Neurol. Centralbl.*, Okt. 16, 1910), who have independently of one another discovered a 'male climacteric,' also described years ago by Freud as part of the anxiety neurosis. Church and Mendel consider it to be due to regressive changes in the sexual organs. Yet another instance is that of Oppenheim (*Neurol. Centralbl.*, 1911, S. 290), who has described under the name of 'Dauerschwindel' a syndrome recognised by Freud in his original paper as a typical constituent of the anxiety neurosis; Oppenheim has the hardihood to write that he has searched the literature in vain for any reference to the condition.

⁹ Stekel, *op. cit.*

published in English, by Jung¹ and Brill² respectively. I have space here to record only a condensed abstract of a third one, chosen, out of a considerable number, because of several interesting features. It represented an unusually pure form inasmuch as the anxiety had remained undiminished in intensity for some years, and was further striking in that the localisation of the physical symptoms was strongly determined by mental factors.

The patient was a lady, aged forty-six, who had been brought up amid well-to-do and refined surroundings. Her education had been fairly good, and her chief interest, apart from the usual social ones, lay in music, particularly in piano music. There was no history of nervous trouble in any other member of the family. She had married at the age of thirty-five, had borne two children, and had enjoyed a happy married life; seven years later her husband died suddenly. She herself had had no illness or nervousness until the age of twenty-six, when an attack of influenza left her with chronic indigestion. When this was bad it was accompanied with some slight general nervousness, but neither seriously inconvenienced her until the onset of her present trouble. This occurred eight months after her husband's death, and took the form of a severe 'breakdown' which confined her to bed for several months, and from which she had never recovered. In the past four years her condition had varied somewhat from time to time, but for two months previous to my seeing her she had again been confined to bed. Her symptoms were as follows: In the region of the stomach was a sensation of discomfort and distension, with some nausea and flatulence. Accompanying this, and largely situated there, was a feeling of extreme 'nervousness' and agitation. Mentally there was great restless anxiety, with a sense of uncontrollable dread at some unknown impending terror. Physically the attack was characterised by violent trembling of the whole body, especially of the limbs, hurried breathing, excited and irregular

¹ Jung, 'The Association Method,' *American Journal of Psychology*, April, 1910, p. 252.

² A. A. Brill, 'The Anxiety Neuroses,' *Journal of Abnormal Psychology*, June—July, 1910, p. 60.

heart's action, and profuse cold sweating. She suffered continuously to some extent from these symptoms, being never quite free of them, but they were much worse during the attacks, which lasted for several hours, and occurred daily in the early morning; this account she could never sleep after about two in the morning. No evidence of any organic gastric affection had ever been made out, though diligent search had been made (internal measurements of the stomach, analysis of the contents, etc.). Careful treatment, chiefly directed towards the stomach condition but also of a psychotherapeutic nature, had been carried on throughout her illness, but without any avail. Weir Mitchell treatment, as is so often the case with such patients, had only made her condition worse, and had had to be given up after a six weeks' attempt.

Such were the main facts elicited by an ordinary medical enquiry. No doubt the condition would, as a rule, have been interpreted as being due to a severe grief occurring to a patient who was subject to chronic 'functional dyspepsia,' a sequel of influenza. Oppenheim¹ states that grief and mental shock are such satisfactory explanations of the ætiology of anxiety states that it is not necessary to search for repressed sexual complexes. The presence and activity of such complexes, however, is not affected by ignoring them, whereas they can be robbed of their power for harm by introducing them into consciousness. In the present case the effect of so doing was that after a month's treatment the patient was sleeping regularly throughout the night, after another month she was once more able to take up with enjoyment the social duties she had had to neglect for the past four years, and after a third month the malady was at an end.

The first important fact in obtaining a sexual history was when the patient, under a sense of shame and remorse as painful as I have ever witnessed, confessed that from the age of twelve up to the present time she had lived through an almost continuous struggle against masturbation; she had kept her guilty secret from her mother, her husband, and

¹ Oppenheim *loc. cit.*, 8, 179

every doctor who had treated her. With a partly correct intuition she interpreted her anxiety symptoms as a dread against once more succumbing to the temptation, which had naturally been greater since the cessation of marital relations. In fact the 'nervous breakdown,' eight months after her husband's death, had been preceded the month before by a temporary relapse in this direction.

Such intense shame and remorse is rarely seen as a reaction against ordinary masturbation beginning at the age of puberty; as a rule it has deeper sources, being formed, for instance, as a reaction against infantile auto-erotic tendencies, which have been repressed into the unconscious, and to which the later habit has become unconsciously associated. Liberation of these unconscious complexes causes the reaction to assume more normal proportions, and this is followed by a diminution in the force of the remaining temptation; these fortunate results followed the usual rule in the present case. The memories of the earlier auto-erotic activities were brought to consciousness by means of psycho-analysis, mainly of dreams. They concerned both phantasies and onanistic acts relating to the urethra and the two alimentary orifices, with the corresponding excretions. Bad-wetting, continued almost nightly up to the age of thirteen, had acquired the significance of a nocturnal pollution, as it indeed frequently was. It had caused her great embarrassment and shame, for it happened that it affected her social life in a considerable measure. On account of it she was not allowed to drink anything after three in the afternoon, a restriction she evaded by guiltily stealing forbidden drinks; as a radiation of the corresponding affect she acquired a fondness for glycerine, vinegar, and whisky. At the age of three and a half a baby sister was born, and her imagination, excited by the event, subsequently elaborated the following explanation of it: Children grow inside the body, and were evidently formed out of food; they entered the world through the only possible orifice, the anus. The food was stimulated to this activity through admixture with some fluid (analogy of urine and faeces, later, watering and manuring of vegetation). This fluid was supplied by

the doctor, was therefore some special kind of medicine that had to be swallowed. She acquired a 'fascination' for medicines, and throughout her childhood days drank all she could obtain. In later years she had a pronounced loathing for medicinal fluids that had features at all resembling semen, for instance, buttermilk, flax-seed emulsion, and koumiss, all of which were forced on her with the aim of bettering the stomach condition.

As she grew older and buried all memory of these tendencies by repression they manifested themselves in partly sublimated and partly reactive activities; for instance, the habits of finger-sucking and nail-biting (both of which were preserved through adult years), of biting and eating slate pencils, revelling in the making of sand pies, of mixing earth and water in a pot to make flowers grow (which was followed later by a passionate delight in flowers and in gardening), of manufacturing cold cream, cakes of soap, etc., and later in a fastidious abhorrence of dirt or untidiness in any form. She managed to prevent the creation of any neurosis, as a compromise formation on the part of the complexes, until she was twenty-six, when she had the attack of influenza. At this time she was severely disappointed in a love-affair on which she had built many hopes; simultaneously it was decided, on account of bad wrist trouble, that she must forever give up the practice of piano playing. The latter had served as an outlet for much of her emotional life, partly through the æsthetic pleasure of music, partly because, as is often the case, it was unconsciously associated with the act of masturbation, and was serving as a sublimated vent for this tendency. Her adult emotional (psycho-sexual) outlets and aspirations being thus violently checked, she was thrown back on the infantile forms, on the basis of which was constructed the neurosis. The first symptom of this was distressing nausea occasioned by the medical administration of whisky, which was in many ways—one was mentioned above—associated with the infantile complexes. The various gastric symptoms, nausea, distension, flatulency, pain, etc., were individually psychically constellated, and were products of the infantile forms of her sexual life. Her hetero-

sexual tendencies became fully awakened in marriage, and the renouncement of them was followed by a still more stormy return to old conflicts, with the outburst of the graver stage of the neurosis.

In this case we see the early stages of a tendency to phobia formation, to which the neurosis did not actually lead. Many phobias of edible substances, or of objects resembling these, are but elaborations of a basis similar to that just described. The case illustrates one of the ways in which anxiety symptoms may become localised in one or other system of organs. Another way is through the presence of actual organic disease. I have observed, for instance, that cardiac symptoms are pronounced when an anxiety condition supervenes on a case of heart disease more frequently than when it occurs alone; even in such instances, however, psychical factors generally play a part in determining the localisation. The basis for the production of an anxiety-hysteria is so common that even when, as in the case just described, they have previously remained latent, the altered mode of life, *e.g.*, sexual abstinence, caused by an organic disease, particularly heart disease, may provoke the first outbreak of a neurosis; this is the reason why anxiety symptoms are far from being a rare complication in chronic cases of, for instance, heart disease.

Attention carefully directed to the study of anxiety states has shewn that they are a great deal commoner than is generally supposed, the significance of the symptoms being often overlooked through clinical ignorance. Psycho-analytic research has further made it highly probable that many kinds and degrees of fear that pass for normal, *e.g.*, fear of fire, of mice, etc., take their origin in unconscious complexes and are psychologically as 'abnormal' as any phobia. If one reads the description of fears amongst normal people, such as these collected by Binet,¹ Calkins,² Stanley Hall,³ and Varendonck,⁴

¹ Binet, 'La peur chez les enfants,' *L'Année psychol.*, 1895, pp. 223-254.

² Calkins, 'The Emotional Life of Children,' *Pedagog. Seminary*, vol. iii., pp. 319-323.

³ Stanley Hall, *op. cit.*, pp. 147-249.

⁴ Varendonck, *op. cit.*, pp. 5-45.

the analogy between them and hysterical phobias inevitably forces itself on one. It is assuring to reflect that much of the fear, and anxiety, that bulks so large in the sum of human distress, even amongst the so-called normal, is entirely avoidable, and will one day be prevented when psycho-analytic experience is more widely recognised.

The conclusions thus reached can be condensed into the statement that *morbid anxiety means unsatisfied love*. That already the Greeks had an intuition of the close connection between these two instincts is indicated by their belief that Phobos and Deimos, the gods of Fear, were born of Aphrodite, the goddess of Love.

CHAPTER IX

PSYCHO-ANALYSIS IN PSYCHOTHERAPY¹

THE evolution of psychotherapy, like that of all other modes of treatment, is marked by an ever-increasing precision in method and an ever-deepening comprehension of the conditions to which it is applicable. Progress in these two respects must always go hand in hand, for the moment therapeutics becomes divorced from pathology and diagnosis it leaves its scientific basis and stands in danger of approximating to that medical charlatanry which it is the highest interest of our profession to resist. The two studies are peculiarly interwoven in the case of the psycho-analytic form of psychotherapy, for, as I shall presently indicate, treatment is here carried out by simultaneously laying bare and remedying the pathological mechanisms at the basis of the malady. From this point of view we can discern two stages in the development of any new method of treatment, and these I can best illustrate by a reference to more familiar methods, for instance the operations of trephining or of laparotomy. When the possibility of these operations was first realised, we saw the first stage in development, in which, namely, they were regarded merely as an adjunct to the therapeutic armamentarium, and were applied in the relief of conditions that were already well known and studied on established pathological lines. The second stage arose when, through the repeated performance of such operations, conditions that

¹ An address read at the Symposium on 'Psychotherapy,' before the Annual Meeting of the American Therapeutic Society in New Haven, May 7, 1909. Published in the *Journal of Abnormal Psychology*, June, 1909.

could be relieved by them came to be studied anew, fresh aspects of pathology opened up, and questions of precise diagnosis that had previously been academic problems of trivial interest now became urgent matters of life and death. A moment's reflection on the history of appendicitis will remind you of how little we knew of the pathology, the diagnosis, or even the existence of the affection until the surgeon's knife shewed that it could be cured. We might, in fact, paraphrase the motto underlying British Imperialistic policy, to wit, that Trade follows the Flag, and say that in medicine Diagnosis follows Treatment.

Now in psychotherapy most of the medical world is at present only entering on the first stage. That the medical world of America will definitely enter on this stage as a prelude to further advancement will, I trust, be one of the results of this afternoon's conference. In this stage we clearly recognise that we have secured a therapeutic weapon of the utmost value, which we may describe as the capacity to alleviate certain complaints by purely mental measures, in other words as psychotherapy in its broadest sense. Our attitude towards the nature of these complaints, however, remains in this stage substantially the same as it was when they were treated only by physical remedies. Hence we may see the strange picture of a physician removing by verbal suggestion a symptom which he considers is produced by a toxin circulating in the blood. However, a thoughtful person who employs any form of psychotherapy soon realises that a symptom which can be removed by mental measures is in all probability of a mental nature. It may parenthetically be remarked that he further realises how the suffering endured by the patient, so far from being unreal, is all the more dreadful and formidable for having a mental and not a physical origin. A non-appreciation of this important fact is still all too common. Only recently an article appeared in one of the leading medical journals in which the writer remarked: 'In this manner I hope that we will always be able to trick a malingerer or hysterical subject into betraying the falsity of his claim.' This attitude, though rarely in such

an outspoken form, is frequently implicit in medical writings, and cannot be too strongly condemned. Apart from yielding an inkling of the mental nature of various disorders, the first stage in the evolution of psychotherapy is characterised by an indeterminate attitude towards the origin and pathogenesis of them. The older conceptions have begun to dissolve, but the knowledge won by the new method of treatment has not yet been formulated. Psychotherapy is in this stage employed in a quite empiric way, and the physician either does not concern himself with the intrinsic *modus operandi* of his treatment, or else offers explanations of it which are so superficial as to be of little scientific value.

Psycho-analysis represents the second stage in the evolution of psychotherapy. Here a deeper insight is sought into the essential nature and origin of the morbid phenomena with a view to obtaining a fuller understanding of the aims of treatment and so to achieving a greater precision in the application of it. The psycho-analytic method we owe almost completely to the genius of Professor Freud of Vienna, who in the past sixteen years has wrought it into an elaborate science of which I can here give only the most summary outline. The method is based on the knowledge that the symptoms present in the psychoneuroses owe their origin to a conflict between different groups of ideas or mental processes which cannot be brought into harmony with one another. One complex of mental processes is for some reason or other of such a kind as to be unacceptable to the main body of the personality. The personality fails to assimilate it, will have nothing to do with it, tries to forget it, to submerge it, to 'repress' it. The 'repressed' complex then takes on an automatic existence, and acts as an irritating foreign body in the same way as any physical foreign body that has not been absorbed. From this point of view we may define the pathology of the psychoneuroses as a *defect in assimilation*.

Let me illustrate my meaning with a concrete instance. A man conceives an attraction towards the wife of a near friend or relative, and in his imagination perhaps plays with the thought of what might happen were the friend to meet with a

fatal accident. If he honestly faces his wish and realises its nature he will instantly see that, though possibly a perfectly natural one, it is of such a kind that for social and ethical reasons it must obviously be suppressed. If he adopts this healthy attitude he will probably think no more about the matter except in the most harmless way. The wish-complex is here assimilated by the main body of the personality. If on the other hand he regards the mere possibility of entertaining such a wish as a sin and a sign of the most desperate iniquity he may refuse to own up to himself that he has ever felt it, even momentarily; whenever the thought occurs to him he endeavours to put it from him, to get away from it, in other words to *repress* ('*verdrängen*') it. The complex here is not assimilated, it therefore continues to act, and the more the man strives to escape from it, the more hauntingly does it torment him. He has now become the prey to a fixed idea which is out of his control, and which evinces its independence by appearing irregularly whether he wills it or not. In actual practice we never meet with cases so simple as this, but the instance will serve to illustrate the notion I am trying to convey, namely that certain mental processes, particularly strivings, desires and impulses, if they are not absorbed in the main stream of the personality are apt to manifest an independent activity out of control of the will. This activity is usually of a low order, of an automatic and almost reflex kind, and—if I may be allowed to use the term in a clinical and non-philosophic sense—it is generally an *unconscious* activity, that is to say it operates without the subject being aware of it.

As I have just said, matters are not so simple in practice, and what actually happens is that the activity of the repressed complex is manifested not directly, but indirectly in some distorted form that is often hard to recognise. In the above example, for instance, the subject might have counterbalanced his real attitude towards his friend by developing an exaggerated solicitude for his welfare, and have shewn great concern and dread whenever the friend ran the slightest risk of accident or danger. Again, an abnormally strong emotion might be

evoked by anything accidentally associated with the persons in question, a condition that Morton Prince described some ten years ago under the name of 'association neurosis.' This distortion in the manifestation of the activity of the mental complex is often exceedingly involved, and one of the main difficulties in the psycho-analytic method is the unravelling of the confused end-product, which clinically we call a symptom. The psychological mechanisms by means of which the distortion is brought about are very intricate, so that in the time allotted it would be impossible for me to describe them. They have been worked out with great accuracy and detail by Freud and Jung, and an exact study of them is essential to the use of the psycho-analytic method.

Investigation on the lines presently to be indicated discloses the fact that every psychoneurotic symptom is to be regarded as the symbolic expression of a submerged mental complex of the nature of a wish. The wish itself on account of its unacceptable nature is concealed, and the symptom arises as a compromise between it and the repressing force exerted by the main personality. The stream of feeling that characterises the wish is dammed up, it can find no direct outlet and so flows into some unusual channel. The metaphor of 'side-tracking' is, I believe, used in American psychiatric circles to indicate this process. In more technical phraseology we may say that the affect of the original complex is inhibited, and so becomes transposed on to an indifferent mental process. This indifferent mental process has now become invested with the strength of feeling that properly belongs to the original complex, and so may be said to replace the complex. Thus arises what has been termed a substitution neurosis, in which an abnormal outlet has been found for a pent-up affective process. The outlet may be in a purely mental direction, in which case we have such a symptom as a phobia, or towards various bodily processes, a condition that Freud calls conversion-hysteria, in which case we have such symptoms as a tremor or a paralysis. In the symptom the patient obtains a certain unconscious gratification of the repressed wish, and this means of obtaining the gratification, however perverse and

abnormal it may be, is still the only means possible to the patient under the circumstances. This fact explains the obstinacy with which such a patient may instinctively cling to his symptoms, and is one of the causes of the resistance that the physician encounters when trying to remove these. I need hardly remind you that this obstinacy is often erroneously interpreted even by physicians as indicating mere wilful perversity, a mistake that does not conduce to success in treatment. Not only does the observer commonly fail to understand the significance of the symptom, but the patient himself has no knowledge of its meaning or origin. In fact, *enabling the patient to discover and appreciate the significance of the mental process that manifests itself as a symptom is a central aim of the psycho-analytic method.*

In carrying out the necessary investigation several procedures may be adopted according to circumstances. The hypnotic state, for instance, may be utilised in the search for forgotten memories. Only a very few of those acquainted with the psycho-analytic method employ this procedure, for it has grave disadvantages which I need not here discuss. The method introduced and developed by Freud gives by far more satisfactory results. It is one of the ways of obtaining what is known in psychology as 'free association,' and is carried out by getting the patient to relate in the order of their appearance the various thoughts that come to his mind. It is essential for him to do this quite honestly, and fortunately we have several objective tests of his behaviour in this respect. He must suspend his natural tendency to criticise and direct the thoughts flowing in, and must therefore play a purely passive part during this stage. At first he will omit to mention a number of thoughts on the ground that they are apparently irrelevant, unimportant or nonsensical, and others because they are of a painful or unpleasant nature. After a time, however, the length of which largely depends on his intelligence and sincerity, he acquires the capacity of adopting the non-critical and passive attitude essential to success.

Other means of reaching buried mental complexes may briefly be mentioned. A study of various mannerisms,

symptomatic movements and tricks of behaviour, and slips of the tongue or pen often reveals the automatic functioning of some repressed train of thought.¹ The word-reaction association method² as developed by Jung is of considerable assistance, particularly in furnishing us with a series of clues to serve as starting-points for future analyses. In this method a series of test-words are called out to the patient, who has to respond with the first word or thought thus called to his mind. From a general review of the kind of responses given much can be learnt about the mentality of the patient and the type of psychosis present. Further, by noting certain peculiarities in the individual reactions we may discover certain complexes or trains of thought that possess for the patient a high emotional value, and these can then be followed and studied more fully. The peculiarities I refer to are ten or twelve in number. The chief are: undue delay in the time of reaction, failure to respond at all, response by repetition of the test-word, perseveration affecting the succeeding reactions, anomalous clang associations, assimilation of the test-word in an unusual sense, and erroneous reproduction of the reaction when the memory for it is subsequently tested. Last but not least is the analysis of the patient's dreams by means of the special technique introduced by Freud.³ The study of dreams is in this connection of supreme importance, for of all the means at our disposal it is the one that best enables us to penetrate into and understand the most hidden parts of the mind. No one can have more than an outsider's notion of the psycho-analytic method who has not thoroughly studied Freud's *Traumdeutung*, for in this work he has laid down the technique of his methods, and discussed the principles on which they are based, with a fulness to be found nowhere else in his writings.

By means of the methods just outlined we are enabled to determine the origin of the symptom by retracing the steps along which its pathogenesis proceeded. It is impossible to deal with the underlying complexes, to discharge their pent-up

¹ See Chapter III.

² See Chapter XI.

³ See Chapter XV.

affect, to render them more assimilable by the patient, unless one succeeds in this task and brings them to the full light of day. The symptoms constitute a veiled language in which hidden thoughts and desires find the only means allowed them of coming to expression. We have to get the patient to translate his symptoms into more direct language, and thus to understand and appreciate the origin of them. In so doing we give the patient a deeper insight into the workings of his mind, so that he is enabled to correct abnormal deviations, to overcome internal inhibitions and impediments, and to acquire a more objective standpoint towards the repressed mental complexes the automatic functioning of which has produced the morbid manifestations. He is in this way able to free his personality from the constraining force of these complexes, and, by taking up an independent attitude towards them, to gain a degree of self-control over his aberrant thoughts and wishes that was previously impossible. The method is thus in almost every respect the reverse of treatment by suggestion, although several would-be critics have naively exposed their ignorance of the subject in maintaining that the successful results are produced by suggestion. In suggestion treatment the physician adds something to the patient's mind, confidence, belief, etc., and thus makes the patient more dependent on him. The psycho-analytic method does not add; it takes away something, namely inhibition. It enables the patient to disentangle confused mental processes, and, by giving him control over the disharmonies of his mind, leads him to develop a greater measure of self-reliance and independence. The training received by the patient is thus an educative one in the highest sense of the word, for he not only achieves a richer development of will-power and self-mastery, but acquires an understanding of his own mind which is of incalculable value for future prophylaxis. He grows both in capacity to know and in ability to do.

The conditions that lend themselves to psycho-analytic treatment comprise practically all forms of psychoneurosis, the different types of hysteria, the phobias, obsessions, anxiety neuroses, and even certain kinds of sexual perversions. I

shall refrain from relating any individual cases, for to do so would be only to weary you with the recital of a list of typical and atypical instances of these various conditions. It is, further, impossible for me to narrate any single instance of an analysis, for in every case the richness of material is so great that it would take several hours to give even an outline of the main points in the case.

The results obtained by the treatment, though by no means ideal, are yet very gratifying. They surpass those obtained by simpler methods in two chief respects, namely in permanence and in the prophylactic value they have for the future. Although most symptoms can be removed by other methods, such as hypnotism, yet anyone who has devoted much time to the study of these cases knows how great is the tendency to relapse, to recurrence, and to the appearance of fresh groups of symptoms. Mild cases can indeed be not only alleviated but even cured by the simpler psychotherapeutic measures, so that these all have their sphere of usefulness; severe cases, on the other hand, need a more radical treatment, an uprooting of the actual morbid agents. It is easy to understand how this must be so. Hypnotic and other suggestion acts merely by blocking the outward manifestation of the underlying pathogenetic idea. The idea itself persists, because it has not been reached and dealt with, and sooner or later it will again manifest itself either in the same direction or in some fresh one. The analogy of a tubercular or, better still, of an actinomycotic abscess occurs to me in this connection. If the suppurating sinus is forcibly plugged then the symptom of discharging pus is removed, but sooner or later the pent-up pus will find a vent in either the same or a fresh direction. Before satisfactory healing can take place the tension must be relieved by instituting free drainage for each pus pocket, and the more thoroughly the focus of the disease is dealt with the better will be the result.

A few words are now necessary on the clinical applicabilities and limitations of the method. It is a method that makes considerable demands on both physician and patient. Apart from technical knowledge the physician must evidently possess,

not only unimpeachable integrity, but also a considerable measure of tact, patience, and sympathetic understanding, without these qualifications he is unlikely to gain the patient's confidence to the requisite degree. The treatment furthermore makes a great call on his time. Freud has even found it necessary in rare instances to devote to a patient an hour a day for three years, but he acknowledges that the cases sent to him are generally of a very severe nature. In most cases one can achieve very satisfactory results in a few months, a fact to which I can fully attest from my own experience. The amount of time may appear excessive unless one remembers the hugeness of the task imposed, for in all cases the roots of the trouble go back to early childhood, and important nodes of reactions have to be altered which have been fixed and stereotyped for many years. When we consider the amount of trouble and time frequently has to be expended in the orthopedic straightening of a deformed limb, we should judge the same to the far more intricate task of the psychodynamic training of a deformed mind, especially when the results in converting an intolerable existence into a happy life, and a person paralysed by doubts, fears and suffering into an active and useful citizen.

The demands made on the patient are no less great. The results of the treatment will vary with the intelligence, courage, honesty and perseverance he shews. With stupid and uneducated patients relatively little can be done, but happily we can most help those whose value to the world is greatest. Again, age sets a formidable barrier to cure. In old age, when the plasticity of the mind is diminished, less can be done than at an earlier period, and furthermore the time necessary to trace back the erroneous mental reactions through so many years is naturally longer. Still I have had a few fairly satisfactory results even above the age of fifty.

It will be realised that the method is at present not one generally applicable by the practising physician. Not only is the time necessary for the treatment a great hindrance, but also a laborious special training is necessary before the technique of psycho-analysis can be acquired to an adequate

extent. It is generally admitted that this demands three years' incessant practice, a good previous knowledge of neurology being assumed. Here, as elsewhere, therefore, good work exacts arduous labour, and there is no royal road to the art of handling the most intricate and delicate machine we know of, the human mind.

You may now legitimately ask why I have taken up so much of your time by describing a mode of treatment which I acknowledge not many will have the opportunity to learn or to apply. My answer is a two-fold one. In the first place I am not one of those who hold that the general physician should be cut off from all advancing knowledge except that which he can immediately apply in his daily work. No physician can apply all methods of diagnosis and treatment, but it is surely well that he should at least be aware of the existence of them. I cannot believe that because a country practitioner is not expected to apply the Wassermann test in the diagnosis of syphilis, or to perform excision of the Gasserian ganglion for the relief of trigeminal neuralgia, it is therefore better for him not to know about such methods. In the second place I wish to contribute to the general effect that this symposium must have in bringing home to you in some degree the present unsatisfactory state of medical education so far as psychology is concerned, for this is the main cause of the helplessness of the medical profession against the very maladies that are the triumph of the quack, religious or otherwise. The sooner we honestly face the shameful but undeniable fact that unqualified empirics can relieve distressing affections in cases that have defied medical skill, can produce results where we fail, the sooner will this flagrant lack in our system of education be remedied, and the better will it be for the dignity and honour of the medical profession. So long as the present state of affairs lasts, in which most physicians are given not five minutes' training in psychology in the five years of their student life, and in which there is no teacher of clinical psychology in any University or Medical School in the country, our profession must submit to being the prey of the charlatan and the mock of the scoffer.

CHAPTER X

THE PSYCHO-ANALYTIC METHOD OF TREATMENT¹

The subject of the present paper is practically a new one to the medical profession of Anglo-Saxon countries. This fact in itself is worthy of comment, in view of the undoubted value possessed by the method of treatment in question. It cannot be ascribed solely to the restriction of interest in the psychoneuroses to small circles in these countries, nor yet to conservatism, for it is true not only of England but also of America, which usually shews no backwardness in adopting Continental methods. Perhaps one approaches a partial solution when one remembers that Americans, and indeed all people, are readier to adopt a new method of treatment when it is in harmony with previous knowledge on the subject, so that the *rationale* of it is easily understood. It is naturally more difficult to assimilate a new method of treatment when that is based on a totally different conception of the disease from the one to which we have previously been accustomed. That is precisely the case with the psycho-analytic method, for it was evolved by its founder, Professor Freud of Vienna, as the result of a profound study which also threw light on radically new aspects of the nature and pathogenesis of the various psychoneuroses. This fact makes it unavoidable, in discussing the psycho-analytic treatment, to say something about the pathology of the conditions to which it is applied.

To give even an outline of this side of the subject would necessitate far more time than I have at my disposal, and for

¹ An address delivered before the Niagara District Association, at St. Catherine's, Ontario, November 24, 1909. Published in the *Journal of Nervous and Mental Disease*, May, 1910

this reason I feel justified in asking your tolerance if the little I shall say about it appears to you to be over-arbitrary or even dogmatic. It is now known that the symptoms present in the psychoneuroses are the direct or indirect result of the non-absorption of various mental processes in the main stream of consciousness. Certain desires, wishes, thoughts, occur to the patient, which not only cannot for various reasons be gratified, but which the patient refuses to acknowledge as a true part of his personality. Instead of healthily acknowledging their presence and then dealing with them, by either gratification or control according to the circumstances of the case, he fails to assimilate them, pretends to himself that they are not there, tries to forget them, to submerge or, as it is technically called, to 'repress' them (*Verdrängen*). This important process of 'repression' may be illustrated by a simple example. Suppose that a young man, dependent on a rich father, falls in love, and that the object of his choice meets with the father's strong disapproval. In his despair the thought may occur to him that were his father to die all would go well, and to his horror he finds himself playing with this thought in his imagination and even for the moment half wishing its consummation, or at all events not being prepared to regret it as conscientiously as he considers he should. A normal man under these circumstances would honestly recognise the existence of the wish in him, though he would of course realise that for pious and ethical reasons it would obviously have to be suppressed; this would probably be an easy matter, for the ethical part of his personality to which the wish is unacceptable would evidently be stronger than the part corresponding to the wish. A neurotic, on the other hand, is more likely to react towards such an occurrence by not owning to himself that he ever had such a wish, even momentarily, and by striving to get away from such an unpleasant thought, to forget or repress it. Not acknowledging the presence of the group of mental processes in question, the subject pays the penalty of being no longer able to direct it. Such a group of mental processes, invested with a strong feeling tone, is technically called a 'complex.' The

complex thus split off from the main body of the personality is now apt to evince an independent activity out of control of the will. This activity is of an automatic kind, and is usually unconscious, and so operates without the patient's being aware of it.

Under certain circumstances, when the repressed desire is so strong that the resulting conflict is intense, the activity of the split-off complex may manifest itself in the form of what we clinically term a symptom. This is especially likely to happen when the desire is in some way or other associated with various complexes that have been split off in early childhood. It is brought about in the following way: The desire, in its efforts to obtrude itself upon the conscious thoughts, meets with an antagonistic force, namely the endeavour of the personality to repress it. It cannot manifest itself in a direct form, but frequently does so in an indirect one the origin of which is not recognised by either the subject or the observer. An exact analogy to this process is in everyday life familiar to us all, when an unpleasant truth that cannot be openly expressed is allowed to reach expression if put in a veiled or disguised form. Thus Swift, in 'Gulliver's Travels,' and Samuel Butler, in 'Erewhon,' managed to say some very bitter things about their generation by the ruse of satirising some imaginary distant country they pretended to have discovered. Interestingly enough, the mechanisms adopted to evade the social censor are often of precisely the same nature as those made use of in the psychoneuroses to evade the personal censor. For instance, a sting of self-remorse, which arose in connection with a very real sin that the subject has succeeded in forgetting, may be experienced in connection with some quite venial or even imaginary offence; in other words, his conscience is pretending to make him suffer on account of some unimportant matter, whereas the real source lies hidden and is not mentioned.

Investigation by Freud's methods discloses the fact that every psychoneurotic symptom is a distorted expression of a repressed wish-complex. The wish itself on account of its unacceptable nature is concealed, and the symptom arises as

a compromise between it and the repressing force exerted by the main personality. The distortion in the manifestation of the activity of the repressed complex is often exceedingly involved, and the psychological mechanisms by means of which this is brought about are very intricate. They have been worked out with great accuracy by Freud, and an exact knowledge of them is essential to the use of the psycho-analytic method. In the time at my disposal it would be quite impossible to describe them, though I shall presently try to illustrate one or two of them by the use of examples.

The principle on which the psycho-analytic method of treatment is based has been indicated in the considerations just mentioned, namely that the pathological condition to be dealt with is essentially due to the fact that certain mental complexes have been made unconscious by the mechanism of repression. Now, experience has amply demonstrated that when this process is reversed, in other words when these complexes have again been made conscious and thus fused in the main body of personality, the abnormal manifestation, or symptom, ceases. The central aim of the psycho-analytic method, therefore, consists in enabling the patient to discover and appreciate the significance of the mental process that manifests itself as a symptom. The symptoms constitute a veiled language in which concealed thoughts and desires find the only means allowed them of coming to expression. In retracing the steps along which the pathogenesis of the symptoms has proceeded we get the patient to translate his symptoms into more direct language, and thus to appreciate and understand the nature of them. By so doing we give the patient a deeper insight into the workings of his mind, so that he is enabled to correct abnormal deviations, to overcome internal inhibitions and impediments, and to attain a more objective standpoint towards the repressed complexes, the automatic functioning of which has produced the morbid manifestations. He can in this way free his personality from the constraining force of these complexes, and, in taking up an independent attitude towards them, gains a degree of self-

control over his aberrant thoughts and wishes that was previously impossible.

We now come to the application of the method in actual practice. This has to be modified from case to case, according to the type of patient and other circumstances, but the following general description is one that has a wide validity. After a short explanation is given to the patient, the first step in the analysis is to orient oneself generally as to the case. For this purpose the following two procedures are well suited. The patient is first asked to relate as fully as possible a history of his life from childhood onwards. Later knowledge always shews this history to be very incomplete, especially in the most important particulars, but it serves to give one a rough notion of the circumstances and conditions of the patient's life, and a general impression of the development of the various stages in his malady. One usually follows this by applying the word-reaction association method on the lines developed by Jung, for this is of great assistance both in giving us a more definite idea of the mental type before us and also in yielding a number of clues to serve as starting-points for later analyses. In this method one or two hundred test-words are called out to the patient, who has to respond with the first word or phrase that comes to his mind. Certain peculiarities in the individual reactions reveal the existence of various complexes or trains of thought possessing a high emotional value, and these can then be followed and more fully investigated. The peculiarities in question are ten or twelve in number. The chief are: undue delay in the reaction-time, failure to respond at all, response by repetition of the test-word, perseveration affecting the succeeding reactions, anomalous clang associations, assimilation of the test-word in an unusual sense, and erroneous reproduction of the reaction when the memory for it is subsequently tested.

One next proceeds to the actual analysis. The material for this consists of what is known in psychology as 'free associations,' and is obtained by asking the patient to relate in the order of their appearance the various thoughts that

spontaneously come to his mind. As he has to play a purely passive part during this stage, his mind should be in a calm and equable state with all tension so far as possible relaxed. He must suspend his natural tendency to criticise and direct the inflowing thoughts, and here lies one of the greatest difficulties, which must be further considered. The repressing force which has caused the morbid condition present, by driving various memories into the unconscious, constantly exerts itself to keep these memories unconscious, and is now encountered by the physician in the form of what is called personal resistance. The obstinacy with which many patients seem instinctively to cling to their symptoms is generally recognised, though it is often wrongly interpreted as indicating mere wilful perverseness. The patient's resistance may manifest itself in a number of different ways, of which I can here mention only a few of those met with in the course of psycho-analysis. Thus instead of relating his thoughts as they occur to him, in the way he has been told, he will omit many on the ground that they are apparently irrelevant, unimportant or nonsensical. If a patient relates a thought only after a long struggle with himself, and then excuses himself on the ground that it had nothing to do with the subject or was too unimportant to mention, one can be sure that in reality it is an important link in the chain that we are endeavouring to trace. The patient may omit other thoughts because they are of a painful or unpleasant nature, but here again these are frequently of great import.

During the analysis much valuable information can be obtained by a trained observer from the study of various unconscious actions, slips of the tongue, symptomatic movements, etc., on the part of the patient. These frequently reveal the automatic functioning of some repressed train of thought.¹ The most essential part of the analysis, however, is the investigation of the patient's dreams by means of the special technique introduced by Freud.² The study of dreams is in this connection of supreme importance, for of all the means at our disposal it is the one that best enables us to

¹ See Chapter III.

² See Chapter XV.

penetrate into and understand the most hidden parts of the mind. No one can be competent adequately to use the psycho-analytic method who has not made a thorough study of Freud's *Traumdeutung*, and learned how to apply in practice the principles there laid down. Freud has shewn that dreams represent an imaginary realisation of various wishes that in daily life have undergone repression. In dreams all our hopes and wishes come true, and it sometimes happens, as Brill has pointed out, that the wish is so strong that later on the dream itself is made to come true, an event which is an interesting source of superstition. In most cases the gratification of the wish is so distorted in the dream that the subject is quite unaware of the significance of it. One can in many respects draw a close analogy between dreams and psychoneurotic symptoms.¹ They both represent the unconscious gratification of wishes that from their unacceptable nature have been repressed by the patient, both are distorted and unrecognisable manifestations of wishes that are struggling to find expression in an indirect form, with both the psychological mechanisms by which is brought about the distortion that allows them to evade the censor are often identical, and in both cases the actual wishes are frequently of precisely the same nature. The interpretation of a dream by psycho-analysis thus often gives the clue to the solution of a given set of symptoms, as Freud has cleverly shewn in his *Bruchstück einer Hysterie-Analyse*.²

We may now shortly consider a few illustrative examples.³ A common form of obsessional neurosis (*Zwang neurose*) is that in which the patient has an almost continuous impulsion to wash his hands. With this may be the obsession that the hands are soiled, contaminated or even infected, or the phobia that the hands may get contaminated or infected (one form of nosophobia). The morbid desire for cleanliness, called by the Germans the *Reinigungsneurose*, may extend so as to involve the whole body, or, in the case of women, the house as

¹ See Chapter XVII.

² 'Sammlung kleiner Schriften,' 2^e Folge, 1909.

³ The cases described are not reproduced here.

well, a not infrequent source of domestic discomfort. This symptom produces a lively impression of meaninglessness or even of foolishness, and is certainly hard to understand until one begins to analyse the nature and origin of it. A direct clue to the significance of it, as to that of many other neurotic symptoms, was given three hundred years ago by Shakspeare. He describes how Lady Macbeth has the 'accustomed action' of rubbing her hands together, as if washing them, for a quarter of an hour at a time, and, appropriately enough, the patient furnishes the key to the riddle by disclosing her secret thoughts in her sleep. 'What, will these hands ne'er be clean? . . . Here's the smell of the blood still: all the perfumes of Arabia will not sweeten this little hand.' This is a beautiful instance of how a symptom may come about through the subject gratifying a wish connected with one subject, which is unpleasant, by transferring it to an indifferent one. Lady Macbeth imagines that she is washing away a stain from her conscience, whereas really she is only washing away a fictitious one from her hands. Shakspeare completes the picture by making the doctor say, 'This disease is beyond my practice,' and until the epoch-making work of Freud, fifteen years ago, no doctor could not but agree to the remark. The example in question also well illustrates a common objection raised to the explanations that psycho-analysis gives to many symptoms, namely that they seem so illogical. This is true, but it must be remembered that the mental processes that go to form such symptoms are themselves illogical. The mental processes of early childhood, of savages, and of the unconscious activities of civilised adults are of a low order, and do not follow the same rules of logic as do the waking conscious processes that we are accustomed to. It might be said of the present example: how could anyone confound a concrete object such as a hand with an immaterial object such as a conscience? The two objects, however, have in common this important attribute, that both can receive stains which can be washed away, and to a person in whom the desire to wash away stains has attained a raging intensity all objects to which the desire can be applied seem of a kind. They are classed

together, and unconsciously are often confounded with each other, or even fused in one. One might say that to such a person it becomes irrelevant *what* is washed clean of its stain so long as *something* is. It is the same in any acute emergency of life, when the desire to act in some way or other is so strong that the wildest, most illogical deeds are performed in order to satisfy that desire.

The mechanism above referred to is technically known as the transposition to one idea of the affect originally belonging to another. Perhaps as common is another mechanism in which transformation of the affect takes place into its opposite. Desire is particularly often in this way transformed into fear. The maiden who just before retiring looks under the bed to see if there is a man there very often most dreads what she most dreams of, and many phobias are similarly constituted, though rarely in so simple a manner.

It sometimes happens that a symptom, which has been removed by psycho-analysis, later returns. The explanation of this is as follows. When once a symptom has been created as the mode of outlet for a repressed wish, there is a great tendency for other, but allied, wishes to realise themselves in the same symptom. It is just like the rain streams on a hillside, which tend to make use of old channels, if only these are near enough, rather than to cut independent ones. In general it may be said that the greater is the duration of a given symptom the more likely is it that it subserves the function of gratifying more than one repressed mental train. Freud calls this occurrence the over-determining (*Überdeterminierung*) of a symptom. Then the symptom may recur until we have dealt with all the underlying complexes. When this has been done the symptom will not recur. Further, a given repressed complex may be a factor in the causation of more than one symptom. This greatly complicates the analysis, but it is so usual that one may fairly describe the underlying pathogenic factors in an average case as constituting a continuously intertwined, and often very entangled, network. One compensation for the labour that the unravelling of this state of affairs involves is the fact that solution of one group of

complexes sometimes agreeably rids the patient of more than the one symptom, and in any case it frequently gives a useful clue to the mechanism of other symptoms than the one with which it is most nearly connected.

As to the nature of the pathogenic factors two general remarks may be made, namely that the complexes usually arise in infantile life, and that they are most often of a sexual character. These two remarks may seem rather to contradict each other, but that the sexual life of early childhood is far richer and more complex than is generally supposed is one of the matters that Freud has most illuminatingly demonstrated.¹ It would be difficult to overestimate the importance that the mental life of early childhood possesses for the determination of the future trends of the individual. Impressions and modes of reaction that seem to the adult trivial enough are often of the greatest significance in forming the basis for much of later development. As regards the psychosexual processes it must be remembered that these constitute the most intimate, private and hidden part of the personality—in fact we may say the very core—and further that they are the ones most injured, repressed and distorted under the pressure of educative influences. It is little wonder then they so frequently lie at the root of psychoneurotic disturbances.

Something should now be said about the clinical applicabilities and limitations of the method. The conditions that lend themselves to psycho-analytic treatment comprise practically all forms of what are commonly grouped under the name functional neuroses, hysteria, neurasthenia, obsessions, etc. Some of these conditions yield more readily to treatment than others, but it would be impossible to consider this point in detail without taking up the vexed question of classification and nomenclature. The demands made on the patient are considerable, for the result of the treatment greatly depends on his sincerity and perseverance. Further,

¹ See 'Drei Abhandlungen zur Sexualtheorie,' 2^e Aufl., 1910. I have tried to expound a part of this subject in an article published in the *Amer. Journ. of Psychol.*, January, 1910.

little can be done with unintelligent patients, with those who are brought against their will to be treated, or with those of a weak moral character. Again, age is a serious obstacle; after the age of fifty the plasticity of the mind is so frequently diminished, and the amount of material to be worked through is so great, that in most cases to undertake a psycho-analysis is impracticable. The most weighty drawback to the treatment, however, is the amount of time it consumes. Severe cases may exact daily treatment for several months or even longer, though useful results are frequently to be obtained in less time than this. In passing judgement on this question of the duration of the treatment one should bear in mind several considerations. In the first place that it should be impossible to carry out in a short time such a huge task as psycho-analysis often proves to be is surely comprehensible when one remembers that in all cases the roots of the trouble go back to early childhood, so that the material obtained representing the interwoven distortions of the succeeding years is often immense. The pace at which the analysis proceeds cannot be forced, any more than the inoculation treatment of tuberculosis can be hastened by increasing the dose of the tuberculin injected. The treatment is rarely a quite continuous one, for it often has to be interrupted by acute exacerbations of urgent symptoms, or by purely external circumstances over which the physician has no control. Again, although a long time may elapse before cure is effected, still relief of various symptoms can frequently be brought about at an early stage in the treatment, and during the whole procedure the patient is usually in a far better condition than he has previously been. The final answer, however, to any objection raised on the ground of the time taken, is that equal results cannot be achieved by any shorter method, so that here, as in many other spheres, the Irishism holds that 'the longest way round is the shortest cut home.' In the American medical press several other objections have been raised to the treatment, but in such an irresponsible way that I shall not waste your time by discussing them. I can only say that I have yet to hear of a serious objection

that would not immediately answer itself by being put to the test of a little first-hand experience.

The amount of time demanded by the treatment, as well as other considerations, prevent it from being of very wide applicability in general practice. The using of it, like that of all special methods of treatment, involves the acquirement of a special technique, and perhaps of some capacities that every physician does not possess. Exactly the same remarks may be made about the surgical treatment of brain tumours or of gallstones, as well as of many other therapeutic measures, but this fact would surely lead no one to deny that such special methods of treatment have their legitimate place. The conclusion that, wherever possible, operation is the best treatment for a tumour of the brain is in no way invalidated by the fact that not every practitioner can carry out this treatment. I would maintain that every advance in treatment, of however special a kind, has its interest for the practising physician. Especially is this so in the case of psycho-analysis, for in the first place the conclusions reached by this mode of study and the knowledge gained as to the nature and causation of the psychoneuroses should be of the greatest practical value in enabling the profession to attain a more accurate point of view concerning them and of dealing prophylactically with the causative factors, and in the second place our capacity to relieve these conditions is at present notoriously unsatisfactory.

The results obtained by the treatment are unquestionably very gratifying. They surpass those obtained by simpler methods in two chief respects, namely in permanence and in the prophylactic value they have for the future. Everyone who has carefully observed such cases knows that, though the symptoms may in various ways be temporarily removed, the tendency to recurrence of the same symptoms and to the appearance of fresh ones is very great. It is only when the actual morbid agents are dealt with that the cure becomes permanent. No better criticism could be offered of past methods of treating the psychoneuroses than by merely recalling the undeniable fact that they may all fail in cases

which yield to the successful efforts of any of the numerous varieties of charlatanry that prey on society in general and the medical profession in particular. Psycho-analysis, by giving the patient control over the disharmonies of his mind, leads him to develop a greater measure of self-reliance and independence. The training he receives is thus an educative one in the highest sense of the word, for he not only achieves a richer development of will-power and self-mastery, but acquires an understanding of his own mind which is of incalculable value for future prophylaxis. It is a matter of congratulation for the patients, for society, and for ourselves that we at last have in our hands a precise and formidable weapon to deal with the very maladies that up till now have been the despair of the profession and the triumph of the quack.

CHAPTER XI

THE PRACTICAL VALUE OF THE WORD-ASSOCIATION METHOD IN THE TREATMENT OF THE PSYCHONEUROSES¹

STUDY of the association-reactions, the inception of which we owe to Sir Francis Galton's work, carried out over thirty years ago, has proved to be equally fruitful for both psychology and psychopathology, and is now one of the most valuable methods at our disposal for investigating the constellations of mental functioning. In a recent paper Gallus² remarks: 'Unter den psychologischen Versuchsanordnungen, die die Wissenschaft in so mannigfacher Gestaltung für die verschiedensten Zwecke bereits gestellt hat, hat wohl keine in der Praxis eine reichere Anwendung und intensivere Verbreitung gefunden als die Assoziationsprüfung.' ['Of the modes of psychological investigation with which science has already furnished us in such manifold form and for the most diverse purposes, none has found a richer or more extensive application in practice than the association test.'] At the present time the method is in regular daily use with a large number of neurologists and psychiatrists in Germany and America. During the past nine years the Zurich school, under the guidance of Bleuler, and particularly of Jung,³ has very greatly increased the value of the method by the discovery of fundamental laws which had previously been overlooked, by the definite establishment of the theory of the procedure, and by the demonstration of

¹ Published in the *Review of Neurology and Psychiatry*, November, 1910.

² Gallus, 'Ueber Assoziationsprüfung,' *Zeitschr. f. Psychother. u. Mediz. Psychologie*, February, 1910, Bd. ii., S. 106.

³ Jung, 'Diagnostische Assoziationsstudien,' Bd. i., 1906; Bd. ii., 1910.

its practical applicability. So far as I am aware, Jung's work has not been discussed by any English writer; in America it has met with wide recognition, and has already given rise to a considerable literature. The object of the present paper is to call the attention of those who may not be familiar with the method to some of its practical aspects, particularly as regards psychotherapeutics; for proper study of the subject Jung's indispensable volumes must be consulted.

The method has a number of advantages for the practising physician that unfortunately are absent in the case of many other recent discoveries in the same sphere of medicine. It is extremely simple of application, does not consume an undue amount of time, and needs no elaborate apparatus. Useful results can be obtained after a very short training, although, as might be expected, the value of these immensely increases with prolonged experience; it stands here in contrast with, for instance, the Wassermann reaction, where in the hands of those not carefully trained the results are *quite* valueless. It is not intended by this remark in any way to underestimate the importance of experience, but merely to point out that useful results, increasing in value as the observer's experience broadens, can be obtained almost from the first. The test makes no great demand on the patient, and is thus of wide applicability. All that he has to do is to call out the *first* word that comes to his mind after hearing the stimulus-word; after a short practice, with two or three examples, most patients are able to follow out this simple instruction. As to apparatus, all that is needed is a stop-watch, registering fifths of a second. The stimulus-words employed in the test should not be fewer than a hundred in number, and the choice of them is by no means a matter of indifference. They should always be words commonly used in everyday life, and therefore thoroughly easy of comprehension to all classes of patient. A certain grammatical variation is desirable, substantives, verbs, and adjectives being chosen in this (descending) order of frequency. Much variation in syllabic length is to be avoided, and it is better to choose words of one, or at most of two syllables. A certain number of what are 'critical'

stimulus-words may be interpolated, particularly words that have more than one meaning, and which are likely to strike common 'complexes'; the significance of this will presently be explained. The technique of taking the associations is slight and easily acquired; it takes much practice, however, to learn to observe and interpret various matters concerning the mode of the patient's response, tricks of behaviour, slips of the tongue, interjections, involuntary gestures, indications of emotion or embarrassment, and so on, which are often of the greatest assistance in the elucidation of the results. Thus, even before the reactions are studied and analysed in detail, it will have been possible for a trained observer to learn a great deal about the working of the patient's mind, though this knowledge of course needs to be amplified and confirmed or corrected by the further investigation of the individual reactions.

The reactions obtained can next be classified according to their form, a fairly simple matter. Many classifications have been suggested for this purpose, but as yet no completely logical one has been devised. The following scheme is satisfactory enough for most practical needs, and is perhaps the most widely employed: for special purposes each main group can be much further sub-divided and more closely studied.

A. *Intrinsic Association.* — 'Continuity.' An essential resemblance present between the meanings of the stimulus and reaction-words.

- I. Co-ordination. Essential similarity between the two.
Exam. Apple—pear.
- II. Predication. The reaction-word expresses some predicate, judgement, function, or attribute of the stimulus-word. Exam. Snake—poisonous.
An important sub-group here is the defining or explaining association. Exam. Book—something to read.
- III. Causal dependence. The idea of causation implied in the response. Exam. Pain—tears.

B. *Extrinsic Association*.—'Contiguity.' The resemblance present is a superficial or 'chance' one.

- I. Coexistence. Simultaneousness. The two ideas connected through frequent simultaneous use. Exam. Pen—ink.
- II. Identity. Synonyms or nearly so. Exam. Effect—result.
- III. Motor-speech Forms. The two words connected through frequent use in daily expressions, proverbs, quotations, etc. Exam. Pen—sword. Cat—mouse.

C. *Sound Association*.—The resemblance between the two words being primarily an auditory one.

- I. Word completions. Exam. One—wonder.
- II. Clang. Exam. Line—lying.
- III. Rhyme. Exam. Cart—part.

D. *Miscellaneous*.

- I. Mediate. An indirect association, intelligible only on the assumption of an intermediary bond that does not appear in the reaction. The association of the bond may be any one of the forms mentioned above, and its relation to the stimulus-word (centripetal), and to the reaction-word (centrifugal), can be separately classified. Exam. of centripetal sound disjunction. Run—rifle (gun).
- II. Senseless. No discernible connection between the two words; in this case the reaction-word usually refers to some object in the immediate environment.
- III. Failure. No reaction at all.
- IV. Repetition of the stimulus-word. These last-mentioned forms will later be more fully discussed.

