THE PSYCHOANALYTIC QUARTERLY

(1939) Psychoanal. Q., 8:427-436

Developments in the Psychoanalytic Conception and Treatment of the Neuroses

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During the past few years we have witnessed rapid progress in general medicine culminating in the recent advances in the chemotherapy of infectious diseases. In view of this bright picture in our neighbor's field it is fitting to ask ourselves whether we too are in a position to report improvements. The purpose of my paper is to show that we are, although in our field developments have been slower and less spectacular.

Although mental healing is the oldest kind of healing, scientific psychotherapy is a very young branch of medicine. It was only some forty years ago that Freud laid its foundations by the discovery of a method for the penetrating psychological investigation of mental life. The essence of this method was, and still is, to maintain a special kind of psychological contact with the patient over an extended period and by certain technical means enable him to unfold himself mentally before the eyes of the physician. This procedure of prolonged observation however was more than a method of investigation. It appeared itself to have a therapeutic effect which could be directed and intensified by skilful influence. In medical practice it has been employed ever since that time for its value as a means of treatment.

Freud summed up the early results of his psychoanalytic studies in two closely interrelated formulations based on the hypothesis of instinctual drives. According to the first formulation, neurotic symptoms are due to the repression of instinctual drives during the period of childhood; the drives thus repressed are excluded from normal development yet they

Read before the Section on Neurology and Psychiatry of the New York Academy of Medicine, May 1939, and at the joint meeting of the American Psychoanalytic and American Psychiatric Associations, Chicago, May 1939.

remain powerful and produce the derivative manifestations which we encounter as symptoms. The second formulation stated that the psychoanalytic procedure remedies the symptoms by inducing the patient to overcome his resistances—the repressing forces in his mind—thus allowing the repressed pathogenic unconscious in him to become conscious again. In spite of the many complicated details that were later added, these twin formulations have remained the foundation upon which psychoanalytic work has been carried out.

In accord with these formulations the practicing analyst focused his attention upon the abundant fantasy productions of the patient. These fantasies were seen as forming the mental background of his neurotic symptoms and behavior; they were considered the flagrant manifestations of his hitherto repressed and unconscious drives. Their production was therefore encouraged. The analytic procedure was to retrace these fantasies to early infantile experiences of the patient. As a rule he could be shown that in his fantasies and symptoms he had revived and repeated his remote past and was reverting to the primitive instinctual gratifications of that time. Sometimes tangible improvements followed this type of analytic work; in other cases no improvement was forthcoming. It was then disquieting to find that neurotic fantasies and symptoms are like the heads of the fabled hydra any of which when cut off was replaced by two others unless a fire brand were used to scorch the growth. Unfortunately we had no formula for such cauterization.

The capriciousness of our therapeutic results puzzled us. It required years of clinical study and the repeated revision of our working assumptions to bring us closer to a solution. The first move in these developments was made by Freud. In his book *Hemmung, Symptom und Angst,* published in 1926, he reëxamined his theory of the pathogenesis of the neuroses (1). Here he reversed his previous conception that the repression of instinctual drives leads to anxiety, holding that on the contrary anxiety leads to the repression of instinctual drives. He came to the conclusion that *anxiety* was the decisive factor in

the causation of the neuroses. In his own words: 'Whence springs the preference over all other affects which the affect of anxiety seems to enjoy in *alone evoking reactions which we distinguish from others as abnormal* and which in their inexpediency obstruct the stream of life?'

From this recognition of the dominant rôle played by anxiety in the pathology of the neuroses Freud, astonishingly, drew no conclusions for the technique of treatment. Other authors, especially Ferenczi and Wilhelm Reich, attempted to do so during the ensuing years but without conclusive results. My own therapeutic efforts gradually led me to realize that we had reached a stage of development when our understanding of the etiology and treatment of the neuroses was hindered rather than aided by the theory of instincts itself. This theory was repeatedly modified by Freud, each time becoming more speculative, more general and remote. Although captivated by the philosophical implications of this theory, Freud was aware of its scientific shortcomings. He wrote in 1933: 'The theory of instincts is, as it were, our mythology. The instincts are mythical beings, superb in their indefiniteness.' (2) Obviously this hypothesis, though of great heuristic value in the early development of psychoanalysis, has outlived its usefulness. If Freud's discoveries were to bear new fruits by stimulating further scientific inquiry, it was necessary to segregate the factual findings of psychoanalysis from its metaphysical elements and to build some other frame of reference that would rest on our established biological knowledge of man and suit our medical needs.

We attempted to meet this need by describing the actually observable dynamics of the mind in terms of integrative ego functioning or to introduce a convenient designation, in terms of an *egology*.1 This egological concept has gradually evolved from a theoretical position first stated in 1927 and further elaborated in 1933. (3) It has enabled us to look upon the

[1] Integrative ego functioning is of course the integrative functioning of the 'total personality'. The latter term is avoided because of the somewhat metaphysical content that it has been made to represent.

neuroses as disorders of integrative ego functioning and thus to study and describe them in terms of an *ego pathology*. The results of our attempt have been presented elsewhere (4) and