In the normal it will be found that, within a certain range, each of these different forms of association-reaction occurs

with a fairly definite frequency-incidence, so that they can be stated in terms of percentages. This percentage-incidence varies according to certain factors and circumstances, some of which will presently be mentioned, but one can usually at once see if the normal variations are grossly exceeded; for instance, clang and rhyme associations rarely exceed two per cent. in the normal, whereas in mania they may reach ninety or even a hundred per cent. In different forms of mental disorder their relative incidence is disturbed, and often in quite typical ways that are of great value in diagnosis. Thus there are distinct association characteristics for idiocy, dementia præcox, melancholia, mania, hysteria, epilepsy, and toxic psychoses. In this respect association-reactions shew some resemblance to a differential leucocyte count, the percentage disturbances of which often give important clues to the nature of the disease. Just as the leucocyte count shews certain variations in the normal according to sundry factors, such as the patient's age, the state of digestion, etc., so does the association incidence, and in both cases it is essential to know these normal variations before forming an opinion as to the significance of any deviation in a given case. A few examples of these may be given, though as the matter has more relation to diagnosis than to treatment, it will not be specially discussed. The associations of a child differ from those of an adult in being more sensorial, and particularly visual, in character. They are more definitely conditioned by considerations of time and space, especially the latter; this is because they refer to certain precise memories, and not to general concepts. The great majority of the associations belong to the 'intrinsic' type. The associations in old age in several respects resemble those of the child, notably as regards the infrequency of motor-speech and sound associations, in the increase of intrinsic ones, and in the relative poverty of available language. They differ, however, from those of the child in being much more general, and not conditioned by given spatial and temporal memories. Still more important is the variation dependent on the level of education. Jung, in his detailed comparison of educated subjects with uneducated,

found that with the former (1) clang associations were seven times as numerous as with the latter; (2) egocentric reactions were twice as numerous; (3) co-ordination and coexistence associations were much less frequent; (4) senseless reactions were notably more frequent; and (5) the agreement between the stimulus and reaction words in grammatical form and in length of syllable was much less. In other words, the association-reactions of the uneducated were of a decidedly higher quality than those of the educated, which resemble those that can be experimentally produced by artificial distraction of the attention, and approximate to those found in certain mental disorders. The explanation of this rather curious finding, which is very interestingly discussed by Jung, lies partly in the more extensive vocabulary and the greater linguistic fluency of the educated person, but chiefly in the different behaviour of the two classes towards the investigation, the uneducated person treating it more as a sort of examination and devoting to it a more strained attention.

Striking, further, are the variations that depend on the temperamental or character differences. Jung has here clearly defined several distinct types, which, however, are not sharply marked off from one another. They may be grouped under two main headings—objective and subjective respectively.

The *objective* type, which may be regarded as the more normal, *i.e.*, the most unlike the definitely pathological, is characterised by the predominance of quite impersonal reactions. The stimulus-word is taken in a literal, material sense, and emotional disturbances or personal points of view play an entirely subordinate part. The reaction may depend on either the objective meaning of the stimulus word or on its linguistic features.

The *subjective*, or egocentric, type is characterised by the remarkable influence on the reaction of personal memories, often of a strongly emotional kind. There are two main sub-groups, termed the predicate and constellation types respectively, of which the second is the more abnormal. With the first of these the reactions consist of descriptions, attributes,

and judgements of the idea denoted by the stimulus-word, and these are of a markedly personal nature. Highly characteristic is the emotional over-accentuation of the judgement, such as in the following examples :—

man—noble.
reading—horrible.
sister—darling.
yellow—hideous.

The explanation of this form of reaction is that the exaggerated outer expression of emotion conceals, by over-compensation, an inner emotional deficiency. Jung¹ writes: 'If a test person evinces a distinct predicate type it may always be inferred that a marked internal emotional deficiency is thereby compensated. Still one cannot reason conversely, namely that an inner emotional deficiency must produce a predicate type. A predicate type can also betray itself through the external behaviour, as, for example, through a particular affectation, enthusiastic exclamations, an embellished behaviour, and the constrained sounding language so often observed in society.' This type is commoner in women, and is found in increasing frequency with the advance of age; a notable increase in frequency occurs in women after the fortieth year and in men after the sixtieth, no doubt owing to the poorer emotional life that follows the decrease in sexual vigour at these ages.

Instead of the subject responding in an exaggeratedly emotional way, he may respond in an exaggeratedly intellectual way, simple reactions being replaced by overdrawn elaborate definitions or explanations.

car—a vehicle for transportation.
hat—a protective head-gear.
rain—precipitated moisture.
book—a source of edification.

This type is found either in stupid persons, or in persons who are afraid of being taken as stupid. It is an over-compensation

¹ Jung, 'The Association Method,' *Amer. Journ. of Psychol.*, April, 1910, p. 237.

for an inner painful feeling of stupidity, for what Jung calls an 'intelligence-complex.' Such persons are unnatural and constrained in their conversation, use flowery phrases, high-sounding quotations, complicated words and the like. They wish to appear more than they are, to influence the surrounding company, and to impress others with a shew of education and intelligence. In the predicate type in general it is probable that the idea denoted by the stimulus-word appears in an unusually plastic form, particularly its visual component; whichever attribute is selected on is then taken in a directly personal way.

The second sub-group of the subjective type is called the constellation type, because the reactions are markedly 'constellated,' or determined, by personal elements of a strongly emotional kind. These elements refer to certain precise 'complexes,'¹ which have arisen in definite past experiences. Naturally everyone has such complexes, and in one sense all association reactions are constellated—that is, they are determined by mental dispositions which have been built up by past experiences. In the constellation type, however, the reactions are influenced to a preternatural extent by special, individual complexes strongly invested with emotion. Two sub-divisions may further be distinguished, though not sharply. The 'simple constellation type' approximates to the predicate, but the determining influences are more specific and not so general. With the 'complex-constellation' type the emotional influences differ in two respects: they are stronger, and they are usually unconscious—that is, the person is not aware of their content, which, being too unpleasant to remember, has been forgotten.

The different types are presented in the following classification:—

A. *Objective.*

I. Reaction principally conditioned via the objective meaning of the stimulus-word.

¹ The term 'complex' is of course used in the Bleuler-Jung sense, to indicate the whole group of mental processes relating to a given set of experiences that have become invested with a strong feeling tone, usually of a painful nature.

II. Reaction principally conditioned via the linguistic features of the stimulus-word.

B. *Subjective*. Ego-centric.

I. Predicate.

a. Personal judgement (*Wertprädikat*). Emotional.

b. Definition. Intellectual.

II. Constellation.

a. Simple constellation.

b. Complex constellation.

We have next to consider what may be learned, not from the reactions as a whole, but from the individual reactions taken separately. In doing so it will be necessary to touch on the relation of the association experiment to psycho-analysis, though only the practical aspects of this relation will be referred to. Treatment by means of psycho-analysis is based on the knowledge that psychoneurotic symptoms are due to the activity of unconscious complexes, are so to speak symbolic replacements of these, and that they permanently cease when the patient becomes aware of the complexes. It has of course long been known that hysterical symptoms, for instance, are psychogenic in origin, and are due to the activity of disaggregated mental processes of high emotional value: every hysteria is a splitting of the personality, and the symptoms disappear when the disaggregated mental processes, the existence of which was unknown to the patient, are again united to and fused in the main body of personality. The underlying psychological process, however, was quite enigmatical until Freud demonstrated that the reason why the complexes are not present in consciousness is because they have been forcibly displaced by inhibitions. The critical mental processes are of a painful nature, and, being irreconcilable with the personality, have been 'repressed' (*verdrängt*). The psycho-analytic method of treatment may from one point of view be said to consist in seeking for buried complexes. When these are elucidated the symptoms disappear, for the pathogenic activity of the complexes depends on their being unconscious, and ceases as soon as they are introduced into con-

sciousness. The association experiment is, in ways that will presently be described, a most serviceable adjunct in this therapeutic exploration.

In carrying out a psycho-analysis one asks the patient to relate *all* the incoming thoughts that occur to him when he concentrates his attention on a given theme and suspends his natural criticism. In this procedure, which is known as 'free' or 'unforced association,' it is essential that the patient makes no selection of the thoughts to be related. Freud assumes that under these circumstances the incoming thoughts must stand in relationship to the point of departure, and in practice one finds that, when the guiding normally exerted during conscious thinking is abrogated, the direction of the thoughts gets taken over by underlying and important mental processes, the existence of which the patient was at first unaware of. As the analysis deepens, more and more significant thoughts are reached, until the mechanism of the symptom in question is laid bare. During the intermediate stages of the procedure all sorts of apparently unimportant thoughts occur, which the patient tends to belittle and depreciate on the plea that they are irrelevant, unessential, immaterial, without significance, and so on. These intermediate thoughts, however, which hint at the deeper ones, often provide most useful clues to the observer, who has to direct his attention precisely to them, and stand sceptically aloof from the patient's judgements. Freud accepted their importance on purely empirical grounds, feeling justified by the outcome, and one of the most precious results of Jung's fundamental investigations has been the objective demonstration, on experimental grounds, that this assumption was fully correct.

In his deviation experiments (*Ablenkungsversuche*), carried out first with the normal, Jung shewed that withdrawal of the subject's attention during the association test, by means of external tasks (addition of numbers, etc.), was followed by definite changes in the nature of the reactions obtained. These changes he describes as a 'flattening' of the reactions; the number of superficial associations is greatly increased, especially the clang and motor-speech forms. He was further

able to shew the reverse of this—namely, that an undue predominance of superficial associations, such as occurs during fatigue, after ingestion of alcohol, in acute mania, etc., is always due to a diminution of conscious attention. Now these are precisely the characteristics of the complex-constellation type of association met with in hysteria, and which correspond with the intermediate thoughts that occur during psycho-analysis. The explanation is plain when one recalls the well-known fact that attention may be attracted from a theme either by an external stimulus, such as a noise outside the room, or by internal processes, such as an absorbing grief or an engrossing train of thought. If mental processes of a highly significant, emotional kind are present, then, whenever no specially interesting train of thought is occupying the mind, as during fatigue, or in various states of distraction, or when conscious direction of the thoughts is entirely suspended, as during psycho-analysis, these mental processes seize the opportunity to take possession of consciousness. If their emotional strength is great, this may occur whenever conscious interest is diminished. We all know how such mental processes may surprise us even in the middle of work, and at times the most distant connection, the lightest note of resemblance, may serve to elicit them. Every man deeply in love passes through countless such experiences, in which the thoughts that possess him are brought up on the slightest occasion, by a glimpse of a woman's hat, by a fleeting scent, or a dash of colour.

The more consciously deliberate is the selection of the succeeding thought or reaction, the more likely is it to belong to the intrinsic form of association, and the more logical and rational will it appear. On the other hand, the more this deliberate control of thought is diminished, so that the process is carried out automatically, and therefore influenced by emotional complexes, the more superficial is the form of association. This is the reason why the intermediate thoughts that flow in during psycho-analysis, and to which Freud attributes such significance, often proceed by means of illogical, unreasonable connections and superficial associations, such as a play on words and the like.

The influence exerted by a complex on a given association reaction must now be considered more in detail. To appreciate this it has to be remembered that an association experiment is something more than a method for the production of word-complets. Words are condensed expressions for concrete things, actions, and situations, so that suddenly to ask a person to respond to a word denoting a given situation, marriage, death, etc., is, on a miniature scale, the same as suddenly asking him such questions as, 'What do you feel about this? How do you behave in this case?' Now, just as there are in real life actions and subjects about which the person cannot think quickly and surely, on account of embarrassments, painful memories, doubts and so on, so there are words relating to these subjects towards which he will not be able to react promptly and smoothly. In practice one often finds that a person sticks over certain words in the test, has a difficulty in responding, and shews curious abnormalities in his reaction. These words, which are called 'critical test-words,' have touched on some feeling-complex, and this interferes with the smoothness of the response. As Jung puts it¹: 'The stimulus words are therefore merely a part of reality acting upon us; indeed, a person who shews such disturbances to the stimulus words, is in a certain sense really but imperfectly adapted to reality. Disease is an imperfect adaptation; hence in this case we are dealing with something morbid in the psyche,—with something which is either temporarily or persistently pathological.' Further than this, the actual content of the reaction word produced under these circumstances is often a symbol of the mental content of the underlying complex, so that it provides a clue to the elucidation of this. This is the more important as the complex is concealed, either purposely or not, by the patient, so that the reaction betrays what he does not wish to reveal. Often, indeed, he is not in a position directly to reveal it, for the complex stands under the ban of various inner resistances and inhibitions which prevent it from being accessible to direct introspection; in other words it is, in Freud's sense, unconscious.

¹ Jung, *op. cit.*, p. 226.

The disturbances just alluded to, which betray the influence of an underlying complex, may now be enumerated. They do not, of course, all invariably occur together, a matter that depends on various factors, and some are more important than others. In judging of the significance of a given disturbance, one has to take into account many considerations—the extent of it, the presence or absence of other disturbances, the type of patient, and so on. Such a disturbance is termed by Jung a 'complex-sign' (*Komplexmerkmal*); they will presently be illustrated in detail.

1. *Delay in the Reaction-time*.—This is perhaps the most important complex-sign, and the recognition of its importance constitutes one of Jung's most original contributions to the subject. The average length of the reaction-time (duration between the stimulus-word and the response) varies in different subjects between six- and twelve-fifths of a second. With a given association it varies *slightly* with certain factors, such as the grammatical form of the words, the meaning (concrete or abstract) of the stimulus-word, and the form of association. Any gross delay in the reaction-time, however, certainly any time twice the average, is always due to emotional influences—namely, to the stimulus-word having touched on a feeling-complex. The inhibition is fully analogous with the halting stammer of a person who, on an awkward occasion, is not fully self-possessed, such as a boy making lying excuses to his schoolmaster, or a shy suitor in the throes of a declaration.

2. *Failure to Respond*.—In certain cases the person may be unable to respond at all, within the conventional limit of thirty seconds, either because his mind 'becomes a blank' and no word comes, or because his mind gets overcrowded with confusing thoughts, so that he 'does not know what to say.' This disturbance is, of course, merely an exaggerated form of the previous one.

3. *Senseless Reaction*.—As was mentioned above, sometimes no connection can be traced between the stimulus and reaction words, the latter in this case usually referring to some object in the immediate surroundings. This is analogous with what

happens in conversation when someone 'changes the subject' on an awkward point being reached, or guides the theme away from a delicate topic.

4. *Anomalous Superficial Association.*—In the midst of a series of intrinsic associations a strikingly superficial one, clang, etc., may occur. If this happens more than once with similar stimulus-words it is very suspicious of the existence of an underlying complex, which has internally withdrawn the patient's attention, causing the reaction to be purely superficial. This suspicion is strengthened if the reaction-time is unduly long, for, other things being equal, a superficial association-reaction generally consumes less time than an intrinsic one.

5. *Repetition of the Stimulus-word.*—Sometimes, before responding, the patient repeats the stimulus-word. This again has its analogy in everyday life, when a person, on being asked an awkward question that takes him aback, falteringly repeats the question before he is able to formulate an answer.

6. *Repeated Use of the Same Word.*—If the same word keeps recurring throughout the examination, one may suspect that it has an undue significance to the patient.

7. *Perseveration.*—By this is meant that a given association-reaction has so taken hold of the patient's mind that its influence is perceptible in one or more of the succeeding reactions. This may be shewn in several ways. For instance, the content of the stimulus or the reaction-word may be repeated, either quite literally or nearly so, in a subsequent reaction. This latter may or may not bear a relation to its own stimulus-word; if it does not, the occurrence is much more significant. This is often combined with the preceding (sixth) complex-sign, in that a word aroused in one association-reaction recurs in several later ones. Again, one or more reactions may shew other complex-signs (delay in the reaction-time, etc.) owing purely to the perseverating influence of the preceding reaction, and even when this itself shews none.

8. *Uncommon Style of Reaction.*—The reaction is totally unexpected, out of the common, and quite inexplicable except

on the assumption of some personal constellation which has determined it. Such reactions often occur as sentences, and generally are of the mediate form of association.

9. *Assimilation of the Stimulus-word.*—The stimulus-word is taken in a rare or unusual sense, or is misunderstood in a striking manner, being 'assimilated' (to use an expression from the science of phonetics) to some underlying personal complex. An analogy from everyday life is when a person fancies he hears his name being mentioned in a public place when really it is only a name bearing some resemblance to his own.

10. *Defective Reproduction of the Reaction.*—When after the test is finished the patient is asked to recall one by one the reactions he gave to the different stimulus-words, he may shew one of the following three errors in reproduction: He may have quite forgotten the reaction, he may have forgotten even having been given the stimulus-word in question, or he may incorrectly reproduce the reaction. In the last case the incorrect word is often of service in indicating the nature of the complex.

With the psychoses the discovery of the active complexes is of great value, partly as regards making an accurate diagnosis, but mainly for the purpose of investigating the actual mechanisms at work, so that the morbid picture may become more comprehensible throughout. A considerable number of such analyses based on association tests have been published, and, thanks principally to Jung's studies, much light has been thrown on these obscure questions. In the psychoneuroses, on the other hand, such investigations are of immense value not only in these respects, but also in effecting a permanent restoration of the patient to health, for, as was mentioned above, the pathogenic activity of the complexes is dependent on their being split off from consciousness, and vanishes when they have been reunited to consciousness.

The following examples are given to illustrate the complex-signs just described, and to indicate how these may point the way to highly significant mental processes that were concerned in the genesis of the affection, and which would have been

WORD-ASSOCIATION IN PSYCHONEUROSES 221

more difficult to reach by any other means. In each case only a selection is given of the associations taken. It would be beyond the scope of this paper to attempt to relate any analysis of the cases or even the full analysis of the individual association-reactions that show complex-signs, but perhaps enough material will be given to illustrate the significance of the subject.

CASE 1.—The patient was a young man suffering from an obsessional neurosis, which had incapacitated him for two years. One of his main symptoms was an obsession that he was influencing anyone at whom he looked, so that the other person became uncomfortably over-aware of his eyes. During treatment it was found that the roots of the trouble reached back to early childhood, and took origin in forbidden curiosity, which related to acts both of seeing and of touching.

Stimulus-word.	Reaction-time. ¹	Reaction-word.	Reproduction.
coal	9	fire	— (correct).
brother	6	sister	—
mount	17	Venus	—
tea	7	coffee	—
drop	9	water	—
cow	6	horse	—
pin	7	needle	—
blood	37	sack	—
tree	11	leaf	—
snow	7	ice	—
rail	6	fence	—
plate	7	cup	—
touch	25	piano	hear
train	9	seat	—
roof	8	house	—
rub	10	down	—
bag	18	sack	0 (failure in reproduction).
watch	17	pocket	—
jump	11	run	—

¹ The reaction times are all given in fifths of a second.

Stimulus-word.	Reaction-time.	Reaction-word.	Reproduction.
mouse	10	rat	—
post	7	office	—
blue	12	white	—
pot	24	sugar	sweet
stick	14	candy	—
chair	9	sofa	—
ball	16	paper	0 0 (stimulus-word forgotten).
sheet	9	bed	—
egg	11	hen	—
wood	10	pile	—
note	9	paper	—
fire	8	water	—
sister	10	brother	—
cup	8	saucer	—
warm	9	hot	—
turn	6	over	—
waste	16	labour	paper
dog	7	cat	—
hand	9	foot	—
tongs	11	curling	—
stone	23	glad	—
table	11	cover	—
ride	9	horse	—
paper	22	wall	thin
room	9	chair	—
red	8	white	rose
live	15	light	—
back	13	front	—

The first word to evoke complex-signs was 'mount.' After finishing the test I asked the patient to tell me what thoughts occurred to him when he concentrated his attention on the word. The following came: 'Mount of Venus; I read recently in a novel about the part of the hand palmists call by this name; it is also the place where Tannhäuser learnt the art of love; I have often wondered about his experiences; in Latin

Mount of Venus would be *mons veneris*; I remember as a boy I used to think this was *mons venerable*; I must have heard it somewhere, but can't recall where.' I did not tell him the anatomical meaning of the term, but later in the treatment it turned out that he had seen it when exploring, at the age of nine, a midwifery book of his uncle's, who was a medical man. The alteration to 'venerable' is an instance of the characteristic falsification by which early sexual memories are distorted and robbed of all significance in consciousness.

The next word to note is 'blood,' which, like 'mount,' gave an unusual reaction with a lengthened reaction-time. 'Sack' is certainly a curious response to 'blood,' and anyone unaccustomed to psycho-analytic work might be disposed to explain it by attributing it to 'chance.' However, investigation of mental processes, just as that of physical ones, brings with it an increasing realisation that there are other factors at work besides chance, though recourse to them is less convenient. The suspicion that something lay behind the reaction was strengthened by the reappearance of the word 'sack' as a response to 'bag,' again with a long reaction-time, and now with a failure in reproduction. The perseverating influence of this last reaction is also to be noticed in the next succeeding one, both in the long reaction-time and perhaps also in the content of the response ('pocket'). Thought of blood brought the associations: precious blood; menstrual blood; woman; sacrilegious; sack; religious ideas. 'Sack' brought: *sacré cœur*—a picture of the Sacred Heart (in the Saviour's bosom) that used to hang in his room; a convent named *Sacré Cœur* in a French town where the patient had been a student; then, after a long pause, the following story: One evening he was on the point of seducing a girl in humble circumstances, who was a pupil at the convent, when he observed her surreptitiously swallowing small pieces of red paper. She refused at first to say what they were, but then confessed they were paper models of the Sacred Heart; the nuns, who had given them to her, had instructed her to swallow them if ever she was in sore temptation, when she would surely be saved.

Their prediction was verified, at least on this occasion, for the patient was for the time overcome by remorse. The word 'sack' in the reaction, therefore, succinctly expressed his attitude in a very significant matter. I should add that on further investigation both words were found to be related to still more intimate memories, which accounted for the final letter of the word 'sack.'

'Touch,' with a long reaction-time, a false reproduction, and a rather unusual response ('piano'), reminded him of a lady whose piano-touch he greatly admired, and of a sister, to whose playing he used as a child to listen with delight. Both were very significant persons in his life in ways that cannot here be described, and the origin of his symptoms centred in thoughts relating to them.

'Blue,' 'red,' and three other colours not mentioned in the list given above, all produced the same reaction-word, 'white,' some with complex-signs. This was, as might be surmised, connected with a purity-complex, which referred to a certain woman, and also to the habit of masturbation, against which he had struggled hard. The false reproduction to 'red' ('rose') reminded him of a red rose, the symbol of passion; he had recently had a dream in which the presentation of red roses to a woman played a significant part.

The reaction to 'pot' shewed a long reaction-time, and a false reproduction; a perseverating influence is to be noted on the succeeding response ('candy,' with a long reaction-time). The words 'sugar,' 'sweet,' 'candy' shew that the stimulus-word 'pot' touched on some complex referring to an enclosed delectable. The following associations to 'pot' indicate what this was: 'Keep the pot boiling; warmth; love; sugar bowl; sugared pill; something disguised; the bowl of night; mask: memory of having reacted to the word "mask" in an association test four months ago with the word "nut"¹; the proof of the nut is in the kernel; something precious that is hidden; a Biblical quotation, "There is nothing covered that shall not be revealed, nor hid that shall not be known."' Subsequent analysis made plain the nature

¹ This astonishing hypermnnesia was quite correct.

of this hidden secret which was the subject of so much curiosity and desire.

The word 'ball,' which was misunderstood as 'wall' (assimilation), evoked marked complex-signs. The reaction-word ('paper') occurs in two other places, one as a false reproduction, shewing its activity in the patient's mind, and to it as a stimulus-word the reaction-word 'wall' follows, also with a significant disturbed reproduction and a delayed reaction-time. One must assume, therefore, that 'paper' was related to some feeling-complex, and probably in connection with 'wall,' as 'wall-paper.' 'Wall-paper' brought the following associations: Memory of a murder case in Edinburgh where a woman for a murderous purpose obtained arsenic from wall-paper; a fear he had had of lying in bed close to the wall owing to the danger of being poisoned from the arsenic in it; wall-paper is a covering to hide things; 'the very walls have ears'; an obsession he had had that he might be spied on or overlooked when bathing; the thought of his present bedroom, which is separated by only a thin wall from a room where two girls sleep: he had jokingly remarked to them that the sound of their talking came through so plainly that he thought the partition must be made of wall-paper; the temptation he had successfully resisted to spy through a small opening in this wall; a similar temptation on a previous occasion to which he had succumbed; early memories of prying into forbidden secrets. The first of these associations, about the danger of wall-paper, related to a phobia which had arisen by displacement (*Ver-schiebung*); the fear of being overseen through a wall (covering a corresponding repressed wish to be seen) was transferred on to the substance of the wall, hence the apparently absurd fear of wall-paper. The word 'paper' itself, however, was connected with still deeper matters. On thinking of it he was reminded of a comic song heard years before, the burden of which was a discussion of the curious places in which newspapers might be found. The only line the patient could recall was from the last verse, where as a climax the singer mentions having found one in a woman's bustle. Then came

the memory of his brother's mania as a boy for chewing paper: 'He used to nibble my books like a mouse.' These apparently trivial associations were only the cover for more significant ones. The last one reminded him of how fond he was of running his fingers up and down his little niece's back in a tickling way, crying 'Mousey, mousey!' This was a harmless echo of experiences, till now forgotten, which he had lived through from the age of five to seven with the little girl's mother, his then twelve-year-old sister, when his curiosity led him vainly to explore her dorsal regions as they lay together in bed. The desires then aroused proved of lasting significance in his later life, and were one of the deepest foundations of his symptoms. In the light of this the first association, about the newspaper in a woman's bustle, becomes more intelligible, and a clang association between arsenic and a vulgar name for the anus connected the whole complex to the phobia of wall-paper. The complex underlying the 'waste-labour' reaction, with its false reproduction of 'paper' (waste-paper), referred to the fruitlessness and wastefulness of his masturbatory and other sexual proclivities ('Love's Labour's Lost'). So that the innocent stumble in the association-reaction 'ball-paper' was not such an indifferent matter as it at first sight looked, and disclosed a large part of the patient's most intimate mental life.

The curious response to 'stone,' namely 'glad,' with its accompanying delay in reaction-time, was also strongly constellated. The first thought it brought to his mind in the analysis was 'Gladstone,' but the patient, who was an American, had never been exceptionally interested in the politician of that name and had no special memories relating to him. His thoughts passed to a certain Gladstone Street, in a small town where he had spent two or three years, and two memories came back to him. A friend of his was engaged to a lady who lived in that street, and used to urge the patient to accompany him on his visits to the house; the visits made the patient very uncomfortable, though he didn't know why. He further recalled that when going alone for an evening ramble he used constantly to find himself being

unconsciously directed towards this particular street, though again he couldn't say why. The word 'glad' recalled the heroine of that name in the piece, 'The Dawn of To-morrow,' which was at the time being played in Toronto. The poor heroine Glad, by the exercise of various virtues, brings back to health and happiness a man who was suffering from an incurable nervous disease, as the patient had believed he was. His interest and sympathies were therefore attracted by the story, and he had half consciously read himself into the part of the hero, an extremely common process which Freud calls 'identification.'¹ The patient had not actually seen the play, but it reminded him of having seen the leading actress, Miss Eleanor Robson, whose acting he much admired, in another play, 'Merely Mary Ann.' In this the hero is attracted by a servant girl, of whom he wishes to take advantage, but is inhibited by moral scruples; the girl leaves him, comes by a fortune, which enables her to become well-educated and refined, and, after overcoming various complications, marries him. The patient, who, like the hero in the play, was an artist, had been involved in a *liaison* with a servant girl, which he had broken off because he did not think she would make him a suitable wife; being very fond of her, however, he had often regretted this, and had many times played with the idea that she might come into a fortune which would raise her as regards both education and social standing. He believed that if he were happily married he would get over his troubles. The word 'stone' brought to his mind a line of Tennyson's 'Break, break on the cold, grey stones,' which led ('break,' 'cold,' 'stone') to a complex that had caused him the greatest distress, namely, miserable fears that in consequence of his masturbation habit he was becoming sexually impotent (testicular atrophy, etc.). We can now see why he had felt himself into the two plays, where the hero is cured or made happy by a poor woman, why he couldn't bear to watch his friend's happiness in Gladstone Street, and why nevertheless he used unconsciously to direct his steps in the direction that symbolised his secret wishes (Glad-stone).

¹ An interesting example of this mechanism is described in Chapter IV.

The last stimulus-word to strike a complex was 'line.' He had evidently misunderstood this for 'lime,' another instance of assimilation. 'Limelight,' the idea in his mind, was connected with many strong wishes in his mind. When younger he had spent much of his time day-dreaming that he was a great actor, a great musician, a great orator, holding spell-bound an enraptured audience, and even when a boy he had often arranged private theatricals with himself as the sole performer, and his family and friends as audience. As will probably be surmised from the foregoing remarks, this tendency was only a surface manifestation of more secret desires connected with the subject of being gazed at. The word 'lime,' which he had automatically avoided, brought to his mind the first line of a coon song: 'Down the line, where stars do shine' (the girl he had lost lived down the line), then 'lying down,' then 'to lie down is used to denote sexual relations, to take it lying down also means to be a weakling or a coward, to be defeated.' The stimulus-word, therefore, had touched on his impotence-complex, and he had over-compensated for the inner feeling of weakness by developing an idea (lime-light) which not merely repudiated this, but in his fancy raised him to a glorious pinnacle of greatness.

As was mentioned above, it is impossible here even imperfectly to exhibit the precise nature and activity of the complexes revealed by the disturbances in the association-reactions; I can only state that they all stood in intimate relation with the various symptoms, and that the elucidation of them was followed by the happiest results to the patient.

CASE II.—The patient was a married woman suffering from a mixed neurosis, principally hysteria; it had confined her to bed for several years. Her chief symptoms were nervous dread, severe pains in all the limbs, gastric disturbances, and various mental inhibitions.

Stimulus word.	Reaction-time.	Reaction-word.	Reproduction.
cat	8	animal	—
red	9	colour	—
door	14	stoppage	passage

WORD-ASSOCIATION IN PSYCHONEUROSES 229

Stimulus-word.	Reaction-time.	Reaction-word	Reproduction
cup	9	to drink out of	—
child	11	small boy	boy
star	11	body in the heavens	heaven
mother	15	parent	—
rail	26	something long	has length to it
bag	12	something to hold things	—
cold	9	atmosphere	—
block	8	square piece of wood	—
rub	20	hard	0
roof	11	black	—
nut	7	shell	—
horse	—	0	—
car	12	riding	—
blood	10	red	—
tool	9	instrument	—
seat	—	0	—
girl	9	child	—
tongs	8	brass	—
blue	14	blue	sky
turn	9	twist	—
egg	19	yellow	0
wood	13	yellow	—
stone	10	hard	—
room	17	house	0
grass	12	yellow	green
pink	8	ribbon	—
climb	8	ladder	—
dog	24	black	0
warm	9	fire	—

The associations evidently belong to the constellation type, and show, further, a decidedly predicate quality.

The reaction to 'door,' with its delayed response ('stoppage') and false reproduction ('passage'), was connected with a 'constipation-complex,' from which she had suffered since childhood, and this in its turn was related to a repressed complex on the subject of pregnancy. The idea of abdominal distension

from constipation was, as is so often the case with neurosis, unconsciously associated with the idea of pregnancy.

'Rail' awoke a directly erotic complex, as may be surmised from the reaction-words, and 'rub' the thought of masturbation, about which the patient had suffered intense remorse.

The word 'horse,' to which she failed to react, reminded her of a horse that had been named after her, and of which she had been devotedly fond. It had suddenly dropped dead the year after her father had died of heart disease. For two years she had had a great fear of dying from heart disease herself, a symptom accentuated by an anxiety-neurosis with marked cardiac palpitation. This memory led to other more important ones about her father, which are too long to repeat here.

'Seat,' to which also the patient failed to react, reminded her of the following painful episode: At the age of fourteen, just after the onset of menstruation, she was induced against her will to play the piano before some strangers; she was unusually bashful and embarrassed. As she sat down awkwardly on the music-stool the seat collapsed, and the spike penetrated her genitalia, inflicting a rather severe injury. In connection with the occurrence she suffered agonies of shame in various ways, on the medical examinations, on solicitous enquiries from men acquaintances, on subsequent pain under embarrassing circumstances, etc. Since that time she had had a dread of music-stools and insecure seats. The episode was all the more significant to her in that the idea of it became associated with the repressed memory of onanistic acts carried out in childhood on low stools; hence her feeling of shame had a deep source.

'Blue' reminded her of deep depression ('fit of the blues'), and pessimism about getting better.

'Egg' brought to her mind the great disgust with which she regarded this article of diet, a complex based on strongly repressed sexual ideas; the striking perseverating influence of the reaction-word 'yellow' will be noticed.

'Room' made her think of the exceeding distaste she had for the bedroom where she had spent so much of her time, and, indeed, for the whole house. This repugnance towards

WORD-ASSOCIATION IN PSYCHONEUROSES 231

her home naturally had a deeper significance (an unhappy marriage); with women in general the home is apt to acquire symbolic meaning.

'Dog' reminded her of a black spaniel of which she was as a child passionately fond. Two months later in the treatment a previously forgotten (repressed) memory was recovered, relating to sexual excitations she had experienced at the age of six while riding or jumping up and down on the dog's back.

CASE III.—The patient was a man in middle life, who had suffered since the age of ten from an obsessional neurosis; for the past four months he had not been able to sleep without taking drugs.

Stimulus-word.	Reaction-time.	Reaction-word.	Reproduction.
wind	7	storm	—
waste	9	spendthrift	—
poker	8	shovel	—
ball	25	bat	0
green	10	white	blue
stone	10	heavy	—
sheet	18	blanket	cover
back	8	front	—
book	8	read	—
note	11	to pay	—
come	14	chew	—
blue	9	white	—
rail	8	fence	—
touch	10	feel	—
live	—	smooth	0 0
girl	9	boy	—
egg	11	to eat	—
talk	27	speech	0 0
carpet	12	blanket	sheet
bag	36	full	0 0
watch	8	chain	—
lace	10	tie	—
blood	23	life	—

Stimulus-word.	Reaction-time.	Reaction-word.	Reproduction.
nut	10	crack	—
roof	9	cover	—
rub	12	gently	—
horse	8	mare	—
table	13	cover	to eat
water	9	drink	—

The first word to evoke complex-signs was 'ball.' The associations of this produced by the patient were: The memory of a ball he attended five months ago: this occasion was the last time he had performed certain conjugal duties; he had greatly worried over the idea that he was becoming impotent. To 'dance' he brought the following: He could never learn to dance; he wanted his wife to teach him, but she had refused, being ashamed of his clumsiness. 'Bat,' the reaction-word to 'ball,' had reminded him that he had once been what he called an 'aggressive' baseball player, but had been forced to give up the game on account of his nervous trouble. The word 'ball' was thus linked to the 'deficiency-complex' in three different ways.

Every word denoting colour was reacted to by 'white,' once with a disturbance in reproduction. The associations the patient gave to the word were: Snow; pure; clean; clean collar; the fact that he had of late become very careless about his attire, to the great annoyance of his wife; he had always hated baths, and could not be induced to take more than one or two a year. This last fact related to a very significant complex, dating from childhood.

The stimulus-word 'sheet' was followed by an unduly long reaction-time, and the false reproduction 'cover' recurs twice later; 'sheet' itself occurs again as a false reproduction to 'carpet—blanket.' 'Cover' brought: Sheet over a dead person; the thought of a dead brother; the memory of a cousin whose dead ...; he had seen at the age of eleven: one eye was open, and it had greatly frightened him; he had always been very terrified of death, and as a boy used to pray to God never to let him die; various obsessions about death

and murder, the analysis of which would take up too much space here.

'Come' was responded to by the word 'chew,' it having evidently been mistaken for 'gum' (assimilation); the patient had struggled to give up the habit of chewing gum, of which he was much ashamed, and of which his wife strongly disapproved.

'Live,' a stimulus-word followed by a remarkably long reaction-time, brought: Length of time; long life; righteous life; straight line; crooked line; rope; an obsessive impulse he had had at the age of fourteen to hang the man who was courting his eldest sister; various thoughts about death. 'Smooth,' the reaction-word, brought: Smooth surface; smooth monument; tombstone; death; life; smooth line of health; the thought that his line of ancestry was smooth, with no history of insanity, a fact that had comforted him in view of his fear of becoming insane as the result of masturbation.

'Talk' brought: Conversation; consideration (he complained about his wife's lack of consideration and sympathy); talk in a suitable way; gossip; the fact that his wife had the habit, which he much resented, of joining his sister-in-law to calumniate their husbands and his family, to whom he was especially attached.

'Bag,' the reaction to which also had a very long reaction-time and a failure in reproduction, gave the following associations: Privilege; good opportunity; delight; to suffer like Christ in agony. 'Full bag' gave: Years of plenty; prosperity; opportunity; death; 'I'll get better' (this referred to 'if his wife were to die'); lower regions; hell; depths; death; life; a woman's head; his wife's head; when he sees his wife's head in bed he gets the obsession that he might kill her.

'Blood' gave these associations: 'Blood always annoys me, it makes me think I have done something wrong; this morning I noticed a spot of blood on my collar; I remember some months ago seeing some blood on the water-closet seat; menstrual blood; I was present at my wife's last confinement,

when she nearly died of bleeding. I was plagued for months by the foolish idea that the child was not mine.'

All these disturbances in the association-reactions plainly pointed, in spite of the patient's denial, to some deep-rooted hostility towards his wife, and gave clues that led to the elucidation of his obsession that she was unfaithful to him, and the fear that he might kill her in his sleep (one of the causes of his sleeplessness).

CASE IV.—The patient, a young woman, had suffered from hystero-epileptiform attacks for six months.

Stimulus word	Reaction time	Association-word	Reproduction.
coat	7	vest	—
brother	—	sister	—
mount	—	snow	0 0
tea	10	coffee	—
come	—	go	—
blood	9	water	—
red	—	cloth	—
st	7	rain	—
—	11	come	0
—	13	felt	—
horse	10	cow	—

The stimulus word 'mount' evoked a notably long reaction time, and reproduction quite failed. The word brought to the patient's mind the thought of a mountain near her home; then the name of a girl friend who had been killed in a tobacconist's accident; then, after a long pause, the name of a young man (Robert Mountain), to whom she had been very attached. One day, when nutting together on the mountain (see her reaction to 'nut'), he had tried to seduce her, and nearly succeeded (*i.e.*, she just escaped a disaster, which, like that of her friend on the same spot, would have been due to loss of control). The incident played an important part in the development of her symptoms.

CASE V.—The patient was a young woman, who for six years had suffered from a mixed neurosis, with among other symptoms a persistent and annoying tic.

WORD-ASSOCIATION IN PSYCHONEUROSES 235

Stimulus-word.	Reaction-time	Reaction word.	Reproduction.
black	10	dress	—
wind	8	window	—
bare	24	baby	0
tarn	9	go	—
cup	6	saucer	—
raise	12	store	—
deep	22	lake	sea
take	11	part	—
rub	9	knee	pain
risk	11	life	—
food	7	eat	—
boy	9	girl	—
pole	9	stick	—
copper	13	toes	—
talk	12	talkative	—
paper	8	write	—
green	6	grass	—
pot	7	flower	—
ball	15	play	playground
stone	10	wall	—
flower	10	plant	—
mother	22	sister	child
ride	9	drive	—
white	11	dress	—
pass	18	future	0
star	9	moon	—
rich	7	poor	—
jump	7	run	—
shoot	—	0	—
cold	11	gold	—
road	13	letter	0
post	11	box	—
nut	9	shell	—
roof	7	house	—
sister	11		—
train	10		—
lie	10		—

Stimulus-word.	Reaction-time.	Reaction-word.	Reproduction.
black	17	water	thin
bed	10	cot	—
lace	12	dress	blouse
tea	8	cup	—
water	26	lake	deep
lamp	13	fire	—
field	10	grass	—
word	8	hard	—
rock	15	deep	0
spend	9	money	0
watch	13	white	pray
cat	8	dog	—

Several significant complexes are concerned in this markedly constellated production. The least important is one dealing with the patient's personal appearance, 'a vanity-complex.' The stimulus-words 'black,' 'white,' and 'lace' all evoke 'dress' as a reaction-word. The curious association 'raise—store' become explicable by the patient remarking that 'Ray's' was the name of the shop where she bought her clothes. In the same connection may be mentioned the equally curious association, 'copper—toes,' which referred to an old threat of her mother's to put copper toes on her boots if she persisted in being such a tomboy and wearing out her things so recklessly. The patient was a good example of the common type of girl who exchange at the time of puberty a careless indifference towards dress for an exaggerated preoccupation with it. 'Talk—talkative' referred to another ground of complaint that her mother had in regard to her.

A more important complex was that relating to conception, which was a possible outcome of some recent experiences. The disturbed reactions to the stimulus-words 'bare,' 'mother,' and 'sister' shew the activity of this complex plainly enough; the latter two were explained by the fact that a married sister, with whom the patient was living, had a year-old baby. The word 'ball' gave the associations 'play—toy—child,' and belonged to the same complex

The stimulus-word 'deep,' which had evoked a long reaction-time with an erroneous reproduction, brought the following thoughts to the patient's mind: Water; Lake Ontario is the deepest of the Great Lakes; a month ago she spent a morning on a rocky cliff overlooking the lake; she was very dejected at the time, and in her despair had all but thrown herself into the water. The response to 'deep' ('lake') was again given to the stimulus-word 'water'; it was followed by the erroneous reproduction of 'deep,' and this word was also the reaction-word to 'rock': both the latter reactions had an unduly long reaction-time, and the second one shewed a failure in reproduction. The association 'risk—life' further belonged to the same complex. The association 'road—letter' indirectly related to it; the stimulus-word was evidently assimilated as 'wrote,' and this reminded her of a highly significant letter she had written a fortnight previously, and to which she had as yet got no reply. Another instance of assimilation is seen in the association 'pass—future,' the stimulus-word being evidently taken as 'past.' It reminded her of past conduct ('a woman with a past') which she feared might greatly compromise her future. The word 'pass,' which had been avoided, was also connected with an older complex, as was the word 'water,' which gave so many complex-signs. For two or three years after puberty she had frequently masturbated, and the impulse to do so had almost always been evoked by experiencing the desire to 'pass water.'

Finally is to be noted the disturbed reaction to the stimulus-word 'blood.' As may be guessed from the content of the reaction, this had touched on some family complex, and the nature of this might be inferred from the evidence of exaggerated affect concerning her mother's reprovals (associations to 'copper' and 'talk'). She had had a number of quarrels with her mother, whom she secretly hated, and was debating with herself whether she should permanently break with her family. The content of the reaction ('blood is thicker than water') indicates the nature of the sentiment that had restrained her in this.

The association-test just related is a good example of how the method may bring one at once to the heart of hidden conflicts in the patient's mind, without a knowledge of which psychotherapeutic treatment is an empty pretence.

CASE VI.—The patient was a man of middle age who had suffered for many years from a mixed neurosis, principally of the obsessional variety. Among many other symptoms were a number of obsessional sensations and hallucinations.

Stimulus-word.	Reaction-time.	Reaction-word.	Reproduction.
blue	7	sky	—
carpet	8	tack	—
block	12	axe	—
paper	9	wall	—
tongs	8	forge	—
note	8	book	—
climb	16	tree	0
ball	10	ballroom	—
stick	12	sticky	—
field	8	grass	—
black	6	white	—
spend	22	spend	0 0
hat	10	head	—
lace	7	curtain	—
copper	8	gold	—
jump	6	run	—
watch	13	black	—
talk	9	converse	—
back	19	foot	—
rich	10	poor	—
lamp	6	post	—
shoot	9	shot	—
green	7	blue	—
door	18	jam	0
run	9	walk	—
wood	13	tree	0
father	8	mother	—
ride	8	horse	—

WORD-ASSOCIATION IN PSYCHONEUROSES 239

Stimulus-word.	Reaction-time.	Reaction-word.	Reproduction.
water	23	pond	0 0
turn	10	burn	—
dog	8	cat	—

Several complexes were here revealed by consideration of the disturbed reactions. The stimulus-word 'back,' which produced the unusual response 'foot' after an undue delay, brought up the following thoughts: 'Foot; foot-and-mouth-disease; I don't know anything about this except that it is a disease of cattle, and that it is very disgusting; cows; milk; cream; semen; masturbation.' The patient had masturbated for many years, usually when lying on his *back*, hence the disturbed reaction to this word. The word 'water,' the reaction to which shewed several complex-signs, brought: Water; urine; penis; water-closet (where he had often masturbated); sewage; pond; mud; slime; semen. The stimulus-words 'spend' and 'stick' had also touched the same complex. Stick had also connected with the memory of several painful thrashings he had had as a boy, and with experiences which revealed a strongly marked sadistic trend. This sadistic complex was touched by two other stimulus-words, 'block,' which brought up thoughts of the headsman, execution, torture, etc., and 'door,' which was associated to 'frame; blood on the lintel; Passover; sacrifice; suffering.'

The stimulus-words 'climb' and 'wood' were both responded to with 'tree,' there being in both cases a delay in the reaction time, and a failure in reproduction. All the patient could recall at the time was the fact that he had always been fond of climbing trees, and could still do so with enjoyment. Later in the analysis it came out that some of his earliest sexual excitations were brought about by the gripping movements of climbing, and further, that he had had the habit as a young boy of defæcating from the branches of trees so as to enjoy the pleasure of witnessing the fall of the dejecta.

The association-reaction 'watch-black' referred to a boyish escapade, when, to escape his father's tyranny, he had run

away from home with the intention of joining the famous Black Watch regiment, by whose exploits he had been greatly fired.

In conclusion, I would state that my experience has fully confirmed that of Jung and his pupils as to the great practical value of the word-association method in enabling one objectively to determine the nature of the mental conflicts in which psychoneurotic symptoms take their origin.

CHAPTER XII

THE ACTION OF SUGGESTION IN PSYCHOTHERAPY¹

'Le traitement moral n'existera qu'au moment où sera fondée une science morale qui donnera la raison de l'emploi de tel ou tel procédé, qui expliquera ses succès et ses insuccès.'—JANET.

The ultimate aim of all scientific therapeutics should be to establish the exact way in which any given form of treatment brings about its effect, and, with this knowledge as a basis, to define its scope, and provide precise indications for its use. Close investigation of a therapeutic measure that has empirically been found to be effective frequently yields important information about the nature of the malady itself,² and it will presently be shewn that suggestion constitutes no exception to this rule.

The study of the action of suggestion in psychotherapy possesses considerable accessory interest, in that of late years suggestion has been invoked to explain a great many phenomena in sociology and pathology as well as in therapeutics; these, however, will not be considered in the present paper, which is concerned solely with the part suggestion plays in treatment. Of all therapeutic agents suggestion, applied consciously or unconsciously, is perhaps the most widely used, and in the case of the psychoneuroses many writers sum up the discussion of treatment in the one word, 'suggestion.' There is no doubt that Freud is right in his remark that the eager readiness of the medical profession to employ the term 'sug-

¹ Read in abstract before the first annual meeting of the American Psychopathological Association, May 2, 1910. Published in the *Journal of Abnormal Psychology*, December, 1910.

² See some remarks on this subject in Chapter IX., p. 183.

gestion' is due, not so much to the propagandism of the Nancy school, as to the alleviating discovery that a great economy of thought can thereby be effected.¹ To be able to attribute a given occurrence to 'suggestion' is with many a complete solution of the problem, and they do not find it necessary to pursue the matter further, or even to acquire any clear idea of what they actually mean by suggestion. Indeed, when one notes the remarkable extent to which the term is evoked to explain all sorts of different events, it is striking to find how little work has been done on the question of the nature of suggestion.²

The term suggestion has two principal connotations, which, though not fundamentally different from each other, are yet separate enough to make it important to distinguish between them. One of these is on the conceptual plane, the other on the affective. In the first place the term is used to denote the effective conveyance to a person's mind, usually to his consciousness, of any notion or idea; this is the sense intended by Bernheim when he defines suggestion as 'l'acte par lequel une idée est introduite dans le cerveau et acceptée par lui.'³ This connotation may conveniently be described as 'verbal suggestion,' though it need hardly be said that the process may be brought about quite apart from the use of actual words. In the second place the term also denotes the acquirement by a person of a given affective state, such as when one person responds to the 'personal influence' of another. In both cases the alteration in the mental condition may be effected by various means, in only some of which is the action of a second person necessary. The difference between the two connotations may be well illustrated by referring to a criticism that several writers, with no knowledge of the subject, have made concerning the successful results of psycho-analytic treatment, namely, that 'the cures are due to suggestion.' In

¹ Freud, *Jahrb. f. psychoanalyt. u. psychopath. Forsch.*, 1909, Bd. i., S. 77.

² The interesting work of Lipmann, Sidis, Stern, and others, on certain aspects of the conditions under which suggestion operates is, of course, another matter.

³ Bernheim, 'Hypnotisme, Suggestion, Psychothérapie,' 2^e éd., 1908, p. 24.

this phrase at least two different criticisms are evidently confounded: it is at one time meant that the memories evoked during psycho-analysis are false, having been merely 'suggested' to the patient, and at another time that, whether the recovered memories are true or false, the improvement of the patient's condition is brought about through the personal influence of the physician: sometimes the two are fused, as when it is alleged that the physician's influence compels the patient to accept the suggestion that evocation of memories will be followed by improvement. It is, I hope, unnecessary to take up the time of the members of this society with discussion of the first of these criticisms, which is even more preposterous than the second, but it will presently be found pertinent to the main theme of this paper briefly to consider the latter one. At this point I merely wish to call attention to the distinction between 'verbal suggestion' on the one hand and the affective process in question on the other; it is here maintained that the latter of these, which may be termed 'affective suggestion,' is the more fundamental, and is the necessary basis for the former. This view accords with that held by most modern writers, and is contained in Bleuler's statement, 'Die Suggestion ist ein affektiver Vorgang.'¹ ['Suggestion is an affective process.'] The condition of suggestibility, or increased readiness to accept verbal suggestion, is thus the secondary consequence of an induced affective state, and it is with the latter that we shall here be chiefly concerned. Even in the case of verbal suggestion it is not the mere acceptance of the idea that is significant, but, as Lipps has clearly pointed out,² the psychical effect of this.

One of the most definite advances during the past twenty years in our knowledge of suggestion has been the gradual recognition of the fact that the chief work is performed, not, as used to be thought, by the operator, but by the subject. This is best illustrated by consideration of the most perfect form of suggestion, namely, hypnotism. Whereas previously

¹ Bleuler, 'Affektivität, Suggestibilität, Paranoia,' 1903, S. 53.

² Theodore Lipps, 'Zur Psychologie der Suggestion,' *Zeitschr. f. Hypnotismus*, 1897, Bd. vi., S. 95, 96.

hypnotism was thought to depend on a certain more or less mysterious power possessed by given persons, which enabled them to impregnate the subject with a magnetic fluid or a psychic influence—a conception that still largely holds its ground, particularly with the lay public—it is now known that the part played by the operator is a much more modest one, and that the process in its essence depends rather on the subject. The striking incongruity between the cause and the result should in itself make us strongly suspect this conclusion; the remarkable manifestations of hypnotism surely must depend on more powerful forces than the 'suggestion' given by a 'shining light' or by the bare word of a hypnotist. The occurrence of auto-hypnosis, and of spontaneous ecstasy (*e.g.*, religious), and the extraordinary variation of hypnotic manifestations in different persons, greatly strengthen this suspicion that the phenomenon has to do rather with some inherent faculty that varies with different subjects than with any positive action on the part of the hypnotist. We can no longer regard the subject as a helpless automaton in the hands of a strong-willed operator; it is nearer the truth to regard the operator as allowing himself to play a part, and by no means an indispensable one, in a drama constructed and acted in the depths of the subject's mind. It is the forces at work in this drama that it now becomes necessary to investigate; they are the real agents in suggestion and hypnotism, and the external factors have only a subordinate claim on our interest.

Certain clinical considerations make this deduction practically inevitable. The psychologically essential characteristic of hypnosis and suggestion has been described by Bernheim,¹ Sidis,² and others, as a dissociation of consciousness, and when one recalls the psychic anaesthesias, hypermnesias, and other manifestations of hypnosis, this designation is evidently true. It has, however, too hastily been assumed that this dissociation is an artificial state brought about by the hypnotic procedure. Thanks mainly to Freud's investigations we know not only that psychical

¹ Bernheim, *op. cit.*

² Sidis, 'The Psychology of Suggestion,' 1897.

dissociation is a characteristic of every mind, but also that, even in the so-called normal, the dissociated mental trends constantly produce manifestations by means of the same psychological mechanisms as those underlying hysterical symptoms.¹ The dissociation, therefore, is already present for the operator to make use of, and it is this dissociation that we must further investigate in order to elucidate the true nature of suggestion. More than this, there is—with certain exceptions, the explanation of which cannot here be discussed—a close correspondence between the nature and extent of psychical dissociation and the readiness with which the manifestations of suggestion can be evoked. It is of course generally recognised that the most advanced form of these manifestations, somnambulist states, with the production of secondary personalities, is most frequently seen in cases of pronounced hysteria, and the resemblance of these to the spontaneous symptoms of hysteria is in general so striking that in the eighties Charcot and the Salpêtrière school did not hesitate to pronounce hypnosis to be only one of the typical hysterical syndromes. I have long thought that there is in this view more truth than is now commonly believed, and that the triumph of the opposing conception held by the Nancy school is destined to pass away. It is therefore a matter of gratification to me to find that Ferenczi, in a recent illuminating essay² to which we shall several times have to refer, expresses a similar opinion. Let me briefly recall some of the considerations that seem to me of most weight in this connection.

Most striking is the fact that the operator can elicit in hypnosis not a single manifestation that may not be spontaneously produced by the neurosis, giving thus the impression that what happens in hypnosis is merely the evocation of hysterical symptoms. The tremors, paralyses, anæsthesias, amnesias, spasms, hallucinations, paræsthesias, somnambulist trances, attitudes, and ecstasies are typical instances of this.

¹ See Chapters III. and XV.

² Ferenczi, 'Introjektion und Übertragung.' *Jahrb. f. psychoanal. u. psychopath. Forsch.*, 1909, Bd. i., S. 451.

It cannot be maintained that all these symptoms are peculiar to the Salpêtrière clinic, for although in Paris some of them, particularly the convulsive attacks, owed several of their traits to artificial training (*dressage*) of the patients, still the manifestations just mentioned have been observed all over the world before and after Charcot's time, both as spontaneous occurrences in hysteria, and as the result of suggestion in hypnosis. Typical hysterical convulsions were the most prominent features in Mesmer's clinic a hundred and thirty years ago, and many patients permanently continued to suffer from them after they had once been evoked in hypnosis,¹ a danger to which Charcot called special attention in the case of other symptoms.² The peculiar *rapport* between the operator and the subject, so characteristic of the hypnotic state, is identical with that obtaining between the physician and the patient in the spontaneous somnambulism of hysteria, as has been beautifully shewn by Richer,³ Janet,⁴ and others. Even the curious occurrence known as post-hypnotic suggestion has its precise counterpart in what Freud calls the '*nachträglicher Gehorsam*' of neurotics,⁵ by which is meant the automatic obedience of a patient to a command uttered years before by some person psychically significant to him. Ferenczi, in remarking the resemblance between the two processes,⁶ relates a case where a noctambulic stereotypy could be traced to a certain command which had been given to the patient in his childhood by a harsh father, and which later had been completely forgotten. Janet has interestingly shewn⁷ that the interval over which post-hypnotic suggestion remains potent exactly corresponds with the duration of what he terms the '*influence somnambulique*,' a process that will presently be discussed. In a recent case I was able to

¹ Marquis de Puységur, 'Mémoires pour servir à l'histoire et à l'établissement du magnétisme animal,' 1784, p. 104.

² Charcot, 'Accidents hystériques graves survenus chez une femme à la suite d'hypnotisations,' *Rev. de l'hypnotisme*, juillet, 1889, Année IV, p. 3.

³ Richer, 'La grande hystérie,' 1885, p. 318.

⁴ Janet, 'Névroses et idées fixes,' 1898, t. i., pp. 160, 364, 424, 467.

⁵ Freud, *op. cit.*, S. 23.

⁶ Ferenczi, *op. cit.*, S. 447.

⁷ Janet, *op. cit.*, p. 443.

observe that the neurotic *nachträglicher Gehorsam* similarly lasted until the affective bond between the patient and the person from whom the command emanated was deprived of its abnormal coercive power. The patient, who was suffering from a severe form of obsessional neurosis, had on several occasions in his childhood been sternly forbidden by his mother to do a certain act which is more permissible in the adult than in the child. In later years he was unable to carry out the act in question, and was quite aware that the cause of this was connected with his mother's words. After, however, he had been freed by psycho-analysis from the unconscious source of his mother's excessive influence over him her command lost its unnatural constraining force.

The main reason why in late years the problems of hypnotism and hysteria have been kept apart is that the great frequency with which hypnosis can be induced in the normal has seemed to prove the mutual independence of the two conditions. In the light of more recent knowledge, however, this very observation is a strong argument in favour of Charcot's view, that the two are closely connected, for it is now recognised that Moebius' dictum 'Jederman ist ein bisschen hysterisch' ['Everyone is a little hysterical'] is not an empty satire, but a literal fact. As Jung puts it, we have all had to fight with the same complexes that cause the sufferings of hysterics, and scarcely anyone gets off scot-free from the 'abnormal' effects of them. Freud has produced abundant evidence¹ to shew that the same unconscious, dissociated trends operative in hysteria come to expression in the normal by means of mechanisms psychologically closely akin to those that generate hysterical symptoms.

It is therefore expedient to consider the most pronounced manifestations of suggestion, particularly hypnosis, in cases of obvious hysteria, and to see whether the recent knowledge that has been acquired on the subject of the psychoneuroses can throw any light on the problem; it is notoriously easier to study the nature of psychical processes when they are

¹ Freud, 'Die Traumdeutung,' 3^e Aufl., 1911; 'Zur Psychopathologie des Alltagslebens,' 4^e Aufl., 1912.

examined under the microscope of 'disease.' From this point of view, as Ferenczi has clearly shown,¹ the phenomena of suggestion in the neuroses are seen to constitute only one variety of a group of processes to which Freud has given the name of Transference (*Übertragung*),² and these in their turn are only examples of the still more general mechanism known as Displacement (*Verschiebung*).

'Displacement' in psychology denotes the transposition of an affect from one conception to another less unacceptable one.³ Its function is to evade a painful complex; this is excluded from consciousness, and represented only by the appearance there, in the shape of a compromise, of a secondary conception invested with the original affect. The association between the primary and secondary conceptions is usually of an exceedingly superficial order. The mechanism is common enough in everyday life—a banal instance being the spinster's parent who claims the preoccupation and care appropriate to a child—but in the psychoneuroses its field of action is extraordinarily wide. Here the affect of the repressed complexes has no satisfactory outlet, and is at any time ready to find one when an experience presents itself that can be associated to the complex. What is called the 'inadequate emotional reaction' of such patients, the excessive sympathy, love, or hate that they display on apparently trivial occasions, finds its explanation in this process, an instance of which will suffice. I was recently called on to see a hysterical patient who was suffering from extreme prostration—for twenty-four hours she was too weak to speak—which had been induced by her hearing of the death of a young child she had never seen, the child belonged to a relative of one of her friends. The nurse rightly remarked, 'She couldn't have been more affected had it been her own child.' From my knowledge of the case I was able to surmise something of what had happened in the patient's mind; she had 'identified' herself with the sorrowing mother, and was suffering as if she actually were

¹ Ferenczi, *op. cit.*, S. 424 *et seq.*

² Freud, 'Bruchstück einer Hysterie-Analyse,' 'Sammlung kleiner Schriften zur Neurosenlehre,' 2^e Folge, 1909, S. 104.

³ See Chapters II. and III.

the mother; naturally there were still deeper roots to the identification which I cannot here describe. This process of unconscious identification with others is an extremely frequent and important one in the psychoneuroses,¹ and accounts for much of the abnormally excessive reactions of the patients; they imagine themselves in the position of other people, and feel not only what the other person does, but also what they themselves had felt in the past on some forgotten similar occasion. In other words, part of their emotional reaction arises from some personal repressed complex, of which they are not conscious. Strictly speaking, their emotion is egoistic and not altruistic—as it often appears to be—for at bottom they are feeling, not for others, but for themselves. The ‘exaggerated emotions’ of hysterics are thus only apparently exaggerated—they are only so in relation to the exciting cause; when correlated with the unconscious source they are found to be fully justified and intelligible. Ferenczi’s remark is very much to the point when he says:² ‘Die “Übertriebenheit” in den Gefühlsäusserungen Hysteriker ist ja längst bekannt und auch viel bespottet worden; erst seit Freud wissen wir aber, dass den Spott eher wir Ärzte verdient hätten, die wir die symbolischen Darstellungsmittel, gleichsam die Sprache der Hysterie nicht kennend, sie bald als eine Art Simulation ansprachen, bald wieder mit abstrusen physiologischen Schlagworten abgetan zu haben wähten.’ [‘The tendency of hysterical patients to use exaggeration in the expression of their emotions has long been known and often ridiculed. Freud has shewn us that it is rather we doctors who deserve the ridicule, because failing to understand the symbolism of hysterical symptoms—the language of hysteria, so to speak—we have either looked upon these symptoms as implying simulation, or fancied we had settled them by means of abstruse physiological terms.’] In the production of neurotic symptoms the displacement process plays a fundamental part, and it must be regarded as one of the most characteristic

¹ I have elsewhere described a case in which it played a predominating part; see Chapter IV.

² Ferenczi, *op. cit.*, S. 423.

peculiarities of the malady. The symptoms are replacement-creations (*Ersatzbildungen*), which take the place in consciousness of the painful and repressed complexes; the pent-up affect tends to flow in any direction open to it, whether this is a physical (conversion-hysteria) or mental one (substitution neurosis, obsessions). Yet, as was mentioned above, the pathological outlets hardly ever prove satisfactory, and it would seem as if there was always present a certain quantity of free or loosely associated affect ready to fasten on to any fresh mental experience. To this excessive tendency on the part of the patient to incorporate his environment into his own personality Ferenczi has given the name 'introjection.'¹ It is merely an exaggeration of tendencies present in us all, common instances being the way in which a careful housewife is *personally* offended at any reflection on the cleanliness of her house, this being in a sense a part of herself, or the glow of *personal* pride we feel whenever anything enhances the renown of our particular town or country. When introjection of the environment is carried to excess, obviously it greatly increases the sensitiveness of the person in question; every new section of environment that is incorporated into his ego adds a fresh group of possibilities for pleasant or unpleasant emotions, it becomes, as it were, a sentient antenna. As is well known, the sensitiveness of some patients with advanced nervous invalidism is quite appalling; every trivial occurrence affects them in a personal way, and they are deeply moved by the most transitory impressions. The slightest happening may bring about such an exacerbation of suffering that life seems impossible for them unless they are shielded to an artificially elaborate extent, and they suck the very life-blood of all about them in their insistence that these should constantly make the finest adjustments in their environment. The process of introjection is the exact opposite to that of 'projection' characteristic of dementia præcox patients, who on the contrary withdraw themselves from the outer world. As Ferenczi tersely puts it,² 'Der Psychoneurotiker leidet an Erweiterung, der Paranoische an Schrumpfung des Ichs.'

¹ Ferenczi, *op. cit.*, S. 429.

² *Ibid.*, *loc. cit.*

['The psychoneurotic suffers from a widening, the paranoic from a shrinking of his ego.']

The most interesting manifestations of introjection are those relating to the persons in the patient's environment. He transfers on to them various affects, love, hate, and so on, that arose, perhaps years previously, in connection with quite other people, just as a child who has once been hurt by a doctor is for some time afterward fearful of every doctor he encounters. In order for this to happen there has only to be instituted the slightest resemblance between the original person and the present one: such a patient, having once intensely hated someone with a given characteristic, say red hair, will be ready to hate anyone he may later meet who has the same characteristic. This tendency to live over again the same emotion in the presence of a person resembling one formerly associated with the emotion, is called 'transference' (*Übertragung*), but Freud, for reasons of expediency, prefers to restrict the term to the occasions on which the process happens in relation to the physician who is treating the case. Every physician who has had much experience with psychoneurotic patients knows how variable, unreliable, and changeable is their attitude to him: in fact, their 'capriciousness' is generally notorious. On a slight change in his manner or in his treatment of them, and often apparently quite spontaneously, their attitude alters, trust is replaced by suspicion, resentment by gratitude, and so on, the extent of the alteration being out of all proportion to the exciting cause; to many physicians they are the most ungrateful, unsatisfactory, and disliked of all patients. This puzzling behaviour, however, becomes at once comprehensible as soon as one realises that it is determined, not by the external occasion, to which it is so inadequate and abnormal a response, but by previously existing and usually unconscious emotions which the external occasion merely evokes. Association is at the bottom of the whole process. A word or tone used by the physician unconsciously reminds them of some forgotten experience, pleasant or unpleasant, and really it is to this past experience that they are reacting; the reaction is determined not by the conscious

personality, but by some unconscious complex that has been stimulated. The association between the external occasion and the forgotten experience is frequently, as was mentioned above, an exceedingly superficial one, especially when the affect concerned is very intense, and so more sensitive to stimulation. The whole process can be experimentally estimated, for, as Jung has shewn,¹ certain characteristics in the word-reaction association test, namely, the desire to add to the response something explanatory or supplementary (*sentiment d'incomplétude*), signify that the subject has a tendency constantly to give to others more feeling than is required and expected. Jung interprets this as a compensation for an inner unsatisfiedness and voidness of feeling.

A matter of peculiar significance is the observation that most frequently the affect transferred to the physician arose originally in connection with one of the parents, more usually the father, or with some person standing in a similar relation to the patient. The respect due to the physician, and his position of prestige and authority as regards the patient, in themselves make readily possible the formation of an association between him and the parent, and often the mere enforcing of a piece of medical advice, a slight sternness, or even increase of firmness in tone, the reproving of an omission or fault, are quite sufficient to consummate this. The 'firmness' with which it is fashionable to treat such patients, a term that frequently covers a considerable measure of hostility and lack of understanding on the part of the physician, obviously conduces in a high degree to the transference of the affect of parental complexes; the result of such an attitude is sometimes beneficial, frequently disastrous, and always unpredictable. As in most cases the incestuous relation of the patient to his parents, particularly to his father,² lies at the very centre of his malady, it will be seen that the type of transference here indicated is of especial importance.

¹ Jung, 'The Association Method.' *Amer. Journ. of Psychol.*, April, 1910, p. 228.

² See Jung, 'Die Bedeutung des Vaters für das Schicksal des Einzelnen,' *Jahrb. f. psychoanal. u. psychopath. Forsch.*, Bd. i., S. 155.

We have next shortly to consider what is the actual nature of the affective processes in the psychoneuroses that are in this way transferred from the patient to surrounding persons, including the physician. At first sight these seem to be of all possible kinds, gratitude, hate, affection, fear, jealousy, and so on, but psycho-analytic research has, in the eyes of those qualified to judge the matter, established beyond all possibility of doubt that these diverse processes are not, as they appear to be, primary and incapable of further analysis; on the contrary, they prove on examination to be only secondary reactions to deeper trends. It was one of Freud's most important discoveries¹ that these deeper and more ultimate trends are invariably components or derivatives of the primary psycho-sexual system of activities.² That resentment, anger, jealousy, and other sentiments and emotions may be secondary reactions to unsatisfactory sexual experiences, to despised or ungratified love, is of course a truism, one that is well expressed in Congreve's familiar lines :

'Heaven hath no rage like love to hatred turned,
Nor hell a fury like a woman scorned.'

It would not be pertinent to the aim of this paper to discuss and explain the statement just made, to the effect that the pathogenic complexes in the psychoneuroses are always of a sexual nature; one can only asseverate that whenever the affective process concerned is traced to its origin this is invariably found to be a sexual one. In hysteria, which is the psychoneurosis that most concerns us here, the complexes arise from disturbances in the development of the psycho-sexual functions, and the symptoms are disguised and distorted expressions of the fulfilment of various sexual desires, most frequently of various perversions. The satisfaction of these desires in this form is, however, almost always incomplete, and for this reason there are generally two sources of affective processes ready to be transferred to any convenient object. On

¹ Freud, 'Sammlung kleiner Schriften zur Neurosenlehre,' 2^e Folge, 1909.

² For a short description of Freud's conception of sexuality, see Chapter II.

the one hand there is the free affect mentioned above, which has found no outlet, either in a symptom or in any other way; on the other hand there is a quantity of affect which is finding only partial and unsatisfactory outlet in the form of certain of the symptoms. These symptoms are the recent, temporary, or changing ones, the ones most easily 'cured'; the more durable and constant symptoms are notoriously harder to remove, the reason being that they are proving more adequate outlets for the pathogenic affects concerned. There is in most cases of hysteria, therefore, a considerable measure of hungry needs and desires ready to attach themselves to any suitable object that may present itself, and it is the attachment of these to the idea of the physician that constitutes the process called 'transference.' Freud's definition of it runs thus:¹ ['Während einer psychoanalytischen Kur ist die Neubildung von Symptomen, man darf wohl sagen: regelmässig, sistiert. Die Produktivität der Neurose ist aber durchaus nicht erloschen, sondern betätigt sich in der Schöpfung einer besonderen Art von meist unbewussten Gedankenbildungen, welchen man den Namen *Übertragungen* verleihen kann. Was sind die Übertragungen? Es sind Neuauflagen, Nachbildungen von den Regungen und Phantasien, die während des Vordringens der Analyse erweckt und bewusst gemacht werden sollen, mit einer für die Gattung charakteristischen Ersetzung einer früheren Person durch die Person des Arztes. Um es anders zu sagen: eine ganze Reihe früherer psychischer Erlebnisse wird nicht als vergangen, sondern als aktuelle Beziehung zur Person des Arztes wieder lebendig.'] ['During the course of a psycho-analysis the development of new symptoms as a rule ceases. The productivity of the neurosis, however, is far from being extinguished, but exercises itself in the creation of a peculiar sort of thought-formations, mostly unconscious, to which the name 'transferences' may be given. These transferences are reimpresions and reproductions of the emotions and phantasies that have to be awakened and brought into consciousness during the progress of the analysis, and are characterised by the replacement of a former person by the

¹ Freud, 'Bruchstück,' etc., S. 103, 104.

physician. To put it in another way: a whole series of earlier experiences are revived, not as past ones, but in the form of a current relation to the person of the physician.' In a recent lecture¹ he restates this in the following words: 'He (the patient) 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.' This subject of transference will presently occupy us further in relation to its therapeutic effect.

To return to the questions of suggestion and hypnosis, which have apparently been deserted in the preceding considerations, is to continue the present theme, for these processes are merely instances of transference. Some years ago Freud ventured the following remark concerning hypnotism:² 'Ich kann mir nicht versagen, hierbei an die gläubige Gefügigkeit der Hypnotisierten gegen ihren Hypnotiseur zu erinnern, welche mich vermuten lässt, dass das Wesen der Hypnose in die unbewusste Fixierung der Libido auf die Person des Hypnotiseurs (vermittels der masochistischen Komponente des Sexualtriebes) zu verlegen ist.' ['I cannot help thinking in this connection of the credulous pliability of a hypnotised person in regard to the hypnotiser, which leads me to conjecture that the essence of hypnosis resides in the unconscious fixation of "sexual hunger" (Libido) on the person of the latter (by means of the masochistic component of the sexual instinct).'] Ferenczi, in developing this observation,³ adds two very important corollaries, which, however, directly follow from the considerations adduced above. In the first place, agreeing with Bernheim and Forel that suggestion is the essence of hypnosis, he generalises Freud's

¹ Freud, 'The Origin and Development of Psychoanalysis,' *Amer. Journ. of Psychol.*, April, 1910, p. 215.

² *Ibid.*, 'Drei Abhandlungen zur Sexualtheorie,' 1905, S. 81; Anm. II. 2^a Aufl., 1910, S. 17.

³ Ferenczi, *op. cit.*, S. 439.

observation so as to include under it suggestion as well as hypnotism. He points out that sympathy, respect, antipathy, and other affective processes, which have long been known to play a decisive part in favouring or hindering suggestion, are elaborate constructions which are accessible to a dissection that separates them into their elements. 'Bei der Zerlegung findet man in ihnen die primären unbewussten libidinösen Wunschregungen als Unterlage und darüber einen unbewussten und vorbewussten psychischen Überbau.' ['In the dissection one finds in them the primary unconscious libidinous wish-emotions as the basis, and in a higher layer an unconscious and preconscious psychical superstructure.'] These primary elements are, as was pointed out in connection with the complexes of hysteria, always of a sexual nature. In the second place, recognising with Freud that repressed affects take their earliest origin in the child's reactions towards his parents, Ferenczi attributes to the 'parental complexes' the predominating part in the process of suggestion. He summarises his thesis in the statement¹ that 'Die Hypnotisierbarkeit und suggestiv Beeinflussbarkeit eines Menschen hängt also von der Möglichkeit der "Übertragung" oder, offener gesagt, der positiven wenn auch unbewussten sexuellen Stellungnahme des zu Hypnotisierenden dem Hypnotiseur gegenüber ab;² die Übertragung aber, wie jede "Objektliebe," hat ihre letzte Wurzel in dem verdrängten Elternkomplex.' ['The capacity to be hypnotised and influenced by suggestion depends on the possibility of transference taking place, or, more openly expressed, on the positive, although unconscious, sexual attitude that the person being hypnotised takes up in regard to the hypnotiser; the transference, however, like every external love, has its deepest root in the repressed parent-complex.'] In regard to the matter of parental complexes he makes a number of noteworthy observations, illustrated

¹ Ferenczi, *op. cit.*, S. 441.

² In two recent papers ('Zur Wertung der Hypnose,' *Therapeutische Rundschau*, 1909, Jahrg. III., Nr. 45. and 'Zum Verständnis der Hypnose und des hysterischen Delirs,' *Zentralbl. für Psychoanalyse*, Jahrg. I., Heft 3) Sadger reaches the same conclusions as the result of his comparative experience with psycho-analysis and hypnotism.

by the description of cases, such as those of patients whom he had treated first by hypnotism and later by psycho-analysis. Thus, the procedures for inducing hypnosis, and the conditions that favour this, appear in a new light in view of the foregoing considerations. It may be said in general that there are two types of procedures at our disposal for this purpose, though they cannot of course be sharply separated from each other; the two means are appeals to fear and to love respectively. In the first of these, the matters of decisive importance are: Social and professional prestige of the hypnotist, high reputation for previous successes, absolute self-confidence, firmness, imposing behaviour, and an assured tone in issuing commands. This is the popular conception of a hypnotist, a Svengali *par excellence*, with his lofty stature, black beard, heavy eyebrows, and penetrating glance; we are reminded of the Abbé Faria, with his famous 'Dormez!' In the second type the necessary requisites are: a darkened room with complete stillness, a mild and friendly attitude on the part of the hypnotist, a low, monotonous, musical voice, with light stroking of the hair, the brow, or the hands. The response of the subject roughly corresponds respectively with the two forms of suggestibility Hartenberg has recently described¹ under the names of *Ausführungssuggestibilität* and *Empfangssuggestibilität*. Ferenczi calls these two types the 'paternal' and the 'maternal' methods,² and points out the resemblance between the first and the child's conception of the firm, infallible, and all-powerful father, whom it is his highest ambition to imitate and obey, and between the second and the oft-repeated scenes of childhood in which a mother woos her child to sleep by telling him pleasing fairy-tales or singing tender lullabies. Even the various apparatus formerly employed for inducing hypnosis, the Luys revolving mirror, the bright light on which the gaze has to be fixed, the monotonous metronome, are repetitions of the means used to attract the attention of a child, the bright objects, ticking watch, and

¹ Hartenberg, 'Die zwei Hauptformen der Suggestibilität,' *Zeitschr. f. Psychotherapie u. Medizinische Psychologie*, February, 1910, Bd. ii., S. 46.

² Ferenczi, *op. cit.*, S. 44B.

so on. In short, the attitude of the subject to the hypnotist is not merely analogous with that of a child to its parent, it is identical with it. Unconscious fixation of infantile incestuous thoughts goes hand in hand with the capacity to be hypnotised. Freud's statement that the transference at the basis of hypnosis depends on the feminine component of the sexual instinct Ferenczi explains¹ by pointing out that the pleasurable obedience characteristic of this component is first exercised in regard to the parents; it is, indeed, the source of the child's docility and compliancy towards his parents. He farther points out² that the obedience to a parent's command frequently becomes pleasurable by means of an unconscious identification taking place in the child's mind between him and the parent, the parent's will becoming his own and the child becoming in his phantasy endowed with the might and other graces of the parent; similarly, Lipps³ remarks that in verbal suggestion the subject accepts the implanted idea only if the personality of the operator agrees with his own, a certain emotional fusion (identification) taking place between the two. It is also interesting in this connection to recall that Baragnon used to think that the most successful way to induce hypnotic ecstasy was to make pressure on the head over the 'site of veneration.'⁴

It would be impossible in the space of this paper to reproduce the extensive evidence for the truth of the propositions just specified, nor is it probable that any one would be convinced of them without personal experience of the matters in question, namely, psycho-analysis of the nature and origin of the affective processes underlying transference and suggestion; to those with this experience the conclusions stated inevitably force themselves on the investigator. I shall therefore content myself with considering some of the observations made by workers who were quite ignorant of psycho-analysis, and with pointing out how admirably capable of assimilation these are to the views here enunciated.

¹ Ferenczi, *op. cit.*, S. 450.

² *Ibid.*, *op. cit.*, S. 447.

³ Th. Lipps, 'Suggestion und Hypnotismus,' *Sitzungsber. der bayerischen Akademie der Wissenschaft*, 1897 (1898), S. 490.

⁴ Baragnon, 'Étude du magnétisme animal,' 1853, p. 318.

ACTION OF SUGGESTION IN PSYCHOTHERAPY 259

The first manifestation of hypnosis that may be mentioned is its most striking, namely, the *rapport* that exists between the subject and operator, the phenomenon which, according to Lipps,¹ actually conditions hypnosis. The state of *rapport* was well known to the early magnetisers and hypnotists, and has been fully described by many of them.² It is essentially characterised by an intimate psychological relation between the subject and the operator, or to speak more accurately, a one-sided relation of such a kind that the former is, as Lipps puts it,³ psychically dependent on the latter. Bertrand was the first to point out that the cardinal event in the process, and therefore in hypnotism in general, is the thorough occupation of the subject's mind with the thought of the operator; he wrote, in 1823:⁴ 'Le malade, soumis à l'opération magnétique, s'endort en pensant à son magnétiseur, et c'est parcequ'il ne pense qu'à lui en s'endormant, qu'il n'entend que lui dans son somnambulisme.' This view has since been amply confirmed by Noizet,⁵ Moll,⁶ Janet,⁷ and others. Further, this concentration of the subject on the one thought of the operator, or *monoidéisme*, to recall Braid's term, has the consequence of making him more or less completely oblivious of other persons. This is the well-known 'electivity' of hypnotised subjects who respond to the slightest indication on the part of the operator, but who remain quite indifferent even to gross excitations (painful stimuli, etc.) emanating from any one else: the details of this electivity have been well described

¹ Lipps, *op. cit.*, S. 503.

² Barély, 'Magnétisme,' pp. 284, 398. Bertrand, 'Traité du somnambulisme et des différentes modes qu'il présente,' 1823, p. 245. Charpignon, 'Physiologie, médecine et métaphysique du magnétisme,' 1848, pp. 79, 144. De Lausanne, 'Principes et procédés du magnétisme,' 1819, t. ii., p. 160. Deleuze, 'Histoire critique du magnétisme animal,' 1818, t. i., p. 185. Demarquay et Girault-Teulon, 'Hypnotisme,' p. 32. A Despine, 'Observations de médecine pratique,' 1838; 'Traitement des maladies nerveuses par le magnétisme animal,' 1840. Du Poët, 'Traité complet du magnétisme,' 1821, p. 158. Myers, *Proceedings of the Society for Psychical Research*, 1882, p. 255; 1887, p. 538. Noizet, 'Mémoire sur le somnambulisme,' 1854, p. 97. Ochorowicz, 'Suggestion mentale,' p. 404.

³ Lipps, *op. cit.*, S. 497.

⁴ Bertrand, *op. cit.*, p. 241.

⁵ Noizet, *op. cit.*, p. 101.

⁶ Moll, 'Untersuchungen über den thierischen Magnetismus,' 1892.

⁷ Janet, *op. cit.*, p. 124.

by Janet,¹ who says that he has observed it in all the cases he has studied.

Intense concentration on a single train of thought is only another expression for engrossing interest for the thought, and, as is now generally recognised, this process is at bottom an affective one, though it may or may not relate to an intellectual sphere. Instances of both are common enough: the sleeping mother is *en rapport* with the babe in the cradle at her side, will wake at its faintest cry and sleep through much louder noises; Archimedes at work on his geometrical problem was so engrossed that he maddened the intruding soldier by ignoring him, and was thereupon slain. We may, however, go further, and say that a *rapport* between two people, so extraordinarily close as the hypnotic one, always indicates sexual affection, either truly erotic or else in a sublimated form.² The subject who is so wrapped up in the operator that he can see the world only through the latter's eyes, and is blind to all else, irresistibly reminds any unprejudiced observer of the intense devotion of a lover, particularly that of a woman. The peculiar significance that the operator has for the subject above all other persons is illustrated by Janet's remark:³ 'Il semble donc que pendant le somnambulisme le sujet soit particulièrement préoccupé de son hypnotiseur et qu'il ait à son égard une préférence, une docilité, une attention, en un mot des sentiments particuliers qu'il n'a pas pour les autres personnes.' This electivity is truly remarkable; it recalls Bernard Shaw's epigram, that 'Love is a gross exaggeration of the difference between one person and all the rest.' Effertz, in describing the electivity of hypnotic *rapport*, says:⁴

¹ Janet, 'L'Automatisme Psychologique,' 1889, p. 283, etc.

² I would attribute to the same source the well-known suggestive influence that one married partner exerts over the beliefs and feeling-attitudes of the other, particularly over those of the woman. In this connection it may be recalled that Mlle. Henriette Fürst 'Statistische Untersuchungen über Wortassoziationen und über familiäre Uebereinstimmungen im Reaktionstypus bei Gebildeten,' *Journ. für Psychol. und Neurol.*, 1907, Bd. ix., S. 243) has shewn that even the association-reactions of one partner tend in time to resemble those of the other, the change being greater in the case of the woman. The whole process is evidently an identification of people having a close affective bond.

³ Janet, 'Névroses,' etc., p. 424.

⁴ Effertz, 'Studien über Hysterie, Hypnotismus, Suggestion,' 1894, S. 55.

Der A. z. B. kann den X. hypnotisieren, aber der B. kann es nicht. Oder der A. kann den X. hypnotisieren, nicht aber den Y; oder A. kann den X. heute hypnotisieren, aber er kann es nicht mehr morgen, usw. Solche Rapporte bestehen. Das wissen wir schon lange vor der Hypnologie. Das lehrt unter anderem die Beobachtung des Entstehens und Vergehens an Liebesverhältnissen.' ['A, for instance, can hypnotise X, but B cannot. Or A can hypnotise X but not Y; or A can hypnotise X to-day, but not to-morrow. Relationships of this sort certainly exist. This was known long before hypnology was studied. We are taught it, among other ways, by observations on the origin and course of love relationships.']

The resemblance goes still further. Janet distinguishes two stages in the development of the *rapport*.¹ In the first stage, the presence (sound, touch, etc.) of a third person is indeed perceived, but is found by the subject to be irritating and disturbing, exactly as it would be in the case of two lovers enjoying the happiness of each other's company. In an exquisite sonnet of Mrs. Browning's the need of lovers to be isolated from all the rest of the universe is well depicted, and the passage here italicised shews how under such circumstances even the most delicately fine intrusion would be resented, exactly as it would in a hypnotic *rapport*.

'When our two souls stand up erect and strong,
Face to face, silent, drawing nigh and nigher,
Until the lengthening wings break into fire
At either curved point,—what bitter wrong
Can the earth do to us, that we should not long
Be here contented? Think. In mounting higher,
*The Angels would press on us and aspire
To drop some golden orb of perfect song
Into our deep, dear silence. Let us stay
Rather on earth, Beloved,—where the unfit
Contrarious moods of men recoil away
And isolate pure spirits, and permit
A place to stand and love in for a day,
With darkness and the death-hour rounding it.'*

In Janet's second stage the subject's absorption has become so complete that he is entirely isolated from the outer world, and it is quite impossible for a third person to get into any

¹ Janet, *loc. cit.*



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communication with him, let alone to disturb him. As was previously remarked, the *rapport* that may exist between the physician and patient in cases of hysterical somnambulism is identical with that in hypnosis, a further piece of evidence that the forces underlying hysteria and suggestion are of the same nature.

The soothing effect of the hypnotiser's presence, or of the amulets he 'charges' so as to help the patient against various fears and difficulties, is also analogous to the influence of a lover, as was clearly pointed out some ten years ago by Freimark.¹ He writes: 'Die beruhigende Wirkung, die die Gegenwart des Geliebten auf die Liebende ausübt, die umgekehrt auch der Mann bei Anwesenheit der Geliebten verspürt und die vielfach auch von Briefen, Haarlocken und Bändern ausgehend eupfundener wird, fühlt auch die Somnambule von Gegenständen, die der Magnetiseur berührt, auf sich einströmen.' ['The soothing effect that the presence of the lover exercises over the loved person, which also the man detects in the presence of his mistress and which is often experienced from the contact of letters, ribbons, and locks of hair, the somnambulist also feels stream in on to her from objects that have been touched by the hypnotiser.'] In another passage² he makes the following generalisation, which is in full accord with the view here maintained: 'Überhaupt steht die Somnambule zu ihrem Magnetiseur in einem Rapport, der ganz dem zwischen Liebenden gleicht.' ['The somnambulist stands altogether to her hypnotiser in a *rapport* which is exactly similar to that between lovers.']

When the emotional state in hypnosis is allowed free expression, then there frequently occurs the condition technically known as 'ecstasy,' of which Baragnon,³ Despine,⁴ Philips,⁵ and many others of the older writers have given

¹ Freimark, 'Okkultismus und Sexualität,' S. 50.

² *Ibid.*, *op. cit.*, S. 48. See also Wirth, 'Theorie des Somnambulismus,' S. 185, where the sexual nature of hypnosis is clearly described.

³ Baragnon, *loc. cit.*

⁴ P. Despine, de Marseille, 'Étude scientifique sur le somnambulisme,' 1850, p. 186.

⁵ Philips (Durand de Gros). 'Cours théorique et pratique de braidisme,' 1860, p. 149.

graphic descriptions ; the last-mentioned author says that in it ' les mouvements des bras et les soupirs qui s'échappaient de leur poitrine étaient ceux qui caractérisent le ravissement porté au plus haut degré.' The resemblance of the condition to the *attitudes passionnelles* of the Salpêtrière hysterical attack is evident.

Everything goes to shew that the sexual attraction experienced by the subject in hypnosis is in the majority of cases an *unconscious* one, and that he is not commonly aware of actual erotic sensations ; nevertheless, the possibility, or, as it is usually expressed, the danger, of erotic manifestations and complications has rarely been lost sight of by the various opponents of hypnotism. The first outburst of opposition against hypnotism, the notorious Commission appointed by Louis XVI., in 1784, to inquire into Mesmer's practices, laid especial stress on this. In Bailly's secret report the following passage occurs :¹ ' Les médecins-commissaires, présents et attentifs au traitement, ont observé avec soin ce qui s'y passe. Quand cette espèce de crise se prépare, le visage s'enflamme par degrés, l'œil devient ardent, et c'est le signe par lequel la nature annonce le désir. On voit la femme baisser la tête, porter la main au front et aux yeux pour les couvrir ; sa pudeur habituelle veille à *son insu* et lui inspire le soin de se cacher. Cependant, la crise continue et l'œil se trouble ; c'est un signe non équivoque du désordre total des sens. *Ce désordre peut n'être point aperçu par celle qui l'éprouve ; mais il n'a point échappé au regard observateur des médecins.* Dès que ce signe a été manifesté, les paupières deviennent humides, la respiration est courte, entrecoupée ; la poitrine s'élève et s'abaisse rapidement ; les convulsions s'établissent, ainsi que les mouvements précipités et brusques, ou des membres ou du corps entier. Chez les femmes vives et sensibles, le dernier degré, le terme de la plus douce des émotions est souvent une convulsion ; à cet état succèdent la langueur, l'abattement, une sorte de sommeil des sens qui est un repos nécessaire après une forte agitation.' The words italicised (by the

¹ ' Rapport des commissaires chargés par le roi de l'examen du magnétisme animal,' 1784.

present writer) shew that during hypnosis the most obvious erotic manifestations may run their full course without the subject at all recognising the nature of them; it need hardly be added, however, that Mesmer's manipulations, designed to provoke 'curative convulsions,' were especially adapted to elicit such manifestations, which rarely occur in hypnosis as carried out at the present day. Still it is not without significance that the best hypnotic and spiritistic mediums are usually women, and we can only give the same explanation for this that Baragnon¹ did to his question, 'Pourquoi préférent-on employer la plupart du temps des femmes pour les soumettre aux expériences?' namely, that 'il est un principe que nous croyons tout indépendant de fluide vital; c'est la domination d'un sexe sur l'autre, ainsi que Dieu l'a voulu.'²

Ever since Mesmer's time the chief objection made to the use of hypnotism has been the possibility of erotic excitement, or, as Loos more guardedly expressed it,³ that 'überhaupt das Entstehen einer gewissen Neigung des Hypnotisierten zu dem Operateur zu verfolgen ist' ['that in general a certain inclination of the hypnotised person to the hypnotiser is to be feared']. This fear has a certain justification in fact, inasmuch as rape is practically the only crime that can be facilitated by hypnotism;⁴ in almost the only instance of any other crime, the celebrated Jane Weiss case,⁵ significantly enough, it could not be decided whether the influence of the inciter was to be attributed to hypnotism or to normal love. As the result of experience gained from psycho-analysis of patients in whom thoughts about hypnotism played a part, I am convinced that the deepest cause of the popular and

¹ Baragnon, *op. cit.*, pp. 89, 90.

² It is not very rare for mediumistic *séances* to degenerate into orgies, the sexual undercurrent, which is always present, here rising to the surface. This happened in Munich, where the notorious so-called Gesellschaft für experimentelle Psychologie had to be cleared by the police. One reads of mediums becoming pregnant as the result of influences reaching them from the fourth dimension, and so on.

³ Loos, 'Der Hypnotismus und die Suggestion im gerichtlich-medizinischer Beleuchtung,' Inaug. Diss., Berlin, 1894, S. 19.

⁴ Gilles de la Tourette, 'L'hypnotisme et les états analogues au point de vue médico-légal,' 1889.

⁵ Tarde, 'Archives d'anthropologie criminelle,' 1891, t. vi., p. 458.

medical prejudice against the use of hypnotism in therapeutics is the dimly recognised perception of its sexual nature. This prejudice is rationalised in all sorts of ways by the opponents of hypnotism; it finds its most naïve expression in the view that 'it cannot be right for anyone to be placed in the power of a second person.'

The development of the opinions held as to the nature of hypnotism, the beliefs in magnetic fluid,¹ vital fluid, nervous fluid, all-pervading ether, and finally, in a special psychical influence of the hypnotist, form an interesting chapter which would bear much exposition in the present connection, did space permit.² The concrete vital fluid in question, which the operator projects into the subject, is one that has played an extensive part in the phantasy of mankind, and, in an increasingly disguised form, still does so in folk-lore, superstitions, and psychoneurotic symptoms. I will briefly refer to one point, namely the significance attached to the power of the eye in hypnotism. The magnetic fluid was principally emitted from the operator's eye, and in many modern procedures fixation of the subject by a steady gaze, producing the so-called *fascination du regard*, still plays an important part. Now, belief in the influence of the human eye, for good or ill, has at all ages been very general, and still lingers in our customs, superstitions, and religious observations;³ it can be shewn beyond doubt that this takes its origin in the eye and its glance being symbolically regarded as the expression of the male organ and its function. In a patient of mine, whose chief complaint was the obsessive thought that if he looked at anyone he might harmfully influence them, this fact was clearly to be demonstrated; as he had never heard of the existence of this symbol-

¹ This view, commonly ascribed to Mesmer, who most precisely formulated it, originated, of course, with Paracelsus, and was developed by Fludd, Maxwell, Van Helmont, and others before Mesmer.

² A typical passage is that of Lu Prel's ('Die ödische Individualität des Menschen,' *Uebersinnliche Welt*, 1899, Jahrg. III., Heft 3): 'Bei jeder magnetischen Heilung überträgt der Magnetiseur seine Lebenskraft, also seine eigentliche Essenz auf den Magnetisierten.' ['In every magnetic (hypnotic) cure the hypnotiser transfers his vital force, his very essence, on to the person hypnotised.']

³ See the remarkable work of Seligmann, 'Der böse Blick und Verwandtes,' Zwei Bände, 1910.

ism, it was with him a spontaneous, and of course unconscious, creation of his phantasy. The term 'animal magnetism' itself, for so long applied to hypnotism, is ultimately derived from a more primitive source than the metal magnet, though it was actually taken from the latter.¹ The Greeks designated a magnet as *μάγνης λίθος*, 'the influencing stone.' The word magnet comes to us, via the Greek, from two Phœnician words, *mag* and *naz*; the former means 'a big powerful man,' the latter 'that which flows out and influences something else.' It does not need much divining capacity to comprehend what the early conception of human magnetism originally signified; the word has by a devious route come back to its own in our phrase 'a lover's magnetic charm.' Thus magnetism was first applied to a human attribute, then to inanimate substances, and finally, via the second connotation, was used to designate, as animal magnetism, the hypnotic process.

The problem can be studied from another side by considering the relation of the subject to the operator, not during the hypnosis itself, but in between the *séances*, a matter that Janet has made an especially careful study of. He established the fact that this relation continues its influence in certain precise ways for some time after a given *séance*. After hypnosis has been induced several times two changes in particular become apparent:² (1) Any preceding fear of, or repugnance for, hypnosis is now replaced by a passionate desire for its repetition, (2) the patient talks much about the physician, and is preoccupied with him in an evidently excessive fashion. Three stages may be distinguished, which Janet names as follows:³ (1) A period of *fatigue*, which is usually very short, though it may occasionally last for as long as a day or two; (2) a period of *somnambule influence*, which usually lasts for some days or weeks, and (3) a period of *somnambule passion*, which lasts till the next *séance*. The second period, that of *somnambule influence*, is marked by a considerable

¹ It is interesting to note that the word 'coition' was formerly used in English to denote also the coming together of magnetised substances—e.g., by Sir Thomas Browne, 'Vulgar Errors,' book ii., ch. ii., par. 8.

² Janet, *op. cit.*, p. 425.

³ *Ibid.*, *op. cit.*, pp. 426-428.

gain in the sense of well-being, and in a more or less complete remission of the symptoms and stigmata; the patient's capacity for mental synthesis is obviously greatly increased. While it lasts he thinks much about the physician, but feels no need or desire for another *séance*. Janet expressly states¹ that this period is quite independent of any verbal suggestions made during hypnosis; it is therefore to be attributed to the more general influence that we have called 'affective suggestion.' The third period, that of somnambulant passion, consists in a recurrence of the previous symptoms and difficulties, with a restless craving to be hypnotised anew. These manifestations are not only independent of all verbal suggestions, but frequently are exactly opposed to such suggestions, given as strongly as possible;² they are, therefore, inherent in the circumstances. Janet compares the craving with that of the morphino-maniac,³ and justly remarks that, like this, it is due not directly to the active agent, but to the absence of this; the significance of this will be evident to those familiar with Abraham's able paper on alcoholism.⁴ The craving may at times be so severe as to produce a state of complete mental confusion.⁵

The attitude of the patient to the physician during these intervals is not the same in all cases. Sometimes, for instance, fear and dread may be the most prominent traits in it; one of Janet's patients trembled and blanched whenever he caught sight of his physician.⁶ This, however, is rare, and Janet states that he has seen it in only two or three cases. More often fear may be mixed with some other emotion. Thus:⁷ 'Un sujet, tout en aimant son hypnotiseur, se rend compte de sa soumission qu'il accepte plus ou moins facilement. Il éprouve une affection mêlée de crainte pour un être beaucoup plus puissant que lui.'

Since Freud's important work on the anxiety states (*Angst-*

¹ Janet, *op. cit.*, p. 444.

² *Ibid.*, *loc. cit.*

³ *Ibid.*, *op. cit.*, pp. 429, 455.

⁴ Abraham, 'Die psychologischen Beziehungen zwischen Sexualität und Alkoholismus,' *Zeitschr. f. Sexualwissenschaft*, 1908, Nr. 8.

⁵ Janet, *op. cit.*, p. 437.

⁶ *Ibid.*, *op. cit.*, p. 446.

⁷ *Ibid.*, *op. cit.*, p. 447.

zustände),¹ we know that morbid dread is always the expression of repressed sexual desire, *i.e.*, of sexual desire that has been stimulated under circumstances when it cannot reach consciousness. The case just described evidently belongs to Ferenczi's class of 'paternal hypnosis.'

The most typical sentiment, however, is that of affection. Janet writes :² 'Ce que l'on observe le plus souvent c'est un sentiment d'affection qui peut très rapidement devenir extrêmement vif. Le sujet se sent heureux quand il voit son hypnotiseur, et, quand il l'u' parle, il éprouve du plaisir à penser à lui et par consé ne tarde pas à l'aimer beaucoup.' Referring to hyst he says :³ 'Celui qui s'occupe d'elles n'est plus à leurs yeux un homme ordinaire ; il prend une situation prépondérante auprès de laquelle rien ne peut entrer en balance. . . . Mais, en revanche, elles se montrent extrêmement exigeantes ; elles veulent que leur médecin soit tout à elles, ne s'occupe d'aucune autre pe ne, vienne les voir à chaque instant, demeure longtemps avec elles et prenne à cœur leurs moindres préoccupations.' This exacting jealousy is a very frequent and well-known occurrence ; it was commented on by many of the old magnetisers.⁴ Janet finds that his patients' attitude towards him is frequently that of a child towards its elders :⁵ 'Le plus souvent les sujets se sentent humbles et petits et se comparent à des enfants devant des parents plus âgés.' Again, a sense of guilt or shame was commonly met with : 'Je suis,' dit Berthe, 'comme un enfant qui a fait quelque sottise et qui a peur que sa mère le sache.'⁶ 'Gu. qui après un somnambulisme, n'a plus de contracture de bras pendant deux jours, se sent gênée pendant ces deux jours comme si quelqu'un était auprès d'elle et la surveillait, comme si elle ne pouvait jamais être seule ; elle a même à ce propos des sentiments de pudeur difficiles à décrire.'⁷

¹ Freud, 'Sammlung kleiner Schriften zur Neurosenlehre,' 1906. See Ernest Jones, 'On the Nightmare,' *American Journal of Insanity*, January, 1910, p. 383, and also Chapter VIII.

² Janet, *op. cit.*, p. 446.

³ *Ibid.*, 'Stigmates mentaux des hystériques,' 1893, p. 158.

⁴ De Lausanne, *op. cit.*, p. 297. A. Despine, 'Traitement,' etc., p. 105.

⁵ Janet, 'Névroses,' etc., p. 447.

⁶ *Ibid.*, *loc. cit.*

⁷ *Ibid.*, *op. cit.*, p. 448.

The sentiment towards the physician changes as the period of somnambule influence is replaced by that of somnambule passion. He still occupies their thoughts, but the patients now become complaining, ill-tempered, and querulous. The sense of being constantly accompanied by the physician, even in his absence, is exchanged for one of intense loneliness. Janet writes: 'J'insiste sur cette expression "seul" que répètent tous les malades et sur les graves confusions mentales, que cet abandon singulier peut déterminer.'

It need hardly be said that all these observations are in full accord with the thesis sustained in this paper. Warm affection, dread, jealousy, veneration, exactingness are all derivatives of the psycho-sexual group of activities. Morbid loneliness is directly comparable with the feeling of voidness, the sense of something essential lacking, experienced by devoted lovers who are parted. Janet himself does not fully agree with the sexual interpretation, evidently because he adopts an extremely limited conception of the sphere of sexuality, as in all his works. His definition of love, as 'l'amour proprement dit qui est en rapport avec les fonctions génitales et les désirs érotiques.'² would be repudiated on the one hand by a great number of lovers, and on the other by all psychologists who know, as the Mesmer Commission pointed out over a century ago, that complete sexual gratification may be attained without the subject being for a moment aware of the libidinous nature of the process. Janet brings three objections to the sexual interpretation:³ (1) In rare cases no affectionate sentiment is evident, and the attachment may shew itself purely as a filial devotion, as a feeling of respect, of superstitious terror, or even as a maternal sentiment.⁴ (2) The patient may at the same time be conducting an amorous passion with a lover. (When so, it is surely to be expected that the two processes are to be distinguished, for hypnotic *séances* do not provide the same

¹ Janet, *op. cit.*, p. 454.

² *Ibid.*, *op. cit.*, p. 466.

³ *Ibid.*, *op. cit.*, p. 457.

⁴ Not italicised in the original. This exclusion of the maternal instinct from the psycho-sexual group is characteristic of the narrower conception of the latter.

conditions for openly amorous manifestations as do other circumstances.) (3) The atypical nature of the affection, particularly its periodicity, and its occurrence in such different patients. It is to be observed, however, that the patients had this in common, that they all suffered from psychoneuroses. As to the periodicity, this is so characteristic of amorous gratification, that the nature of the condition could have been suspected from it alone. A restless sense of something essential lacking, with a passionate craving to go through a given experience with a certain person; this lasting until some minutes or hours of soul-mingling intimacy occur, which is followed after a temporary stage of slight fatigue by a sense of blissful well-being and freedom from unhappiness: could anything point more directly to the source of the whole process? The remark of Janet's with which we can most cordially agree is:¹ 'Il s'agit dans tous ces cas d'une espèce d'amour; mais il est essentiel de remarquer qu'il s'agit d'une espèce très particulière.' The particularity lies in the fact that the love emotion is repressed from consciousness, and therefore does not manifest itself openly. When the conscious emotions are traced to their sources in the unconscious, there is no doubt left as to their nature.

Janet has clearly shewn that conditions identical with those of somnambule influence and passion are met with quite independently of hypnotism, and occur as spontaneous manifestations in psychasthenia,² particularly those he has described under the names of 'besoin de direction,'³ 'besoin d'aimer,'⁴ 'besoin d'être aimé.'⁵ He considers that in both cases it is a question of a primary lowering of mental tension, but, as we have seen above, there are other explanations possible.

After these circuitous but instructive by-paths we have to return to the main subject of this paper, namely, the therapeutic effect of suggestion. As this is here dealt with from

¹ Janet, *op. cit.*, p. 466.

² *Ibid.*, *op. cit.*, p. 467.

³ *Ibid.*, *op. cit.*, p. 210. 'Les obsessions et la psychasthénie,' 1903, t. 1, p. 382.

⁴ *Ibid.*, 'Obsessions,' etc., p. 388.

⁵ *Ibid.*, *op. cit.*, p. 389.

the standpoint of psycho-analytic experience, the relation of suggestion to psycho-analysis will first be defined. As was explained above, treatment of any case of psychoneurosis necessarily brings with it the transference on to the physician of various repressed affects, which have arisen in past experiences of the patient with other people. These affective processes are in psycho-analysis traced to their source, when the patient realises their evidently sexual nature. The wishes, desires, and so on, which previously had found unsatisfactory expression in the creation of various symptoms, are now free to be applied, through the process of sublimation, to non-sexual, social aims. As Freud puts it,¹ '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, the rôle of a *catalytic ferment*, which temporarily attracts to itself the affect which has become free in the course of the process.'

The criticism sometimes made of psycho-analytic treatment, that its brilliant results are brought about merely by suggestion, betrays a complete ignorance of what actually happens, and is easily answered by the following objective consideration. What can be accomplished by the use of suggestion depends to some extent on the physician, and few can emulate the success obtained by masters of suggestion like Babinski and Dubois. Everyone, however, may determine how much he personally can accomplish in this way, and thus has a clear standard with which to compare the results he can obtain by other methods. Like the great majority of the Freud school, I had practised for some years with various forms of suggestion and hypnotism before I learned the psycho-analytic method, and I know indubitably that I am quite unable by the use of any other form of treatment to obtain the results that this method gives me. It would be absurd to infer that suggestion is the influence at work in both instances, and that it is more

¹ Freud, *American Journal of Psychology*, 1910, p. 215.

successful when it is deliberately observed and neutralised, than when it is the sole mode of treatment.

Freud¹ and Ferenczi² hold that transference of unconscious sexual affects plays the most important part in all forms of treatment of the psychoneuroses, with the exception of the psycho-analytic. In the latter it is merely a stage passed through in the cure, but in the others—electro-therapy, baths, massage,³ sanatorium treatment, persuasion, etc.—it is not only the main agent in bringing about improvement, but it often remains as a more or less lasting effect of the treatment. The patient, therefore, exchanges one symptom for another (psychosexual dependence on the physician), the ill consequences of which we shall presently note. The occurrence of this transference has been brought forward as a reproach to the psycho-analytic method, though such writers significantly omit to mention the negative forms of sexual affect thus transferred to the physician—hate, jealousy, envy, and so on. The transference is, however, not peculiar to psycho-analysis, but occurs in all forms of treatment of the psychoneuroses; as Freud says,⁴ 'Die psychoanalytische Kur schafft die Übertragung nicht, sie deckt sie bloss, wie anderes im Seelenleben Verborgene, auf.' ['The psycho-analytic treatment does not create the transference, but simply uncovers it, as it does other hidden mental states.'] The only difference in this respect between other forms of treatment and the psycho-analytic one is that the latter does not encourage blind transference, and then allow it to last, but on the contrary makes the physician and patient aware of what is happening, so that the process can be understood, controlled, and resolved. Ferenczi pertinently remarks:⁵ 'Wem die Übertragungen gefährlich vorkommen, der muss die nicht-analytischen Behandlungsmethoden, die die Übertragungen

¹ Freud, 'Sammlung,' etc., 2^e Folge, S. 105.

² Ferenczi, *op. cit.*, S. 433, 434.

³ Sadger (*Jahrb. f. psychoanalyt. u. psychopathol. Forsch.*, Bd. iii., S. 526-528) has described the various ways in which physical therapeutic agents, heat and cold, massage, and so on, stimulate and gratify individual components of the sexual instinct (skin and muscle erotism, etc.).

⁴ Freud, *loc. cit.*

⁵ Ferenczi, *op. cit.*, S. 435.

verstärken, viel strenger verdammen, als die Psychoanalyse, die dieselben ebemöglichst anzudecken und zu lösen sucht' [The critics who look on these transferences as dangerous should condemn the non-analytic modes of treatment more severely than the psycho-analytic method, since the former really intensify the transference, while the latter strives to uncover them and to resolve them as soon as possible.]

Some generally familiar facts of observation appear more comprehensible in the light of the foregoing considerations. First, the fact that patients find benefit in some physician's treatment, and not in that of others. This merely means that the first physician's personality is such that transference of repressed affects on to him is possible to the patient, while with another it is impossible; the patient then finds the latter 'unsympathetic,' and soon leaves him. When the transference succeeds the patient is benefited, in the way Janet excellently describes when discussing somnambule influence; the repressed affects find a more suitable object to fasten on than the symptoms. The underlying abnormal mechanisms, however, remain the same, the complexes merely undergo a little further displacement, and are not resolved. That it is the transference, or 'affective suggestion,' that is responsible for the beneficial result is evident from Janet's observations on hypnotised patients. He found a close correspondence between the subsequent somnambule influence and the extent of therapeutic improvement, and draws the obvious inference that the beneficial effects are due, not to the physical results of hypnosis, but to the patient's absorption in the thought of a particular person.¹ In certain rare cases, particularly with patients who have been hypnotised by several different people, this preoccupation may not develop, and then no therapeutic benefit occurs. 'L'apparition de l'influence et de la passion somnambulique, quels que soient les inconvenients qu'elles puissent présenter, m'a semblé fort importante pour le traitement des malades; c'est à ce moment que le médecin s'est emparé de leur esprit et commence à le modifier. Quand ces faits n'apparaissent en aucune manière, c'est que la modifica-

¹ Janet, 'Névroses,' etc., pp. 444, 445.

tion mentale déterminée par l'hypnotisme est tout à fait momentanée et que le sujet reste au fond ce qu'il était.¹ Referring to cases that do not shew these manifestations, he writes:² 'Il faut ajouter que le somnambulisme n'a plus guère chez eux aucune influence thérapeutique. Sans doute, on peut quelquefois par une seule suggestion faite pendant un état hypnotique momentané faire disparaître, au moins pour quelque temps, un petit accident hystérique dont la durée n'a pas encore été longue, une chorée ou une contracture récente. Mais pour ma part je n'ai pas vu guérir des accidents hystériques graves et de longue durée sans une éducation du sujet dans laquelle ces phénomènes d'influence occupent une place prépondérante et les sujets qui ne présentaient pas ces phénomènes d'influence ne parvenaient pas à se transformer profondément.' This last emphatic sentence shews the decisive importance that somnambulist influence, *i.e.*, pre-occupation with the thought of the physician, transference, *Übertragung*, has for the beneficial results of hypnotic treatment, and Janet's extensive experience agrees with that of the Freudian school in accepting the indispensability of the process. Confirmatory of this conclusion is the generally recognised fact that when a patient really recovers from his neurosis his abnormal suggestibility, *i.e.*, his capacity for transference, greatly diminishes or ceases.

When a patient passes into the hands of a strange physician, a conflict of influences takes place, which lasts until the thought of the first one fades, a fact noted nearly a hundred years ago by Deleuze.³ In connection with this Janet writes:⁴ 'Il est curieux de voir chez ces sujets comme chez les précédents, chez ceux en un mot qui pour une raison ou pour une autre ne conservent pas la préoccupation de l'hypnotiseur, les somnambulismes provoqués rester inutiles, n'être suivis d'aucun développement de la sensibilité ni de la mémoire, n'amener aucune satisfaction et ne déterminer aucun besoin. Cette remarque nous montre bien que ce n'est pas unique-

¹ Janet, *op. cit.*, p. 430.

² *Ibid.*, *op. cit.*, 452.

³ Deleuze, 'Instruction pratique sur le magnétisme animal,' 1825 p. 109.

⁴ Janet, p. 453.

ment le phénomène physique du sommeil, la perturbation nerveuse de l'hypnotisme, qui détermine ces changements et ces phases. C'est une certaine pensée à propos d'une personne particulière qui envahit l'esprit du sujet et qui dirige cet esprit.'

In spite of the exaggerated claims put forward by professional hypnotists and others, it is widely recognised that the *permanent* results obtained by the use of hypnotism and suggestion leave a great deal to be desired. Mild cases of psychoneurosis may without doubt be lastingly benefited in this way, though even here success is very inconstant and uncertain, but as regards the more severe cases critical experience has an all too dissolving effect on the thoughtless optimism that is often preached. Again and again relapses occur, one symptom is removed only for another to take its place, and chronic nervous invalidism in spite of all efforts is a spectacle familiar enough to every medical practitioner. In many places¹ Janet, whose work has largely lain amongst these chronic cases, despairingly laments the temporary effect of the most arduous endeavours, and describes how a therapeutic edifice, patiently built up by the labour of many weeks, may in a few moments crumble into nothingness. These facts are now comprehensible in the light of the explanations developed above. The suggestion, or transference, acts by allowing affective processes, which had previously found an inadequate outlet in the neurotic symptoms, to become attached to a more suitable object, namely, the person of the physician. In severe cases their tendency to flow in the old channels is so fixed that the new outlet can be kept efficient only by renewal of the opportunity for transference, in the form of close intercourse with the physician and maintained interest on his part. As was mentioned above, the whole process psychologically consists merely in the replacement of one set of symptoms by another, dependence on the physician, and the underlying pathogenic agents remain unaltered; with psycho-analysis, on the other hand, these agents are permanently deprived of their power for harm, and their activity

¹ Janet, *op. cit.*, pp. 59, 429, 444, 472, 473.

is set free to be devoted to more useful social functions. Janet repeatedly deploras the unsatisfactory nature of the psychological dependence that is so frequently set up; he says, for instance:¹ 'Certain auteurs pensent que l'on peut suggérer la volonté et la liberté; il y a, à notre avis, une erreur de raisonnement et d'observation que nous avons souvent signalée. Le malade suggéré fera semblant de vous résister par obéissance, mais il ne sera pas véritablement libre; au contraire, la suggestion développe l'activité automatique et subconsciente et diminue les derniers efforts volontaires. . . . Cette indifférence, cette renonciation à tout contrôle personnel est des plus dangereuses, et elle ne contribue pas peu à augmenter l'aboulie fondamentale de ces malades. En un mot, la suggestion, comme tout médicament dangereux, est utile dans certain cas . . .; mais en dehors de son rôle, elle est extrêmement nuisible, car elle ne peut qu'augmenter la désagrégation mentale, principe de tous les accidents.'

Another matter capable of explanation on the same lines is the resistance shewn by patients to psychotherapeutic treatment. This may arise either from a general objection of the patient to surrender his symptoms, which is usually an unconscious one, or from an 'antipathy' towards a given physician; the latter event denotes that the patient's complexes are of such a kind as to make the physician in question an unsuitable object on whom to transfer their affects. This resistance is often especially marked in the case of hypnotic treatment, towards which many shew an invincible repugnance. It frequently happens that the patient says he will consent to have hypnosis induced, but that this is found extremely difficult or impossible. The cause of this is then an unconscious resistance to being hypnotised: as Freud puts it, 'Das Nichthypnotisierbarsein bedeutet ein unbewusstes Nichthypnotisiertwerdenwollen.' ['The inability to be hypnotised signifies an unconscious disinclination to be hypnotised.'] It is based on a fear of self-surrender, the meaning of which was pointed out above in connection with popular prejudice against hypnotism. In other cases the resistance is less and

¹ Janet, *op. cit.*, p. 194.

the patient is hypnotised, though unwillingly. The resistance then shews itself, as Janet has described,¹ in an absence of the subsequent somnambulant influence, and therefore in a failure to obtain beneficial results from the procedure.

I would attribute to a similar process the well-known refractoriness to hypnotism that most insane patients shew, particularly those suffering from dementia præcox. In dementia præcox there takes place a projection of the patient's internal conflicts on to the outside world, the very opposite of the introjection characteristic of the psychoneuroses. The patient suffering from dementia præcox, so far from having the exalted capacity of the neurotic to absorb the environment as part of his ego, and to transfer to it his repressed affective processes, has less capacity in this direction than the normal. In the scale of psychosis, normal, and neurosis we thus see that there is on the whole a gradation in the readiness with which affective processes can be transferred to the environment, and, correspondingly, a gradation in the capacity to be affected by suggestion or to be hypnotised.

In the course of psycho-analytic treatment the resistances met with are in some cases practically impossible to overcome. They are then as a rule due, not solely to internal conflict, but to gravely defective harmony in the environment. What Freud calls the 'secondary function of neuroses' is the capacity they have to be made use of by the patient to obtain something he otherwise could not. Every practitioner knows the service a nervous illness often is to a patient in dealing with relatives, over whose heads the patient holds it almost as a threat; this process may be consciously or unconsciously carried out. Under such circumstances the patient's deep-rooted objection to getting better may defy all therapeutic measures. Some time ago I had the opportunity of demonstrating to myself that this form of resistance to recovery goes hand in hand with refractoriness to hypnotism. With two patients the domestic circumstances were such that insuperable resistances were met with in attempting to bring about recovery. In one case recovery meant again taking up life

¹ Janet, *op. cit.*, pp. 452, 453.

with an alcoholic husband who was extremely repugnant to the patient; in the other case the circumstances were more complicated. The patients, feeling from a sense of duty that they ought to make every effort to get better, asked me to treat them by hypnotism. If I had reflected on the psychological conditions present, or had read Ferenczi's illuminating paper, I would have known at the outset that such an attempt must fail. We often learn most from our errors, however, and fortunately for the experiment I unthinkingly consented to the patients' proposal. Both patients proved absolutely refractory to hypnotism, although on general grounds success might have been expected. I interpret these observations as forming some empirical confirmation of the considerations adduced above, namely, that willingness to be hypnotised corresponds with willingness to give up the unconscious gratification afforded by the symptoms, either permanently or only so long as the physician consents to the transference.

The relation of suggestion to hysteria is also a question that discloses new aspects in the light of the considerations here advanced. It has long been known that between hysteria and suggestion there exists a close association. When the teaching of Charcot, that hypnotism is only a characteristic manifestation of hysteria, was followed by that of the Nancy school, shewing that hypnotism is only one form of suggestion, it was an easy step to the inference that hysteria itself, or rather its symptoms, is nothing more than a product of suggestion.¹ This conclusion, enunciated by Babinski,² and accepted by most of the Paris school, though by hardly any neurologists outside France, contains in one sense a germ of truth, but in the sense intended by Babinski it is demonstrably incorrect. The limitations and errors of Babinski's views are too manifold to be dealt with in a paper devoted to another subject, but it may fairly be said that they largely arise from attention being directed to the end-product in the

¹ As a matter of fact, it would be just as logical to draw the reverse inference; to say that suggestibility is the result of hysteria is nearer the truth than that hysteria is the result of suggestion.

² For it cannot be maintained that there is any essential difference between persuasion and verbal suggestion, as defined above.

pathogenic chain of cause and effect instead of to the earlier and more fundamental links. Babinski attributes a rôle of predominant importance to the process we have called 'verbal suggestion.' This, however, is only a consequence of a more primary process, namely, affective suggestion or *rapport*. This, in its turn, is one variety of the transference phenomenon characteristic of the psychoneuroses, namely, that concerned with the transference of *positive* affective processes. The more general transference phenomenon is again a particular type of a still wider one, namely, displacement, and it is in the excessive tendency to displace affects by means of superficial associations that the final key to the explanation of abnormal suggestion must be sought. Even if it were true, which it certainly is not, that most hysterical symptoms are the product of verbal suggestion, the observation would be of hardly any practical or theoretic interest; it would only bring us, even more inevitably than before, to the important questions concerning the source of the affective *rapport* that heightens the susceptibility to verbal suggestion. To explain hysterical symptoms as being 'due to suggestion,' or even to regard this conclusion as in any way furthering our knowledge of hysteria, betokens an unfortunate shirking of the real problems, which it obscures by ignoring the need for their solution. On the contrary, reducing the question of verbal suggestion to the broader one of affective *rapport*, studying this in its relation to the other manifestations of transference, and tracing the latter to its source in abnormal displacement of affects, constitute a route that leads us to the central problems of the psychoneuroses, namely, the nature and origin of intrapsychical conflict and repression, and the deviations in the development of the primary psychical forces.

Finally, a word must be added on the application of the foregoing views to the normal, although this subject is so extensive that I have refrained from discussing it here. Psycho-analytic investigations, on both the normal and abnormal, fully confirm Sidis's conclusion that 'every one of us is more or less suggestible.'¹ The reason is that every one

¹ Sidis, *op. cit.*, p. 17.

has a certain capacity to transfer affective processes, provided that the object fulfils certain requirements; these processes take their origin in the psychosexual group, though in the large majority of instances the erotic nature of the process is transformed ('sublimated') into one of a more social kind. Ferenczi states the position clearly when he says:¹ *'Alles drängt nun zur Annahme, dass jedem "Sympathiegefühl" eine unbewusste "sexuelle Stellungnahme" zugrunde liegt, und dass, wenn zwei Menschen sich begegnen (ob des gleichen oder verschiedenen Geschlechtes) das Unbewusste stets den Versuch der Übertragung macht. Gelingt es dem Unbewussten, diese Übertragung, sei es in rein sexueller (erotischer), sei es in sublimierter, versteckter Form (Achtung, Dankbarkeit, Freundschaft, ästhetisches Wohlgefallen, usw.) dem Bewusstsein annehmbar zu machen, so kommt es zur "Sympathie" zwischen den beiden. Antwortet das Vorbewusste mit Verneinung der stets positiven unbewussten Lust, so entsteht, je nach dem Kräfteverhältnis beider Instanzen, zu den verschiedensten Graden der Antipathie bis zum Ekel.'* [*Everything points to the conclusion that an unconscious sexual element is at the basis of every sympathetic emotion, and that when two people meet, whether of the same or opposite sex, the unconscious always makes an effort toward transference. When the unconscious succeeds in making this transference acceptable to the conscious mind, whether it is in a pure sexual (erotic) or in a sublimated form (respect, gratitude, friendship, æsthetic admiration, etc.), a bond of "sympathy" is formed between the two. When consciousness refuses to accept the positive unconscious desire, then we get, according to the degree of intensity in each case, antipathy of various degrees up to loathing.*] The principal differences in this respect between the healthy and the neurotic are that the former transfers his affects on more logical grounds than the latter, and that he is in general more conscious of the whole process.

To trace all agreeable human relations, between members of both the same and the opposite sex, to a sexual origin will probably seem to many readers to be an unjustifiable extension of

¹ Ferenczi, *op. cit.*, S. 440.

the word. It should, however, be carefully borne in mind that the conclusion has reference only to the unconscious, a region where sexuality plays a far greater part than in consciousness, and that it is only by investigation of the deepest and most hidden part of the mind that one becomes competent to express an opinion on the matter. Nevertheless there are not wanting indications that at times writers even without this experience have intuitively guessed the true state of affairs. Freimark,¹ for instance, definitely asserts that all friendship has an erotic basis, and from von Gleichen-Russwurm,² the author of the most comprehensive book that exists on the subject of friendship, I quote the following passages, which shew a recognition of the intimate connections between the two: 'Man müsste vielmehr ins Auge fassen, dass jede Liebe einen gewissen Gehalt an Freundschaft besitzt. jede Freundschaft aber, wie sie auch immer geartet und entstanden sein mag, einen Teil von Liebe, von rätselhafter sinnlicher Sympathie enthält.' ['One must rather recognise that every love possesses a certain content of friendship, and on the other hand that every friendship, of whatever kind it may be and however it may have arisen, contains a part of love, of mysterious sensual sympathy.'] 'Denn auch da, wo beide Gefühle scharf voneinander trennen, sieht der Philosoph die feinen Fasern der Zusammenhänge. Sie können zerrissen werden, doch ihre ursprüngliche Zusammengehörigkeit bleibt bestehen.' ['For even where the two feelings sharply separate, the philosopher sees the fine threads of the connection. These may be torn, but none the less their original unity remains.'] One has only to turn to language, the most reliable guide to psychology, for ample confirmation of the same conclusion. The very word 'friend' comes from the Sanscrit 'freond,' which meant 'a lover,' and even in Shakspeare's time it was used indifferently to denote either of the two ideas, just as the corresponding word *φίλος* was in Greek. Perhaps the neatest expression of the relation between friendship and love is the French saying: 'L'amitié est

¹ Freimark, *Sexual-Probleme*, 1910, S. 867.

² Von Gleichen-Russwurm. 'Freundschaft,' 1911, S. 9, 16.

'amour sans ailes,' one in which is condensed the whole theory of the relation between unconscious and conscious affects.

The perspectives opened out by these reflections are too extensive to be even alluded to here, the aim of the present discussion being only to illustrate the fact that, thanks to the epoch-making work of Freud, Janet's prophecy quoted at the beginning of the paper is at last being realised.

SUMMARY.

The term suggestion covers two processes, 'verbal suggestion' and 'affective suggestion,' of which the latter is the more primary, and is necessary for the action of the former. Affective suggestion is a *rapport*, which depends on the transference (*Übertragung*) of certain positive affective processes in the unconscious region of the subject's mind; these are always components or derivatives of the psychosexual group of activities. The occurrence is a normal one, but takes place to an excessive degree in the psychoneuroses, on account of the large amount here present of desires that find no adequate outlet; it is one form of the more general mechanism of displacement (*Verdrängung*), by means of which an affect is transposed from an original, unpleasant, and repressed (*verdrängt*) conception to another less unacceptable one. Suggestion plays the chief part in all methods of treatment of the psychoneuroses except the psycho-analytic one. It acts by releasing the repressed desires that are finding expression in the form of symptoms, and allowing them to become attached to the idea of the physician; psychologically this means the replacement of one symptom by another, namely psychosexual dependence on the physician. This is often of temporary, and sometimes of permanent benefit, but in severe cases the replacement is inconvenient and detrimental. In psycho-analysis, on the contrary, the repressed tendencies are permanently released by being made conscious, and hence can be directed, by sublimation, to more useful, non-sexual, social aims.

CHAPTER XIII

REFLECTIONS ON SOME CRITICISMS OF THE PSYCHO-ANALYTIC METHOD OF TREATMENT¹

WHATEVER else may be said about Freud's psychological theories and the psycho-analytic method of treatment no one has denied the great significance of them in modern thought. It is becoming increasingly difficult for anyone interested in the problems of psychopathology, or, indeed, of psychology in general, to remain aloof from these theories, or to avoid ranging himself either in support of or in opposition to them. It would be out of place here even to attempt to indicate the significance they have for the sciences of sociology, mythology, and anthropology, as well as for psychology proper, but I wish at the outset to point out how necessarily fallacious it must be for anyone to reach any dogmatic conclusion as to their value so long as he confines himself to only one of their aspects. One of the best tests of the value of any new theory is to find out how fruitfully it can be applied, and the extent of the regions over which Freud's principles have been found to be valid—in regions relating to the activities of past ages as well as the present, to the psychology of the normal, of the neurotic, and the insane—is perhaps the most definite piece of confirmatory evidence of the truth of them. In this paper, however, we are concerned with only one aspect of Freud's work, namely, the method of psycho-analysis that he has devised for the treatment of the psychoneuroses.

Those who hear or read for the first time of the psycho-

¹ An address delivered before a joint meeting of the Chicago Neurological Society and the Chicago Medical Society, January 18, 1911. Published in the *American Journal of the Medical Sciences*, July, 1911.

analytic method may broadly be divided into two classes—namely, those whose interest is aroused though their intellect may be puzzled, and those who from the outset are repelled and adopt a hostile attitude. The line between the two classes is not a very sharp one, for I think it is true that no one has ultimately adopted the theory and practice of psycho-analysis without first having to overcome various difficulties and obstacles in his own mind. One might, therefore, more fairly say that readers show a great variation in the extent to which, in the further study of the subject, they are prepared to waive their own inevitable prejudices. To some the conclusions reached by Freud seem so grotesquely unlikely, and the objections to his method so obvious, that they do not feel it worth while to pursue the subject any farther. Others, equally conscious of the objections that immediately arise in their mind, are sufficiently open-minded or tolerant to think it possible that perhaps their difficulties are due to their insufficient grasp of the matter, and that adequate explanations may exist which they will find if they pursue their enquiry. This latter position has this *a priori* consideration in its favour—namely, that many of the objections commonly raised are so extremely simple and obvious in character that it would be a highly remarkable occurrence if a man of Freud's recognised intellectual power had overlooked or ignored them. This consideration becomes the more weighty when one recalls that assent has been given to the chief of Freud's conclusions by men of such scientific eminence and sane judgement as Professors Bleuler, August Hoch, Jung, Adolf Meyer, Putnam, and White. In view of this consideration it would seem unreasonable as well as unscientific to refuse to investigate Freud's conclusions, however strange some of them may at first sight appear. We have further to remember that most of us have a much more limited capacity than we flatter ourselves to have of assimilating new thought. As Nietzsche well put it, 'Mankind has a bad ear for new music.' The history of new movements in culture and science is replete with instances that illustrate this sad fact, and yet how rarely does anyone draw the obvious lesson that they

themselves will not find it easy to avoid the same danger when the opportunity is offered to them. There are names that live in history only because of the notoriety the bearers of them won by absurd denunciations of new thinkers, and one cannot help thinking that there are men at the present time who will be remembered by posterity for nothing else than their puerile hostility to the new teachings of psycho-analysis.

Of the principles of the psycho-analytic treatment itself I need here say but little, for I have already on several occasions outlined them, and I may assume that they are fairly familiar to you. Very briefly put they are as follows: It is a principle accepted by all psychopathologists, and no longer in discussion, that psychoneurotic symptoms are the product of underlying, dissociated mental processes, which are unknown to the patient, or, in Freud's sense, unconscious. The symptoms are, therefore, *substitutions* of unconscious mental processes, and cease to exist when these are made fully conscious. Freud finds that the unconscious processes in question constitute an elaborate network of memories that centre around certain dynamic trends, or wishes, which are always of a sexual nature and are always connected with infantile experiences. They are incompatible, or out of harmony, with the rest of the patient's thoughts, and Freud holds that it is the conflict resulting from this fact that is the cause of their being split off, dissociated, or 'repressed.' They are under the ban of various inhibitions, or 'resistances,' and the patient automatically strives against acknowledging their very existence. Psycho-analysis is a method, having its special technique, that was devised for the purpose of overcoming these resistances, in order that the unconscious mental processes may be led back into consciousness. The chief aim of the treatment is to give the patient a better understanding of the innermost part of his mind, so that he may be in a position to divert the mental energy that was finding an outlet in the form of neurotic symptoms into more suitable and useful social channels. He cannot do this so long as the energy is locked up by unconscious fixations, so that it is

necessary first to free it before it can be applied in healthier directions ; it is a question of *reculer pour mieux sauter*.

The objections that have been brought against this method of treatment may for present purposes be divided into those concerning the practical using of the method and those concerning the theory of it. Most of them can be summarised in the statement that the theory is one-sided and largely untrue, while the application is harmful, impracticable, and unreliable.

It is easily demonstrable that some of the individual objections are, so to speak, not psychologically honest, in that they are only pretexts seized for the purpose of covering deeper ones, and often those who bring the objections are not conscious of the deeper roots of their antipathy to the method. It is, therefore, indispensable that we first say a few words about the relations of the subject to the normal. Freud maintains that the conflicts that lie at the base of neurotic conditions play an important and unavoidable part in the development of every one of us, and that on the outcome of these conflicts depends whether a given person will be healthy or neurotic. In other words, the difference between a neurotic and a healthy person is not that the former has been subjected to conflict and the latter not, but that the two have reacted differently to similar conflicts. The whole matter is one essentially of childhood. We all know that an infant comes into the world destitute of the various social conventions and inhibitions that play such a large part in adult life. He is originally egoistic ; cannot appreciate why his different privileges and impulses have to be regulated or interfered with ; has at first no sense of the rights or feelings of others ; will attempt to satisfy his bodily needs where and when he thinks fit ; craves for food, attention, and other wants, quite regardless of external considerations. His early education consists almost entirely in learning to subordinate his personal desires and interests to considerations that at first only remotely appeal to him—in other words, it consists in constant adjusting of conflicts between internal and external situations. It is only gradually that such barriers are built up as modesty,

shame, disgust, horror, moral feelings, and so on. Freud holds that the personal impulses, largely originating in various physical sensations, that are in this way renounced, are far more significant to the child than is generally supposed, and that the compromise thus demanded in its education is often arrived at only at considerable expense to mental health, and is often an imperfect one. A healthy person emerges from this series of conflicts by managing to replace the primary personal activities and interests by external social ones, and the mental energy of the former constitutes one of the main driving forces for the later acquired ones, being one of the chief bases for the whole later character of the person. The normal process, therefore, is repression plus *satisfactory* replacement, while what happens in the future neurotic is repression plus *unsatisfactory* replacement. Satisfactory replacement is termed sublimation, the energy, desires, and interests that were originally personal having been sublimated on to an impersonal, social sphere. In the neuroses, on the other hand, the symptoms are really a compromise between open expression of the original impulses and satisfactory replacement of them, or sublimation. In order to bring about normal sublimation, the impulses have first to be freed from their attachment to the neurotic symptoms.

The immediate bearing of these considerations is the conclusion that, as repression of certain primitive tendencies occurs in both the normal and the neurotic, one has to expect that both will shew a resistance, which is merely the obverse of repression, against being made conscious of the repressed mental processes. This is, in fact, what is found. The normal person is shocked, and finds it incredible, when he is told of the great frequency with which in their childhood neurotic patients indulged in sexual phantasies that refer to their parents. The reason is that the same thing is true of the normal, and he is resenting the information about the neurotic because really he is being told a disagreeable truth about himself. It is the people with secret attractions to various temptations who busy themselves most with removing those temptations from other people; really they are defend-

ing themselves under the pretext of defending others, because at heart they fear their own weakness. Similarly those who learn psycho-analysis regularly discover that the aspects of it that have most repelled them concern just the strougest and most deeply buried part of their own nature. In resisting these aspects they of course seize at all sorts of superficial reasons and excuses for thinking them untrue, but these are merely the cover for deeper personal grounds, the existence of which they are often unaware. In approaching the subject of the objections to psycho-analysis it is much more important to deal with this general truth than to argue about the superficial pretexts *seriatim*, and that is the reason why I have tried to emphasise it at the outset.

Taking up first the objections to the theory or principles of the treatment, we may first consider the most important—namely, to the effect that Freud attributes an exaggerated importance to sexual factors in the causation of the neuroses. Well, to begin with, there is a frequent misunderstanding in the minds of those who bring forward this criticism. They seem implicitly, if not explicitly, to take Freud's statements as if these meant that, according to him, the psychoneuroses are due to an unsatisfied desire for sexual intercourse, and naturally they triumphantly point to the obvious fact that a psychoneurosis may coexist with full opportunities for gratification of this desire. Such critics evidently overlook the fact that the sexual instinct comprises a range of activities very much wider than this specific one. The commonest manifestation of the instinct—namely, love—frequently exists without any trace of desire for sexual intercourse, at all events consciously. Then all sorts of other activities, such as perversions, masturbation and other auto-erotic acts, obviously have to be called sexual, although their relation to sexual intercourse is very remote. There are many people, both men and women, who never have any desire for normal intercourse, but investigation shews that they have some other form of sexual life, often a very complex one. Psycho-analytic and other research has clearly shewn that the desire for sexual intercourse is a highly specialised manifestation of

the sexual instinct, and one relatively late in developing. It is preceded, and accompanied, by a great number of other sexual activities, some of which lead up to it, while others do not. It has been found that the instinct is a composite construction made up of several separate components. Distinct evidences of these components are to be observed even in early childhood, though the form they then take is very distant in appearance from what we call an adult sexual act. It is impossible to go farther into this matter here, but those interested in it are recommended to read carefully Freud's 'Drei Abhandlungen zur Sexualtheorie.'

It has sometimes been asked why sexual disturbances should play such an essential part in the production of the neuroses as Freud maintains. Logically this question should be put after it has been determined whether they do or not; not, as is usually the case, before. It is entirely a question of facts. All I can say here is that no one who has conscientiously, and free from all prejudice, explored the dark regions of the mind where neurtic symptoms arise has any doubt about the essentially sexual nature of them. Certainly conflicts occur in regard to other matters and play a part, often a very considerable one, in the genesis of the symptoms, but they are always secondary, and, as it were, only mirror the deeper, sexual ones. Freud says:¹ 'Ich kann diesen Satz nur immer wieder von neuem wiederholen, weil ich es niemals anders finde, dass die Sexualität der Schlüssel zum Problem der Psychoneurosen wie der Neurosen überhaupt ist. Wer ihn verschmäht, wird niemals aufzuschliessen instande sein. Ich warte noch auf die Untersuchungen, welche diesen Satz aufzuheben oder einzuschränken vermögen sollen. Was ich bis jetzt dagegen gehört habe, waren Aeusserungen persönlichen Missfallens oder Unglaubens, denen es genügt, das Wort Charcot's entgegenzuhalten, "Ca n'empêche pas d'exister."' ['I can only repeat this sentence once more, because I never find it otherwise, that sexuality is the key to the problem of the psychoneuroses, as it is to that of the

¹ 'Sammlung kleiner Schriften zur Neurosenlehre,' 2^e Folge, 1909, S. 103.

neuroses in general. Whoever disdains it will never be able to open the lock. I am still waiting for the investigations that will remove or limit the truth of this sentence. What I have heard against it up to the present has been only the expression of personal distaste or disbelief, which the words of Charcot are enough to meet: "That doesn't prevent it from existing."] These words were written six years ago, and others besides Freud are still waiting. Those who have learned the importance of the sexual factors in the neuroses have also come to realise that this fact is not so surprising as it at first appears, for they have learned that the stream that we call the sexual instinct is much broader and deeper than is commonly supposed. The very fact that the greater part of it flows in underground channels creates an extensive illusion as to its extent, but even consciously we cannot doubt that it plays the most important part of all the instincts. From it is evidently derived the main impetus that gives rise to artistic, literary, and poetic productions, and far more of our daily interests and ambitions than we superficially imagine are in reality sublimations from deeper and ultimately sexual sources. The various childhood conflicts above referred to concern almost entirely root manifestations of the same instinct, and anyone who has closely studied the steps by which infantile activities are transformed into non-sexual interests will be not at all surprised that frequently this delicate process does not proceed in the harmonious way that is necessary for the establishment of normal mental balance.

A critic might now remark: Granted all this, admitted that sexual factors are important, and perhaps the most important, agents in the causation of the neuroses; in view of the fact that most of them are unknown to the patient, why resuscitate them, what useful purpose can be served by delving into these disagreeable memories? This question involves two distinct matters, both of which, however, will be considered together -- namely, the psychological explanation of the efficacy of the treatment, and the desirability or not of probing into a patient's innermost sexual life. The answer to the first

of these questions was indicated above, when it was pointed out that the translation of the unconscious mental processes to consciousness necessarily signifies the harmonious fusion of mental elements that were previously in permanent conflict, and that the cessation of these conflicts carries with it the lasting cessation of the symptoms; the keynote here is that conscious knowledge of aberrant tendencies means a better and healthier control of them. As I have in two recent papers¹ fully discussed this matter, as well as the puerile allegation that the results of psycho-analytic treatment are due to suggestion, I will not deal with it further here. The second question is evidently based on the strong medical prejudice against handling sexual problems that is shewn in so many ways, in the total exclusion of sexual subjects from the medical curriculum, in the marked disinclination to accept the sexual aetiology of various diseases, and so on; the long fight, now settled, over the syphilitic origin of general paralysis was a striking instance of this. On the rare occasions when a sexual factor is mentioned in a medical textbook it is usually under the vague and misleading guise of 'sexual excesses.' It may be more comfortable to believe that hysteria is due to a toxic process than that it is due to psychosexual conflicts, but desire for personal comfort is not always the best guide to the discovery of truth. This medical prudery is responsible for much harm, both to the profession, who are thereby blinded to an important side of pathology, and to the patients that consult them. Yet there is no reason to suppose that medical men outside their work are oblivious to the important part that sexual interests play in daily life. I remember on one occasion when I read a paper expounding the psychosexual origin of certain neuroses the opinion was freely expressed that sexual thoughts could not have such a hold on the minds of neurotic patients as I maintained they did. After the medical discussion an informal smoking concert was held, in which the main entertainment consisted in the relating of sexual and skitological anecdotes and recitations. I could not

¹ See Chapters XII. and XIV.

refrain from thinking of Heine's well-known stanza from the 'Die Heimkehr':

'Blamier mich nicht, mein schönes Kind,
Und grüss mich nicht unter den Linden:
Wenn wir nachher zu Hause sind,
Wird sich schon alles finden.'

This very nicely expresses the attitude in question. Only at home, in private, or in club life, are such topics to be mentioned, not in scientific discussions, in public, 'unter den Linden.' Yet it is with this intimate, personal, and human side of neurotic patients that we are necessarily concerned, for it is in these deeper recesses of their nature that conflicts and disharmonies arise, not on indifferent and impersonal topics. Evidently a given physician may from personal distaste refuse to investigate such matters, but he should recognise that by so doing he is allowing his personal prejudices to enter into a region where they do not belong—namely, scientific therapeutics. It is as though surgeons should officially proclaim that gynaecological therapeutics is too distasteful for medical men to concern themselves with.

Critics who bring forward this objection usually cover their personal disinclination that lies at the root of it by contending that such a procedure is harmful for the patient. In this contention there is an undeniable modicum of truth. It would be foolish to maintain that exploration of a nervous patient's sexual thoughts and fancies contains no potentialities for harm, any more than that exploration of a parturient uterus by a village midwife contains no similar potentialities. But it must be remembered that while an investigation of sexual thoughts is not necessarily harmless, it is also not necessarily harmful. In other words, it is a therapeutic procedure that in this respect resembles most others—namely, its potentiality for harm depends almost entirely on how it is carried out. Are the operations of trephining or laparotomy fraught with no risk whatever, to say nothing of the preliminary administration of chloroform? The universal criterion of the advisability or justifiability of carrying out risky therapeutic measures is, or should be, the question of whether the probable good is

greater than the possible harm. In such cases as those just instanced it is generally recognised that the potentiality for harm is much less in some hands than in others, and that by the adoption of suitable precautions this potentiality can often be minimised. Now it is contended for psycho-analysis that the various precautions that form part of its technique make it a definitely safe procedure. I should not like to assert that no harm can ever be done during psycho-analysis: it would, indeed, be strange if such a delicate procedure were safer than all other therapeutic procedures. Still, I will say that, in spite of vague statements to the contrary, no case has come to my knowledge where harm has been done to the patient through this treatment, and no one who is familiar with the facts will deny that at all events far more good than harm has been done. It is perhaps not out of place here to say a word of warning concerning those physicians who blindly rush into a psychosexual investigation under the name of psycho-analysis, but without any proper training in the matter. It should be obvious that psycho-analysis, perhaps more than any other therapeutic measure, needs a careful, disciplined study before it can be either adequately applied or judged.

Another very prominent objection brought against the psycho-analytic treatment is that it is said to be unreliable. This applies partly to the main theory, but especially to the interpretations of the patient's symptoms, utterances, and other mental material. Into the construction of the theory, as into that of all theories, it is plain that various preliminary hypotheses have entered: but it is maintained that these are the reverse of fanciful, and are always direct and legitimate inferences from facts objectively gathered. Freud himself says:¹ 'Ich setze keinen Stolz darein, die Spekulation vermieden zu haben: das Material für diese Hypothesen ist aber durch die ausgedehnte und mühevollste Beobachtung gewonnen worden.' ['I feel no vanity at having avoided speculation; the material for these hypotheses, however, has been gained through the most extensive and laborious observation.'] The question of actually proving in detail the

¹ 'Sammlung,' *op. cit.*, S. 100.

various parts of the theory is technically an extremely difficult one, both for psychological reasons connected with the meaning of what constitutes scientific proof, and for extrinsic reasons, some of which will presently be mentioned. It has been said that up to the present not sufficient material has been published to establish either the truth of the theory or the value of the treatment. I sometimes think that those who make this statement are unaware of the extent of the material that has been published by the Freudian school. There exist some thirty books on psycho-analysis, five periodicals are entirely devoted to the subject, while the number of papers is now well over a thousand. Nevertheless, I freely admit that, in spite of this, not enough observations have yet been published to prove scientifically every inference and interpretation that has been made. On the other hand, we contend that enough has been published to demonstrate the principles of the method, to shew the truth of a number of detailed inferences based on the application of it, and thus to establish the right to ask that the other inferences be not denied by critics who have not personally investigated them. A word must also be said about the actual difficulties of publishing cases, which are much greater even than they appear. It is not merely that absolute general precautions must be taken to conceal the identity of the patient, but minor points in the analysis that shew the validity of it have to be suppressed, for it is just those that would betray this identity. Then, again, a given interpretation, which can be put in a sentence, may be based on several hours of detailed observation, most of which, the individual utterances of the patient, the tone, the emotional gestures, etc., are impossible to reproduce, although it is just these that most convincingly convince one of the validity of the inference drawn.

There are, however, much deeper reasons why many of the individual psycho-analytic interpretations seem very unlikely and often strained. It is evident that the connections between different thoughts proceed, or are supposed to, along paths quite foreign to our normal, more or less logical, thinking processes, and that is why anyone who reads of them repudiates

them as highly improbable. It is often forgotten, however, that they cannot fairly be compared with logical thinking, for they represent the workings of unconscious mental processes which are demonstrably quite different from our conscious ones. If, for instance, the conscious attention is designedly distracted during a word-association experiment,¹ it will be found that the intrinsic or logical reactions are largely replaced by superficial ones, especially by sound connections; in other words, the more automatic and less conscious mental functioning becomes the more does it proceed by means of superficial connections of the kind familiar to psycho-analysts. I cannot now go farther into the psychological questions here involved, but I wish to draw special attention to the following important consideration. There is every reason to believe that in the normal as well as in the neurotic there exists a strong general resistance to what may be called symbolic thinking, that is, to mental processes that proceed by means of analogy, superficial connections, and so on; in fact, our logical tendencies rightly repudiate what seems to us to be an absurd, irrational mental procedure. Yet in children and savages, during intoxication and insanity, in superstitions, folk-lore, and even in poetry, there is no doubt that metaphor, analogy, and symbolism play a very large part, sometimes even as large as they do in unconscious mental processes. A little study of the sources of dream material is enough to convince anyone of how extraordinary are the superficial connections that are formed in their mind quite unknown to them. It is often further asked what guarantee one has in psycho-analysis that a given interpretation is correct. It would take too much time fully to answer this, and I can only assert that in the psycho-analytic technique special provision is made for objective criteria and tests of the truth of any given interpretation: the whole method is the very reverse of the vague, uncontrolled, and speculative procedure it is sometimes represented to be.

Very little need be said concerning the objections to the practicability of the psycho-analytic method of treatment, for

¹ See Jung, 'Diagnostische Assoziationsstudien,' 1908, Bd. i., S. 104, etc.

to anyone who has assimilated the preceding considerations these objections will answer themselves. It has been said that the method is of extremely limited applicability on account of the time and, therefore, expense involved, of the number of cases that are intrinsically unsuited for the treatment, of the difficulty of using it with hospital patients, and so on. It is quite easy to see that the motive of these objections is to depreciate the treatment, rather than to criticise it seriously, for if the enormous value of it were generally recognised one cannot doubt that these difficulties would lose much of their weight, and would be to a great extent overcome. They can most shortly be met by comparing for a moment psycho-analysis with the sanatorium treatment for tuberculosis, for when this was first instituted exactly the same objections were raised: it was a mode of treatment applicable only to the rich; it involved a great expense of time and money and the training of a special class of physicians; was suitable only for certain selected cases; had considerable potentialities for harm, and so on. But when it became realised that the open-air treatment gave the most effective results; that the long duration of it was something inherent in the circumstances; that there was no adequate alternative to it; that, in fact, to ignore it was tantamount to not doing the best for those afflicted with tuberculous, then the difficulties were rapidly overcome, even for the poorest hospital patients. No doubt it is more satisfactory when we can achieve rapid cures of constitutional maladies, a fact that partly explains the gratification with which the recent Ehrlich-Hata discovery has been received. Still, it must be remembered that from the very nature of things there are certain modes of treatment which it is dangerous to press forward too rapidly, such as the re-education of the system by means of tuberculin, anti-rabic and other vaccines. Psycho-analysis, which is essentially a re-educative treatment that modifies mental trends of many years' standing, is just such a treatment where it is impossible to press. As a matter of fact, it compares very favourably in many respects with the sanatorium treatment of tuberculosis, for it requires less

time, no special apparatus, buildings, nursing staff, and so on, and, above all, can be carried out in an ambulatory service when the patient is about his ordinary work; it is, indeed, very desirable that the patient should have some employment or other interest unless he is totally incapacitated. As to the limited scope of the treatment, we already find in practice that there is a wide range over which it is conveniently applied, and there is no doubt that with the good-will of the medical profession this range would be very considerably extended; although many intrinsic difficulties exist, many of the alleged ones are largely fictitious, being invented or exaggerated by those who really oppose the treatment on other grounds.

In these few remarks I am fully aware that I have not enumerated all the objections that have been brought forward against the psycho-analytic treatment, and have not even fully discussed any one of those I have mentioned, but I trust I have succeeded in my aim of illustrating the fact that there do exist answers to all of them which in the opinion of those who have properly investigated the matter are entirely adequate.

CHAPTER XIV

THE THERAPEUTIC ACTION OF PSYCHO-ANALYSIS¹

Of all the problems relating to psycho-analysis the one that perhaps most forcibly arrests the student's attention is the question as to how it produces its remarkable therapeutic results. As is well known, the treatment essentially consists in resuscitating the patient's past memories, and thus making him aware of his buried and unconscious processes; when these are laid bare the roots of the symptoms become manifest, and the nature, structure, and meaning of them are plain to both the physician and patient. Anyone hearing of the treatment for the first time almost invariably asks at this point what is done next after the patient is made aware of his buried mental processes, and, on being told that nothing more is done, is naturally puzzled to understand wherein lies the value of the procedure. Some writers, for instance Sidis,² burke the difficulty by simply denying that it has any therapeutic effect whatever, a position which not only reveals an engaging innocence of the whole problem at issue, but displays a strikingly ostrich-like attitude towards the blunt fact that the recorded results achieved by psycho-analysis far surpass those to be obtained in any other way. It must, it is true, be conceded that the psycho-analytic method so much resembles a measure carried out for purposes of diagnosis rather than one carried out for that of treatment that it is quite comprehensible how a medically trained mind should at

¹ Read before the Detroit Society of Neurology and Psychiatry, December 7, 1911. Published in the *Review of Neurology and Psychiatry*, February, 1912.

² Sidis, *Journ. Abnorm. Psychol.*, June, 1909, vol. iv., pp. 154, 161.

first experience difficulty in discerning its therapeutic bearings. Indeed it is impossible properly to appreciate these without having at least some knowledge of the essential differences between conscious and unconscious mental functioning. Consideration of this will be postponed until some other preliminary matters have been dealt with.

Several different explanations have been put forward of the therapeutic results obtained by psycho-analysis, but they all fall fairly well into the three following groups:—

(1) The usual view held by opponents of psycho-analysis is that the results are due to the *suggestive influence of the physician*. There are several insuperable objections to this solution of the problem, of which I will here indicate only one. Psycho-analysis is the only method of treatment of the neuroses in which the suggestive influence of the physician is expressly resolved into its constituent elements, and its effects destroyed. It would now be too curious if the only method in which suggestion is systematically neutralised should be just the one to give far more brilliant results than the methods in which suggestion is deliberately cultivated and employed to the fullest extent of its power: I fear that psycho-analysts must decline the very flattering assumption that their persuasive influence is, in spite of their best endeavours to minimise it, so much greater than that of the professional exponents of suggestion, hypnotism, and 'pithiatism.'

In accord with the shallowness of this explanation stands the fact that it is proffered by writers who are not only entirely unaware of the nature of psycho-analysis, but who are also, interestingly enough, equally unaware of the nature of suggestion. A crass illustration of the truth of the former statement is afforded by an article of Scott's,¹ Professor of Psychology in Chicago, in which he seeks to demonstrate, on the basis of a personal experience, that psycho-analysis operates only through suggestion. He details the experience in question as follows: 'The patient was told that she had been guilty of sexual irregularities, that she had had sexual

¹ Scott, *Journ. Abnorm. Psychol.*, vol. iii., pp. 375, 376.

experiences which had undermined her health, and that her perfect cure was delayed by the fact that they had never been confessed.' The patient, in a very natural state of distress, narrated some memories (not detailed by the author), which were, of course, quite conscious and therefore in any case of relatively little pathogenic import. 'At the conclusion of her confession she fell back into a condition of relief, which was the condition needed for the most perfect possible working of suggestion. . . . As an antidote to the re-hashing of all this sexual filth the patient was hypnotised and total amnesia was suggested for all the ideas which had had a casual (? causal) part in the history of the disease.' It is not in my power to imagine a more grotesque caricature of psycho-analysis, nor a course of conduct more at variance with the procedure, ethical attitude, and therapeutic aims of psycho-analysts; it would be hard to believe that the account was published by anyone occupying a responsible scientific position were it not easily to be duplicated by similar publications of German and American writers.

As to the true nature of suggestion, I have gone into this matter so fully on a previous occasion¹ that I may confine myself here to the briefest possible summary of the conclusions there reached. In agreement with Freud² and Ferenczi³ I have pointed out that the action of suggestion in therapeutics is based upon the transference on to the idea of the physician of a number of positive affects that have arisen in earlier emotional experiences in the patient's life. The process is in no sense the mysterious and isolated phenomenon it is commonly supposed to be, but is merely a special instance of the general tendency of neurotics, and to a less extent of normal people, to transfer on to their environment various morbid affects (excessive hate, love, fear, and so on) that are disproportionate in intensity to the present exciting cause, and which owe their continued life and activity to the fact that

¹ Chapter XII.

² Freud, 'Drei Abhandlungen zur Sexualtheorie,' 2^e Aufl., 1910. S. 15.

³ Ferenczi, 'Introjektion und Uebertragung,' *Jahrb. f. psychoanal. u. psychopathol. Forschungen*, 1909, Bd. i., S. 422.

they have not been released from their fixation to the original causative factors. Therapeutic suggestion owes its potency to the capacity it has in favourable cases of withdrawing the pent-up affects that are finding an indirect outlet in neurotic symptoms, and allowing them to become affiliated to the idea of the physician. This signifies merely a replacement of the symptoms by an unfortunate kind of dependence on the physician. In some cases the patient may subsequently disengage himself from the latter, and successfully apply his affective tendencies to social uses; this process is known as 'sublimation,' more suitable channels being found for the disturbing tendencies, and is the one by which also the spontaneous cures occasionally seen are brought about. In only too many instances, however, especially of the more severe forms of neurosis, withdrawal of the physician's influence, *i.e.*, of the opportunity for satisfactory application of the morbid affects, is sooner or later followed either by a relapse to the original condition or by the creation of a fresh series of symptoms. In the sense that Nature abhors a vacuum, the neurotic affects are obliged to have some ideational point of attachment, whether this be a psychogenetic symptom, the thought of a given physician, or some useful social activity. When successful, suggestion, by offering a convenient alternative, temporarily displaces the abnormal affects from the point of support they had formed for themselves, but to which they tend to return as soon as the alternative one is taken away; while, on the other hand, so long as the infantile fixations that are responsible for the very existence of the abnormal affects remain effective, any attempt to discharge these in a social direction usually meets with only a limited amount of success. Psycho-analysis, on the contrary, in releasing the affects from their infantile fixations, not only places them at the disposal of social activities but at the same time robs them of their excessive intensity and other pathological features. Freud¹ emphasises the direct contrast that exists between the aims of suggestion and of psycho-analysis by alluding to the contrast drawn by Leonardo da

¹ Freud, 'Sammlung kleiner Schriften zur Neurosenlehre,' 1906, S. 203.

Vinci between the art of painting, where the work is accomplished 'per via di porre,' and that of sculpture, where it is accomplished 'per via di levare.' The former method of treatment acts by putting on something, by adding the force of suggestion in opposition to that of the neurosis, while the other method acts by taking something away, namely, the power that the pathogenic mental processes have over the patient's consciousness.

(2) A second explanation of the therapeutic action of psycho-analysis is based on what may be called the principle of *re-association*. This has been most clearly expounded by Morton Prince,¹ so that we may take his account of it as a text for our discussion. At the outset it may be said that a psycho-analyst would, with slight modifications, accept Prince's explanation as being in the main a correct description of the way in which the treatment produces its effects; the chief criticism that would have to be passed on it is that it is incomplete. It diverges from the psycho-analytic explanation less than Prince himself appears to think. He writes as follows: 'That this method is often useful and efficacious will be admitted, but its mode of working, as I interpret it, is not that which those who employ it suppose. . . . It is worth while insisting that if psycho-analysis merely synthesizes the repressed ideas theoretically it is not the logical method to be employed. The assumed mechanism would require something more. The repressed ideas are pushed into the subconscious because they are in conflict with other wishes and feelings of the individual; the latter rebels against and will not tolerate them. Now if nothing more were done than to bring them back into the consciousness of the individual he still would not tolerate them, and would push them out again. Theoretically, therefore, the method would be useless. But in fact the patient does, we will say, tolerate the ideas that before were unbearable; the conflict ceases. Empirically the method works. Why? The reason is simple: the complex of ideas has been changed by the technique of psycho-analysis and by the very act of bringing to the light of consciousness the

¹ Morton Prince, *Journ. of Abnorm. Psychol.*, June, 1909, vol. iv., p. 96.

repressed ideas—an elaborate process. We do more than this: we give the patient an insight into the meaning of his trouble; we let him see new points of view; we introduce new ideas and feelings into his complexes; in short, re-educate him. It is impossible to practise psycho-analysis without doing this; hence it is nothing more than a special form of the educational treatment and has the same educational value.'

Prince is not, as he appears to think, in disaccord with the psycho-analytic school when he insists that the reintroduction into consciousness of a previously forgotten group of ideas is followed by profound changes in the associations and significance of these ideas, changes that are of the utmost importance from the point of view of therapeutics; on the contrary, it is with the aim of making such changes possible that the psycho-analyst seeks to revive the forgotten memories. As, however, they are for the most part automatically carried out by the patient's consciousness, while the part played by the physician is largely confined to the task of rendering the patient aware of his buried tendencies, one is justified in describing the latter procedure as the essential part of the treatment: it is at all events the only indispensable measure.

Prince says that if nothing more were done than to bring the repressed ideas back into the patient's consciousness he still would not tolerate them, and would push them out again. This specious argument, however plausible it may sound, is merely an ingenious piece of special pleading, and arises from a misunderstanding of some very essential considerations. Prince misinterprets Freud's theory of dissociation as being one of 'voluntary repression; the individual pushes out of his consciousness ideas which are painful and unacceptable.'¹ While it is possible, and indeed probable, that this process may sometimes take place, the theory of repression is concerned rather with the inhibiting forces (endopsychic censor) that prevent certain thoughts from ever becoming conscious; they are in their nature, as Freud terms it, 'bewusstseinsunfähig.' The most important of the pathogenic thoughts with which we have to deal, certainly most of those that have

¹ Prince, *loc. cit.*

arisen after the age of early childhood, have never been conscious in the usual sense of the word, and even those of which the patient has once been aware have only been temporarily present in the margin of consciousness, a very different state from that which is meant when we speak of his having been fully conscious of them. Further, Prince completely overlooks here the ontogenetic aspects of the thoughts in question. It is surely obvious that a given group of ideas may have been unacceptable at one period of a person's life, to such an extent as to make it unendurable for him to think of them, and yet need not be so at another period: every physician knows, for example, how much easier it is to obtain from a patient a history of an old delinquency than of a recent one. This is just the state of affairs with the psychoneuroses, for the repressed wishes at the basis of the symptoms usually lie in the far past, and yet the patient may be quite unable to become aware of them without the aid of an external analytic procedure. Of such significance is this historical element that one of the chief matters on which the prognosis of a given case depends is whether the causative unconscious conflicts mainly relate to the infantile period or whether there also are important current conflicts superimposed on these older ones; in the former case the prognosis is very much better, for the reason just indicated. The other modifications and expansions necessary to make Prince's explanation complete will be best considered in connection with that given by psycho-analysts themselves.

(3) The third explanation, which differs from the preceding ones in that it is proffered by those who have had personal experience of the subject, is that the therapeutic effect of psycho-analysis is in the main to be attributed to the *overcoming of resistances* that constitute the most important factor in the pathogeny of the neurosis. So much weight is attached by Freud to this that in a recent paper¹ he describes as the chief aim of his therapeutic endeavour not, as formerly, the bringing to light of pathogenic complexes, but the direct investigation and surmounting of the inner resistances. The

¹ Freud, *Zentralblatt für Psychoanalyse*, Jahrg. I, 1910, S. 3.

significance of this measure will be more clearly seen after we have discussed what is connoted by a translation of the complexes from a state of unconsciousness to one of consciousness.

An unconscious complex has certain characteristics that distinguish it from any group of ideas in consciousness. Perhaps the most obvious of these is that it is not subject to the direct influence of various conscious mental processes, ratiocination, deliberation, logical argument, ethical and social considerations, and so on. Unconscious wishes are absolutely egocentric and show a cynical disregard for the welfare of even those who stand nearest to one. This is part of the infantile inheritance of the unconscious, self-centredness and lack of social qualities being well-recognised attributes of early childhood life. An unconscious phantasy will destroy a town with fire merely to gratify the individual's desire to pose as a hero, just as a child will in his mind condemn a playfellow to death merely so as to get possession of his toys. An allied aspect of unconscious complexes is their autonomous functioning. It is true that they form widespread associations, but they do this only along the directions of their own interest; ideas that contradict or oppose their own conative tendencies are simply ignored as though they did not exist. One cannot exaggerate the extent to which the 'water-tight compartment' principle obtains in unconscious mental life. Just as a child may at one and the same time hold two absolutely and mutually exclusive explanations of a given problem, so in the adult unconscious a wish that a certain person might die may remain operative, *i.e.*, producing external manifestations, long after the actual death of the person in question; this latter example also illustrates the extraordinary fact that so far as the unconscious is concerned time positively does not exist.

Another way of describing the last-mentioned characteristic is by saying that in unconscious complexes there is an inherent tendency to dissociation. With this goes a feature of the highest significance for neurosis-formation, namely, a heaping up of the accompanying affects. It may be stated as a general rule that the more conscious is the source of a given

affect the sooner and more certainly will this become diffused throughout the person's mind, a process known as discharge of the affect. Two of the consequences that follow this diffusion are that the affect becomes more subordinated to the control of the conscious ego, and that it loses any morbid attributes it may have had, particularly the tendency to be displayed to an excessive degree or on inadequate grounds. Let us take the example of grief at the death of a loved being. Normally this should in time fade, sooner or later according to its original intensity, and will then exert relatively little influence on the subject's daily life. If, on the contrary, the years go by and the grief retains its original acuteness, and if it is displayed on quite minor occasions which in some way remind the subject of his loss, then one can be sure that there are other forces at work than those recognised by the subject, and that the idea of the death of the loved being has become intimately associated with some unconscious and repressed complex. I have recently recorded an example of this very sort.¹ It concerned a young lady who, years after the death of her mother, was obsessed by the thought of it to such an extent that she was totally prevented from applying herself to any of the ordinary daily duties of life. Analysis shewed that the event had corresponded with a secret wish long cherished in her unconscious, and that it had occurred under such circumstances as to evoke her latent feeling of guilt by giving her the obsessive (and unconsciously justified) idea that she was responsible for her mother's death.

Translation of an unconscious complex into consciousness is followed by the consequences just indicated. The complex becomes accessible to the influence of numerous conscious considerations bearing on it, but with which it has previously been out of contact. This is what Prince well describes as giving the patient an insight into the meaning of his trouble, letting him see new points of view, and introducing new ideas and feelings into his complexes. The simple fact to grasp here is that consciousness can deal with and control a mental process that is conscious far better than one that is not. The

¹ Chapter XVI., p. 348.

fear is sometimes expressed that the making of a patient aware of an undesirable, *e.g.*, criminal, tendency in himself that he previously did not know the existence of may be followed by unfortunate consequences, such as his giving way to the tendency. This fear, the unjustifiability of which is amply rebutted by experience, denotes a very incomplete understanding of the relations of conscious to unconscious mental processes; if the ethical and other inhibitions have proved so powerful that they have prevented the patient from even being aware of the idea of his tendency they will certainly later on be strong enough to check any impulse to follow the tendency if it is one that is contrary to the present ethical views of the patient. A second consequence of the translation is that illogical displacements of the affects are resolved through the latter being traced to their original source. This is most clearly seen in the case of the various phobias. A woman whose original fear was that of not feeling safe (from temptation) when out alone, suffers from the inability to leave the house except in the company of her husband or some other safe person; going out alone would bring on an uncontrollable fear that some unknown terrible thing might happen to her. A third consequence is that the affect becomes diffused over the whole mind in the normal way described above. It becomes worked off in various adequate and suitable ways, a process which in connection with very massive affects is known as 'abreaction.'

All this may be summarised in the sentence that, while an unconscious complex is necessarily in a state of dissociation, translation of it into consciousness signifies its *assimilation*. Under this term is included the conscious dealing with and absorption of the previously repressed thoughts, or rather wishes, together with the abreaction, analysis, and consequent diffusion of the accompanying affects. To secure this assimilation in consciousness is, from one point of view, the central aim of the treatment, and the reason why so much attention has to be paid to the resistances is that these constitute the main hindrance to the assimilation.

It will at once be seen that what has to be striven for is a

very different thing from merely getting the patient to know what is the cause of his troubles. To know about them means very little in itself; to realise this knowledge through personal experience is a quite different matter. To tell a patient bluntly who is suffering from agoraphobia that the symptom is usually due to infantile urethral-erotism, however true this may be, does him about as much good as advising him not to be afraid of open spaces: in both cases the only effect would be to make him feel worse, though for different reasons. In a short, but very instructive article,¹ Freud makes some highly apposite remarks on this point: 'Nicht das Nichtwissen an sich ist das pathogene Moment, sondern die Begründung des Nichtwissens in *inneren Widerständen*, welche das Nichtwissen zuerst hervorgerufen haben und es jetzt noch unterhalten. In der Bekämpfung dieser Widerstände liegt die Aufgabe der Therapie. . . . Ware das Wissen des Unbewussten für den Kranken so wichtig wie der in der Psychoanalyse Unerfahrene glaubt, so müsste es zur Heilung hinreichen, wenn der Kranke Vorlesungen anhört oder Bücher liest. Diese Massnahmen haben aber ebensoviel Einfluss auf die nervöse Leidenssymptome wie die Verteilung von Menükarten zur Zeit einer Hungerfrist auf den Hunger.' ['It is not the not-knowing in itself that is the pathogenic factor, but the foundation of the not-knowing in *internal resistances*, which first brought about the not-knowing and which still maintains it at present. In the subduing of these resistances lies the therapeutic task. . . . If the knowing about his unconscious thoughts were as important for the patient as those who are inexperienced in psycho-analysis believe, then it should be sufficient for a cure that the patient listens to lectures or reads books. These measures, however, have just as much influence on the nervous sufferings as the distribution of menu-cards in a time of famine has upon hunger.']

These remarks of Freud's illustrate a common mistake made by beginners in psycho-analysis, namely, the opinion that their task is completed when they have discovered the

¹ Freud, 'Ueber "wilde" Psychoanalyse,' *Zentralblatt für Psychoanalyse*, Jahrg. I. S. 94.

meaning of the symptoms and communicated it to the patient; in reality this is a relatively early stage in the treatment, for with increasing experience one is often able to divine the chief meaning of the symptom in a short space of time. The following example will perhaps make this point clearer: A young man suffered from a number of obsessions, of which one was to the effect that if he were to touch a light his father would die; in consequence he scrupulously avoided the proximity of any flame, and this naturally led to the formation of extensive phobias and inhibitions. He had as a child been severely punished for playing with matches and fire. The idea of touching a light, *i.e.*, of doing something forbidden by his father, reminded him of a moth playing around a flame, and his next remark was that this expression (of the moth and the flame) was commonly used in his circle to denote a man's paying improper attention to women. Owing to his father's strictness he had never had the opportunity of taking any steps in this direction. The sense of the obsession is plain, as indeed it would be to anyone with experience even apart from the foregoing associations provided by the patient. It had been produced through the mechanism of reversal so common in this disease, and the unconscious thought it expressed would run, not 'If I were to play with a flame my father would die,' a thought that has no sense, but, 'If my father were to die I could play with a flame,' where the repressed wish is evident. Now consider the effect of communicating this inference to the patient as an isolated piece of information. In the very unlikely event of his accepting the physician's explanation, he would be totally at a loss to comprehend how he could come to entertain such an unnatural and abhorrent wish concerning his own father, whom he revered and was very fond of. Under the circumstances it would be wellnigh physically impossible for him to believe what might be a perfectly correct inference, and which in the case in question proved to be. It was only the detailed reviving of infantile jealousies, of the different conception of death he had held in early childhood, and many other matters that cannot here be gone into, that enabled him ultimately

not only to know that he actually had entertained the wish in question, but fully to realise the precise steps by which this had come about.

Internal resistances have the double effect of, on the one hand, preventing the patient from becoming aware of certain unacceptable thoughts, and on the other of preventing him from seeing the undesired significance of various ideas he cannot avoid the knowledge of. He thus becomes in a double sense psychically blind, and the treatment can from one point of view be described as enabling him to see matters that are plain enough to an objective observer, but which his own inhibitions prevent him from recognising. The following is a simple instance of this:¹ A patient narrated to me on different occasions a series of facts that made it absolutely obvious that his mother had not only repeatedly committed adultery, but had for years led an openly irregular life. The patient had lived with her until the time of her death, which took place when he was about seventeen, but, in spite of the staring significance of the facts he detailed, he was quite unaware of the inference that inevitably followed from them. Now, the symptom he suffered from was the curious obsession that there were all sorts of things in daily life that other people could see, but which he couldn't. The individual ideas, which of course were specially determined by his unconscious complexes, were such things as these: certain people had horns on their head, which were plain enough to other people, but which he couldn't see; people had three legs, but he couldn't see it, and so on. The symptom was simply an expression of his unconscious recognition of the fact that there was something of the highest significance in his life that all the world could see except himself; if he could overlook this, surely he must be overlooking all sorts of less important things that everyone else could see. It should be added that his intense striving against wanting to recognise the truth about his mother had far deeper grounds than the natural one of filial piety, though this of course was an important contributory factor.

¹ The full analysis of the case is detailed in *Psychoanalytisches Jahrbuch*, Bd. iv.

THERAPEUTIC ACTION OF PSYCHO-ANALYSIS 311

To repeat the main thesis of this paper: Psycho-analysis effects its cures by making the patient aware of the unconscious complexes that lie at the basis of his symptoms, thus enabling the pathogenic agents to become assimilated in consciousness. It achieves this by discovering and surmounting the internal resistances that are the cause of the repression, and which constitute the obstruction preventing the patient from becoming aware of and assimilating the pathogenic mental processes. As, further, it does not confine itself to the unconscious complexes immediately connected with the symptoms, but deals equally with the whole of the repressed material in the patient's mind, its action extends beyond the field of purely medical indications and gives the patient an inner control and self-insight that is not only the best guarantee against any tendency there may be to relapse into a neurotic state, but also the soundest basis for the general guidance of his life in the future.

CHAPTER XV

FREUD'S THEORY OF DREAMS¹

FREUD'S theory of dreams occupies a nodal position in his psychology, constituting as it does a point of conjunction for his various conclusions on normal and abnormal mental life. From it as a starting-point he has developed outlooks that call for the earnest consideration of psychologists, for it is extensively conceded that if his conclusions are true they carry with them a revolutionary change in our knowledge of the structure and functions of the mind. These broader aspects of his theory will not here be considered, the present paper being intended merely to delineate the main outlines of the dream theory proper. Owing to the richness of the subject-matter even this purpose can here of necessity be but very imperfectly attained, so that the following description can at best only serve as an introduction to the study of the 'Traumdeutung.'² No just criticism of the theory can be made without a careful perusal of this volume, in which Freud has in detail entered into all the manifold problems relating to dreams, has presented the evidence on which his conclusions are based, and has fully discussed rival views and anticipated the possible objections that may be raised to his own. A few illustrative examples, drawn from the writer's experience, will accompany the present paper, but in order to economise space no dream-analyses will be detailed, it being proposed to do this in a subsequent article.

The method Freud uses in the investigation of dreams is

¹ Amplified from a paper read before the American Psychological Association, December 29, 1909. Published in the *American Journal of Psychology*, April, 1910.

² First edition, 1900; third edition, 1911.

that termed by him Psycho-Analysis, and on the question of the reliability of this method rests that of the validity of his conclusions. No account of psycho-analysis itself can be given here, for that alone would exact a long exposition, but it should explicitly be stated that the technique of this method is a complex and intricate matter the acquirement of which is not, as many writers seem over-readily to assume, an easy task, but one requiring much practice, patience, and experience. In no branch of science can the testing of the results obtained by the use of an entirely new and difficult technique be satisfactorily submitted to an off-hand trial on the part of some one quite untrained in this, and it is strange that it does not occur to those who do not directly confirm Freud's conclusions as soon as they 'try psycho-analysis' that the fact may be due, not, as they hastily infer, to the erroneousness of those conclusions, but to a more humble explanation, namely that they have not mastered the technique. It is at all events striking that up to the present no investigator, in any country, who has taken the trouble to learn the technique of the psycho-analytic method, has reached any conclusions that fail to confirm Freud's in all particulars, although several hundred thousand dreams have now been investigated by this method; this fact in itself speaks for the finished state in which Freud gave the theory to the world.

It is commonly believed in scientific circles that the mental processes of which dreams are composed arise, without any direct psychical antecedent, as the result of irregular excitation of various elements in the cerebral cortex by physiological processes occurring during sleep. This, it is maintained, accounts for the confused and bizarre nature of the mental product, and any apparently logical connection and order that frequently appear to some extent in dreams are explained by the supposition that the mental processes in question are represented in cortical elements that stand in close, anatomical or physiological, relation to one another, and so are simultaneously stimulated by the peripheral stimuli. Hence any problem as to the psychical origin of the mental processes, still more as to the *meaning* of the dream as a whole, is by the

nature of things excluded as being non-existent, and any investigation along such lines is condemned as savouring of antiquated superstitions about the 'reading of dreams' unworthy of educated people. To this attitude Freud, as must every consistent psychologist, stands in sharp opposition. He contends that dream processes, like all other mental processes, have their psychical history, that in spite of their peculiar attributes they have a legitimate and comprehensible place in the sequence of mental life, and that their origins can be psychologically traced with as much certainty and precision as those of any other mental processes.

From one point of view dreams may be classified into the following three categories. First may be distinguished those that are at the same time sensible and intelligible; such especially are the dreams of children. The very occurrence of such dreams, in which the mental processes fully resemble those of waking life, although they are never confounded with them, is in itself a strong argument against the view that dreams result from the isolated activity of single groups of brain cells. Secondly, there are dreams which are connected and have an evident meaning, but one the content of which is curious and surprising, so that we cannot fit them into the rest of our waking life. A person dreams, for instance, that his brother has been gored to death by a bull: he cannot account for his having come by such a curious notion nor can he at first sight relate it to any waking thought. Thirdly, there is the most frequent type of dream, where the mental processes seem disconnected, confused and senseless. These two latter types of dreams have a peculiar quality of strangeness and unreality: they are foreign to the other mental experiences of the subject, and cannot be inserted into any place in his waking thoughts. It is as though the subject has lived through a different range of experience, in another place or in another world, which apparently has no connection with the one to which he is accustomed. Now Freud holds that this sense of foreignness is an illusion, due to very definite causes, and that the mental processes that go to form dreams are in direct continuity with those of waking life.

In tracing the antecedents of dream processes Freud makes use, as has been said, of the psycho-analytic method, which essentially consists in the collecting and ordering of the *free* associations that occur to the subject when he attends to any given theme and abrogates the selecting control over the incoming thoughts that is instinctively exercised by the conscious mind. If this method is applied to any component part of a dream, however senseless it may appear on the surface, mental processes are reached which are of high personal significance to the subject. The mental processes thus reached Freud terms the 'dream thoughts': they constitute the 'latent content' of the dream in contradistinction to the 'manifest content,' which is the dream as related by the subject. It is essential to keep distinct these two groups of mental processes, for on the appreciation of the difference between them rests the whole explanation of the puzzling riddles of dreams. The latent content or dream thought, is a logical and integral part of the subject's mental life, and contains none of the incongruous absurdities and other peculiar features that characterise the manifest content of most dreams. This manifest content is to be regarded as an allegorical expression of the underlying dream thoughts, or latent content. The distortion of the dream thoughts into the dream proper takes place according to certain well-determined psychological laws, and for very precise reasons. The core of Freud's theory, and the most original part of his contribution to the subject, resides in his tracing the cause of this distortion to a 'censor' which interposes an obstruction to the becoming conscious of unconscious psychical processes. This conception he arrived at from the analysis of various abnormal psychical manifestations, psychoneurotic symptoms, which he found to be constructed on a plan fully analogous to that of dreams. It may be remarked at this point that, quite apart from any views as to the cause of the distortion, the nature and functions of the dream thoughts and other problems, the fact itself of the distortion is certain, and cannot be doubted by any one who carefully observes a few dreams. That, for instance, the vision of a strange room in a dream is a distorted presentation

of several rooms that have been actually seen, from each of which various individual features have been abstracted and fused together so as to present a new and therefore strange room, is the kind of observation that can easily be verified. Before considering, therefore, the nature of the latent content it will be well shortly to describe the distorting mechanisms by means of which it becomes transformed into the manifest content.

A dream is not, as it appears to be, a confused and haphazard congeries of mental phenomena, but a distorted and disguised expression of highly significant psychical processes that have a very definite meaning, although in order to appreciate this meaning it is first necessary to translate the manifest content of the dream into its latent content, just as a hieroglyphic script yields its meaning only after it has been interpreted. The mechanisms by means of which the manifest content has been formed from the underlying dream thoughts may be grouped under four headings.

The first of these is called *Condensation* (*Verdichtung*). Every element of the manifest content represents several dream thoughts; it is, as Freud puts it, 'over-determined' (*überdeterminiert*). Thus the material obtained by analysis of a dream is far richer and more extensive than the manifest content, and may exceed this in amount by ten or twenty times. Of all the mechanisms it is the easiest to observe, and to it is mainly due the sense of foreignness that dreams give us, for it is a process with which our waking thought is not familiar. The representation in the manifest content of the extensive material comprising the latent content is brought about by a true condensation, rarely by the mere omission of part of the latent content. The condensation is effected in several ways. A figure in a dream may be constituted by the fusion of traits belonging to more than one actual person, and is then called a 'collective person' (*Sammelperson*). This may occur either by the fusion of some traits belonging to one person with some belonging to another, or by making prominent the traits common to the two and neglecting those not common to them; the latter process produces a result analo-

gous to a Galton's composite photograph. The same process frequently occurs with names: thus Freud mentions a dream in which the person seemed to be called Norekdal, which had been formed from the names of two of Ibsen's characters, Nora and Ekdal; I have seen the name Magna formed by fusing Maggie and Edna, and similar instances are common enough. The neologism thus produced closely resembles those met with in the psychoses, particularly in dementia præcox, and like these may refer to things as well as to persons. Lastly in this connection it should be remarked that certain of the elements in the manifest content are especially rich in associations, as if they formed particular points of junction (*Knotenpunkte*); they are in other words the 'best-determined' elements. These are intimately related to the most significant elements in the underlying dream thoughts, and frequently shew the greatest sensorial vividness in the manifest content.

Condensation subserves more than one function. *In the first place* it is the mechanism by means of which similarity, agreement, or identity between two elements in the latent content is expressed in the manifest content; the two elements simply become fused into one, thus forming a new unity. If this fusion has already taken place in the latent content the process is termed *Identification*, if it takes place during the construction of the dream itself the process is termed *Composition* (*Mischbildung*); the former process rarely concerns things, chiefly persons and places. In the process of identification a person in the dream enters into situations that really are proper to some other person, or behaves in a way characteristic of this second person. In the process of composition the fusion is revealed in the manifest content in other ways; thus a given person may appear in the dream, but bearing the name of some second one, or the figure in the dream may be composed of traits taken some from the first, others from the second person. The existence of a resemblance between two persons or places may thus be expressed in the dream by the appearance of a composite person or place built up in the way just mentioned; the important feature that the two have in

common, which in this case is the essential constituent in the latent content, need not be present in the manifest content, and indeed usually is not. It is clear that by this means a considerable economy in presentation is effected, for a highly complex and abstract resemblance may be expressed by simply fusing the figures of the persons concerned. Thus, if two persons both shew the sentiments of envy, fear and malice towards the subject of the dream, these sentiments may be expressed by the appearance in the manifest content of a composite figure of the two persons. In this composite figure there may be traits common to both persons, such as colour of hair or other personal characteristics, but the essential resemblance, which is the cardinal point in the underlying dream thoughts, is as a rule not evident in the dream. The superficial resemblance presented in the dream is frequently thus the cover for a deeper and more significant one, and gives the clue to its important constituents of the dream thoughts. The process in question may also represent merely the wish that there were such a resemblance between the two persons, and therefore the wish that they might be exchanged in their relation to the subject. When, for instance, a married lady dreams that she is breakfasting alone with some man friend, the interpretation is often a simple matter. *In the second place* condensation, like the other distorting mechanisms, subserves the function of evading the censor of consciousness. This is a matter that will presently be further discussed, but it is plain that a repressed and unacceptable wish that two persons or places may resemble each other in an important respect, or may be interchanged, can be expressed in the manifest content of a dream by presenting an insignificant resemblance between the two.

It might be assumed from the description given above that the process of condensation takes place in one direction only, if at each element in the manifest content represents a number of elements in the latent content in the same way that a delegate represents the members of his constituency. This, however, is not so, for not only is every element in the manifest content connected with several in the latent content, but every

element in the latter is connected with several in the former. In addition to this, frequently associations exist between the different elements of the entire structure of the dream, so that this often has the appearance of a tangled network until the full analysis brings law and order out of the whole.

The second distorting mechanism is that termed *Displacement* (*Verschiebung*). In most dreams it is found after analysis that there is no correspondence between the psychical intensity of a given element in the manifest content and the associated elements in the latent content. An element that stands in the foreground of interest in the former, and seems to be the central feature of the dream, may represent the least significant of the underlying dream thoughts; conversely an apparently unessential and transitory feature in the dream may represent the very core of the dream thoughts. Further, the most prominent affect in the dream, hate, anxiety, and so on, as the case may be, often accompanies elements that represent the least important part of the dream thoughts, whereas the dream thoughts that are powerfully invested with this affect may be represented in the manifest content of the dream by elements of feeble affective tone. This disturbing displacement Freud describes, using Nietzsche's phrase, as a 'transvaluation of all values.' It is a phenomenon peculiarly frequent in the psychoneuroses, in which a lively interest or an intense affect may be found associated with an unimportant idea. In both cases a transposition of affect has taken place whereby a highly significant idea is replaced by a previously indifferent and unimportant one. Often the association between the primary and secondary ideas is a very superficial one, and especially common forms of this are witty plays on the speech expression for the two ideas, and other kinds of clang association. As is well known, Jung has demonstrated¹ that this superficial association is usually the cover for a deeper hidden bond of high affective value. This mechanism of displacement is the cause of the puzzling fact that most dreams contain so many indifferent and hardly noticed impressions of the previous day; these,

¹ 'Diagnostische Assocationsstudien,' 1906, Bd. i.

having on account of their unimportance formed but few associations with previous mental processes, are made use of in the dream-making to represent more significant ideas, the affect of which is transferred to them. Displacement also explains much of the bizarreness of dreams, notably the remarkable incongruity between the intensity of the affect and the intellectual content; a person may in a dream be terrified at an apparently indifferent object, and quite at ease in the presence of what should be alarming danger.

Condensation and Displacement are the two main mechanisms by means of which is produced the distortion during the passage from the latent to the manifest content. The extent to which a given dream appears confused, bizarre and meaningless varies exactly with the extent to which these two mechanisms have been operative in its formation. The following fragmentary extracts from some dream analyses will illustrate the processes in question :

(1) *I recently dreamed that I was travelling in Italy on my way to the next Freudian Congress. On looking at my railway ticket I found it was for Lugaro. In reality I know of no place of that name, but I have pleasant memories of the charming Italian resort Lugano. In the dream I had replaced the *n* of this by the letter *r*. Now Nuremberg is the actual meeting-place for the Congress. Lugaro is the name of a well-known Italian psychiatrist. I am to my regret prevented from going to the Congress by having to give a psychiatry course at the time this is to be held. I have often described the neighbourhood of Lugano as *toy* scenery; on my way to Nuremberg (the *toy* centre of the world) I am arrested (Luga-*no*) by the obstacle of my psychiatry course, and replace my destination by a name indicative of that fact. Further than this, I had recently seen the translation of Lugaro's 'Modern Problems in Psychiatry,' made by Orr and Rows; emphasis is thus cast on the last syllable of Lugaro's name by the play on the sound of 'or' and 'ro.' The volume is chiefly concerned with problems of chemistry and morbid anatomy, and advocates a tendency in psychiatry the relative fruitlessness of which I have disparagingly contrasted with that pursued by Freud*

and Jung, both in the medical press¹ and, amongst others, in a conversation I had a couple of years ago (about Lugaro) with Dr. Rows. I deplore the translation of the book into English, for it will only serve to strengthen the materialistic trends, useful enough in their proper place, that already too exclusively occupy the thoughts of English psychiatrists. For reasons not under my control, my psychiatry course is likewise chiefly concerned with matters of chemistry and morbid anatomy, so that the enforced displacement of my Freudian interests by the tendency represented by Lugaro also finds expression in the negation of Nuremberg (*Luga-no*), and the replacement of it by a word indicating in detail the nature of the interruption. I might further add that Lugaro is professor at *Modena*, and that a friend of mine, Dr. *Modena* of Ancona, is the first Italian psychiatrist to accept Freud's views, as I was the first English one. I had just heard that Dr. *Modena* is engaged in translating Freud's works into Italian, in a sense a counterbalance to the translation of Lugaro's '*Modern Problems*' into English; even the other consonant of *Modena's* name, *n*, is indicated in the dream-making by its being displaced by the prominent consonant, *r*, of those of the two English translators, Orr and Rows (*Lugano* instead of *Lugano*).

Associated, therefore, with only one word in the manifest content of the dream, which at first sight appeared to be meaningless enough, are a number of mental processes that occupy a significant place in my waking life. These, and many others which for personal reasons I cannot mention, are connected with the element in the manifest content of the dream by means of exceedingly superficial associations, chiefly ridiculous plays on words of a kind I hope I should never be guilty of when awake. Any one, however, who is interested in the psychology of wit, or familiar with the unconscious phantasies of hysterics or the flight of ideas met with in mania and other psychoses, will not find it strange that the superficial associations and preposterous plays on words so characteristic of those fields of mental activity are common

¹ *Lancet*, July 24, 1909.

enough in yet another field, namely that of dream formation. The question as to whether the associations that occur during dream analysis are made only then, and take no share in the actual formation of the dream, will not here be discussed; it is one of the objections with which Freud fully deals in the 'Traumdeutung.'

Like the other ones to be quoted, this fragment is only a small part of the full dream, and I might add that the associations here related are only intermediate connections to more remote thoughts, which as the analysis deepened soon left the subject of psychiatry for a more personal one.

(2) *I was in the country in Massachusetts, and yet seemed to be in the east not of America but of England. Above a group of people was vaguely outlined the word Ölve or Öldē (which may be expressed as Ölġe). This dream affords a particularly striking illustration of displacement, for every element in it directly led in the analysis to thoughts about the Netherlands, although no indication whatever of this country appeared in the manifest content. Massachusetts brought to my mind its capital Boston, and the original Boston in Lincolnshire.¹ That reminded me of Essex,² these two counties being the most low-lying (Netherlandish) ones in England. In Essex lives a friend through whom I had got to know well a number of Flemish people. On the day preceding the dream I had written a letter to some one in Maldon, a town in Essex, a name the sound of which brought to my mind Moll of Flanders. The costume of the people in the dream was taken from a certain picture of Rembrandt's, which brought up a number of recent and old memories. Ölġe was a condensation of Alva, the tyrant of the Netherlands, and Van der Velde, the name of a Flemish painter of whose works (oil*

¹ That in the dream-making I was presumptuous enough to confound an American State with an English County is an illustration of the irresponsible liberties taken by the mental processes concerned in this production, and shews how completely they differ from our waking thoughts

² I might add that the latter part of the word 'Massachusetts' has a sound not very dissimilar to that of 'Essex'; further, that the signification of the first part of it, 'chu' ('chew,' which in Boston is pronounced as if it were spelt 'chu'), resembles that of the other word ('ess' is the stem of the German verb 'to eat').

paintings, (Öl is German for oil) I am fond, and also of a particular Flemish friend: two days previously I had seen in the hospital a Dutchman with a very similar name. In short, turn which way I would, all parts of the dream stubbornly refused to associate themselves with anything but Netherland topics, the further analysis of which resolutely led in only one direction.

(3) A patient, a woman of thirty-seven, dreamed that *she was sitting in a grand stand as though to watch some spectacle. A military band approached, playing a gay martial air. It was at the head of a funeral, which seemed to be of a Mr. X; the casket rested on a draped gun-carriage. She had a lively feeling of astonishment at the absurdity of making such an ado about the death of so insignificant a person. Behind followed the dead man's brother and one of his sisters, and behind them his two other sisters; they were all incongruously dressed in a bright grey check. The brother advanced 'like a savage,' dancing and waving his arms; on his back was a yucca tree with a number of young blossoms.* This dream is a good example of the second of the three types mentioned above, being perfectly clear and yet apparently impossible to fit into the patient's waking mental life. The true meaning of it, however, became only too clear on analysis. The figure of Mr. X veiled that of her husband. Both men had promised much when they were young, but the hopes their friends had built on them had not been fulfilled; the one had ruined his health and career by his addiction to morphia, the other by his addiction to alcohol. Under the greatest stress of emotion the patient related that her husband's alcoholic habits had completely alienated her wifely feeling for him, and that in his drunken moments he even inspired her with an intense physical loathing. In the dream her repressed wish that he would die was realised by picturing the funeral of a third person whose career resembled that of her husband's, and who, like her husband, had one brother and three sisters. Further than this, her almost savage contempt for her husband, which arose from his lack of ambition and other more intimate circumstances, came to expression in the dream by her reflection

of how absurd it was that any one should make an ado over the death of such a nonentity, and by the gaiety shewn at his funeral not only by all the world (the gay air of the band: her husband is, by the way, an officer in the volunteers, while Mr. X has no connection with the army), but even by his nearest relatives (the brother's dancing, the bright clothes). It is noteworthy that no wife appeared in the dream, though Mr. X is married, a fact that illustrates the frequent projection on to others of sentiments that the subject himself has experienced but repudiates.

In real life Mr. X, who is still alive, is an indifferent acquaintance, but his brother had been engaged to be married to the patient and they were deeply attached to each other. Her parents, however, manoeuvred to bring about a misunderstanding between the two, and at their instigation, in a fit of pique, she married her present husband, to her enduring regret. Mr. X's brother was furiously jealous at this, and the pæan of joy he raised in the dream does not appear so incongruous when we relate it to the idea of the death of the patient's husband as it does in reference to his own brother's death. His exuberant movements and 'dancing like a savage' reminded the patient of native ceremonies she had seen, particularly marriage ceremonies. The yucca tree (a sturdy shrub common in the Western States) proved to be a phallic symbol, and the young blossoms represented offspring. The patient bitterly regrets never having had any children, a circumstance she ascribes to her husband's vices. In the dream, therefore, her husband dies unregretted by any one, she marries her lover and has many children.

(4) The following two dreams illustrate the formation of neologisms: The patient, a woman of thirty-nine, dreamed that *she was sitting on a stage with four others, rehearsing a play they were to take part in; it seemed to be called 'The Wreck of the Kipperling.'* Her title-rôle was called *Kipper*. She felt foolish and embarrassed. This feeling she had several times recently experienced, circumstances having placed her in an awkward and compromising situation in regard to a man and woman, for both of whom she cared. Year ago, when in

school in France, she had greatly suffered from feeling awkward and silly at having to read aloud in class from French plays, a language she imperfectly pronounced. Three days before the dream she had been reading a volume of satirical poems by Owen Seaman, and being a foreigner had had considerable difficulty in understanding and appreciating them. This had distressed her, for her friends thought very highly of them. Her embarrassment culminated at the reading of one of the poems, in which Rudyard Kipling is depreciated and entitled 'Kipperling': she much admired Kipling's writings and had felt foolish when her two friends assured her he was crude and vulgar. She resented his being nicknamed Kipperling, and said 'Fancy giving a poet the name of a silly little fish.' From the fusion of Kipling and Kipperling, and perhaps influenced by the fact that the latter name had been employed by *Seaman*, she had coined for herself in the dream the title of Kipper. Kipper (dried herring) is frequently used in London slang to denote foolish people ('silly kipper').

(5) In another dream the same patient imagined she was called '*Hokerring*,' a neologism produced by fusing the two words 'smoked herring': this process may be represented thus:

(SM) OKE (D)
H ERRING

(The parentheses indicate letters omitted in the neologism.) The term smoked herring reminded her of bloater, and of a rather vulgar word in her native language meaning nude, blout (pronounced bloat). This brought up infantile memories of shyness and a sense of foolishness that were connected with nakedness.

The construction of the manifest content out of the latent content Freud terms the *Dream-making* (*Traumarbeit*). In this two other principal mechanisms are concerned in addition to those just mentioned of condensation and displacement. The first of these may be called *Dramatisation* (*Darstellung*). It is a familiar observation that the manifest content of most dreams depicts a situation, or rather an action, so that in this

respect a dream may be said to resemble a theatrical representation. This fact exercises a selecting influence on the mental processes that have to be presented (*Rücksicht auf Darstellbarkeit*), for dramatisation, like the arts of painting and sculpture, is necessarily subject to definite limitations, and therefore special expedients have to be employed to indicate mental processes that cannot be directly portrayed. Just as a painter has indirectly to convey abstract mental processes by adopting certain technical devices, so a dramatist has to select and modify his material in order to make it conform to the restrictions of his art, as for instance when an action extending over years has to be presented in a couple of hours. In a dream the mental processes are dramatised so that the past and future are unrolled before our eyes in a present action; an old wish, for instance, that relates to the future is seen realised in a present situation.

It is further well known that the manifest content of most dreams is predominantly, though not exclusively, of a visual nature, and the particular process of expressing in a dream various thoughts in the form of visual pictures Freud terms *Regression*, wishing to indicate by this the retrograde movement of abstract mental processes towards their primary perceptions. The network of dream thoughts is in this way resolved into its raw material. This process of regression is characteristic of dreams as contrasted with other mental constructions formed by means of similar mechanisms, such as day-dreams, psychoneurotic symptoms and so on, though it sometimes occurs in the last named in the form of hallucinatory visions. In his discussion of the nature and function of regression Freud develops a number of important theoretical considerations regarding the structure of the mind, which, however, cannot here be gone into. He traces regression, both in dreams and in visions, to the resistance of the censor of consciousness, and to the attraction exerted for the mental processes thus represented by infantile memories, which, as is known, characteristically preserve their original visual type. In the case of dreams, though not of course in the case of waking visions, it is possible that the regression is further

facilitated by the cessation during sleep of the forward movement from the sensorial to the motor side.

Under the heading of dramatisation may also be included the representation of various intellectual processes. We shall presently see that the intellectual operations (judgement, etc.) that are frequently met with in the manifest content of dreams originate not in the dream-making but in the underlying dream thoughts; no intellectual work is performed in the dream-making proper. In the dream thoughts there are of course all kinds of intellectual processes, judgements, arguments, conditions, proofs, objections and so on. None of these, however, finds any special representation in the manifest content of the dream. As a rule they are entirely omitted, only the material content of the dream thoughts being represented in the dream, and not the logical relations of these. The dream-making, however, sometimes makes use of certain special devices to indicate these logical relations indirectly; the extent to which this is done greatly varies in different dreams and in different individuals. The logical relations between the constituents of the dream thoughts, just as between those of waking thoughts, are displayed by the use of such parts of speech as 'if,' 'although,' 'either,' 'because,' etc., which, as has just been said, find no direct expression in the manifest content. Instances of the devices in question are the following: Logical concatenation between two thoughts is indicated by the synchronous appearance of the elements representing these in the manifest content; thus, in the third dream related above, the husband's death, the second marriage and the subsequent children, three logically related thoughts, are represented by three groups of elements that synchronously appear in the manifest content. Causal connection between two dream thoughts is usually not indicated at all. When indicated it is done by making the one representing element follow on the other. The commonest way of doing this is by one clause being represented in an introductory dream (*Vortraum*), the other in the main dream (*Haupttraum*); it should, however, be remarked that this splitting of the manifest content does not

always indicate causal connection between the corresponding dream thoughts. A less frequent device is the bringing about a transformation of the one element into the other; the transformation must be a direct one, not a mere replacement, as when one scene passes gradually into another, not as when one scene is simply replaced by another. Evident absurdity in the manifest content signifies the existence of mockery or scorn in the dream thoughts, as was illustrated in the third dream related above. An alternative in the dream thoughts is not expressed in the manifest content; the representing elements are merely brought together in the same connection. When an alternative (either--or) appears in the manifest content it is the translation of 'and' in the dream thoughts, thus in the second dream related above I felt that the third letter in the word outlined was either *r* or *d*, and both of these were present in the latent content.

Opposition and contradiction between dream thoughts may be indicated in two ways in the manifest content. When the contrasting thoughts can be linked with the idea of exchange, then the representing element may be fused into a unity, a process described above under the name of identification. Other cases of opposition, which fall into the category of the converse or reverse, may be indicated in the following curious way: two parts of the already formed dream that are connected with the dream thoughts in question are inverted. Inversion of mental processes in dream-making subserves other functions than the one just mentioned: it is, for instance, a favourite method of increasing the distortion; the simplest way of disguising a mental process is to represent it as the obverse. Some subjects seem to employ this device as a mechanism to an inordinate extent, and many dreams may be interpreted merely by inverting them. The inversions may concern either space or time. An instance of the latter occurred in the third dream related above, where the fig tree (phallus) was attached dorsally instead of ventrally. Instances of both may be seen in the following dream by the same patient:

(6) *She stood at the seashore watching a small boat who seemed*

to be hers, walking into the water. This he did till the water covered him and she could only see his head bobbing up and down near the surface. The scene then changed into the crowded hall of an hotel. Her husband left her, and she entered into conversation with a stranger. The second half of the dream revealed itself in the analysis as representing a flight from her husband and the entering into intimate relations with a third person behind whom was plainly indicated Mr. X's brother mentioned in the former dream. The first part of the dream was a familiar infantile phantasy. In dreams, as in mythology, the theme of a child from the uterine waters is common. It represents a description as the entry of the child into water and, among many others, the births of Adonis, Osiris, Moses and Bacchus. I will not give illustrations of it. The husband bobbing up and down in the water at once recalled to the patient the sensation of quickening she had experienced in her early pregnancy. The sinking of the boy going out of the water, carrying him to a nursery, washing him, and installing him in her household.

The second half of the dream therefore represented thoughts, concerning the elopement, that belonged to the second half of the underlying latent content: the first half of the dream corresponded with the second half of the latent content, the birth phantasy. Besides this inversion in order, another inversion took place in each half of the dream. In the first half she had entered the water, and then his head bobbed; in the second half first the quickening occurred, and then the child left the water (a double inversion). In the second half her husband left her; in the dream thoughts she left her husband.

Last among the dream-making mechanisms is that termed *Secondary Elaboration* (*secundäre Bearbeitung*). It fundamentally differs from the other three in that it arises from the conscious, not of the underlying dream thoughts, but of the conscious mental processes. This remark will be more comprehensible when we presently consider the forces that go to make a dream. When the dream is apprehended in con-

consciousness it is treated in the same way as any other perceptive content, *i.e.*, it is not accepted in its unaltered state but is assimilated to pre-existing conceptions. It is thus to a certain extent remodelled so as to bring it, so far as is possible, into harmony with other conscious mental processes. In other words an attempt, however unsuccessful, is made to modify it so as to render it comprehensible (*Rücksicht auf Verständlichkeit*). This secondary elaboration is closely allied to the process I have described as rationalisation.¹ As is well known, there is a pronounced tendency on the part of the mind to distort foreign experiences in such a way as to assimilate them to what is already intelligible; in hearing or seeing a sentence in a strange tongue the subject imagines analogies to familiar words in his own, a falsifying process that frequently is carried to excess, leading to curious misunderstandings. To this secondary elaboration is due whatever degree of ordering, sequence and consistency there may be found in a dream.

Reviewing now as a whole the process of dream-making we have above all to lay stress on the fact that in the formation of a dream no intellectual operation of any sort is carried out; the dream-making is concerned solely with translating into another form various underlying dream thoughts that were previously in existence. No creative work whatever is carried out by the process of dream-making; it performs no act of decision, calculation, judgement, comparison, conclusion or any kind of thought. Not even the elaboration of any phantasy occurs in the dream-making, though a previously-existing phantasy may be bodily taken over and woven into the dream, a fact that gives the key to the explanation of highly-wrought and yet momentary dreams such as the well-known guillotine one related by Maury. Any part of a dream that appears to indicate an intellectual operation has been taken bodily from the underlying latent content, either directly or in a distorted form; the same applies to speech phrases that may occur in a dream. Even some of the waking judgements passed on a dream belong to the latent content. To repeat, there is in the dream-making nothing but transformation of previously formed mental processes.

¹ Chapter I.

The dream-making proper is thus a process more distant from waking mental life than even the most determined detractor of dream activities would maintain. It is not merely more careless, incorrect, incomplete, forgetful and illogical than waking thought, but it is something that qualitatively is absolutely different from this, so that the two cannot be compared. Dream-making proceeds by methods quite foreign to our waking mental life; it ignores obvious contradictions, makes use of highly strained analogies, and brings together widely different ideas by means of the most superficial associations, for instance by such a feeble play on words as shocks the waking mind with a keen sense of ridiculousness. The mental processes characteristic of dreams would if they occurred in a conscious waking state at once arouse grave suspicion of impaired intelligence; as Jung has clearly pointed out¹ they are in fact processes that are frequently indistinguishable from those met with in advanced stages of dementia præcox and other psychoses.

The affect in dreams has many interesting features. The incongruous manner in which it may be present when it is not to be explained by the ideas of the dream, or be absent when from these ideas it might have been expected, has already been noted above, and is quite elucidated by psycho-analysis, which reveals that in the underlying dream thoughts the affect is logically justified and is congruous enough. The apparent incongruity is solely due to the distortion of the conceptual content, whereby a given affect becomes secondarily associated with an inappropriate idea. The third dream mentioned above well illustrates this fact; the incongruity with which Mr. X's death was joyfully celebrated by his brother explains itself as soon as one realises that the figure of Mr. X in the dream represented that of another man in the latent content. The affect investing the latent content is always more intense than that present in the manifest content, so that, although strongly affective dream thoughts may produce an indifferently toned dream, the reverse never occurs, that is to say an affective manifest content never arises from an indifferently toned

¹ 'Psychologie der Dementia præcox,' 1907.

latent content. Freud attributes this inhibition of the affect in dream formation partly to the cessation in sleep of the forward movement from the sensory to the motor side—he regards affective processes as essentially centrifugal—and partly to the suppressing effect of the censor, which will presently be further considered. Another important matter is that the nature of the affect as it appears in the manifest content is the same as that of the latent content, although, as has just been said, the intensity of it is always less there than here. The influence of the dream-making on the original affect is thus different from that on the rest of the dream thoughts, in that no distortion of it takes place. As Stekel puts it in a recent article,¹ '*Im Traume ist der Affekt das einzig Wahre.*' ['In dreams the only true thing is the affect.'] The affect appears in the same form in the latent as in the manifest content, although through the mechanisms of transference and displacement it is in the latter otherwise associated than in the former. It should however be remarked that a given affect in the manifest content may represent its exact opposite in the latent content, but on closer analysis it will be found that the two opposites were already present in the latent content, and were both of them appropriate to the context; as is so often the case in waking mental life, exactly contrasting mental processes in dream thoughts are intimately associated with each other.

Having mentioned some of the mechanisms that bring about the distortion of the latent into the manifest content we may next shortly consider the material and sources from which a dream is composed. Again we have sharply to distinguish between the sources of the manifest content and those of the underlying dream thoughts; the latter will presently be dealt with apart. Three peculiar features shewn by the memory in dreams have especially struck most observers: first the preference shewn for recent impressions, secondly that the experiences are otherwise selected than in our waking memory, in that subordinate and hardly noticed incidents seem to be better remembered than essential and important ones, and

¹ *Jahrbuch f. psychoanalyt. u. psychopathol. Forschungen*, Bd. i., S. 485.

thirdly the hypermnesia for previously forgotten incidents, especially for those of early childhood life.

The first two of these features may be considered together, for they are intimately connected. In every dream without exception occur mental processes experienced by the subject in the last waking interval (*Traumtag*); other recent experiences that have not occurred on the day actually preceding the dream are treated in just the same way as more ancient memories. There must therefore be some special quality that is of significance in dream formation attaching to the mental experiences of the preceding day. Closer attention shews that the experience in question may be either psychically significant or quite indifferent; in the latter case, however, it is always associated with some underlying significant experience. The dream-instigator (*Traumerreger*) may be (1) a recent significant experience that is directly represented in the manifest content, (2) a recent significant experience that is indirectly represented in the manifest content by the appearance there of an associated indifferent experience, (3) an internal significant process (memory) that regularly is represented in the manifest content by the appearance of an associated, recent, indifferent experience. In each case, therefore, a recent experience (*i.e.*, from the preceding day) appears directly in the dream; it is one either significant in itself or else associated with another (recent or old) significant one. The selection of incidents of subordinate interest applies only to incidents of the day before the dream. Older incidents, that at first sight appear to be unimportant, can always be shewn to have *already* become on the day of their occurrence psychically significant through the secondary transference on to them of the affect of significant mental processes with which they have got associated. The material from which a dream is formed may therefore be either psychically significant or the opposite, and in the latter case it always arises in some experience of the preceding day.

The explanation Freud gives of these facts is shortly as follows: The meaning of the appearance in the manifest content of indifferent mental processes is that these are employed in

the dream-making to *represent* underlying processes of great psychical significance, just as in battle the colours of a regiment, themselves of no intrinsic value, stand for the honour of the army. A more accurate analogy is the frequent occurrence in the psychoneuroses of the transposition of a given significant affect on to an indifferent idea; for instance, intense dread of a harmless object may arise as a transposition, on to the secondarily associated idea of this object, of a dread that was fully justified in relation to the primary idea. In short, the process is another form of the displacement mechanism described above. Just as in the psychoneuroses, so also in the dream the primary underlying idea is of such a nature as to be incapable of becoming conscious (*bewusstseinsunfähig*), a matter that will presently be further discussed. Freud explains the regular occurrence in the dream of a recent experience by pointing out that this has not yet had time to form many associations, and therefore is more free to become associated with unconscious psychical processes. The circumstance is of interest as indicating that during sleep, and unnoticed by our consciousness, important changes go on in our memory and conceptual material; the familiar advice to sleep over an important matter before coming to a decision has an important basis in fact.

The third feature, namely the hypermnesia particularly for experiences of early childhood, is of cardinal importance. Early memories, which the subject had completely forgotten, but the truth of which can often be objectively confirmed, not infrequently occur with startling fidelity even in the manifest content. This fact in itself should suggest the ontogenetic antiquity of dream processes. In the latent content the appearance of such forgotten memories is far more frequent, and Freud holds it probable that the latent content of every dream is connected with ancient mental processes that extend back to early childhood. The following instance may be given of this:

7) A patient, a man aged thirty-seven, dreamed that *he was being attacked by a man who was armed with a number of sharp weapons; the assailant was swarthy, and wore a dark moustache. He struggled and succeeded somehow in inflicting a*

skin wound on his opponent's left hand. The name Charles seemed to be related to the man, though not so definitely as if it were his name. The man changed into a fierce dog, which the subject of the dream succeeded in vanquishing by forcibly tearing his jaws apart so as to split his head in two. No one could have been more astonished at the dream than the patient himself, who was a singularly inoffensive person. The name Charles led to the following free associations: A number of indifferent acquaintances having this as their Christian name — a man, named Dr. Charles Stuart, whom he had seen at a Scottish reunion, at which he had been present on the day before (this man, however, wears a beard)—another man present at the reunion whose personal appearance had many traits in common with his assailant in the dream—the Scottish Stuart Kings Charles I. and Charles II.—again the acquaintance Charles Stuart—Cromwell's designation of King Charles I., 'that man Charles Stuart'—the medical practitioner of his family, whose name was Stuart Rankings, and who had died when the patient was nine years old. Then came the memory of a painful scene, previously quite forgotten, in which the doctor had roughly extracted two teeth from the terror-stricken patient after forcibly gagging his mouth open; before he could accomplish this the doctor had had his left hand badly bitten. The date of this occurrence could from extrinsic evidence be referred to the patient's fifth year. From a number of reasons that cannot be given here it became clear that the dream thoughts altogether clustered around this childhood experience. The assailant in the dream was no other than the doctor whose treatment of the patient was nearly thirty years after his death thus fearfully revenged in the latter's dream.¹ The play on his name Stuart Rankings (Rank-kings), which enabled him to become identified first with the Stuart King Charles, and then with Charles Stuart, and finally to be called in the dream plain Charles, is interesting. It should be added that the Dr. Charles Stuart

¹ The deeper interpretation of the dream will be easy to those familiar with psycho-analysis, especially when I add that the dream was accompanied by appalling dread, and that the first association to 'hand' was 'neck.'

mentioned above is a dental surgeon, who a week previously had in the patient's presence performed a painful tooth extraction on the latter's wife; on the day before the dream he had enquired of the patient concerning his wife's health. The identification of the man with the dog in the latter part of the dream was greatly over-determined. The doctor in question was a noted dog fancier, and had given the patient a fine collie to whom he became greatly attached; he led a very irregular life, and the patient often heard his father refer to him as a gay dog; finally he died 'like a dog,' from an accidental overdose of poison, in the presence of a number of people who were from ignorance powerless to render the slight assistance that would have saved his life.

The source of some dream material is to be found in somatic stimuli during sleep, though by no means so frequently as many writers maintain. They are, however, in no case the cause of the dream, but are merely woven into its fabric in exactly the same way as any other psychical material, and only when they fulfil certain conditions. The exaggerated claims sometimes made out for the importance of these stimuli are easily disproved by, for instance, the following considerations. A sleeper may react to a given somatic stimulation when this is of a lively nature, such as bad pain, in one of several different ways. In the first place he may altogether ignore it, as often occurs in bodily disease, secondly he may feel it during, or even throughout, sleep without dreaming at all, thirdly he may be awakened by it, and fourthly he may weave it into a dream. Even in the last instance it enters into the dream only in a disguised form, and it can be shewn that this disguise depends on the nature not of the stimulus but of the rest of the dream. The same stimulus may appear in different dreams, even of the same person, under quite different forms, and analysis of the dream regularly shews that the form adopted is altogether determined by the character and motive of the dream. In short, the dream makes use of the somatic stimulus or not according to its needs, and only when this fulfils certain requirements.

A somatic stimulus can not only furnish psychical material

to be used in the dream-making, but may occasionally serve as the effective instigator of the dream. These are usually what Freud terms 'comfort-dreams' (*Bequemlichkeitsträume*), where the stimulus (mostly a painful one) is transformed into a symbol of something pleasurable, and is so prevented from disturbing the dreamer. Even here, however, the occurrence of a somatic stimulus can never explain the dream, for at the most it merely arouses a complex of thought that is already present, and out of which the dream is constructed; when it cannot do this it wakes the sleeper. The following example will perhaps make the process clearer:

(8) A man saw in front of him in a dream a Greek altar composed of a solid mass of writhing snakes. There were nine of them, and they finally assumed the shape of a pyramid or triangle. He woke at this point suffering from severe colicky pains in the abdomen, and the resemblance at once flashed across his mind between the idea of contracting coils of intestine and that of writhing snakes. One can hardly doubt that there was here a genetic relation between the somatic stimulus and the dream, especially as the visual projection of internal sensations into a region in front of the person is known to occur frequently both in dreams and in insanity. According to the physiological view we have here an adequate explanation of the dream. The psychologist, on the other hand, notes that there are features in the dream (the altar, the number nine, the triangular form) quite unexplained by this ætiology, and which he is, or should be, disinclined to attribute to 'chance.' Freud would say that the wish to sleep, which is the real cause of every dream (see later), had attempted to transform the disturbing sensations into a more satisfactory symbol, and so to incorporate them with an agreeable train of thought in the unconscious as to deceive the sleeper and spare him the necessity of waking; in the present case the pain proved too insistent for this to be possible, except for a short time. That at all events some psychological mechanism was at work is shewn by even a slight examination of the unexplained features in the dream. The thought of them at once reminded the subject that on

the preceding day a young lady had asked him why the number nine was so prominent in Greek mythology; he replied that it was because nine, being composed of three times three, possessed in a high degree the properties of the sacred number three. At this point he felt embarrassed lest she should go on to inquire why three was a sacred number, for, of course, he could not tell her of the phallic significance of this, with its relation to religious worship in general and to snake-worship in particular, and he had no simple explanation ready to his mind. Fortunately either her curiosity was satisfied by the first answer or her attention was diverted by the general flow of conversation (it was at a dinner-party), so the dilemma did not arise. The train of thought thus aroused and brought to an abrupt stop evidently had very intimate associations, for the dream is plainly a narcissistic and exhibitionistic one; in it the subject identifies himself with the god Priapus who was adored for his masculine attributes (here represented by the typical phallic symbol of the snake). The avoidance of haste in being content with the first superficial explanation that offers itself will always shew that, as here, dreams are concerned with much more significant matters than intestinal colic.

Having partly answered the question of *how* a dream is built we may take up the more difficult one of *why* it is built, or, more accurately put, the problems concerning the forces that go to make a dream. It is impossible to do this without first referring to Freud's views on psychical repression (*Verdrängung*) and unconscious mental processes; these views in themselves call for a detailed exposition which cannot here be given, so that this part of the present paper will be even more incomplete than the rest. Freud uses the term 'conscious' to denote mental processes of which we are at a given moment conscious, 'preconscious' (*vorbewusst*) to denote mental processes of which we can spontaneously and voluntarily become conscious (*e.g.*, a memory out of one's mind for the moment, but which can readily be recalled), and 'unconscious' to denote mental processes which the subject cannot spontaneously recall to consciousness, but which can be repro-

duced by employing special devices (*e.g.*, hypnosis, psychoanalysis, etc.). He infers that the force that has to be overcome in the act of making the last named processes conscious is the same as that which had previously opposed an obstacle to their becoming conscious, *i.e.*, had repressed them into the unconscious. This force or resistance is a defensive mechanism which has kept from consciousness mental processes that were either primarily or secondarily (through association and transposition) of an unacceptable nature; in other words these processes are inassimilable in consciousness. Returning now to the subject of dreams, we have first to remark that Freud empirically found an intimate and legitimate relation between the degree of confusion and incomprehensibility present in a given dream and the difficulty the patient experienced in communicating the free associations leading to the dream thoughts. He therefore concluded that the distortion which had obviously occurred in the dream-making was related to the resistance that prevented the unconscious dream thoughts from becoming conscious; that it was in fact a result of this resistance. He speaks of the resistance that keeps certain mental processes unconscious as the 'endopsychic censor.' In the waking state the unconscious processes cannot come to external expression, except under certain abnormal conditions. In sleep, however, the activity of the censor, like that of all other conscious processes, is diminished, though it is never entirely abrogated. This fact permits the unconscious processes (the latent content) to reach expression in the form of a dream, but as they still have to contend with some degree of activity on the part of the censor they can only reach expression in an indirect way. The distortion in the dream-making is thus a means of evading the censor, in the same way that a veiled phraseology is a means of evading a social censor which would not permit a disagreeable truth to be openly expressed. The dream is a compromise between the dream thoughts on the one hand and the endopsychic censor on the other, and could not arise at all were it not for the diminished activity of the latter during sleep.

Distortion of the dream thoughts by means of the mechan-

isms of condensation and displacement is by no means the only way in which the censor manifests itself, nor is this distortion the only way in which the censor can be evaded by the dream processes. In the first place we have already noticed above one of its manifestations under the name of secondary elaboration. This process continues even in the waking state, so that the account of a dream as related directly after waking differs from that related some time after. The fact of this change in the subsequent memory of a dream is sometimes urged as an objection to the interpretation by psycho-analysis, but the change is just as rigorously determined and the mechanism is as precisely to be defined as those of any other process in the dream-making. For instance, if the two accounts are compared, it will be found that the altered passage concerns what might be called a weak place in the disguise of the dream thoughts; the disguise is strengthened by the subsequent elaboration by the censor, but the fact of the change points to the need for distortion at that given spot, a point of some value in the analysis.¹ Instead of subsequently altering this weak place the censor may act by interposing doubt in the subject's mind as to the reliability of his memory about it; he may say 'The person in the dream seemed to carry such and such an object, but I am not sure that I haven't imagined that in thinking over the dream.' In such cases one is always safe in accepting the dubiously given point as unhesitatingly as the most vivid memory; the doubt is only one of the stages in the disguise of the underlying dream thoughts. An interesting way in which the censor may act is by the subject receiving the assurance during the dream that 'it is only a dream.' The explanation of this is that the action of the censor has set in too late, after the dream has already been formed; the mental

¹ I have elsewhere ('Ein klares Beispiel von sekundärer Bearbeitung,' *Zentralblatt für Psychoanalyse*, Jahrg. I., S. 135) narrated an instance of this in which a patient was unconsciously impelled, in the act of relating a dream that had occurred nearly twenty years before, to alter a certain feature in it. She knew that she was changing this, but had no idea why she did it; the analysis shewed that it concerned a weak place which, if left in its original form, would have betrayed the meaning of the dream thoughts. Though consciously she was quite unaware of the nature of these, her intuition had felt the danger.

processes which have, as it were unwittingly, reached consciousness are partly divested of their significance by the subject treating them lightly as being 'only a dream.' Freud wittily describes this afterthought on the part of the censor as an *esprit d'escalier*. The last manifestation of the censor is more important, namely the tendency to forget dreams or part of them; it is an extension of the doubting process mentioned above. Freud traces this tendency to forget, as also that shewn in many forgetting acts of waking life,¹ to the repressing action of the censor. This explanation can readily be experimentally confirmed. When a patient informs the physician that he had a dream the night before, but that he cannot recall anything of it, it frequently happens that the overcoming of a given resistance during the psycho-analytic treatment removes the barrier to the recollection of the dream, provided of course, that the resistance concerns the same topic in the two cases; the patient then says, 'Ah, now I can recall the dream I had.' Similarly he may suddenly during the analysis of the dream, or at any time subsequent to the relation of the dream, supply a previously forgotten fragment (*Nachtrag*); this latter fragment invariably corresponds with those dream thoughts that have undergone the most intense repression, and therefore those of greatest significance. This occurrence is extremely frequent, and may be illustrated by the following examples:²

(9) A patient, a man aged twenty-six, dreamed that *he saw a man standing in front of a hoarding, with a gate-entrance on his left. He approached the man, who received him cordially and 'entered into conversation' with him.* During the analysis he suddenly recalled that the hoarding seemed to be the wall of an 'exhibition,' into which the man was entering to join a number of others. The significance of this added fragment will be evident when I mention that the patient, who had frequently indulged in *pædicatio*, was a pronounced *royeur*.

(10) A patient, a woman aged thirty-six, dreamed that *she was standing in a crowd of schoolgirls. One of them said 'Why do*

¹ See Chapter III.

² A more striking instance is related in Chapter XVIII.

you wear such untidy skirts?' and turned up the patient's skirt to show how worn the under-skirt was. During the analysis, three days after relating the dream, the patient for the first time recalled that the under-skirt in the dream seemed to be a nightdress, and analysis of this led to the evocation of several painful memories in which lifting a nightdress played an important part: the two most significant of these had for many years been forgotten.

As was mentioned above, the censor can be evaded by the dream thoughts in other ways than the usual one of distortion. They may appear in the manifest content in their unaltered form, but their significance be misunderstood by the subject when he recalls the dream. For instance, a person may dream that he sees his brother dead, the actual dream thoughts being the wish that the brother may die. The subject fails to realise that the picture corresponds with a wish, even a suppressed one, partly because the nature of this is so horribly unlikely that it does not occur to him, and partly because the dream is accompanied by an emotion, anxious grief, which is apparently incongruous with a wish. Such dreams are always intensely distressing (*Angsträume*), and in a sense it may be said that the dread here replaces the distorting mechanisms of condensation and displacement.

We have finally to consider the most important problems of all, those relating to the latent content or dream thoughts. The first thing that strikes one about these is their intense psychological significance. A dream never proceeds from trifles, but only from the mental processes that are of the greatest moment and interest to the subject. '*Der Traum gibt sich nie mit Kleinigkeiten ab.*' The explanation of why incidents of apparently subordinate interest occur in the manifest content has been given above. More than this, the dream thoughts are processes of the greatest *personal* interest, and are thus invariably egocentric. We never dream about matters that concern others, however deeply, but only about matters that concern ourselves. It has already been mentioned that the underlying dream thoughts are perfectly logical and consistent, and that the affect accompanying them is entirely

congruous to their nature. Freud, therefore, not only agrees with those writers who disparage the mental quality of dreams, holding as he does that the dream-making process contains no intellectual operation and proceeds only by means of the lower forms of mental activity, but he also agrees with those other writers who maintain that dreams are a logical continuance of the most important part of our waking mental life. We dream at night only about those matters that have most concerned us by day, though on account of the distortion that takes place in the dream-making this fact is not evident. Lastly it may be added that all the dreams occurring in a given night arise from the same group of latent dream thoughts, though they often present different aspects of these.¹

There are certain differences between the dreams of a young child and those of an adult. In the child, at all events before the age of four, no distortion takes place, so that the manifest content is identical with the latent content. In correspondence with this fact we find that child dreams are logical and co-ordinate, an observation that is hard to reconcile with the commonly received opinion that dream processes arise from a dissociated activity of the brain cells, for one can see no reason why dreams should be a meaningless conglomeration of disordered and lowered mental functioning in adults when they are obviously not so in the child. Further, with young children it is easy to recognize that the dream represents the imaginary fulfilment of an ungratified wish; the child is visiting a circus that the day before he had been forbidden to go to, and so on. Now Freud maintains that the latent content of every dream represents nothing else than the imaginary fulfilment of an ungratified wish. In the child the wish is an ungratified one, but it has not undergone repression, that is to say it is not of such a nature as to be unacceptable in consciousness; in the adult the wish is not merely one that could not be gratified, but is of such a nature as to be inassimilable in consciousness, and so has become repressed. It frequently happens that even in the adult a wish-fulfilment appears in

¹ See Chapter XVIII. for an example of this.

the manifest content, and still more frequently that a wish-fulfilment not present in the manifest content, but revealed by psycho-analysis, concerns a wish of which the subject is quite conscious; in both these cases, however, full analysis always discloses that these wishes are merely reinforcements of deeper, unconscious ones of an associated nature. No wish, therefore, is able to produce a dream unless it is either unconscious (*bewusstseinsunfähig*) or else associated with an allied unconscious one.

It has sometimes been alleged by Freud's opponents that his generalisation of all dreams representing a wish-fulfilment is the outcome of observing a few child dreams, and that his analyses merely consist in arbitrarily twisting the dream, to serve some private ends, until a wish can be read into it. We have seen that this absurd suggestion is historically untrue, for Freud came to the analysis of adult dreams from the analysis, not of child dreams, but of adult psychoneuroses.¹ He found that his patients' symptoms arose as a compromise between two opposing wishes, one of which was conscious, the other unconscious, and that they allegorically represented the imaginary fulfilment of these two wishes. He further found that an essential factor in their production was a conflict between the two wish-systems, of such a kind that the unconscious one was forcibly prevented from becoming conscious; it was unconscious because it was repressed. It frequently happened that the psycho-analysis of the patients' symptoms directly led to their dreams, and on submitting these to the analysis in exactly the same way as any other mental material he discovered that the construction of them shewed close resemblances to that of the neurotic symptoms. In both cases the material examined proved to be an allegorical expression of deeper mental processes, and in both cases these deeper processes were unconscious, and had in reaching

¹ As will be imagined, a number of Freud's individual conclusions had been anticipated by previous writers, particularly by artists. In the 'Traumdeutung' he deals fully with the scientific literature on the subject. Prescott ('Poetry and Dreams,' *Journ. of Abnormal Psychol.*, vol. vii., Nos. 1 and 2) has recently published an interesting paper on the relation of poetry to dream production, using English poetry as an example.

expression undergone distortion by the endopsychic censor. The mechanism by means of which this distortion is brought about is very similar in the two cases, the chief difference being that representation by visual pictures is much more characteristic of dreams. In both cases the unconscious mental processes always arise in early childhood and constitute a repressed wish, as do all unconscious processes, and the symptom or dream represents the imaginary fulfilment of that wish in a form in which is also fused the fulfilment of the opposing wish.

Dreams differ from psychoneurotic symptoms in that the opposing wish is always of the same kind, namely the wish to sleep. A dream is thus the guardian of sleep, and its function is to satisfy the activity of unconscious mental processes that otherwise would disturb sleep. The fact that sometimes a horrid dream may not only disturb sleep, but may actually wake the sleeper, in no way vitiates this conclusion. In such cases the activity of the endopsychic censor, which is diminished during sleep, is insufficient to keep from consciousness the dream thoughts, or to compel such distortion of them as to render them unrecognisable, and recourse has to be had to the accession of energy that the censor is capable of exerting in the waking state: metaphorically expressed, the watchman guarding the sleeping household is overpowered, and has to wake it in calling for help.

Freud couples with his discussion of dream problems a penetrating enquiry into many allied topics, such as the nature of the unconscious and the function of consciousness, that cannot here be even touched upon. I would conclude this imperfect sketch of his theory of dreams by quoting a remark of his to the effect that '*Die Traumdeutung ist die Via Regia zur Kenntniss des Unbewussten im Seelenleben.*' [The interpretation of dreams is the Via Regia to the knowledge of the unconscious in mental life.]

CHAPTER XVI

SOME INSTANCES OF THE INFLUENCE OF DREAMS ON WAKING LIFE¹

The days are long past, at least in civilised countries, when the presages furnished by dreams served as incitements to a given course of action, when the gravest projects, the embarking on momentous campaigns, the making or unmaking of rulers, could be decided upon in consequence of a significant dream. Since the decrease—or, more cautiously put, the transformation—of superstition that the last two or three centuries have brought about, conscious reliance on such presages has become a mark of ignorance, and at the present day is not often met with except in the lower classes. It is probable, however, that in more subtle ways many of our waking processes are affected by preceding dreams to a greater extent than is generally recognised. This particularly applies to the occurrence of certain moods, of foreboding, anxiety, gaiety, and so on, which begin at the moment of waking and frequently last throughout the day; it is often possible to trace these to corresponding affects that dominated the dreams of the preceding night.

In the field of psychopathology similar occurrences may be observed. Féré was, I think, the first to call attention to the fact that the inception of hysterical symptoms can sometimes be traced to a given dream,² and I have noted many instances of this. The subject has been touched on, though not properly

¹ Published in the *Journal of Abnormal Psychology*, April, 1911.

² Féré, 'Note sur un cas de paraplégie hystérique consécutive à un rêve,' *C. R. Soc. de Biol.*, November, 1886, No. 41. 'A Contribution to the Pathology of Dreams,' etc., *Brain*, 1887, vol. ix., p. 488.

elucidated, by several writers,¹ the latest being Waterman.² It is quite certain that in these cases the dream has played only a secondary part, by constructing a given mental composition from elements that had at one time been fully conscious;³ the most that the dream can do, therefore, is to determine the precise form taken by the symptom in question. I have shewn that this also holds true for a certain class of myths and beliefs.⁴

The following three instances are examples of a course of behaviour being grossly determined by a preceding dream. In the first the incentive was throughout consciously recognised, in the second it was half-consciously recognised, and in the third not at all. Yet in all there was reason to believe that behind the surface motives lay deeper ones that were now unconscious in the fullest sense of the word.

The *first* was related to me by a Canadian engineer. At the age of twenty he had interrupted his studies by accepting a Government appointment which involved the surveying of a distant and previously unexplored tract of country. He was away for two or three years, and became so enamoured of the free life in the woods, with only the Red Indians for company, that he was exceedingly loath to go back to town life. One night he had a most unpleasant anxiety dream to the effect that all his family were dead, and throughout the next day he was very disturbed at the thought. The same dream recurred in three successive nights, and, although he was in general the very reverse of superstitious, the impression thus made on his mind was so vivid that, in order to reassure himself of his family's safety, he at once went to the nearest post, handed in his resignation, and started for home. Here he found them all well, and they prevailed on him to stay at home and take up his studies again.

¹ See, for instance, de Messières, 'Les rêves chez les hystériques,' *Thèse de Bordeaux*, 1895.

² Waterman, 'Dreams as a Cause of Symptoms,' *Journal of Abnormal Psychology*, October-November, 1910, vol. v., p. 196.

³ See Chapter XVII. Also A. A. Brill, 'Dreams and their Relation to the Neurosis,' *New York Med. Journ.*, April 23, 1910.

⁴ Ernest Jones, 'Der Alptraum in seiner Beziehung zu gewissen Formen des mittelalterlichen Aberglaubens,' 1912.

The form of the dream, grief at the death of beloved parents, was so very characteristic that one could not avoid grouping it in the class of Freud's typical dreams, *i.e.*, those the interpretation of which is constant in different persons.¹ The natural inference was that the infantile roots of the dream related to repressed and long forgotten child fancies of antipathy towards the parents, and that these had been brought to life by some recent mental experience. I had no opportunity of confirming the first of these conjectures, though the general probability of it is to me from other experience practically conclusive, but as regards the second one the following contributions have some bearing. For some time before the dreams the subject had been troubled by conscience pricks, that by his indulging his personal wishes he was disappointing the hopes of a successful career his family had built on him, and the thought several times occurred to him that were it not for them he could follow his own fancy. For two weeks before the dreams his accustomed letters from home had not arrived, and the horrid idea kept crossing his mind that his previous thought, or half wish, might have come true. The distressing dreams, therefore, in which it appeared actually to be true, profoundly disturbed him, and nothing could relieve his anxiety except seeing his family safe at home. One knows how often an unreasonable or exaggerated anxiety and solicitude cover repressed wishes of a hostile nature, as in the case of the unhappy wife who is constantly trembling lest something terrible should befall her unsympathetic husband.

The *second* instance concerns a patient, an unmarried American lady of twenty-six. She was the eldest daughter, and had always been passionately devoted to her mother, regularly taking her side in parental quarrels. Since the age of fourteen she had been obsessed by the fear that her mother, who for many years had suffered from chronic heart disease, might die. She had never left home until, at the age of twenty, she went to an educational centre some two hundred miles away. Here she reproached herself for having

¹ Freud, 'Die Traumdeutung,' 2^e Aufl., 1909, S. 175.

left her mother, whom she had always tended. One evening, shortly after receiving a rather bad report of her mother's health, there was a college debate, and the side she defended had to wear as a sign of their partisanship a small red cloth shield. That night she dreamed that she saw her mother's bedroom very distinctly. It resembled the actual room in every detail, except that on the wall opposite to the bed was pinned a red shield and that her mother was lying dead. She awoke in horror, and on the next day she travelled home by the first train. Here she found her mother ill in bed, but apparently in no greater danger than usual. Her first act, and surely an extraordinary one, was to pin on to the wall opposite the bed the little red shield. She rationalised this action as being intended to give her mother the opportunity of looking at an interesting memento. She slept with her mother, and on the second morning after awoke to find her dead beside her. The shock of this she had never got over; she tortured herself with remorse that in some mysterious way she was responsible for her mother's death, she felt herself always haunted by her spirit, and was totally unable to undertake any occupation whatever, even five years after. She suffered from a phobia of red,¹ and had never been able to revisit her home.

Those unaccustomed to exploring the deeper recesses of the mind will have no difficulty in framing a satisfying explanation of these facts—perhaps somewhat as follows: The dream was merely an expression of a natural fear, which again would beset any one whose dearest relative suffered from a mortal malady. The later symptoms and reactions are quite comprehensible in a person who had sustained such a peculiarly severe shock. Unfortunately for the truth of this simple explanation, the psycho-analysis I was able to carry out revealed a more complex state of affairs, only a fragment of which can here be described. At a very early age the patient had been greatly in love with her father, and had indulged in phantasies in which she saw herself supplanting her mother

¹ Erythrophobia, as distinguished from erytrophobia, the fear of blushing, to which this term is sometimes incorrectly applied.

under various circumstances. About this time a disliked aunt, who lived with them, died, and the idea occurred to the patient that if a similar calamity were to happen to her invalid mother the loss would have its compensations in other directions. The wish here implied was strongly repressed, but lived on in the unconscious, where its activity was manifest only in the patient's excessive devotion to her mother and steadily increasing indifference, or rather antipathy, towards her father; a pronounced homosexual tendency aided this process. The college debate, which, significantly enough, was on the topic of divorce and remarriage, together with the bad report from home, had aroused the unconscious death complex, which came to fairly open expression in her dream. The dream differed from reality in two respects, in the presence of the red shield in the room and in the death of her mother. The patient's action in bringing about a more complete correspondence between the dream and reality by pinning up the shield in her mother's room was a symbolic expression of her repressed wish that the correspondence might be completed in the other respect also.¹

The *third* instance was one that I observed some years ago. An old man had been arrested on account of an indecent offence, and had been sent to the asylum. There was no clear evidence of any definite psychosis, the only abnormality found being some slight senile deterioration. He was allowed to go about the grounds on parole, and one day he escaped, went home, and killed his wife and himself. There was a serious outcry in the local newspapers about the supposed remissness of the asylum authorities, and the assistant medical officer in charge of the patient was very perturbed, particularly, perhaps, as he was at the time anticipating an important promotion. One newspaper stated that only recently the relatives had visited the asylum and had warned the doctor that they were afraid of the patient, as he had threatened to kill his wife. The superintendent questioned the different medical officers, who were all sure that they had seen no relative, and

¹ The meaning of both this dream and the previous one may be expressed by a sentence from Boccaccio's 'Decameron': 'Who willeth thee ill, dreameth thee ill.'

had known nothing of any such threat; the story was subsequently shewn to be a fabrication invented by someone who had a grudge against the asylum authorities. However, two days before the coroner's inquest, the doctor in question, whom we may call X, came to the superintendent saying that he had a dim recollection of such a visit as that described. As Dr. X had previously been quite sure of the contrary, and was in general of an overscrupulous and conscientious disposition, the superintendent dismissed it as a fancy born of his perturbation. Still, not only did the memory persist, but its outlines gradually got more clear and defined, so that by the day of the inquest Dr. X was convinced of its reality. It ran in detail as follows: 'Two ladies visited him in his office at a busy time. A medical colleague was seated at a desk near by. Dr. X was struck by an undue familiarity on the part of the more prominent one, who leaned with her arms across his desk; still it was the other one, who stood at the side, that did most of the talking. They seemed to be relatives, probably daughters, of the patient. His attention was caught by the foreign way in which they pronounced the patient's name, *Merk*, and he tried in vain to repeat it after them correctly; in fact, he broke off the conversation for this purpose, and it was much the most vivid point in the whole memory. On hearing the ladies' complaint, he said that he would carefully look into the matter and have the patient taken off parole. When they left, however, he was so busy that he quite forgot the whole matter until two days ago, two days *after* reading the passage in the newspaper.' In view of these facts, about which he no longer doubted, Dr. X considered himself responsible for the two deaths, reproached himself bitterly, and was very anxious as to the result of the inquest. He made up his mind to admit his grave remissness, and to offer as the only excuse the fact that he had been at the time much overworked. The superintendent asked him if he could recognise the ladies who had called on him; one he could not, but from the four daughters that were present at the inquest he picked out one as the lady who leaned across his desk. Fortunately, no questions were put to him on the matter, and

shortly after it was proved that the story of the visit was a newspaper fabrication.

Dr. X's recollection must therefore have been a pseudo-remembrance, and indeed the medical colleague in whose presence the visit was supposed to have taken place was positive that nothing of the kind had occurred. The whole story bears the closest resemblance to an account of a dream, notably the remarkable emphasis (psychical intensity) laid on one unimportant passage (the pronunciation of the patient's name), and the incongruous behaviour of both the visitor and the doctor; in actual life the last thing he would do would be to break off a conversation of vital import in order to discuss a trivial matter. This view was confirmed by the fact that the memory first dawned on him in the early morning immediately after waking; no doubt his half-asleep state contributed to give it a greater air of reality.

One cannot regard this conclusion, however, as being in any way a full explanation of the episode; on the contrary, it is at this point that the real problems begin. Experience shews that when an autochthonous idea acquires an unusual intensity in a person's mind it must be connected with mental processes of unusual significance to him; these may be either conscious or unconscious, and in the former case they are always connected with still more significant unconscious processes. I had no opportunity, nor at that time the ability, to trace out the underlying processes of the experience just related, but I preserved the following notes. After telling me, several times over, of the curious passage in which he had tried to learn from the visitor how to pronounce the German name, Dr. X went on to say that it reminded him of several fruitless attempts he had made to learn German. Like many alienists, he had realised the impossibility of proceeding with his studies in psychiatry so long as he could not read the German writings on the subject, but, owing to pressure of routine work, lack of opportunity, and possibly of determination, he had not succeeded in achieving this ambition. He had felt much chagrin and self-reproach in consequence, more so of late since the appointment he was then hoping to

get was one that offered unusual opportunities for original investigation. It was thus evident that the self-reproach he had suffered during the episode related above was no new experience to him. From analogy with other cases of exaggerated self-reproach, felt even on imaginary occasions—as here—one is safe in inferring that this trait was an important one in his character, and this was borne out by his general conscientious scrupulousness. Without doubt this must have arisen in deep and highly significant experiences in the past, almost certainly in early childhood, forming what are called guilt-complexes, but I regret that I am not in a position to add anything more in this regard.

Returning briefly to the general question I would call attention to the following two considerations: Probably more of our daily conduct, moods, and beliefs than we think can be traced to preceding dreams. This is true of the normal, and perhaps to an even greater extent of the abnormal; one thinks at once of such matters as medium experiences, spiritism, telepathy, and the like. A much more important consideration, however, is the fact that the dream is never the ultimate origin of such beliefs, symptoms, etc. In the three instances just narrated, and in all others I have observed, it was evident that the dream itself was merely a continuation of previous waking mental experiences, a conclusion which is, I think, accepted by those who have studied the subject as being generally true of all dreams. The most that the dream can do is sometimes to give the mental process in question its particular form. To trace a given process to a preceding dream is thus only a step, and by no means an important one, towards the elucidation of it. It constitutes merely an intermediate stage in the proper analysis,¹ the next, and far more important one, being the

¹ A recent communication by Kreist to the Société de Psychologie (*Journ. de psychol. norm. et path.*, 1910, p. 252) contains a singular illustration of the prevailing tendency to be satisfied with the first steps of a psychological analysis. A certain married couple were continually in dispute, and a divorce was talked of. The husband, as is usual under such circumstances, recognised in himself an alternation of antipathy and tenderness. There was no apparent cause for the disharmony. Kreist hypnotised the husband, and found that his antipathy to his wife dated

elucidation of the dream itself. It was this empiric experience, that psycho-analysis of various mental processes frequently leads of itself to the memory of certain dreams, that led Freud of necessity to undertake the investigation of the structure, origin, and meaning of these, with what brilliant results psychologists are gradually beginning to realise.

from a given dream, which had been previously forgotten. According to Kreist the whole trouble was due to this dream (!), and peace was restored as soon as the husband learned the trivial cause of it. It would be interesting to know the later history of this touching episode.

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CHAPTER XVII

THE RELATIONSHIP BETWEEN DREAMS AND PSYCHONEUROTIC SYMPTOMS ¹

At first sight the resemblances between dreams and psychoneurotic symptoms appear to be of a very superficial kind, and it is the obvious differences between them that most naturally take our attention. Nevertheless a psychological study of the two manifestations discloses a far-reaching similarity between them in almost all respects; in fact the more closely one investigates the psychogenesis of them the more one is impressed by the extraordinary resemblances, and the more difficult does it become to define the essential differences between them. That the study of normal dreams is highly important, both for the understanding of all kinds of mental disturbances and for the treatment of the psychoneuroses, is growing more and more evident, and I shall presently touch on some of these practical aspects.

Our knowledge of the psychogenesis of both dreams and neurotic symptoms we principally owe to the laborious work of Freud, and I shall here largely confine myself to the exposition of some of his conclusions. He has dealt fully with the manifold problems of dream life in a book devoted to the subject,² and some five years later, in the 'Bruchstück einer Hysterieanalyse,'³ he illustrated in detail his views on the

¹ An address delivered before the Wayne County Society, Detroit, May 15, 1911. Published in the *American Journal of Insanity*, July, 1911.

² Freud, 'Die Traumdeutung,' 1900, 3^r Aufl., 1911.

³ Reprinted in the 'Sammlung kleiner Schriften zur Neurosenlehre,' Folge, 1909.



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relationship between dreams and hysteria and shewed the value of dream analysis for the elucidation of this neurosis. I will try to deal with the present theme in the form of a series of statements. These may be grouped under four headings, and I need hardly add that they will have to be far from exhaustive either in number or extent.

I. GENERAL CHARACTERISTICS.

In the first place one might remark on the fact that both dreams and neurotic symptoms frequently appear to the lay mind to be remarkably meaningless, illogical, or even absurd. For instance, in a dream one may see a historic personage, say George Washington, talking familiarly to one's brother, and in a place that neither had ever visited. Similarly a neurotic patient, who in the ordinary way is courageous enough, may be seized with an irrational terror at the sight of some object for which he has a specific phobia, for instance, a cat. On a healthy person the incomprehensibility of such bizarre occurrences produces an unavoidable impression of unreasonableness, and he has an instinctive difficulty in taking either of them seriously, certainly in devoting to them that earnest attention which they really deserve. We describe this illogical or incongruous feature by saying that the occurrence in question cannot be related to the rest of the person's conscious thoughts: it is something apart, strange, and apparently quite disconnected. This statement is perfectly true, and the alternative hypotheses are either that such manifestations are in their very nature throughout bizarre and illogical, or that they are the product of normal logical thoughts, which for some reason have become distorted. Freud has produced evidence to shew that the latter hypothesis is probably the true one, and that the obvious gaps between the occurrences and the rest of the person's mind can be filled in by bringing to light various thoughts that previously were unconscious.

A further resemblance between dreams and neurotic symptoms lies in the conception of them that was until recently generally prevalent among scientific men, and which

still widely obtains. This is based on the former of the two hypotheses just mentioned, the one that accepts the manifestations in question at their face value. It may be stated as follows: They are both disordered products of an imagination that is functioning improperly because of certain non-mental circumstances. In sleep, when the mind is at rest, various physical excitations disturb in an irregular manner different groups of brain cells, the result of which is the anomalous, fitful, and disconnected series of mental processes that we call a dream. In the psychoneuroses the same thing takes place, except that the physical excitations are of a morbid kind (due to malnutrition, toxins, etc.), so that we call the result a disease. In both cases it is denied that the manifestations are susceptible of a psychological interpretation that they have a precise psychical history, or that there is any logical meaning behind the odd and inconsequent series of mental processes.

This familiar conception received a rude shock at the hands of Freud when he published his observations shewing that, though dreams and neurotic symptoms have all the appearance of disorder and disconnectedness, this appearance is not primary, but is itself the result of the action of certain definite agents. The two manifestations are rather the *altered* products of mental processes that are entirely consequent and highly significant parts of the personality. By means of psychoanalysis they can be traced to their origin, when it becomes plain that they have a perfectly definite psychical history, and an entirely logical *meaning*. There are thus two main problems, first the nature and significance of the sources of the manifestations in question, and secondly the nature and significance of the alteration or distortion that these original mental processes have undergone before attaining their final appearance.

Both manifestations have a remarkable tendency to be forgotten. With dreams this is such a characteristic feature as to need no dwelling on; everyone who has tried systematically to recall his dreams will have noticed how treacherous is his memory of them, and what a usual occurrence it is for the remembrance of even a vivid dream completely to disappear within a few minutes after waking. In the case of neurotic

symptoms this feature is not so generally recognised, but careful observation shews that it is almost as constant, though not so pronounced, as it is with dreams. However detailed the anamnesis taken in the first few interviews with the patient one regularly finds later that it is incomplete and that all sorts of earlier symptoms have been ignored or forgotten. The same holds in respect to the duration of symptoms; patients almost always under-estimate this. A typical instance is that of a patient of mine who stated he had had trembling of the hand for the past three months, and never before; it turned out later that he had it for the past six months, and on two former occasions for two or three months each time. Further, the memory of dreams and of neurotic symptoms not only fades in intensity, but becomes distorted as time goes on. This occurrence is also better known in the case of dreams, where Freud has given it the name of 'secondary elaboration.' The memory of neurotic symptoms is similarly fallacious; different ones are misplaced in time, confounded with one another, and so on. The history of a neurotic illness laid bare after a prolonged investigation has often quite a different appearance from the incomplete and incorrect one given by the patient during the first interviews.

This curious tendency to forget and alter mental processes that at the time of their occurrence were so vivid as to absorb the whole attention of the person is certainly noteworthy, and in itself would suggest an inner connection between the two processes. We shall see that the significance of the tendency is the same in the two cases, it being a manifestation of the repression of underlying mental processes which are symbolised by both dreams and neurotic symptoms. The vulgar tendency to belittle dreams and symptoms, which was mentioned above, is also an expression of the same psychological force. Further, the two tendencies, to falsify the memory of the two manifestations, and to forget them altogether, have exactly the same psychological significance, both being results of the repressing force.

Dreams and neurotic symptoms shew intimate psychological connections with superstition, both on the surface and in their

essence. That dreams have always been a fruitful source of superstition is well known. Even at the present day belief in the telepathic nature of some dreams, and in their service for foretelling events is far from extinct. In most subtle ways dreams may influence the waking thoughts in a manner that can only be described as superstitious; I have recently published some striking instances of this.¹ It has been said that all neurotic patients are at heart superstitious, and although this is probably an overstatement, still with some forms of neurosis, *e.g.*, obsessions, the superstitiousness of the patients is quite extraordinary. One of my patients could not stand with his face to the north because it might bring some harm to his father, he could not cross the street without first counting eight, for otherwise ill-luck would happen to him, and so on. Cases of the kind are familiar enough.

The intrinsic relations between superstition and the two manifestations in question, though highly interesting, are too involved to discuss here, and I must refer you to the suggestive chapter on superstition in one of Freud's works.²

II. CLINICAL RELATIONS.

It is not very rare for a neurotic symptom actually to date from a given dream, an occurrence first fully described by Féré in 1886. As an instance I may mention the case of a patient of mine who whenever he had a certain dream, to the effect that he was being hanged, always suffered for some time after from a hysterical paralysis of the right arm. In discussing this occurrence in a recent paper³ I pointed out that it is incorrect to regard the dream as the *cause* of the symptom that subsequently arises. They both have a common cause in some buried thoughts. The process, however, is of considerable interest as shewing that the same thoughts can come to expression in both a dream and a neurotic symptom, thus illustrating the near relationship of the two.

¹ Chapter XVI.

² Freud, 'Zur Psychopathologie des Alltagslebens,' 4^e Aufl., 1912. See also Ernest Jones, 'Der Alptraum in seiner Beziehung zu gewissen Formen des mittelalterlichen Aberglaubens,' 1912.

³ *Op. cit.*

Certain neurotic symptoms even in their external appearance strikingly resemble dreams. In hysteria, for example, curious conditions occur which so resemble dreams as to be thus named. Loewenfeld¹ gives the following description of them: 'Die Aussenwelt macht nicht den gewöhnlichen Eindruck, das wohl Bekannte und täglich Geschehene erscheint verändert, wie unbekannt, neu, fremdartig, oder die ganze Umgebung macht den Eindruck, als sei sie ein Phantasieprodukt, ein Schein, eine Vision. In letzterem Falle besonders ist es dem Patienten, als ob sie sich in einem Traume oder Halbschlaf befänden, hypnotisiert oder somnambul seien, und sie sprechen dann auch zumeist von ihren Traumzuständen.' ['The outer world fails to make the accustomed impression, things that are well known and which are seen every day seem altered, as if unknown, new, strange; or the whole environment gives the impression of being a product of the imagination, a sham, a vision. In the latter case especially the patients feel as if they are in a dream or half-sleep, as if they have been hypnotised or are somnambulant, and they mostly also speak then of their dream-states.'] Abraham,² who has submitted these conditions to a searching investigation, points out further resemblances they have to reveries or day-dreams, to twilight states, and to noctambulism. He finds that the condition passes through three fairly well defined stages, first, one of exaltation of the imagination, then one of dream-like withdrawal from the outer world, during which the environment seems unreal, strange, and altered, and finally a third, one of vacuity, in which the thoughts stand still and the mind seems a blank. The first two stages are pleasurable, the third disagreeable. His analysis of the content of consciousness during these stages shews that, like neurotic symptoms in general and also dreams, it represents the symbolic gratification of various repressed ambitions and desires.

¹ Loewenfeld, 'Ueber traumartige und verwandte Zustände,' *Centralbl. f. Nervenheilk. u. Psychiatr.*, 1909.

² Abraham, 'Ueber hysterische Traumzustände,' *Psychoanalytisches Jahrbuch*, 1910, Bd. ii., S. 1.

The reverse occurrence to this is still more frequent, in which, namely, a neurotic symptom appears directly in a dream. This is most often found with various fears; for instance, a person who is afraid of heights dreams that he is on the edge of a precipice and about to fall. In such cases the analysis of the dream furnishes a specially direct clue to the nature and origin of the corresponding symptom.

Not only may the superficial content (called by Freud the manifest content) of a dream be identical with that of a given symptom, as in the example just mentioned, but a dream that appears in no way to resemble any symptom may arise from the identical underlying mental processes that are the cause of a symptom from which the patient is at the same time suffering. The significance of this fact for the treatment of neurotic symptoms will be dwelt on later.

III. STRUCTURE.

Recent impressions, often in themselves quite trivial, are adjuvant factors in the production of both dreams and neurotic symptoms. Most observers have noticed how frequently casual recent thoughts and impressions, which passed unnoticed at the time, are met with in dreams, and Freud has found that in every dream there is represented some mental process, either trivial or significant, of the day before. Similarly neurotic symptoms often owe their occurrence to some recent and often trivial impression, such as the reading or hearing about a given illness, a slight shock, grief, or fright (often called imitation or suggestion). In both cases there is a considerable tendency, on the part of both the observer and the person concerned, to regard to this recent impression as the cause of the dream or symptom. Strictly speaking it is never more than the exciting cause, which acts by evoking a manifestation of deeper and much more significant mental processes.

Both dreams and neurotic symptoms are a compromise-formation, being produced by the inter-action of two opposing sets of forces. One of these, the real source of the dream or

symptom, is composed of certain buried mental processes, called by Freud the 'latent content,' which have a strongly marked dynamic or conative trend. The actual characteristics of this latent content will be pointed out in the next section. The other set of forces, called by Freud the endopsychic censor, consists of various social and ethical inhibitions, the effect of which is to prevent the passage into consciousness of the mental processes, comprising the latent content. In other words, the latter consists of thoughts, desires and wishes of a kind that are highly unacceptable to the conscious personality, and which, therefore, have been repressed into the unconscious; the patient has great difficulty in admitting their existence, sometimes even in conceding the possibility of their existence. The dream or symptom is thus an allegorical presentation of the latent thoughts. These cannot come to direct expression, so they are hinted at by means of circumlocutions, euphemisms, and metaphors quite analogous to those in which we hint at forbidden themes in polite society. This is the meaning of the distortion referred to above. When the distorted product is resolved into its elements, when the underlying mental processes are unravelled, and the latent content laid bare, it is always found that they have a perfectly definite and logical meaning, and furthermore that they are always of an intimate nature and of high significance to the personality. Whatever the superficial appearance of a dream or symptom may be, the underlying causes of it are never trivial. The following simple dreams illustrate this conclusion:¹

(1) A woman, aged thirty-one, dreamed that *she met a Mrs. R., who invited her to come and take a bath together.* This is not so senseless as it appears. The associations supplied by the patient were as follows: 'Mrs. R. is about to be confined. I helped her sister once at her confinement. That is supposed to bring luck. It is one of the things done to cure sterility. After her confinement I bathed together with her for the same reason (a Jewish superstition). To

¹ As with all the other examples given here, no attempt is made to render the full analysis. The patient's contributions and my own interpretations, however, are kept distinct from each other.

have a child is my dearest wish, especially as my husband and my women friends despise me for my childlessness, and taunt me with it. I have been to many doctors, and had two operations, but so far nothing has helped.'

(2) A girl of twenty dreamed that *she and her sister were to get \$150 for diving from the roof of an aquarium in public. A friend who was present remarked that the sister was being badly paid for her work, which was precarious, and the patient replied: 'Well, you know, we can always dive.'* The patient was very fond of diving at the baths, an act which gave her a markedly voluptuous sensation. All that the sum of \$150 reminded her of was that when she was fifteen a man friend took her out for the evening, repeatedly kissed her, and on saying good-bye put \$1.50 into her purse to buy some chocolates with, adding: 'I wish I could afford to give you a hundred times as much.' The sister was at the time the paid mistress of a certain man. The dream is thus a fairly open expression of the girl's realisation that the same avenue for earning money was open to her.

(3) The same patient dreamed that *an Angora cat was restlessly moving to and fro in a room. Presently he struggled to reach a window and then jumped out into the street. She described it as an awful nightmare, from which she was waked with a feeling of paralysis in the legs. She owned an Angora cat, which was 'very beautiful and graceful, with blue eyes.'* herself was pretty and graceful, and had blue eyes. She identifies herself with her cat, and projects on to him thoughts that really concern herself. The cat was fond of standing at an open window, enjoying the air. Late one night he alarmed her by jumping through it and escaping. Her sister laughed and said, 'He has gone to lead a gay life on Broadway.' She replied, 'Yes, cats can go out at night whenever they like, but we can't, we should only be called fallen women.'

This dream illustrates one of the causes of the frequent fear of falling, which may occur as either a symptom or a dream, physical and moral falling being unconsciously associated, so that the former can symbolise the latter.¹ Another dream of

¹ This is illustrated in the old proverb: 'When a maiden falls, she falls on her back.'

the same patient's shows this even more plainly. (4) *She stepped out of an upper window, picked up an umbrella that was lying there, opened it, and dropped to the ground. She fell on to the cellar steps in the front of the house. A man picked her up, and they went down the street together.* On the previous day she had annoyed her father by inconveniently borrowing his umbrella. The thought of a raised umbrella first reminded her of parachutes, and that a friend of hers had recently made a balloon ascent with her husband (a noted aviator) on their honeymoon: then of a Zeppelin shaped balloon filled with candy, that a man friend had just given her. She had wondered whether a Zeppelin balloon was sharp enough to penetrate one of the ordinary shape if there was a collision. Finally it became evident that an opened-up and raised umbrella was associated in her mind with the erect male organ: in fact she had heard jokes in which the two were compared. As to the cellar entrance, she was struck by the curious fact of this being in the front of the house in question, instead of at the side, as it is in real life. The house was identified with herself and her own body, as is so naturally the case with women, to whom the home is an integral part of themselves. That the lower entrance to it symbolised the site of her (moral and physical) fall on the street, (in which she was aided by a raised umbrella and a man), is quite intelligible. Going together with a member of the opposite sex (especially on the street) has long been a metaphor for the sexual act; indeed, the word *coitus* itself is derived from *coire* — to go together. The three dreams thus represent the wild *demi-mondaine* instinct that with many ardent women slumbers at the back of the mind.

The individual details of the mechanisms¹ by means of which the latent content becomes transformed into the disguised manifest content are strikingly similar with dreams and neurotic symptoms. One of the more obvious of these is that known as 'condensation.' Every single feature of a dream and of a neurotic symptom representing more than one group of mental processes, is, as Freud expresses it, 'over-

¹ See Chapter XV. for an account of these complex processes.

determined.' One can never talk of *the* cause, for there are always numerous co-acting agents. Each feature is a highly condensed symbol of an extensive series of other thoughts, a fact which renders the full exposition of the structure of any dream or symptom a matter of great practical difficulty. Thus in a dream a given strange figure may be formed by the fusion of attributes taken from several different people, the result being a composite person; the same applies to all other elements of the dream. Sometimes the extent to which the condensation is carried is quite extraordinary. The analogy between the neologisms that occur in dreams, and those so frequent in insanity, has often been commented on; the genesis and structure of them is similar in the two cases. In the neuroses neologisms are relatively rare; they are chiefly met with in the obsessional neurosis. The following is a simple instance of condensation, in the dream of a homosexual patient:

(5) He dreamed that *a man, whose name seemed to be Lysanias, was advancing towards him.* Of the name he said that nothing was known of it beyond the fact that it is mentioned in Luke iii. 1 as that of a tetrarch of Abilene; it should be said that the patient was a professional Bible-reader. Remembering, however, that nothing occurring in a dream is without significance, I asked him to supply free associations to the name. It brought the words *lyceum* and *licentious*; his school (not in this country) was called a *lyceum*. When a schoolboy, he had been in the habit of resorting to an abbey ruin in the neighbourhood, for the purpose of indulging in sexual practices with an older boy called *Leney*. The name *Lysanias*, (tetrarch of *Abi-lene*), therefore, expressed the fact of his having been *licentious* when at the *lyceum* by going to the *abbey* with *Leney*. An isolated instance of this sort may be due purely to coincidence, in spite of the immediate associations furnished by the patient, but when we find similar occurrences in every dream without exception that is submitted to analysis it becomes extremely difficult to regard this explanation as adequate.

Another equally prominent mechanism in both dreams and

neurotic symptoms is that known as 'displacement.' By this is meant the replacement of one idea by another, more satisfactory or acceptable; the affect belonging to the original idea is displaced on to the second one. The directing of interest away from forbidden thoughts into the sphere of sport is an instance of this mechanism, which plays a large part in everyday life. It is one of the ways in which the symbolism is brought about, that is so constant a feature in dreams and neuroses. Displacement is illustrated in all the dream examples here related; further instances are the following:

(6) The last-mentioned patient dreamed that *that he was at the side of a dirty looking, sluggish river. He seemed to know that the Sanitary Inspector had said it was full of disease germs. The banks were covered with silvery, iridescent, fishes' eggs. A gigantic dog-fish raised itself out of the stream and attacked him.* The river reminded him of the River Wey, which gave the associations: milky-way—curds and whey—semen (germ). Fishes' eggs always made him think of drops of semen (masturbation). He had a morbid repugnance for all fish, finding them loathsome. A boy, with whom he had had sexual relations in school (the patient playing a passive part), was nicknamed Fishy, on account of his large mouth and fish-like eyes. As to dogs, he had had a terror of them ever since one had bitten him badly when, in boyhood, he was gratifying his sexual curiosity with it. The whole dream thus symbolised a sexual attack of a kind he had since come to regard as repulsive.

(7) A woman, aged thirty-five, dreamed that *she was driving in a trap with a tall, dark man. The horse was a bay. They came to a level crossing and saw a warning notice with only the word 'near' on it. A train came dashing along. The man tried to cross, but the horse refused and turned round just in time, thus saving them.* The man recalled to her a cousin who had once proposed to her when out driving. The word 'near' made her think of 'a near relative.' She thought it wrong to marry a near relative, on account of the risk to the children, and for this reason had refused her cousin's offer, although

she was very fond of him. The bay horse reminded her of one she was greatly attached to as a girl, and which was named after her; also her own name before marriage was Bay. In the dream she thus identifies herself with the horse, who saves them from disaster.

It is impossible for me to go here into further detail in regard to these various mechanisms, and I will only add two further remarks on the subject. The mechanism of inversion is an extremely common one in both dreams and neurotic symptoms. The inversion may concern either space or time. For instance, the second part of a dream or of a hysterical attack, may represent the first part of the logical underlying thoughts. The other matter is that the affect in both dreams and symptoms is always true. If a patient has a morbid fear of a trivial object, either in a dream or when awake, this fear is always justified in fact; that is to say, there is some associated object in real life that he has every right to be afraid of. The unreasonableness arises only through the fear having got displaced on to a trivial associated idea; the person dares not admit to himself of what he is really afraid. For instance, a woman patient of mine, having every reason to be afraid of a certain treacherous object that has the capacity of penetrating the body, with dangerous results, contracted a phobia of—knives. To laugh at neurotic patients for their 'ungrounded' fears is to display a complete ignorance of the significance and genesis of the symptom.

IV. LATENT CONTENT.

The associated ideas obtained by any careful study of dreams lead one at first to a number of mental processes that have taken a share in building the dream. Up to the present, however, it has not been found possible to reach the true latent content or underlying meaning of dreams by the use of any other method than the psycho-analytic,¹ a method which like other complex procedures has its own technique that

¹ This fact was clearly, though inadvertently, illustrated by Morton Prince in his recent paper on dreams (*Journ. of Abnormal Psych.*, October, 1910).

required to be carefully learned. The material obtained by more superficial studies is found to be quite heterogeneous, and the conclusion may hastily be reached that the latent content has no characteristic features, that any kind of mental process, a fear, anxiety, wish, and so on, can give rise to a dream. On the contrary, the true latent content that lies behind this material, and which is laid bare by psycho-analysis, is found to be specific and homogeneous, and always has certain definite and characteristic features. The preceding remarks apply equally as well to neurotic symptoms as to dreams. The features common to the latent content of both are as follows :

1. The latent content is always unconscious, that is to say, it consists of mental processes unknown to the person, and of which he cannot become aware by direct introspection but only by means of certain indirect modes of approach.

2. These mental processes are never indifferent to the person, but are highly significant, and have been repressed into the unconscious on account of their being unacceptable to the conscious mind.

3. The latent content is of infantile origin, later additions being merely reinforcements of earlier infantile trends. The following is an instance of how infantile material can lie behind an apparently meaningless dream :

(8) The last-mentioned patient dreamed that *she was pregnant, and that she was suffering from nausea. She thought to herself, 'surely the baby is not coming out this way.'* Analysis of the dream led to long-forgotten infantile thoughts, in which she had imagined conception and child-birth to be processes analogous to the ingress and egress of food, and taking place at the same alimentary orifices. The hysterical vomiting (æsthetic disgust), from which she suffered in waking life, originated in the same buried complex.

- 4 The latent content of both dreams and neurotic symptoms is always of a sexual nature. Freud long ago came to this conclusion so far as the neuroses are concerned, but it is only of late years that he has ventured to make the same generalisation in regard to dreams. It should be remembered that

this statement refers principally to the infantile form of sexuality, which differs widely from the adult type.¹ I am aware that this generalisation, like all other new ones, is bound to give the appearance, to those who are shocked by its strangeness, of being an obvious exaggeration, but it is a matter that can only be settled by facts, not by preconceived opinions; so far as my experience goes the facts conclusively point to the truth of it. To the other examples of it I have already related the following may be added:

(9) A patient, aged thirty-three, dreamed that *she was in a bath-room, and that an enormous spider, with huge legs, kept falling on to her and entwining itself around her. She called to her son for help, and endeavoured to get the spider into the bath, which was made of tin.* The spontaneous and quite unprompted associations to the elements of this 'harmless' dream were as follows: Her mother-in-law had a tin bath the surface of which she was fastidious about keeping immaculate. The patient's son, a boy of eight, had recently soiled and scratched it by standing in it with his boots on. She used to find very repugnant the maternal duty of taking her boy, when a baby, to the bath-room for other purposes. The word 'tin' brought to her mind the word 'nit.' (The frequency with which reversal occurs in unconscious mentation was mentioned above; it is an interesting subject, which deserves a special discussion.) She had suffered badly from nits when at school, and had often to be taken to the bath-room to have her hair treated; the experience had caused her great disgust. The enormous spider called to her mind her husband, from whom she is separated. He is an unusually big man; she loathed his embraces, which gave her the feeling of being grasped by a spider. After them she used to take not only a douche, but a full bath, to wash away any traces of his contact. She had been in the habit of calling her son to her room to protect her by his presence whenever she found her husband's embraces quite unendurable. The dream thus discloses itself as a disguised reminiscence of very intimate experiences.

The following is an example of a bisexual dream, in which,

¹ See Freud, 'Drei Abhandlungen zur Sexualtheorie,' 2^e Aufl., 1910.

namely, the actor plays both a masculine and feminine part.

(10) The patient, a farmer of twenty-four, dreamed that he saw an immense lion. His feeling was that it had been a family pet, but that as there was a latent danger about it he ought to shoot it. The rest of the family did not seem to appreciate the danger or to agree with him that it was necessary to destroy the animal. His mother appeared on the scene, weak and ill, as she had been the year previous to her death. She was quite indifferent to the danger, and he could not understand this, especially in view of her weakness. With difficulty he persuaded her to let him lead her out of the danger zone. Then his father appeared, who though dubious about the necessity of taking any action, began to load a rifle. The patient now became more apprehensive, doubted his capacity to tackle the animal himself and decided to leave the job to a more reliable marksman, namely his father. After a consultation they called to their assistance their dog. He and his mother had to prepare the dog for the fight, and this now turned inexplicably into a small lion, the other animal disappearing from the scene. The preparation consisted in fitting top-boots on to the new lion's feet, and at his mother's suggestion he tried to do this. He succeeded with one boot, though not so as to satisfy the lion. The next one was still more difficult to get on, but he managed to get it on by means of swinging the foot to and fro inside it. This movement irritated the lion, which seized his head and crushed it. The patient's feeling was one of mixed apprehension and submission. A later addition: in the first part of the dream the animal was half a lion and half a snake: it had definite features of both these, the tail and hind parts, for example, having altogether the appearance of a snake, the head being half leonine and half snake-like, the teeth and claws being leonine, and so on. It thus resembled the fabulous monsters of mythology, creatures probably also born of dreams. To connect this bizarre dream with the waking thoughts of a young Canadian farmer, and to regard it as an expression of his psychosexual life, might perhaps seem a gratuitous and not very hopeful undertaking, but even the few facts I can here relate may shew that it was far from im-

possible, as indeed the full analysis proved. The lion, with its half-menacing, half-undecided expression, at once recalled to the patient his father, whose head and cast of features have a strikingly leonine appearance. (This resemblance in the father both I and a common acquaintance had previously noticed quite independently of the patient, to whom I had never mentioned it.) The thought of a snake also brought to his mind his father's cold, beady eyes, and his insinuating 'sneaky' manner of getting his way when he was not in a position to bully; in outbursts of anger the patient had frequently called him a snake. He was constantly on bad terms with his father, and the troubles that resulted constituted the main symptom for which he was being treated. He had always slept with his father, and when the latter went into the mother's bedroom, which was divided off by a board partition, the overheard sounds caused in him both physical excitement and jealousy.

The dream expresses four phantasies, an auto-erotic, a feminine, a masculine, and a bisexual. The top-boots that he was fitting on to the lion's foot (an ancient phallic symbol) represented a condom, which he had worn, when masturbating, so as to heighten the illusion of the imagined vagina (sheath); it also reminded him of a snake-skin. In being attacked by the lion-snake he played a feminine part. The contact of his father's penis in bed had always excited him; he had frequently compared the appearance of it to a snake and had woven all sorts of grandiloquent phantasies about it. As a boy of nine he had pictured to himself, half-fearfully, half voluptuously, that there was a large snake in his bed, and later on had suffered from the fear that a snake might creep into his mouth or anus when he was asleep out of doors. In the dream his protection of his mother from the large animal (the father, the dangerous family pet) and his co-operation with her in handling the small one (himself) shews him in a masculine part. In real life he had in fact remonstrated with his father for going to the mother's room against her will when she was weak and ill. The conclusion of the dream represents a mixed, bisexual phantasy. The

crushing of the head between the lion's jaws brought the following associations: a frog in the jaws of a snake—a boa-constrictor he had seen swallowing a mass of raw beef—gripping his penis in the act of masturbation—a game he used to play with an older boy, which consisted in getting the latter to grip his head between his thighs; 'it felt like having one's penis held tight' (the head is a well-known phallic symbol). This theme was connected with both masochistic and sadistic phantasies, though principally the former.

It is probable that most dreams, just as neurotic symptoms, are connected with infantile incestuous wishes. These came to fairly evident expression in the dream just related, as also in the next one.

(11) The patient, a woman of twenty-three, dreamed that *she was walking alone in a dark thicket. She thought how terrible it would be to meet a negro there, as she was unprotected. One appeared, armed with a pickaxe, and grabbed her by the arm. She struggled to escape, but thought to herself that 'it would not be so terrible if she were to collapse.'* She reached a high board fence and pushed open a door, which had rusty nails. The patient was a Southern girl, who from a child had never been allowed to go out without carrying a revolver. The association between negroes and rape was naturally a very close one in her mind. She had 'a horror of anyone being killed on her account' (the fear covering a repressed wish), and recollected several instances of lynching near her home. There was in general in her mind a very intimate association between the ideas of sexual relations and violence. As a child she had frequently overheard conjugal acts on the part of her parents, and had interpreted them as a violent sexual assault; the fact that her parents often used to quarrel fiercely, her father striking and wounding her mother, no doubt contributed to this conception. The grabbing of her arm in the dream brought to her mind an occasion in which she had tried to defend her mother, and her father had roughly seized her by the (same) arm, violently twisting it. The negro in the dream at once reminded her of her father, the short white beard, the working-clothes and pickaxe, as well as his build and move-

ments, being exactly the same. The fence recalled one of the same appearance as in the dream, in front of which she had, when a girl of fifteen, seen a man exposing himself; she had 'absent-mindedly' stopped and asked him if he wanted to speak to her. The rusty nails brought back the fence at her home, which 'it wouldn't take anything to break down.' Further dreams, in which her father stabbed her or her mother with a knife, etc., shewed that in her repressed imagination she had identified herself with her mother, and wished that her father would commit the same kind of assault on her as on her mother; in fact she was constantly, and in the most wanton way, provoking disagreements and quarrels with her father. In the course of the treatment the patient fully realised, and confirmed by recalling a number of forgotten memories, the incestuous origin of her family troubles; since then she has been on excellent terms with both her father and mother.

5. The latent content of both dreams and neurotic symptoms consists of an imaginary gratification of one or more repressed wishes. As was previously mentioned, all kinds of other material may enter into their composition, and wishes that are not repressed frequently find an imaginary gratification in them, but the latent content itself is always a repressed wish-fulfilment.

Of all the relationships between dreams and neurotic symptoms the most important practically is that in many cases the latent content of both is identical; that is to say, the mental causes (repressed complexes) of a neurosis will sooner or later come to expression in the patient's dreams. Before discussing the corollaries that follow from this fact I will illustrate it by some more instances.

(12) This example is taken from the same case as (7) and (8). One of the patient's chief symptoms was a feeling of powerlessness, at times amounting to a complete paralysis, in both arms. This was at first manifested only while playing the piano, a recreation of which she had been particularly fond. She dreamed that *she was in a large hall. At one end, opposite to her, was a maroon-coloured church organ. There*

were several upright pianos, and one baby grand piano, at which she was playing. Her boy was kicking at it from the side, and she reproved him saying, 'You ought not to abuse such a beautiful instrument.' The free associations to the elements of this dream were: Organ. 'I don't know why it was maroon-coloured, for our organ is painted grey. I have always been passionately fond of organ music. To hear it gives me a delicious soft feeling. I used to get into the church alone, and try to play on the organ. (Pause.) The word is also used for a certain part of the body.' Reproving the boy (who was nine years old). 'I have been greatly exercised of late lest he might acquire any bad habits in school as I did at his age (masturbation), and last week spoke to him on the subject; I used words almost the same as those in the dream.' From these and other associations it was not hard to infer that the acts of masturbation and of piano-playing had become unconsciously associated in her mind. I told her so, and she answered, 'Well, I didn't tell you that when I woke from the dream I found I had been doing it in my sleep.' This proved to be an important step in the discovery of a number of thoughts, phantasies, and incorrect ideas relating to masturbation, all of which were concerned in the genesis of the hysterical paralysis; roughly put, her loss of power in piano-playing, which gradually extended to other functions, was from one point of view a punishment for playing with her fingers in another, forbidden direction.

(13) The following example is taken from the same case as the last. *She was seated at a table which was covered with food; the table was made of rough boards as at a picnic. She played in this food as though on a piano. Her fingers got unpleasantly sticky and covered with some stuff that seemed like either fine hay or shredded wheat.* The rough board table reminded her of picnics she used to go to when a young girl; she used to play see-saw with a boy-cousin on a board taken from the temporary table, and this used to cause genital excitement. The latter idea brought to her mind other similar onanistic acts (on chairs, steps, etc.). Stickiness was associated with both this and the idea of semen. Fine hay called to her mind the hen-

nesses in which she used to search for eggs, and shredded wheat the threads of babies' clothes. There are thus two themes, masturbation and conception. These were connected in her mind by the curious belief she had held as a girl that illegitimate pregnancy might result from masturbation. Fears in this direction had made her life a misery for several years till at the age of seventeen she learned the truth; in the preceding dream the belief was indicated by her playing on a 'baby' piano (a baby and the part of the body where it is born are often unconsciously associated). The connection with food dated from a much older complex. When a child of five she had developed the idea that babies grew from food taken into the body. Her vomiting symptom arose from this complex, as was remarked in example (8). The dream is thus a condensed biographical account of her views and experiences on the subject of sexuality and child-birth.

(14) The patient, whose history I have elsewhere related,¹ suffered from an anxiety condition with pronounced gastric symptoms. She dreamed that *she was going to the beach to bathe. On her way she stopped to buy some milk. They gave it her in several bottles; all these were white, except one, which was violet coloured. When she reached the sea a small boy ran out of the water to meet her.* The dream represented a birth phantasy, as many dreams do in which a child emerges from the water.² In the preparation for the event it was only natural that she should need a quantity of milk, but the curious circumstance of one of the bottles being violet-coloured needs an explanation. Nothing in a dream is without import, and this instance is a good example of how an apparently insignificant feature may be connected with the most important underlying thoughts. The immediate associations were: 'violets are my favourite flowers; my husband's poison bottles (he was a doctor) were blue; in milk shops I have never seen blue or violet bottles, but they sell buttermilk in brown bottles: buttermilk was prescribed for my stomach trouble and I loathe it, it nauseates me.' It is possible that the violet colour was composed from a mixture of the blue

¹ Chapter VIII., p. 176.

² See Chapter XV., p. 329.

and brown : at all events we shall see that the corresponding ideas are intimately associated with one another. Like the last-mentioned one, this patient also had constructed an infantile hypothesis of pregnancy on the view that the baby grew in the abdomen out of food, but, keener than her, she had surmised that some special substance had to be added to the food to fructify it. On the analogy of the mixing of urine and faeces, and of the watering and manuring of vegetation, she inferred that the new substance was a fluid, and as the doctor was evidently concerned in the matter she concluded it must be some kind of medicine. Throughout her childhood she had a remarkable fascination for medicines, and drank all she could get at. In later life she acquired a loathing for any medicinal substance that in any way resembled the appearance of semen, the infantile complex being now buried ; instances of this were buttermilk, flax-seed emulsion, and koumiss, all of which were forced on her with the object of bettering her stomach trouble. As to the blue poison bottles of her husband (who, it should be remembered, was a doctor), it turned out that poison (a medicinal fluid which when swallowed produces serious effects) also belonged to the same group of ideas ; it is this association that is at the basis of the common delusion of insane patients that they are being poisoned, *i.e.*, that a certain fluid is being forced on them against their will. The same association is the explanation of the old beliefs in ambrosia, nectar, love-potions, and other magical drinks. A flower or bud was in her dreams a common symbol for a baby, as it is in poetry. The violet colour in the dream was thus greatly over-determined. The insight gained into the nature of the psychogastric symptoms from the analysis of this dream alone was of considerable value for the question of treatment.

The importance of the fact that the latent content of many dreams is identical with that of the neurotic symptoms from which the patient is at the same time suffering is a twofold one, it being equally significant for pathology and therapeutics. A knowledge of the nature, mechanisms, and meaning of normal dreams is indispensable for the understanding of the manifold problems of the neuroses, and also, it may be

added, of the psychoses.¹ An adequate study of these problems is only possible when the unity of the laws applying to both normal and morbid processes is appreciated, and nothing demonstrates this unity more clearly than the study of dreams. Through it one realises that the same forces are at work in the normal, in the neuroses, and in insanity, and that there is no sharp line dividing any of these. Not only is the principle of cause and effect just as rigorous with bizarre morbid manifestations as it is in normal mental life, but the various psychological laws according to which it operates are precisely the same in both cases. Further, the study of the patient's dreams is the readiest and most direct route to the unconscious, where the conflicts are taking place that form the basis of the surface symptoms; it is therefore of prime importance for the investigation of the individual pathogenesis.

For therapeutics the study of dreams is of the greatest value in two ways. First, the deeper knowledge and comprehension of the sources of the disorder must of itself put one in a better position to deal with them. In few maladies are the pathogenic factors so darkly hidden as the neuroses, and many modes of treatment (*e.g.*, persuasion) can only be described as a blind fight with unseen foes. When the morbid factors are appreciated and precisely defined our power of managing them is considerably increased. Secondly, the mere carrying out of the dream analyses is a therapeutic measure of very great value. To understand this curious circumstance one has to remember that the cause of a neurosis does not reside in the material that is repressed so much as in the fact that this *is* repressed. The conflict between the repressed wish and the opposing resistance of the censor is the essential matter, and the symptoms constitute a compromise between these two forces; from another point of view it may be said that they are symbolic expressions of the

¹ Hughlings Jackson once made the significant remark: 'Find out all about dreams, and you will then understand insanity.' Freud, in his 'Traumdeutung,' maintains that it is hopeless to approach the psychology of insanity unless one has a knowledge of the genesis and structure of normal dreams.

repressed wishes. Now if the resistance of the censor can be sufficiently overcome (as has to be done in a dream analysis) to permit the fusion of the two groups of conscious and unconscious processes that previously were kept apart, so that the patient realises the thoughts that he had previously kept from himself, then a symbolic compromise-formation (symptoms) becomes superfluous and indeed impossible. This principle is the essence of the psycho-analytic method of treatment. All those who carry out this treatment are in fact agreed that the most valuable part of it lies in dream analysis. One can often treat a case of neurosis by dream analysis alone, attaining a complete cure thereby.

After having dwelt on the resemblances between dreams and neurotic symptoms it becomes desirable to point out some of the differences between them. The most obvious of these is of course the fact that dreams belong to normal phenomena, neuroses to abnormal. On this matter, however, there is a great deal to say. In the first place, certain dreams are decidedly pathological in nature. For instance, nightmares¹ and other severe anxiety-dreams occur only in subjects who shew other evidences of an anxiety-neurosis (commonly included under the heading of neurasthenia), and there is reason to believe that increased knowledge of dreams will prove that certain types are indicative of definite forms of neurosis or insanity. Then, again, some neurotic symptoms, *e.g.*, the hysterical dream-states previously referred to, are hardly to be distinguished from dreams in either their nature or their appearance, and others, as was mentioned above, actually originate in dreams. Most significant, however, is the circumstance that both dreams and neurotic symptoms arise from the identical mental material, and by means of identical psychological processes. The repressed wishes that the neurotic finds necessary to express in external symptoms is expressed by the healthy person in dreams. The two are merely different ways of obtaining an imaginary gratification of the same buried wishes. One may in fact describe dreams

¹ See Ernest Jones, 'On the Nightmare.' *Amer. Journ. of Insanity*, January, 1910.

as the neuroses of the healthy, just as a neurosis is a dream of the invalid. Further the healthy person is, strictly speaking, never normal. Freud¹ has shown that the buried desires in question come to expression in health in a variety of manifestations, absent-minded acts, forgettings, slips of the tongue or pen, and so on, the psychological mechanisms and significance of which are exactly similar to those of neurotic symptoms. We thus see that in many respects consideration of dreams furnishes a very uncertain criterion to separate health from disease.

An almost equally obvious distinction is that dreams belong to sleep, and neurotic symptoms to waking. Here also we are on unsure ground. Many neurotic symptoms, *e.g.*, night terrors, noctambulic wanderings, nocturnal paralyses, certain kinds of nocturnal epileptiform fits, definitely belong to the region of sleep, and others, such as various automatic and twilight conditions, occur in mental states that are hard psychologically to distinguish from sleep. On the other hand there is a most intimate connection, both in essence and appearance, between night-dreams and day-dreams or reveries. Some of the most typical dreams, particularly night-mare, occur by day (day-mare) as well as by night, and in all stages between deep sleep and full waking; often the subject is quite unable to tell whether he was awake or asleep at the time or in an intermediate state halfway between the two.

An interesting feature of dreams is their pronouncedly visual character. Most dreams, though by no means all, shew this to a high degree; in a dream we see things before us as on a stage. This feature is exceptional in the neuroses, though it finds its counterpart in hysterical hallucinations; in insanity hallucinations are of course common enough, and indeed even in health they are not exceedingly rare. In analysing the psychogenesis of hallucinations Freud and Jung have found that it proceeds by the same symbolising mechanisms, and that the content of them is just the same, as in dreams; indeed the relationship between insane symp-

¹ Freud, 'Zur Psychopathologie des Alltagslebens,' 4^e Aufl., 1912. See also Chapter III.

toms in general and dreams are so close that one can with quite fair accuracy define an insanity as a dream from which the patient has not awakened. Freud's explanation of the sensorial nature of hallucinations is the same as his explanation of the 'regression' that is the cause of the visual feature of dreams.

Conscious mental processes play a greater part in the subsequent remodelling of dreams than in that of neurotic symptoms. This is a statement, however, that requires much modification. In some dreams the 'secondary elaboration' plays no part at all, whereas in some forms of neurosis, particularly the obsessional neurosis, it plays an extraordinarily important part.

Consideration of the apparent differences between dreams and neurotic symptoms, therefore, leads us to the same conclusion as consideration of their resemblances to each other did, namely, that the relationships between the two are far-reaching in extent and in significance. The truth of Freud's conclusions as to the nature and mechanisms of unconscious processes is strongly confirmed by their validity being demonstrated in two regions of mental functioning apparently so disparate as dreams and neuroses. He has produced evidence to shew that the same principles hold good in even more distant fields, namely, in the origin of many forms of criminality, in the formation of myths, fairy-tales, folk-beliefs and superstitions, and in the creation of literary and artistic productions. In all these the driving force comes from the unconscious, all are essentially methods of an active phantasy for stilling ungratified desires, the psychological mechanisms changing, disguising, and distorting the primitive childhood tendencies are the same, and with each it is probable that the sex instinct is of fundamental importance. With right could one of our greatest psychologists say:¹

'Lovers and madmen have such seething brains,
Such shaping fantasies, that apprehend
More than cool reason ever comprehends.
The lunatic, the lover, and the poet,
Are of imagination most compact.'

¹ 'A Midsummer Night's Dream,' Act V., Scene 1.

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CHAPTER XVIII

A FORGOTTEN DREAM¹

NOTE ON THE OEDIPUS SAVING PHANTASY

A MATTER established by experience in dream analysis is that all dreams of the same night are concerned with different aspects of the same theme. During the investigation of one dream it often happens that the memory of a second one, which has been forgotten through repression, is recovered as soon as the repressing resistance that caused it to be forgotten has been overcome through psycho-analysis of the first. The following dream analysis² is a striking example of this, and as it presents other features of general interest it would seem to be worth relating. It should be mentioned that the subject of the analysis, a University teacher of biology, is quite normal, and presents no neuropathic traits.

1.

The subject dreamed that *he was at the mouth of a dark cave full of water; it had two openings, side by side. Opposite to him was a puppy, whining to come out. Coming behind the puppy were two cats. He set out to rescue the puppy, which during the procedure seemed to fuse into his personality. He was in great danger of drowning, but clung to some bushes which were at the side of the cave, and at last safely emerged. Standing outside was his father, who seemed quite unconcerned. He*

¹ Published in the *Journ. of Abnormal Psychol.*, April, 1912.

² It will be understood that in the following account most of the steps of the actual analysis are not mentioned, it not being the purpose of the present article to expound the technique of this.

wondered that his father had not helped him, and supposed it *was* because he had not realised the extent of the danger. He impressed on his father the danger he had come through, and boastfully told him that he had saved himself without any help.

The dream belongs to a class that can almost be called typical: any one practised in dream analysis can at once interpret it without any trouble. Emergence, after great difficulty, from a dark chamber containing water, is a very usual way for unconscious thoughts about the birth act to be expressed: the dark cave in the dream, with its two openings, represents the mother's body, or womb, enclosing the uterine waters. In mythology the situation is more often reversed by the hero being placed in an enclosing chamber and put *into*, or *on to*, water,¹ such as with Moses in the bulrushes, Noah in the ark, and so on; as a rule the more important the hero, especially when he is made the ancestor of all mankind, the more extensive is the flood of water. The subject of the present dream and his wife ardently desire a child, but their parental longings have to be contented with a puppy dog, to which they are very much attached. On the 'dream day,' *i.e.*, the day immediately preceding the dream, this dog got accidentally shut up in a distant room, from which the subject, notified by the whining, released him, an incident which doubtless served as one of the instigators of the dream.

Behind this simple wish, however, which was, of course, in no way repressed—though it was invested with a painful feeling-tone because it could not be fulfilled—lay deeper and older thoughts. In the dream the subject identified himself with the dog, the two fusing into one: it was thus a question of his own birth. This explains the subsequent appearance of the two cats, an uncomplimentary reference to his younger sisters, who have a marked propensity to quarrelling.² Dreams and phantasies concerning one's own birth are very common, especially in childhood, and are generally connected with the

¹ See Otto Rank, 'Der Mythos von der Geburt des Helden,' 1909, S. 69-72.

² This symbolism had an older source, less ungallant, in the fact that, like so many other children, the subject used to regard all dogs as male and all cats as female.

desire to have children of one's own. The phantasies in question are of considerable importance in psychopathology, since they constitute the basis of such phobias as those of being buried alive, of being shut in an enclosed space (claustrophobia), and many others. The whole range of morbid anxiety phenomena, indeed, stand in an intimate relation to the actual birth event, which is the first anxiety experience of the individual, and which serves as an archetype for all later manifestations (compression, suffocation, etc.).¹

Appropriately enough for this interpretation is the fact that the enclosed cavity in the dream was in the earth. Mother Earth as a symbol for the mother is familiar to us in poetry, mythology, and folk-lore; in Watts's celebrated picture, 'The All Pervading,' for instance, it is used actually to symbolise the female generative organs. On the dream-day the subject had been reading some literature of the Middle Ages in which it described how the devil frequented remote and inaccessible caverns in the earth, and, as he was familiar with my theory that the idea of the devil is a projection of the child's thoughts concerning the father,² he had readily perceived the symbolic significance of the description.

The portrayal of the act of birth by a deed of saving life is a theme to which much attention has been paid of late by Freud³ and others.⁴ It originates in the gratitude felt by the boy to his mother on hearing that his life was a gift made by her at the risk of her own. The phantasy of saving her life, or some one's in her presence, represents the grateful desire to repay her by doing for her what she did for him, *i.e.*, by making her a gift of a life. To give a woman a child signifies to make her a mother, and the phantasy just mentioned

¹ Freud, 'Die Traumdeutung,' 1909, S. 199.

² 'Der Alptraum in seiner Beziehung zu gewissen Formen des mittelalterlichen Aberglaubens,' 1912, chap. vi.

³ Freud, 'Beiträge zur Psychologie des Liebeslebens,' *Psychoanalytisches Jahrbuch*, 1910, Bd. ii., S. 389.

⁴ Otto Rank, 'Belege zur Rettungsphantasie,' *Zentralbl. f. Psychoanalyse*, Jahrg. I., S. 331; and *Die Lohengrinsage*, 1911, chap. vii, S. 87-131. Reik, 'Zur Rettungssymbolik,' *Zentralbl. f. Psychoanalyse*, Jahrg. I., S. 499. Stekel, 'Einige Bemerkungen zur Rettungsphantasie und die Analyse eines Rettungstraumes,' *Zentralbl. f. Psychoanalyse*, Jahrg. I., S. 591.

naturally becomes associated in the unconscious with incestuous thoughts; the full rendering of it, of course quite repressed, would therefore run 'to shew his affection and gratitude to the mother for begetting him, by begetting a child by her in return.' The idea of gift is never very far in this connection; with a woman the thought of having a child by a certain man is often expressed in the words 'to give me a child of his.' The later elaborations of this phantasy of saving are very important for the psychology of many impulses and reactions in adult life, but for an account of them the reader must be referred to the writings of Freud and Rank.

The deeper layer of the dream thus represents an old childhood wish of the subjects to have a child by his mother, but there is more than this. One cannot fail to be struck by the plain hint of his relation to his father in the matter, which in the light of our interpretation becomes quite comprehensible. He had nurtured feelings of hostility to the father, unconscious since early childhood, which had originated partly in his jealousy at being disturbed by him in the exclusive possession of his mother's affection,¹ and partly in the stern rebuff with which his father had treated his desire for enlightenment on forbidden topics. In the dream these feelings obtain full revenge. Not only does he proudly demonstrate to the father his independence in these matters, and that he is master of the situation without any external help or advice, but he further dispenses with the father altogether in regard to the question of his own birth. He has begotten himself, is his own father, like the divinities and heroes of old.² He has satisfactorily solved the problem of birth in general, and of his own in particular, and the dream is a panegyric of his superiority to his father.

After we had completed the main part of the analysis³ the

¹ See Freud, 'Die Traumdeutung,' S. 180-187, and Ernest Jones, *American Journal of Psychol.* January, 1910, pp. 93-97.

² See Rank, 'Der Mythos,' *op. cit.*

³ At this point attention may be called to the striking resemblance between the dream-phantasy just detailed and the story of Oedipus, who saved his mother (—town) by solving the riddle of the Sphinx (psychologically the same riddle as that solved by our subject in his dream), married his mother, displaced his father, and reigned in his stead.

subject asked me to pursue further one part of it in particular, namely the dog symbolism, and this because of the frequency with which the same symbolism occurred in his dreams. In the present dream he identifies himself with the dog while in the act of putting himself in his father's place;¹ the dog thus symbolises in turn the subject's child, himself, and his father. From earlier analyses we knew that in his unconscious the idea of dogs was closely associated with that of sexuality,² and that in his dreams a dog frequently symbolised either his father or mother. On the dream-day he had been reading a book on totemism and animal-ancestry, and it was evident that the same association between animals and ancestors existed in his unconscious as exists in the savage mind. The question arose as to how this association had originally got formed in his mind. There is no need to go into the details of the matter here, which was largely concerned with infantile sadistic conceptions, but the first point to come out has a direct bearing on the present theme. The only dog the subject had had much to do with in early years was one he had been given at the age of eight by a man he was very fond of, and to which he became extraordinarily attached. When he was unhappy he would take it for a long walk and spend the whole day as far as possible from home. The dog was a female one, but was invariably referred to at home as 'he,' and could thus be used to symbolise a person of either sex; her name was 'Fanny.' The only woman he had known of this name in his youth was a Miss Fanny W., a lady some ten years younger than his mother. He had been very fond of her and her mother, who were especially kind to him. Whenever he visited them Miss W. used to enquire with peculiar friendliness after his mother, whom she had been intimate with in earlier years, but with whom, for irrelevant reasons, she was no longer on visiting terms; the idea of Miss W. was thus closely connected with that of his mother.³

¹ Cf. the expression, 'To become top dog,' which, as it happens, was a favourite one of his father's.

² This is of course quite common, as is indicated by the mere expression 'animal passion' = sexual desire.

³ This was the first step of an analysis which shewed that in the subject's unconscious his mother and the dog Fanny had long been

At this point the subject suddenly recalled an earlier dream of the same night, which he had thought of on waking, but which he had then quite forgotten until this moment; we have next to turn our attention to this dream.

II.

He was in his father's office with Mr. W., who was expounding to him his genealogy and early life. Mr. W., the father of Miss Fanny W., was an old man, who had been a colleague of his father's and had worked in the same office. The subject had never seen much of him—he had died when the former was ten years old,—and he had not to his knowledge thought of him for many years. The coincidence of his appearing in this particular dream is therefore certainly striking.

On the dream-day the subject had been thinking about a projected visit to his family home, where he had not been for several years, and had expressed the hope that his aged grandmother would be still alive—for the egocentric reason that he could then ask her about a number of matters concerning his infancy in which since psycho-analysis he had become interested; his mother had lately died, and he did not care to talk to his father about them. Now his grandmother's daughter (his aunt on the father's side) had married Mr. W.'s son, now dead, a relationship more clearly shewn in the accompanying table; it happens that he had, as a boy, taken

Mr. W. = Granny W.

Grandmother.

Fanny.

Son - Aunt.

Father = Mother.

Subject.

a special interest in their courtship and marriage. Mr. W. and the grandmother could thus be brought into near connec-

identified. In the dream, therefore, the subject saves his mother as well as himself, a more typical form of the saving phantasy.

tion, they being the parents of the same couple, a connection furthered by the circumstance that Mr. W.'s wife was always addressed by the subject as 'Granny' W. In the dream Mr. W. replaces the grandmother in giving the subject the desired information about his origin and upbringing. Two wishes lie behind this apparently senseless replacement: first the old desire that the father would respond to his request for enlightenment about the problem of his birth, and secondly, the old revengeful desire that the father might resemble Mr. W. and his son (of the same generation as the father) in the respect of having departed from this life.

More than this: On the dream-day the subject had wished to question his grandmother because his mother was no longer accessible. She therefore replaced the latter in his mind, and as she was replaced in the dream by Mr. W. we reach the conclusion that the figure of the latter stood not only for the father, but also for the mother; this reminds us of the original connection between the two via Fanny. The dream is thus seen to be built on the basis of childhood sexual curiosity, and the desire that the parents would gratify this.

Though the basis of the dream is, as has just been explained, a childhood one, more current wishes also come to expression in it. On paying closer attention to the details it was noticed that the main figure really constituted what is known as a 'collective person' (*Sammelperson*),¹ being composed of three persons condensed into one. Although it seemed in the dream definitely to be Mr. W., and the place was the only one where the subject had ever seen him, the face resembled a Mr. A. rather than Mr. W.; the two men were in fact very much alike in appearance. Mr. A. was an elderly man in whose office the subject had worked some years ago, and who ever since had owed him a considerable sum of money. Owing to financial difficulties he had not been able to pay this off, but had promised to pay a quarter of it on a date some eight months before that of the dream. He had not fulfilled the promise, and this had rather ember-

¹ Chapter XV., p. 316.

passed the subject, particularly as he had just then to meet heavy expense in connection with a projected removal from one town to another. Two days before the dream, a week before the subject was to leave, the long-awaited cheque arrived, but he found to his chagrin that it was post-dated and payable only a month later. On the dream-day he wrote a somewhat stiff letter in acknowledgment, explaining his situation, and remarking that as he had closed his own bank account he would have to send the cheque to his father (in the same town that he was going to), and 'trust to his honesty to get the money back.' While in the middle of writing the letter he noticed that the cheque was made out for twice the amount he expected, a discovery that led him to mollify his remarks and gratefully to thank Mr. A. for having done all that he could under the circumstances; we see here again the same alternation of friendliness and hostility that characterised the whole of his attitude towards the father and his substitutes.

The curious remark in regard to his father's honesty was greatly 'over-determined.' It pointed in the first place to an unconscious identification of the father with the elderly Mr. A., the annoyance with the latter having evoked a manifestation of the old hostility towards the former. The remark was not only unwarranted in fact, but was quite pointless, for the father was a scrupulously honest man. According to the subject, the only unfair thing he had ever done in regard to money was to make a will recently in which he disinherited his son and left all his property to his two daughters. There were, it is true, special reasons for his doing so, and the subject had not only acquiesced in it, but had even admired it; nevertheless it was plain that he had not entirely forgiven his father for being so ready to overlook him. This remark of his had unconsciously linked to the old one about being kept in the dark as a child and *dishonestly* lied to on the topic of child-birth. The way in which this apparently strained association between the ideas of money and babies was forged cannot here be related, as it would necessitate too long a discussion; the cloacal connection will be evident to those familiar with psycho-analysis.

Unlike both Mr. W. and Mr. A., the figure in the dream was quite bald and there was a wart by the side of the nose. These characteristics, and the upper half of the head in general, at once reminded the subject of Charles Darwin. The singular appropriateness will be admitted of the problem of personal origin being expounded by the author of 'The Descent of Man' and 'The Origin of Species.' As a student of biology the subject had greatly revered Darwin, who had, so to speak, answered the question he had propounded in vain to his own father; it was evident that unconsciously he had identified the two men, Darwin being to him what he had wished his father to be—an expounder of the problem of origin. Strangely enough, Darwin had on the dream-day been the topic of conversation between the subject and his wife. Being concerned at his overworking she had urged him to give up some of his routine teaching work so that he might devote himself more peacefully to his favourite pursuit of scientific research, and had considerably volunteered to do with less money. The talk drifted on to the endowment of research, and the subject remarked on what a fortunate thing it was for mankind that Darwin had inherited enough money from his father to enable him to pursue his investigations undeterred by material considerations. He here was evidently identifying himself in his unconscious—that realm of unlimited egoism¹—with Darwin, *i.e.*, once more with his father, and was at the same time mutely reproaching his father for not having bestowed him with more worldly goods. His father had spent vainly many years in the service of other people, and had quixotically refused to seize opportunities for his own advancement. In the sentence written to Mr. A., referring to his father, the subject had unwittingly expressed the wish that his father had in fact been a little less pedantically honest, so that he might have been able to bestow him with more money.

The three persons figuring in the dream are thus all

¹ In the unconscious mind everyone believes in the all-powerfulness of his thoughts, in the irresistibility of his charms, and in the immortality of his soul.

substitutes for the father. Each one is connected both with the subject's 'money-complex,' *i.e.*, his complaint that he was worried about money matters, and also with the deeper reproach against his father regarding the question of sexual curiosity. Both these complexes are evident in the case of the Darwin component of the figure, as is the connection with Mr. A. and the latter with Mr. W. The series may be completed by mentioning the following two facts. A prominent memory the subject had of Mr. A. was a morbid interest taken by the latter in the sexual thoughts and curiosity of children. As to the relation of the money complex to Mr. W., it is enough to say that he was closely connected with the subject's father in the financial aspects of the business they were both concerned with. Both complexes were thus associated with each of the three constituent persons of the dream figure.

III.

The analysis just given of the two dreams, or two halves of a dream, confirm to the full Freud's theory of dreams, which has been most precisely formulated by Rank¹ in the following terms: *Der Traum stellt regelmässig auf der Grundlage und mit Hilfe verdrängten, infantil-sexuellen Materials aktuelle in der Regel auch erotische Wünsche in verhüllter und symbolisch eingekleideter Form als erfüllt dar.* ['Dreams constantly present the fulfilment, in a concealed and symbolically veiled form, of various current wishes, usually of an erotic nature; they do this on the basis and with the help of repressed, infantile, psychosexual material.']

We see that the dream as told, the 'manifest content,' is quite senseless and even absurd, but that the hidden meaning, or 'latent content,' revealed by analysis, is thoroughly intelligent and full of meaning. Further, that although the manifest content may seem to deal with situations that, so far as the psyche is concerned, are harmless or unimportant, the underlying thoughts are highly significant and are related to the most intimate part of the subject's

¹ Otto Rank, 'Ein Traum, der sich selbst deutet,' *Psychoanalytisches Jahrbuch*, 1910, Bd. ii., S. 519. Those who wish to read a really full dream analysis are referred to this excellent paper.

personality. Behind the manifold processes in the dream structure—which by a superficial study might be mistaken for the true latent content—stands the primordial basis of all our mental activities, the Wish. The current wishes of the actual moment, the ones that aroused the memories which threatened to disturb the subject's sleep, were two, one erotic, the other non-erotic, namely the desire to have a child and the desire to be free from monetary cares; these two desires, however, were not really so independent as they appear. The current wishes aroused deeper and older repressed thoughts with which they were connected, and on the basis of which the dream was constructed. These deeper thoughts were, as always, of *infantile* and *sexual* origin. In the present case they concerned the most intimate relations of the subject to his parents: hostility, and to a less extent friendliness, towards his father, love and tenderness towards his mother. The natural desire to have a child awoke the old desire to repay his mother's sacrifice for him by presenting her with another child—of their very own; in this he plays the double part of both the child loved by the mother, and the father who presents him to her.

We see further the exemplification of the initial thesis from which we started, namely that different dreams of the same night are concerned with different aspects of the same theme. They often, as here, present different solutions of the same problem. In the earlier dream, the second here related, the father meets his childhood curiosity in a sympathetic and helpful manner; in the later dream he solves the problem without his father's help, and defyingly replaces his father in respect to the loved mother. In the former his homosexual component is gratified, in the latter his heterosexual. In the latter he finds a man's solution, adopting a masculine attitude, in the former he finds a woman's, adopting a feminine attitude. We have here, therefore, an illustration of the bisexual nature of the normal man. With the present subject, as with most men, the homosexual components of his instinct were more deeply repressed than the heterosexual, and it is thus entirely comprehensible that the dream expressing the former com-

ponents was the one that proved the more susceptible of being forgotten: the question as to which of two dreams will be first forgotten may seem to be merely a matter of chance, but we see that the laws of psychological determinism hold here just as rigorously as elsewhere. Anyone trained in psycho-analysis will further perceive a good reason why, of two dreams relating to the begetting of children, it was in the feminine one that a money-complex came to expression. Still another refinement may be added of the analysis of the feminine dream. The subject had often as a child had the desire that the family doctor would present him with a baby of his own, and had elaborated phantasies in which he imagined himself the wife of this doctor, whom he greatly admired. The doctor had not only brought him and his sisters into the world, but had *saved his life* on two subsequent occasions when he was desperately ill; it was he who had presented him with the beloved dog Fanny, the dog so closely associated in his mind with the family of Mr. W. Mr. A. also was nearly associated with doctors, being the head of an agency for the sale of medical practices. As to Darwin, he was both a doctor himself and the son of a doctor. The three components of the figure that plays the masculine part in the dream, therefore, all portray features not only of the father, as described above, but also of the family doctor who in the child's eyes seemed the 'bringer of children' *par excellence*.

Many of the individual features of Freud's dream theory are also illustrated in the analysis, the almost grotesque egocentricity of the dream thoughts, the mechanisms of condensation, displacement, and regressive dramatisation, and the importance as dream-instigators of incidents of the previous day. In the present case these were unusually numerous; we have noted the puppy dog shut up in the room, the reading about the devil inhabiting caverns, the book on ancestor-worship, the thought of the projected visit home, the letter to Mr. A., the talk with the wife on money matters, and the reference to Darwin. Several of these cannot be described as being in any way psychically significant, but they had become associated to underlying complexes and thus proved suitable material to be used in the manifesting of these complexes.

CHAPTER XIX

PSYCHO-ANALYSIS AND EDUCATION¹

It was to be expected that the laborious investigations carried out by means of psycho-analysis would lead to conclusions of great import regarding the subject of education, for in the first place they have to deal with the deepest problems of character-formation, conduct, feeling, and motive, and in the second they lay especial stress on the significance for all later mental life of childhood experiences and tendencies. This expectation is, however, only partly justified in fact, for at the outset it must be said that up to the present psycho-analysis has not revealed a great deal of importance from the point of view of education properly so called, that is, of the artificial training, developing, and *positive* drawing out of various capacities and functions. The reason for this lies in the fact that those who have worked with the method have as a rule become trained in scepticism and caution, and prefer not to draw conclusions until these are based on an adequate system of evidence; they have been able to determine that the psychological problems of education are fraught with more complex difficulties than many writers on the subject suspect, but these problems have rarely lain sufficiently in the path of psycho-analytic research to render them so far capable of solution. On the other hand, psycho-analysis has a number of conclusions to enunciate on the more important *negative* side of the subject, namely, as to the nature and harmful effects of faulty education; the reasons why this aspect is more important than the other may perhaps become plainer towards the close of the present paper.

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We should begin by shortly considering psycho-analysis itself, with some of its teachings, but the psychology of the matter in hand is so technical and complex, and the range of subjects over which the method has found application so extensive, that it is impossible here to do more than give a most summary indication of a few of the conclusions reached that are cognate to the present topic.

These conclusions are all due to the painstaking investigations of the originator of psycho-analysis, Professor Freud of Vienna, though they have since been confirmed by a number of other workers; the following account is based on Freud's writings, to which, therefore, it will not be necessary for me to refer in detail. Of the method itself nothing need be said except that it is a special means for penetrating into the deeper and less accessible layers of the mind, which form the basis for the more superficial structures that are later acquired. This static metaphor is in itself a misleading one, for psycho-analysts come essentially to regard the mind from a dynamic point of view, as being composed of a series of desires, trends, wishes and ambitions, which are constantly striving to find expression and gratification. Desire, in the broadest sense of the word, is the fundamental driving force of all mental activities, and is behind not only our external conduct and functionings, but also our interests, attentions and even capacities, or at all events the extent to which these latter can be developed and manifested. These trends and desires are not isolated functions in the mind, but often are intimately connected one with another. A desire that is for any reason thwarted, therefore, tends to reach expression by reinforcing an associated desire, so that they find a common outlet. This occurrence is so frequent that it may be said that the majority of our actions are determined not by a single motive, but by several; for a reason that will presently be pointed out, however, the subject is usually able to recognise only the most superficial or accessible of these, so that he has but a limited extent of actual self-knowledge. Further, a desire that arises in a person's mind for the first time is not likely to be very effective or significant unless it becomes attached to others

that are already present; in other words, a motive appeals more readily to him if it is linked, by resemblance, to earlier ones that are already operative in him. A simple illustration of this is the fact that, other things being equal, such a movement as the one to abolish capital punishment is more likely to appeal to a man who has previously been distinguished by humanitarian tendencies than to a man whose official duties have caused him to be largely occupied with the infliction of suffering, as so many legal functionaries are. It follows that in the acquirement of a new motive or interest potentialities already present play an important part. This is fairly obvious, at least in the abstract, so far as quite new and strange functions are concerned, but psycho-analysis has shewn that the same considerations apply much more extensively than had previously been thought probable to even more stable and integral functions. The surface motive for an act or an interest is rarely the complete explanation that it appears, and provides only some of the operative energy; more of this energy, and often the greater part, arises from deeper, associated trends from which it has been transferred, as it were, to the surface one. Mental life is thus seen to constitute a connected chain of activities. Theoretically one must suppose that its continuity is perfectly even, and practically one can, by means of psycho-analysis, demonstrate this to a very considerable extent. The appearance of discontinuity that it commonly presents is simply due to the failure to recognise anything more than the surface tendencies. Frequently the deeper ones, which fill in the apparent gap in continuity, are inaccessible to direct introspection, that is, they are unconscious, and can be reached only by means of special investigation. Attention must again be called to the fact that knowledge of these unconscious trends explains not only actions that otherwise are regarded as unintelligible or as 'causeless' and accidental, but also many important features of quite normal behaviour.

A corollary that follows from these considerations is that the older in the life of the individual is a given tendency or desire the more significant is it apt to be, for it not only has

equal value with those acquired later, but plays a considerable part in determining which later ones will be acquired, and with what intensity. Indeed, the history of any later mental activity is not fully known until it has been traced back through childhood to some constituent of instinctive mental life. The inherited instincts, or the environmental modifications of these, are thus seen to constitute the ultimate basis of all mental life. The objection naturally raised to this conclusion, that the earlier desires fade and in time lose their intensity—being replaced by others that are totally disconnected—contains the fallacy that it assumes a discontinuity which does not exist; this can be shewn by psycho-analysis, and hitherto in no other way. The objection is further founded on ignorance of the facts that the deepest and most primary desires are unconscious, and that the most striking characteristic of unconscious desires is their capacity to retain their activity for truly astonishing, and almost unlimited, periods.

Experience teaches that when later interests, desires, and ambitions are traced to their origin far more of them than are commonly thought are found to arise in the psychosexual instincts. (The term 'sexual' is here used to denote not only tendencies directly concerned with the reproductive act, but also all those indirectly concerned, including the maternal instinct, various pleasurable sensations and activities, such as masturbation or other forms of auto-erotism, and so on). This really follows from the view that mental life is evolved, in the individual, from the inborn instincts; for of all these the sexual ones are the most fundamentally important, certainly from the point of view of complex mental activities; it is the manifold richness of his sexual life that biologically most distinguishes man from the lower animals.

We come lastly to the conclusions of psycho-analytic investigations on the mental life of the child, and these are in themselves so extensive that they can here be described in only the most general way. The child comes to the world endowed with a number of natural instincts, the mental aspects of which are at first by no means prominent. When these develop they are essentially shewn in a search for the repeti-

tion of once-experienced pleasurable sensations, first those of taste and touch, later those of sight, smell and hearing. After a variable number of months education of the child begins, and this is from the first of a double nature. On the one hand he is weaned to interests outside himself, such as the recognition of various people and objects, and on the other hand he is weaned away from certain egocentric interests, such as his demand to satisfy his instinctive bodily needs (hunger, etc.) regardless of time and place. Thus at an early age begins that conflict between social and purely personal considerations on the satisfactory resolution of which largely depends the success of education in its broadest sense. As the years go by the child finds that he has to renounce more and more of his immediately personal interests, which he must learn to replace by external social ones. The sacrifice in this way demanded is much more considerable than is commonly supposed, for psycho-analysis has established that in the first four years of life the child is far more preoccupied than is generally thought with matters from which his interest has to be weaned. Before the ban of social pressure has come to exert its full force his attention is attracted by excretory acts and products, by vaguely pleasurable sensations situate in the parts of the body concerned in these, and later by problems and curiosities on all sorts of forbidden topics—the difference between the sexes, the relations between the parents, the origin of children, and so on. The extent to which such matters occupy the mind of the young child is always underestimated by adults and is impossible to determine by a casual examination, for on the one hand the later memories for those years are always both deficient and erroneous, and on the other hand this aspect of the child's mind is rarely accessible to direct enquiry, on account of the barrier always existing on the subject between child and adult. As the child grows older, the desires and tendencies in question meet with such obstacles as an increasing sense of shame, guilt, wrongness, remorse, and so on, and are fought against by the child, who now half-consciously strives to get away from them, to forget them, or, as it is technically termed, to 'repress' them. These repressed

mental processes are later thus forgotten, and along with them a major part of all the mental experiences associated with them in time: this is the reason why so little of early childhood life can be recalled by the adult.

The desires, thoughts, impulses, tendencies and wishes thus repressed do not, however, die: they live on, but come to expression in other forms. Their energy is directed along more useful paths, a process known as 'sublimation,' and upon the extent and kind of this sublimation depends a great deal of the future interests and activities of the individual. To take a simple example: the impulse proudly to display the body, and especially certain parts thereof, which is pronounced with some children, may later be manifested in such ways as an undue predilection for certain toilettes, for instance, openwork blouses, clockwork stockings, or startling waistcoats, or, on a higher plane, by the desire to shine before an audience, to be the centre of general attention and admiration, and so on. In fact it may be said that a very great part of our social and cultural activities are sublimated forms of 'natural,' instinctive tendencies which have in course of education become repressed into the unconscious, and thus forgotten.

It must not be thought, however, that this renouncement of instinctive tendencies in favour of less personal ones is always carried out so smoothly and successfully as has just been indicated. In many cases, perhaps in most, the conflict due to the encroachment on the child's personal liberties is resolved only at a considerable cost to his later usefulness as a citizen. There are three other possibilities open besides that of sublimation. In the first place, the tendency may be too strong to be repressed, or it may become too strong if certain errors in upbringing are committed, and in this case it may reappear in the adult as a sexual perversion; this is the least frequent possibility, but it is by no means a rare one. In the second place, the repressing force may not altogether fail, as in the last instance, nor altogether succeed, as in the process of sublimation; instead, a compromise is reached between the opposing tendencies, in which the repressed wish is manifested, not openly in a sexual perversion, but in an indirect, disguised

form. It then forms a nervous symptom, so that the symptoms of the psychoneuroses, hysteria, obsessions, etc., may be said to be the negative of the perversions. When we recall the exceeding prevalence of these conditions, and of certain forms of insanity which arise in a similar way, we see that errors of development in early childhood life are the rule rather than the exception. It may be added that a number of 'bad habits' frequently met with during school life, such as nail-biting, bed-wetting, certain facial twitches (tics), attacks of ill temper, etc., have a similar origin, and are often the precursors of more serious troubles in later life. In the third place, the child may react to the tendency, which is being repressed, by proceeding to the opposite extreme, an occurrence known as excessive reaction-formation. Of this group the following are examples: an over-sensitiveness to the sight of suffering, which may render the spectacle of life an intolerable nightmare: a morbidly harsh and bigoted austerity, sometimes unfortunately misnamed 'Puritanism,' which narrow-mindedly sees evil in the most innocent enjoyments of life, and is unrelenting in its cruel severity towards human frailties: an exaggerated sense of shame, which martyrs the individual as he passes by some of the necessary aspects of life; a passion for household cleanliness and orderliness that makes all domestic comfort impossible. Many more could be added to the list, but only one other will be mentioned, and that on account of its extreme social importance. This is the excessive attitude of shame or even disgust towards matters of sex in general, an attitude that culminates in the bizarre whimsies of certain fanatical sects, such as the Russian Skoptees, or of the present New England movement in favour of 'ethical marriages.' From it results, among other things, a morbid dread of maternity, a degradation of the conception of this function—turning the most important stage of it into a secret shame—and an incompatibility for the most essential marital relations (it has been stated that forty per cent. of all civilised women are anaesthetic in this regard, an estimate that cannot be very far wrong). A man or woman burdened with this reaction-formation is taking a dangerous step in

entering marriage, for the possibilities of future unhappiness and even misery resulting under such circumstances are only too great.

From the foregoing it will be seen that, according to the findings of psycho-analysis, the sexual life of children is much richer, both physically and mentally, than is generally believed, and that the manner of its development is of decisive importance for the whole life history of the individual. It is of course obvious that it widely differs from that of adults, in what precise respects need not here be considered. One matter must, however, be mentioned, namely, that the early relations of the child to the people with whom he is brought into close contact, therefore above all to the members of his own family, are frequently, if not regularly, tinged with eroticism. These early and dim incestuous thoughts and sensations are of dominating significance for later relationships, friendships, marriage, etc., and there is no more important part of the child's mental growth than the overcoming of them.¹ To state this more generally: an essential stage in the satisfactory development of the individual's capacities and activities consists in gradually freeing himself from family ties, and in his replacing dependence on the parent by a sense of personal responsibility and self-direction. Too often this stage is only incompletely passed through, to the great detriment of the person's individuality. A high level of ethical responsibility is only possible through the child's learning to be self-reliant, and to recognise the desirability in forming his decisions of giving heed to his own knowledge and conviction as to what is right, not only to the traditions he has blindly adopted from his parents. It must further be repeated that the bond by which a conservative dependence on one or other parent is maintained, and which often defies all reason and common sense, frequently arises in a sexual attraction dating from early childhood, of which the subject is now completely unconscious.

If we now briefly summarise those of the foregoing conclusions that have the most direct bearing on the subject of

¹ Some aspects of this subject have been discussed in an article published in the *American Journal of Psychology*, January, 1910.

education they may be stated as follows: Mental life should be regarded in a dynamic way, as a stream of desires and interests that tend to seek gratification. New desires and interests are not independent occurrences, but largely depend for their intensity, or even their existence, on older trends. The direction taken by the oldest of these, namely those of early childhood life, is of predominant importance for the whole future of the individual. The driving forces of mental life, therefore, are ultimately derived from the primary instincts, and can never be independent of them. It follows that satisfactory mental functioning is best attained by inducing a harmony between the different components of the mind. Many of these, particularly early in life, are of such a kind as to be unacceptable to the standards of modern civilisation, and have to be suppressed, or, rather, transformed into others of greater social value. In this process some become 'repressed' and are driven into the unconscious; they however retain their power, for good or evil, and the latter is often only lost when they are again made conscious, as in the psycho-analytic method of treatment. Stress must be laid on the fact that repression is a delicate process which under certain circumstances may bring with it grave consequences to the individual, and that filial piety, if carried to excess, is also not without seriously detrimental results.

We have next to notice some of the lessons that may be learned from these considerations. The chief of them is that the main task of education should be not the mere addition of something, *e.g.*, knowledge, to the child, but the ordering of the influences that act on him, in such a way as to allow the freest scope possible for the development of those capacities that will make him a useful citizen in the broadest sense of the word. Several corollaries follow from this, which reflect unfavourably on our present educational methods.

In the first place, in order to obtain the best results it is necessary to make education a more individual matter than it is at present. Teaching by rote large numbers of children in exactly the same way is based on the antiquated and erroneous view that the aim should be the acquirement by the pupil

of a uniform standard of knowledge, whereas it should rather be the e-ducation, or drawing out, of his special potentialities. That the endeavour to fit every child to a preconceived pattern, instead of bringing about a free development of his latent qualities, is necessarily grievous, is strikingly pointed out by a sentence of Bernard Shaw's: 'The vilest abortionist is he who attempts to mould a child's character.' This comment applies even more forcibly to the general upbringing of a child than to the narrower question of teaching. It will have to be recognised in the future that the transformation of primitive, egocentric activities into those of a social order is a process that cannot be carried on with all children by the same means, or to the same extent. There is a limit to which this transformation is possible, and any attempt to force it beyond this must defeat its own object by bringing about results, *e.g.*, neuroses, which greatly impair the social usefulness of the person in question. As to the means, the most important point to bear in mind is that success is best achieved by gradually weaning the child to social interests, and not by merely forcibly suppressing and forbidding the primitive ones without replacing them by others. If the latter is the course pursued, then the likelihood is great that they will continue to act unconsciously and produce unfortunate results. The same remark applies to unacceptable desires or interests that may arise in later life. The way to deprive these of their power for harm is not to shun them, to get away from them, to 'repress' them, but manfully to face them, to 'get square' with them, and to settle them one way or the other. As Blake said over a century ago, 'Sooner murder an infant in its cradle than nurse unacted desires.'

In the second place, it is desirable that education should concern itself more than hitherto with what may be called the human side of the child, and not exclusively with the intellectual. This applies to the school as well as to the home, though, as this paper refers to education in the broader sense, other influences than those of the school must also be considered. Prominent in the present respect is the much-discussed question of sexual enlightenment, and, as psycho-

analysis shews the unsuspected significance of the child's sexual development for later years, a little must now be said about this. The general arguments for the necessity of this course being adopted have so often been cogently presented that I shall here confine myself to mentioning some of the respects in which they may be reinforced by the conclusions of psycho-analysis. Anyone who still has any doubt left on the matter is recommended to read the second chapter of Dr. Havelock Ellis's 'Sex in Relation to Society'—an excellent volume that should be in the hands of every teacher, and indeed of every thoughtful citizen; a number of useful books on the subject are there cited.

It has been repeatedly pointed out of late years, and nowhere more effectively than on the side of the Church, that it is impracticable to hope that a child will long retain his ignorance as regards sexual matters, and that, as the sources from which he will draw his information are only too likely to be impure, it is safer deliberately to implant a healthy knowledge in his mind which will prevent him from being evilly influenced later on. It is really hardly possible for a normal child to avoid drawing inferences from the experiences he meets with on all sides, his own sensations, the witnessing of domestic animals, the birth of younger children, the manifold indirect hints in the conversations of his elders, the still broader ones in what he reads—even in the Bible itself, the talks of older comrades or of licentious servants, and so on; whoever denies this certainly underestimates both the intelligence and the natural curiosity of children. It has been urged that it is unnecessary to do more than leave this process of enlightenment to take its own course, but, as Ellis puts it, 'this is as much as to say that there is no need to supply sources of pure water when there are puddles in the street that anyone can drink of.' The present argument is strongly confirmed by the facts disclosed by psycho-analysis, namely that actual sexual experiences and speculation on the topics of sex regularly occur in early childhood—before the age of five—and are from the very nature of the child's mind unavoidable; when direct information is denied him, as is

usually the case, he invents various explanations, which frequently contain a curious modicum of truth. These are usually forgotten, but it can often be shewn that they exert a profound influence not only on his later attitude towards the subject, but also on his whole character. A child rarely accepts the false explanations given by his parents, who underestimate his intelligence; he usually deceives them into thinking he does, and after the age of five or six, when he has forgotten his own explanations, he may deceive himself. It must further be pointed out that the customary endeavour to keep the child's mind a blank on the subject is far from being a negative one, as parents commonly maintain; the organised conspiracy of silence is soon noticed by the child, and he is subjected to a mass of suggestion, all the more potent for being indirect, which teaches him that the subject is taboo, mysterious, improper, peculiar, and essentially wicked. Those who object to direct enlightenment, therefore, should recognise that they are really defending a false enlightenment, a positive teaching of shame and guilt.

Another argument that has been frequently advanced, especially by members of the medical profession, is that ignorance of the basal facts of sex¹ is the worst preparation for the state of marriage. Every doctor must have met with instances of bizarre ignorance and misapprehensions in this direction, and is aware of what suffering in married life they may cause. A chapter from Nietzsche, entitled 'On Female Chastity,'² displays such a sympathetic appreciation of what this suffering means to many women that it deserves to be quoted at length: 'There is something quite astonishing and extraordinary in the education of women of the higher class; indeed, there is perhaps nothing more paradoxical. All the world is agreed to educate them with as much ignorance as possible *in eroticis*, and to inspire their soul with a profound shame of such things, and the extreme impatience

¹ To avoid misapprehension it should again be remarked that this ignorance is never primary, but is based on repression and forgetting of earlier knowledge and speculation in childhood.

² 'The Joyful Wisdom' (Foulis edition), p. 104.

and horror at the suggestion of them. It is really here only that all the "honour" of woman is at stake; what would one not forgive them in other respects! But here they are intended to remain ignorant to the very backbone:—they are intended to have neither eyes, ears, words, nor thoughts for this, their "wickedness"; indeed, knowledge here is already evil. And, then! To be hurled as with an awful thunderbolt into reality and knowledge with marriage—and indeed by him whom they most love and esteem: to have to encounter love and shame in contradiction, yea to have to feel rapture, abandonment, duty, sympathy, and fright at the unexpected proximity of God and animal, and whatever else besides! all at once!—There, in fact, a psychic entanglement has been effected which is quite unequalled. Even the sympathetic curiosity of the wisest discerner of man does not suffice to divine how this or that woman gets along with the solution of this enigma and the enigma of this solution. There is no doubt that, whatever may be said about children, it is frequently necessary, and always desirable, for men and women of a marriageable age to receive instruction concerning the physiology and hygiene of sexual life. The importance of training girls in domestic economy and household management is becoming generally recognised, in view of the fact that this is likely to form one of their main duties in life. It is even more needful that they should be educated in other, intimate matters, on which their future efficiency and happiness may largely depend; such education is by no means to be limited to the care of children, important a subject as this may be. Ellis has a valuable section on this matter in the book previously referred to (Chapter XI.), where he writes:¹ 'Girls are educated with the vague idea that they will marry, —quite correctly, for the majority of them do marry,—but the idea that they must be educated for the career that will naturally fall to their lot is an idea which as yet has never seemed to occur to the teachers of girls. . . . Women are trained for nearly every avocation under the sun; for the supreme avocation of wifehood and motherhood they are

¹ *Op. cit.*, p. 52.

never trained at all!'¹ Psycho-analysis has furnished an important contribution to this matter through the disclosure that not only the ignorance just referred to, with all its lamentable results, but also most of the frictions, unhappiness, and secret cankers that mar so many married lives, and turn a great number of them into hideous purgatories, are due to defective education in early childhood. The harmful effect on later life of erroneous sexual development in these first years is incalculably great.

A third cogent argument in support of the same thesis relates to the disastrous effect on the relations between parent and child of undermining his faith in the parent on a matter that is to him of the deepest significance. I will again quote Ellis,² for no one could state it more clearly than he has done: 'Even, however, if there were no other reasons against telling children fairy-tales of sex instead of the real facts, there is one reason which ought to be decisive with every mother who values her influence over her child. He will very quickly discover, either by information from others or by his own natural intelligence, that the fairy-tale, that was told him in reply to a question about a simple matter of fact, was a lie.

With that discovery his mother's influence over him in all such matters vanishes for ever, for not only has a child a horror of being duped, but he is extremely sensitive about any rebuff of this kind, and never repeats what he has been made to do. I was a mistake to be ashamed of. He will not trouble his mother with any more questions on this matter: he will not confide in her; he will himself learn the art of telling 'fairy-tales' about sex matters. He had turned to his mother in trust, she had not responded with equal trust, and she must suffer the punishment, as Henrietta Fürth puts it, of seeing 'the love and trust of her son stolen from her by the first boy he makes friends with in the street.' When, as sometimes happens (Moll mentions a case), a mother goes on repeating

¹ A contemporary novelist, describing his heroine's attitude towards marriage, says: 'Her teachers and mistresses had done their best to stamp her mind with an ineradicable persuasion that it was tremendously important, and on no account to be thought about.'

² *Loc. cit.*

these silly stories to a boy or girl of seven who is secretly well-informed, she only degrades herself in her child's eyes. It is this fatal mistake, so often made by mothers, which at first leads them to imagine that their children are so innocent, and in later years crosses them many hours of bitterness because they realise they do not possess their children's trust. In the matter of trust it is for the mother to take the first step; the children who do not trust their mother are, for the most part, merely remembering the lesson they learned at their mother's knee.' The findings of psycho-analysis amply confirm these considerations also, by shewing how frequent is the course of events just described. It is almost a regular occurrence for children of the age of four or five to turn from their parents, to withdraw into themselves, and to pursue private speculations about the topics concerning which they have been denied information, whether by a direct refusal or by evasion. Phantasies of bitter resentment against the parent commonly occur at this time, and often form the basis not only of a later want of confidence, or even a more or less veiled hostility, as regards the parents, but also of various subsequent disharmonies, neurotic disturbances, etc., of a kind that cannot here be described. As was mentioned above, the actual speculations and phantasies are usually repressed and forgotten, an appearance of innocence being thus produced which is deceptive to both the outsider and the child himself. The illusions most parents entertain as to the innocence of their children in such matters are wellnigh unbounded. As regards young children it is usually unshakeably strong, and with older ones it is frequently very astonishing. The following instance of the latter may be related, for it is by no means rare: A mother on bringing to me her nineteen-year-old daughter for treatment volunteered in the course of a private conversation the information that the girl had had no love-affairs, and was not interested in men's society, 'being too young to occupy her mind with such thoughts'. It soon turned out, however, that the young lady was secretly married, and had parted from her husband on the day after the ceremony, had been the paid mistress of a number of men

since the age of fifteen, had twice been infected with venereal disease, and had in her childhood indulged in the most unbridled phantasies and conduct. I have only to add that she had never been away from home, and that her mother, who was as convinced of the girl's 'innocence' as of anything in life, is a quite intelligent lady, and devoted to her daughter. The case is an extreme one, to be sure, but it shews to what lengths a mutual lack of trust can be carried. All these dangers to which the girl succumbed, and a rather bad neurosis as well, might have been avoided if the mother had not blinded herself to the signs of dawning sexual life in her child, and had frankly met the desire for knowledge with judicious information and guiding.

Accepting, therefore, the need for sexual enlightenment, we turn to the more debatable problems as to how and when it should be carried out, problems that are hardly to be kept distinct, for they both raise the question of who is the proper instructor in such matters. Here again the knowledge gained by psycho-analysis dictates more negative advice than positive: that is, it has less to say about how to instruct a child than about how not to. This is fortunate, for the latter problem is much more difficult than the former; in fact, when one appreciates what dangers are to be avoided, the problem of how to instruct the child presents no serious obstacles. Of these dangers a few words will be said later; we shall first fix our attention on the positive side, and to do so it is well to realise clearly what should be the aims of the enlightenment. Chief among these are: in the first place, to inculcate an attitude of purity and naturalness towards matters of sex, so that the child will be steeled against impure suggestions he may later encounter, and will be able to maintain high ideals in this respect: in the second place, to prepare him for the physiological occurrences inseparable from his existence, puberty, etc., and above all for the functions he will one day have to perform: in the third place, to give him such a knowledge of sexual hygiene as to enable him to guide his sexual life amidst the numerous dangers and difficulties that are likely to beset it. These three aims should be carried out

principally in the order mentioned, and on the whole need to be carried out by different instructors. Enlightenment should, therefore, be brought about by a series of graduated steps, and should be adjusted to the varying needs of individual children; rule of thumb cannot replace judgement and intelligence in this sphere any more than elsewhere in education.

The first in time of these stages, and the chief in importance, is without doubt best allotted to the parent, and above all to the mother; this is one of her most grateful and responsible functions, for on the success with which she performs it may largely depend the future welfare and happiness of her children. For she needs no technical knowledge whatever, and only one capacity—unfortunately, however, a rare one—namely, that of being able to speak to her child on the subject frankly and naturally. Dr. Allen well remarks¹ that 'if the instructor feels any embarrassment in answering queries of the child, he is not fitted to be the teacher, for the feeling of embarrassment will, in some subtle way, communicate itself to the child, and he will experience an indefinable sense of offended delicacy which is both unnecessary and undesirable. Purification of one's own thought is, then, the first step towards teaching the truth purely.' The essential thing is that, as soon as they are seriously insistent, the child's *spontaneous* questions should be answered truthfully and simply, with, of course, due regard to his capacity to understand: it is never necessary in the first few years to go beyond this and give him knowledge that he does not demand. Ellis² writes: 'The child's desire for knowledge concerning the origin of himself is a perfectly natural, honest and harmless desire, so long as it is not perverted by being thwarted. A child of four may ask questions on this matter, simply and spontaneously. As soon as the questions are put, certainly as soon as they become at all insistent, they should be answered, in the same simple and spontaneous spirit, truthfully, though according to the measure of the child's intelligence and his capacity and desire for knowledge.'

¹ Mary Wood Allen, 'Child-Confidence Rewarded,' p. 5.

² *Op. cit.*, pp. 48, 49.

This period should not, and, if these indications are followed, naturally would not, in any case, be delayed beyond the sixth year. After that age even the most carefully guarded child is liable to contaminating communications from outside.* * * Nor is it necessary for her (the mother) to have the slightest technical knowledge at this stage. It is only essential that she should have the most absolute faith in the purity and dignity of her physical relationship to her child, and be able to speak of it with frankness and tenderness.* * * If, as a few believe should be the case, the first initiation is delayed to the tenth year or even later, there is the difficulty that it is no longer so easy to talk simply and naturally about such things; the mother is beginning to feel too shy to speak for the first time about these difficult subjects to a son or daughter who is nearly as big as herself. She feels that she can only do it awkwardly and ineffectively, and she probably decides not to do it at all. Thus an atmosphere of mystery is created with all the embarrassing and perverting influences which mystery encourages.' This argument that the initiation should not be delayed until later years is evidently strengthened by the consideration advanced above, namely that sexual ignorance does not exist in children of these years, so that for the great part the harm is by then already done. As Dr. Blom rightly remarks, 'better a year too early, than an hour too late.' Dr. Jung has recently published¹ an impressive example of a beginning neurosis in a little girl of four, which was frustrated and cured by a parent versed in psycho-analysis; his remarks on the case contain many important suggestions in reference to the subject of this paper.

The mother's teaching, however, of which the æsthetic aspects are more important than the informative, should always be supplemented by those of the school. During the child's school years the dawning sexual life plays such a significant part that to guide it into useful directions should constitute one of the teacher's most important tasks. Two reasons make it imperative that at the present time the school

¹ In the third section of a paper entitled 'The Association Method,' *American Journal of Psychology*, April, 1910.

should play a leading part in this respect: in the first place, the attitude to the subject of the present-day mother is so frequently ignorant, shameful, or lewd that the teacher has to replace her so far as is possible, and to perform duties that more properly belong to her; in the second place, it is necessary to train the coming generation in such a way that when their turn comes to bring up children they will not be found wanting, as their own parents for the most part have been. There lies, therefore, before the teacher a generation's pioneering work; in the time to come his task will be less extensive and responsible, but at present he has in his hands one of the greatest opportunities that have ever occurred to his profession, and on the manner in which he responds to this opportunity much will depend of the efficiency and happiness not only of his present pupils, but of their future descendants. It cannot be said that the members of the teaching profession as a whole are well prepared for this task, though it is to be hoped that they are better so than the average parent. Improvement is especially desirable in two respects: first, the attitude of teachers towards affairs of sex needs to be much purer and franker than it commonly is, and secondly, they need a fuller knowledge concerning the fundamental facts. For the latter purpose invaluable help would be gained by a series of lectures being given to all teachers by competent instructors selected from the medical profession. This should include the knowledge of how to recognise early signs of nervous disorders in children, for conditions that later cause life-long invalidism and misery commonly evince themselves in childhood, and might be prevented if the early indications were appreciated and appropriately treated. It must further be added that the considerations advanced above suggest in no uncertain voice the great desirability of children not being educated too exclusively by unmarried teachers; a great deal might be said on this topic, which would, however, take us too far from the direct object of this paper. The actual mode of instruction carried out in the school is also unnecessary to consider here, nor can the details of it be settled without some experimental trial; those

interested in the subject are advised to read a valuable paper fully dealing with it by Maria Lischnewska.¹ In reference to it Ellis says:² 'Such instruction would be formal, unemotional, and impersonal; it would be given not as specific instruction in matters of sex, but simply as a part of natural history.'³ It would supplement, so far as mere knowledge is concerned, the information the child had already received from its mother. But it would by no means supplant or replace the personal and intimate relationship of confidence between mother and child. That is always to be aimed at, and though it may not be possible among the ill-educated masses of to-day, nothing else will adequately take its place.' The vexed question of co-education of boys and girls has too many aspects to be discussed here, though it has an evident bearing on the present subject. I would merely venture a personal and tentative opinion: namely, that, regarding the question from a purely psychological point of view, I am inclined to think that the upper limit of the school age should be raised to sixteen, and that even if both sexes are educated together in the early years their education should proceed separately after the age of nine or ten, and should consist much more than at present of preparation for the specific duties of life in the broadest sense.

Last, but also quite essential, is the part to be played by the doctor. It would be advantageous for all children to be given before leaving school lectures on sexual hygiene; these are best given by a doctor, and, of course, to both sexes separately. This, however, is by no means sufficient. Every young adult should at all times have direct access to a doctor in whom he would feel confidence, and from whom he could seek advice or knowledge on the many perplexities that are apt to arise. How often does a doctor see patients in after-life who have suffered years of misery that would have been averted by a simple explanation given at the right time! At

¹ 'Die geschlechtliche Belehrung der Kinder,' *Mutterschutz*, 1905, Heft 4, S. 137.

² *Op. cit.*, p. 57.

³ Stress should especially be laid on this point.

two periods this advice is especially needed; about puberty, and just before marriage.

Before concluding, I wish to say a little more on the negative side of the subject, namely, on the dangers to be avoided during sexual development. When enlightenment becomes the usual course followed with children, there will certainly be a risk of its largely consisting of warnings and forbiddings. If a child learns the significance of certain bodily sensations, for instance, at the time of puberty, only to be told that they are wrong and improper, then more harm than good will have been done. One of the most urgent reasons why enlightenment is necessary is the fact that at present to so many children the subject becomes one of guilt, shame, remorse and terror, with the result of crippling them in after years through neurosis or in other ways. Unless the avoidance of this is kept in the forefront of attention, it is preferable to leave the whole matter alone, and patiently to submit to the present evils. Better no enlightenment than a false one. It is therefore above all necessary for the parent and teacher to strive to acquire a freer, purer and broader attitude than is now customary, before undertaking the delicate task of avoiding the doing of harm. In years to come we shall perhaps learn how to train and refine the impulses that are so important both for the individual and for the race; at present we should concentrate our efforts on not injuring them. The vital question of the art of love, for instance, is one that can hardly be touched at the present day, when a prurient prudishness spreads its baneful influence over the whole of the finer side of life. Ellis points out that:¹ 'Even in the great revival of sexual enlightenment now taking place around us there is rarely even the faintest recognition that in sexual enlightenment the one thing essentially necessary is a knowledge of the art of love. For the most part, sexual instruction as at present understood, is purely negative, a mere string of thou-shalt-nots.'

A great deal of good in the matter of prevention of harm can be done in quite indirect ways, by a knowledge of the

¹ *Op. cit.*, p. 517.

kinds of influences which may thus affect a child. Of these I will refer to only one, premature sexual excitation. Although it is true that the harmful effect of this is in great part due to the child reacting to it by way of shameful and guilty emotions—thus producing pathological repressions—and not so much to the occurrence itself, still the probability of such a reaction is great enough to make it desirable, on this score alone, to avoid wherever possible premature excitation. Now the most important point that the findings of psycho-analysis teach in this connection is that children are at present exposed to harmful excitation to a much greater extent than is believed. Parents in their blissful blindness imagine that there is no risk in circumstances which in fact are fraught with dangerous possibilities. Their ignorance is due to their believing that children are too young to be affected by certain occurrences at an age which psycho-analysis shews to be extremely susceptible in this regard. In particular the risks inherent in certain sleeping conditions that are only too common are undoubtedly greater than is generally recognised. Children of a very tender age, from two to five, are liable to experience excitation provoked by older children, or by nurses, which may have grave consequences in later years. It should be an invariable rule that every child should from the beginning sleep in his own bed, and that children of opposite sexes should not sleep in the same room. Further, it must be pointed out that many ill effects ascribed to nursemaids, servants, and governesses are often due to improper practices on the part of these, and not to the 'frightening of the child with bogies,' as is commonly believed; the bogies in the child's mind are of a real nature, though, for reasons that cannot here be gone into, they may take imaginary forms. Again, under no circumstances should a young child sleep in the same room as his parents, or in a directly communicating one. It will hardly be credited how commonly young children are vaguely excited by overhearing marital embraces, often with harmful consequences.

In this paper it has only been possible to deal with the fringe of a large subject, and to consider some of the more

urgent and elementary questions. Much careful work in this direction remains to be done, but perhaps enough has been said to indicate the importance of some aspects of education that are at present too much neglected. There is every reason to believe that if these aspects are scientifically, and not prudishly, scrutinised, it will result in incalculable benefits to the health, efficiency, morals and happiness of generations to come. In conclusion, I would repeat that the first thing we have to learn is to stop doing harm: then, perhaps, we may learn to do good.

CHAPTER XX
THE VALUE OF SUBLIMATING PROCESSES FOR
EDUCATION AND RE-EDUCATION¹

In a previous paper² on the relation of psycho-analytic work to the problems of education, I laid special stress on what may be called the *negative* aspects of education, that is to say, on the avoidance of measures calculated to produce lasting injury on the child's mind, and I pointed out a number of respects in which present-day methods fell short of even this humble ideal. In the present paper I propose briefly to call attention to some *positive* aspects of the relation between psycho-analysis and education, namely, certain respects in which the knowledge gained through psycho-analytic work might to great advantage be made use of for educational purposes. The knowledge in question relates to the process known as sublimation, one which is at the basis of a great part of educational endeavour.

The word 'sublimation,' borrowed from the terminology of chemistry, was introduced by Freud to denote a psychological process defined by him³ as 'die Fähigkeit, das ursprünglich sexuelle Ziel gegen ein anderes, nicht mehr sexuelles, aber psychisch mit ihm verwandtes, zu vertauschen' ['the capacity to exchange an original sexual aim for another one which is no longer sexual, though it is psychically related.'] In another place⁴ he defines it as 'den Prozess der Sublimierung, bei

¹ Read before the American Psychological Association on December 29, 1911. Published in the *Journal of Educational Psychology*, May, 1912.

² Chapter XIX.

³ Freud, 'Sammlung kleiner Schriften zur Neurosenlehre,' 2^e Folge, 1909, S. 181.

⁴ Freud, 'Drei Abhandlungen zur Sexualtheorie,' 2^e Aufl., 1910, S. 83.

welchen den überstarken Erregungen aus einzelnen Sexualitätsquellen Abfluss und Verwendung auf andere Gebiete eröffnet wird' ['a process by which outlet and application in other regions is opened to overstrong excitations from the individual sources of sexuality.'] A few general remarks on this subject will be necessary before we can discuss the bearing of it on education.

It has of course long been recognised that the sexual instinct supplies important contributions to the more general mental tendencies and capacities, the evidence for this being principally of two kinds: In the first place the close association and even resemblance between the sexual impulse and such activities as those of religion and art leave no doubt in the mind of most thinkers that the former furnishes a considerable body of feeling which finds application in these spheres. Some authorities would go so far as to trace religious and artistic activities entirely to the sexual instinct—and indeed the evidence in favour of this view is much more extensive than is generally appreciated—but the commoner opinion is that the instinct merely adds some of its own peculiar feeling and impulses to religious and artistic tendencies that are already present in the mind, and which originate in other sources. This problem does not concern us here, and it need only be repeated that the main point is accepted by practically all writers, namely, that at all events *some* of the driving force behind the impulses and interests of art, religion and many other mental activities is derived from the sexual instinct. The following passages illustrate this idea; very similar ones might be quoted from Metchnikoff, Moebius, Schopenhauer, and many other writers. Bloch says:¹ 'Aus diesen innigen Beziehungen zwischen sexueller und geistiger Produktivität erklärt sich die merkwürdige Tatsache, dass gewisse geistige Schöpfungen an die Stelle des rein körperlichen Sexualtriebes treten können, dass es psychische *sexuelle Äquivalente* gibt, in die sich die potentielle Energie des Geschlechtstriebes umsetzen kann. Hierher gehören viele Affekte, wie Grausamkeit, Zorn, Schmerz und die produktiven Geistestätigkeiten,

¹ Bloch, 'Das Sexualleben unserer Zeit,' 2^e Aufl., 1907, S. 100.

die in Poesie, Kunst und Religion ihren Niederschlag finden, kurz, das ganze *Phantasieleben* des Menschen im weitesten Sinne vermag bei Verhinderung der natürlichen Betätigungen des Geschlechtstriebes solche sexuellen Aequivalente zu liefern, deren Bedeutung in der Entwicklungsgeschichte der menschlichen Liebe wir noch näher zu betrachten haben.' [These close relations between sexual and mental productivity explain the remarkable circumstance that certain mental creations can take the place of the purely physical sexual impulse, that there are psychological *sexual equivalents*, into which the potential energy of the sexual instinct can be transformed. Here belong many affects, such as cruelty, anger, pain, and the productive mental activities that find expression in poetry, art, and religion: in short, the whole *phantasy-life* of mankind in the widest sense has the power, when the natural activities of the sexual impulse are hindered, of furnishing such sexual equivalents, the significance of which in the evolution of human love we shall presently have to consider more closely.] Loewenfeld¹ similarly declares: 'Dass die Libido oder überhaupt die Sexualität einen sehr bedeutenden Einfluss als Triebkraft auf das seelische Leben ausübt, hierüber sind alle jene, welche sich mit diesem Probleme beschäftigten, einig.' ['That sexuality exercises a highly important influence as a driving force for mental life is a matter on which all those who have occupied themselves with this problem are unanimous.']

In the second place, experience has shewn that various activities possess in a high degree the power of diverting sexual impulses, and of thus alleviating undue tension of sexual origin. The general recognition of this fact is illustrated by the frequency with which the advice is given to those leading an abstinent life, or struggling with the habit of masturbation, to apply their interest and impulses to sport, work, and so on. That the energy thus won from the sexual sphere represents a cultural gain and has proved of the highest significance in the progress of civilisation is also widely appreciated.

There are, however, several matters in this connection that

¹ Loewenfeld 'Ueber die sexuelle Konstitution,' 1911, S. 173

are not commonly recognised, and which are of considerable importance in regard to the problems of education. The usual view of sublimation, one implicit in most writings on the subject, is that it is a process whereby the normal sexual desire of an adult becomes, more or less consciously, replaced by an interest in other matters. This conception contains, as we shall see, a number of important errors: they may be summed up by opposing the following statement: Sublimation concerns not so much the normal sexual desire as the individual components of the sexual instinct: it refers to the child far more than to the adult; it is an unconscious process, not a conscious one; and it does not consist in a replacement. These points may next be considered in detail, and in the reverse order from that just given.

(1) The exchange of the secondary social aim for the original sexual one constitutes not so much a replacement of the one by the other as a diverting of the original energy into a fresh direction; the occurrence is, in fact, better described by the term displacement than by that of replacement. The conative aspects of the affects in question may perhaps be best denoted by the expression desire, or, in Freud's language, the wish. Now, without maintaining that this is, strictly speaking, a form of energy,¹ or that the laws relating to physical energy can be directly applied to it, one cannot avoid seeing certain resemblances between it and physical energy, sufficient at all events to justify one in drawing an analogy between the two for purposes of illustration. The principle of the conservation of energy, for instance, is certainly valid in the mental sphere to a far greater extent than has generally been supposed. The careful psycho-analytic work of the past few years, and particularly that aspect of it that is concerned with unconscious mental processes, has shown with everincreasing plainness that on the one hand desires and other affective processes are very tenacious of existence and resist decay with a really astounding vigour, and that on the other hand what appears to be a cessation of desire is frequently found on closer examination to be actually a transformation of the

¹ See on this point Bleuler, 'Die Psychoanalyse Freuds,' 1911, S. 73, 74.

form in which the desire is being manifested. One feels, therefore, very inclined to venture the generalisation that the same principles of conservation and transformation of energy hold in the mental as in the physical sphere. Such a theory would require a very extended experiential testing before it could be raised to a level of high probability, but the impression one receives of the truth of it is at times very intense when one over and over again witnesses how a given desire may run through a person's life, baffled here and thwarted there, but constantly and untiringly seeking for some means of expression. In psycho-analytic work one sees clearly that the process above referred to of replacement and diverting of interest is substantially one of continuity, and that the later expression is, so to speak, a psychological equivalent of the earlier one. In other words, the energy employed in making use of the new interest is derived from the old one, and the later activity is only another, more indirect, means of gratifying the same desire. In this way various fundamental desires may run through the whole of a man's life, though the continuity of their manifestations may be not at all apparent to the casual observer.

The reason why this continuity is in most cases not obvious is because the resemblance between the two forms of expression does not appear on the surface, and is often to be revealed only through some analytic procedure. In many instances the association between them is apparently merely a superficial one, and the fact is overlooked that this covers a deeper and inherent connection in the subject's unconscious. The transference of the desire from one field of interest to another is effected by means of the mechanisms that Freud in his 'Traumdeutung' has shewn to be characteristic of unconscious functioning in general: further, the causes of the transference are the same here as in other mental processes where the same mechanisms are to be observed, in relation to dreams, wit, neurosis, and so on. Most often it is largely a matter of displacement alone. The affect, or conative trend, becomes dislocated from the idea with which it was originally connected, and then associated with another more suitable one. It is important

here to bear in mind that it is the same affect, or desire, that is operative in the two cases; it is not a replacement of one interest by another, but a displacement of a given affect from one idea to another, from the first interest to the second. More complex changes are brought about in the occurrence that is characterised by the replacement of one affect by another, for instance, love by hate or anger. In some cases it is believed by a number of writers that a true conversion takes place by which the one affect becomes literally transformed into the other, particularly love into fear: while others, including myself, consider that the first affect operates merely by evoking an exaggerated manifestation of the second one, which is thus in a way a reaction to a stimulus. In either event the empiric result is the same, namely, that the one affect, which is unable to find satisfactory expression, disappears from view and is succeeded by the other, which therefore stands in some generic relation to the first.

(2) It is important to bear in mind that the process of sublimation is mainly an unconscious one: that is to say, it takes place without the subject being aware of it. It does of course happen that, either spontaneously or on advice, a person who is troubled with a desire that cannot be gratified devotes himself to the pursuit of sport, study, and so on, and in so doing consciously sets going the first stage of the sublimating process by providing the opportunity for this, but even then the actual transference of the affect proceeds unconsciously, as one discovers through psycho-analysis. Occurrences such as these, however, comprise, as will presently be explained, only a small part of what is known as sublimation, and in most instances the whole process is entirely unconscious. This is emphasised in the following passage of Loewenfeld's,¹ who fails, however, to draw some very obvious inferences from it: 'Dabei muss noch wiederholt betont werden: Nicht die im Bewusstsein sich vorfindende Libido, d.h. das als solches fühlbare geschlechtliche Verlangen ist es, was die förderlichen Einwirkungen der Sexualität auf unser Seelenleben zu stande bringt. Dieser Einfluss kommt lediglich der in das Unter-

¹ Loewenfeld, *op. cit.*, S. 180.

Bewusstsein herabgedrängten oder überhaupt nie in das Bewusstsein gelangten Libido, resp. den ihr entsprechenden zentralen Erregungen zu. [It must again be repeated: It is not the "sexual hunger" that forces itself into consciousness, i.e., sexual desire felt as such, that brings about the furthering effects of sexuality on our mental life. This influence comes solely from the hunger that has been driven down into the subconscious or which has never entered consciousness at all (or the central excitations corresponding with this).]

(3) Of predominant importance in regard to the problems of education is the fact that the process of sublimation is much more a matter of childhood mentality than of adult. Any sublimation that occurs in adult life is but a feeble copy of the enormous extent to which it goes on during childhood, especially during the first half of this: in fact, the weaning of the child to external and social interests and considerations, which is the essence of sublimation, is perhaps the most important single process in the whole of education. The spontaneous activities and interests of children are totally different from those that are the aim of educational strivings, and they have to be replaced by these. In accordance with the principle mentioned above, however, this replacement is not so much the putting of fresh educational interests in the place of the earlier spontaneous ones as the diverting of fundamental desires and interests into new channels; it is the utilising of the same energy in other ways. Appreciation of this fact would lead to a much closer study than has hitherto been made of the nature of the energy that stands at our disposal for educational purposes, and of the forms in which it spontaneously manifests itself. Teachers empirically recognise the importance of presenting their subject-matter in such a way as to 'appeal' to children, but the efforts so far made in this direction have been based on a very inadequate study of what the primary interests in children that have to be appealed to really consist in. From Clark University appeared recently a stimulating paper¹ containing the data of a questionnaire

¹ E. A. Acher, *American Journal of Psychology*, Jan. xv. 1910, vol. xxi., p. 114.

on 'the spontaneous constructions and primitive activities of children,' including such matters as the kind of things children spontaneously do with snow, sand, earth, string, stones, knives, and so on. This paper of Acher's is valuable not only for the extensive data it contains, but also for the clear-sighted vision shown for the immediate bearing of these on the problems of education. I cannot do better than quote the following passages from it: 'The student of child study who is familiar with the material that has been collected in the past two decades on this subject cannot but be impressed with the great difference that exists between the theory of education which the child study investigation suggests on the one hand, and the theory which under much of the actual school work on the other. It is obvious that there are many instincts and interests of the child which are revealed by these investigations which are not being utilized by the school programme. . . . It thus becomes the imperative duty of education to follow this course of development and work with the force of psychic evolution and not against it, as is the case at present. . . . It is becoming more and more obvious as the child study material accumulates that the child's feelings, motives, instincts and interests that should guide the educator in his work rather than that the educator should undertake to direct and modify the child's development. The child must be allowed to evolve naturally and in conformity with its racial inheritance. But in the school work the child's social inheritance of comparatively recent times seems to be imposed on the child and the deeper impulses of its soul are scarcely touched. . . . It is needless to say that there are hundreds of other vague instincts, motives and interests in the child's soul besides those above referred to. The full and complete expression of these would give every child a richness of mind that would characterize it as a high life and enlarge its sphere of interests to an extent far beyond what is dreamed of now.'

There are, unfortunately, two serious deficiencies in Acher's work, deficiencies that are inherent in his method of approach, and which need to be remedied by work done along other lines

that may serve as a complement to his observations. Namely, he omits to trace either forwards or backwards the spontaneous activities studied by him. On the one hand, not developing the principle of the displacement of energy discussed above, he fails to indicate the precise educational and social uses to which these activities can be put, nor does he discuss the normal fate of the tendencies in question. On the other hand, he fails to see that they are not, as he thinks, primary in nature, but are themselves the outcome of still deeper and older tendencies present in the individual from the earliest childhood. This could not, of course, have been determined from a mere questionnaire enquiry, and well illustrates the limits of this method. By psycho-analysis of the individual one is enabled to trace in great detail the psychogenesis and later evolution of each of these activities, and if a sufficient experience demonstrates the presence of constant features in this evolution one can with considerable probability formulate certain generalisations along these lines. It may be said that anyone accustomed to psycho-analytic work could at once interpret the majority of Acher's observations in terms of still more primitive childhood tendencies,¹ and also indicate a variety of later manifestations in which they might become expressed. This matter will presently be considered from another point of view.

(4) The process of sublimation is concerned with much deeper agents than mere ungratified sexual desire. The whole subject is commonly discussed in a superficial manner as if it were a question of the individual being disappointed in love and seeking consolation in the arms of religion, of work and what not, or of his being spurred on by the stimulus of love into some artistic or other activity. For instance, Loewenfeld² constantly tests the significance of sublimation for

¹ Karl Gross ('Das Spiel als Katharsis,' *Zeitschr. f. päd. Psychol.*, 1911, Heft 7,³) considers that play in children has the function of temporarily unloading and working off the tension originating in primitive instincts, particularly the combative and sexual ones, the direct operation of which is impeded by the influence of a civilised environment. He traces the desire for a number of later activities, such as dancing, mountain-climbing, and so on, to a like source.

² Loewenfeld, *op. cit.*, S. 190, 191, 210, 220, etc.

scientific and artistic work, etc., by trying to correlate a given production with a possible love-affair. Such things may presumably happen, but they constitute a very small part of what is meant by the term sublimation. It cannot be insisted on too strongly that sublimation is concerned not so much with normal sexual desire, in the narrow sense, as with the individual biological components of the instincts, *i.e.*, with the various infantile tendencies that later on form the basis of erotic desire as well as of many other (non-sexual) interests. This is clearly of cardinal import for education, for it means that sublimation is not a matter of displacing for other purposes a diffuse energy, but an accurate and specific transference of energy from one given field of interest to another; each special later interest corresponds with a special primary component of the sexual instinct.

In psycho-analytic work one also obtains an insight into the function served by the process of sublimation and the forces that bring it about. It is found that the earlier tendencies that are in this way displaced by later ones are of such a kind as to be unacceptable to the social and ethical standards of a civilised community, and therefore also to those of the child as soon as he begins to be subject to the pressure of his environment, *i.e.*, after the age of about six months. They concern such tendencies and traits as preoccupation with his own body, and especially with particular parts of this, interest and pleasure in various bodily functions, especially those of excretion, curiosity about such questions as the difference between the two sexes, the origin of babies and the nature of marital relations, selfish inconsideration for others, jealousy and resentment at being disturbed or interfered with, and so on, tendencies which modern writers group under the broad term of sexual. These tendencies have to be renounced by the child, the completeness and ease with which this is accomplished varying greatly from one instance to another. They, of course, become forgotten in later life, or, as it is technically called, 'repressed'; this is one reason why they are so extensively ignored by adults, and the significance of them for childhood development greatly under-estimated. They do not,

however, die, as is generally supposed, but undergo a transformation, finding an outlet in more suitable modes of expression, and thereby furnishing energy of incalculable value for social and educational activities; this is the process of sublimation.

It is difficult to furnish actual instances of sublimation that would carry due conviction, because one is not justified here in assuming any considerable familiarity with unconscious mental processes, so that the instances given will run the risk of appearing like mere unsupported and improbable assertions. With this reservation, however, the following remarks may be made: It has fallen to me, as to most other psychoanalysts,¹ to have the opportunity in a great number of cases to trace the impulses that led various persons to enter upon their respective profession or employment, and even matters so important as this one finds to be dictated by unrealised and buried tendencies to a far greater extent, in comparison with external inducements and opportunities, than is generally supposed. These external factors, important as they may seem to the casual observer, are often but the pretext for the expression of some primary, submerged striving. A child, for instance, who has conquered a sadistic love of cruelty may when he grows up become a successful butcher or a distinguished surgeon, according to his capacities and opportunities. One in whom the exhibitionistic fondness for self-display was pronounced may develop into an actor, an auctioneer, or an orator. There comes to my mind a patient who as a child had shown an unusually strong interest in the act of micturition, in the guidance of the flow, in the force of it, and so on: when a little older he was passionately fond of playing with streams and puddles, manipulating them in every possible way; he is now a well-known engineer, and has constructed a number of canals and bridges. Others, whose primary interests concerned more solid excretions, sublimated these

¹ See, for instance, Stekel, 'Berufswahl und Kriminalität,' *Archiv für Kriminalanthropologie und Kriminalistik*, 1911, Bd. xli., and Fortmüller's review of Ostwald's 'Grosse Männer' in the *Zentralbl. für Psychoanal.*, Jahrg. I., 1911, S. 348.

in their childhood through various games ('spontaneous activities' of Acher), and later became — one an architect, another a sculptor, a third a type-moulder, and so on; one, finding that solid substances were more easily moulded and played with after they had been heated, developed a fondness for cooking and became a chef. It is not maintained that these factors were the only ones operative in determining the choice, and still less that the professions named are always chosen as a result of the particular unconscious agents just mentioned, but extensive experience of the tenacity, vigour and durability of such unconscious factors forces one to estimate their importance much more highly than is generally done.

Returning to the subject of education, we have to note that processes similar to those just indicated in connection with general matters, such as the choice of a profession, are also at work in narrower and more specific interests of childhood life. Whether a particular subject, geography, history, etc., will appeal to a given child, and whether he will be successful in his studies of it, very largely depends on the special aspect that is first presented to him, and on the extent to which this aspect associates itself with interests already existent in his mind. On the other hand, special difficulty that a child may have in acquiring a given subject is often due, not, as is generally thought, to any inherent deficiency in this respect, but to inhibitions that originate in a more primary interest with which the subject has become secondarily associated, and which has transferred on to the latter its own affects, difficulties and conflicts. The main thesis of this paper is that a fuller knowledge of the primary interests and tendencies of the child would enable us to devise methods of education that would, as it were, link on the tendencies we wish to implant to those already existing, and thus by accurately diverting the primary interests utilise them for social and educational purposes with much greater effect than is achieved by our present empirical and rule-of-thumb methods.

If these principles are accepted the question inevitably arises as to whether they are at all compatible with the present

system of mass teaching, or whether on the contrary they do not lead to an insistence on a more individualistic system; the importance of the question lies in the fact that it is a practical one, so that the value of the principles will probably be estimated by it. It cannot be denied that the weight of the foregoing considerations must be added to that of evidence from very different sources which goes to shew that much greater attention will have to be paid to the individual child if the best results are desired. Indeed, this whole question may be regarded as settled on the scientific side; it is now merely a financial one. In this connection, however, we may add the following consideration: As has been insisted on by both Freud¹ and Loewenfeld,² there are distinct limits set by nature to the extent to which sublimation is possible, and it is, above all, important to bear in mind that these vary enormously with different individuals. Our present system of forcing all children, except those obviously defective, through the same intellectual mill is probably productive of much less harm than our even stricter custom of exacting, under fearful penalties, a uniform moral, social and ethical standard of behaviour. In all these respects there should be a greater regard for the individual constitution and individual tendencies, a more lenient tolerance combined with a more prescient knowledge. In every branch of education there is need of a looser rein, but also of a more clear-sighted guidance. This would give us, it is true, a greater variety in the social commonwealth—not unwelcome to those who are depressed at the monotonousness of modern life—but also a more accurate fitting of the individual to the tasks he has to fulfil, and a much greater development of individual capacity and efficiency.

To those who are startled by these prospects we may offer the following consolatory consideration, which will shew that more compromise with the existing modes of education is possible than might have appeared from the previous remarks. Experience teaches that there is a considerable stereotypy in

¹ Freud, *American Journal of Psychology*, April, 1910, p. 218.

² Loewenfeld, *op. cit.*, S. 221.

the forms that sublimation of a given tendency takes, and, as there are only a quite limited number of such primary tendencies, it follows that the results of sublimation must show a considerable resemblance in a large number of individuals. So far as one can see, there seems to be no limit to the possible variations that the effects of sublimation may show, this being one cause of the fact that no two individuals are precisely alike, but nevertheless it is found in actual practice that similar paths are followed in a considerable number of cases, particularly when the environment is about the same. If, then, it is agreed that the children who deviate from the average are to be relatively neglected, much as they are at present, it should be possible to devise educational methods that are best adapted for the more usual types of sublimation. It will be obvious that the task of making the necessary preliminary investigations and of devising these methods cannot be relegated to the school teacher, who has not only neither the training nor the opportunity for such detailed investigations, but to whom certain aspects of them, *e.g.*, the sexual, may be counted upon to appear distasteful, and that it is probably a matter for the combined efforts of pedagogical and paedological psychologists. Their findings must then be communicated to the teacher, for whom it need not be obligatory to understand the rationale of them.

The problems of *re-education* meet us in several different forms, according as the subject is a neurotic or insane patient, a pervert, a criminal, or any other social failure. In all these the process of sublimation has failed to effect its social purpose, and the unsocial or morbid activity that has resulted is the product of primary childhood tendencies that have never been properly controlled; the subjects are victims of what may be called miscarried sublimation. The problems of the nature and variety of this miscarriage involve a study of many other matters besides those strictly belonging to education itself, and I will here confine myself to one of them where the relation to the latter is especially close, namely, concerning the possibility of the foregoing principles being applied to the

treatment of the insane. I refer in particular to the advanced cases of dementia where the patients often lead a practically vegetative existence. They are not only unable to do any useful work, but even to care for or feed themselves, and their activities may be reduced to the monotonous and reiterated performance of some apparently meaningless movement. Thanks to the studies of Jung, Abraham and many others, it is now known that these activities represent a distorted and degenerated form of infantile conduct of an auto-erotic kind. Defeated in life, and prevented by their internal inhibitions and conflicts from permanently sublimating their inborn tendencies in satisfactory directions, *etc.*, from 'adapting themselves to their environment,' they have reverted to a state of early childhood, and their interests and activities are correspondingly reduced and simplified. These are manifested mostly, as has just been remarked, in distorted and at first sight unrecognisable ways, but often enough in the naked infantile form itself: an unmistakable instance of the latter is the frequency with which the depths of dementia are accompanied by preoccupation with the dejecta, a condition which in an adult patient is equally troublesome and repulsive.

Many efforts have been made to divert the available energy of such patients into useful or, at all events, less repellent channels; a recent example that may be referred to is the work of Miss Kent¹ on habit-formation in dementia præcox. All such endeavours that I am aware of, however, have been not only too pretentious in their scope, but have not taken into account the actual nature of the energy that is to be diverted. The interests that are intended to replace the stereotyped behaviour, *i.e.*, the manifestations of the infantile tendencies, are in most cases totally disconnected with the latter, whereas every effort should be made to provide interests that would directly link on to them; to do this it is of course indispensable that a preliminary study be made of the precise meaning of the patient's manifestations, and therefore of the nature of the energy that is at his disposal. Further, it will be evident from the previous considerations that sublimation pro-

¹ G. H. Kent, *Psychological Review*, November, 1911, vol. xviii., p. 374.

ceeds by gradual stages, these being, in fact, parallel with the development of the individual. One cannot, therefore, aim too high at first, but must imitate nature in advancing deliberately from one stage to the next. It seems reasonable to infer that when an adult has reverted to a condition which psychologically is very close to that of infancy, the surest way to arouse him from his apparently hopeless state would be to get him to traverse paths similar to those characteristic of infancy. A more hopeful line of work than that commonly attempted would therefore be to correlate the activities spontaneously shewn by the patients with those that they correspond to in childhood, and then make use of the paths of sublimation instinctively employed by the normal child. No doubt modifications would have to be introduced to suit the special circumstances, but in general I am convinced that much could be learned for this purpose by studying closely the evolution of early childhood. There is every prospect that attempts carried out in this direction would prove of considerable value in the treatment of advanced dementia.

Fortunately, these unambitious efforts represent the least hopeful re-educational problems. With such patients it may be said that their sublimating capacities are for all practical purposes paralysed, and one would be satisfied to be able to restore even a modest level of mental activity. In all other classes of case one aspires to loftier aims, certainly to making the individual an efficient member of society. This, however, is not the place to enter into the success of psycho-analysis in undoing the morbid development of these subjects by means of unravelling the psychogenesis of their unhealthy manifestations, and in thus enabling them to divert for social purposes the tendencies which their early education failed to sublimate. It is clear that, however brilliant such success may be from the point of view of the individual—and even here it is often hampered to a serious extent by both intrinsic and extrinsic factors,—from the point of view of society it can only be regarded as a palliative measure for dealing with a ruinous evil. It is time that society, confronted with the undimishing hordes of her failures, began to enquire into the signifi-

cance of a state of affairs that can almost be described as a bankruptcy of true education. The real meaning of this extravagance would then be discovered, namely, that civilisation has reached, or is on the point of reaching, the limit beyond which unguided sublimation can no longer be successfully maintained. The instinctive strivings of mankind have displaced from the primary inborn tendencies a mass of energy that through various social activities has built up what we call civilisation, but it seems probable that the amount of energy in this way accessible is even now overdrawn. If the present level of civilisation is to be maintained, and further progress made, it will become necessary to supplement the instinctive forces making for sublimation by a conscious and co-ordinate guidance. The first logical step in this direction must be a careful and unprejudiced penetration, along psycho-analytic or similar lines, into the deeper layers of the mind, particularly of that of the child. Such an investigation is bound to yield invaluable results for education, not only in the narrower sense of school teaching, but also for child-training in the broadest sense of the word. Endeavours along these lines, skilfully planned, should prove both a more ennobling and a more scientific method of raising the standards of the race than is the more facile, and therefore more popular, method of clamouring for the castration of 'degenerates.'

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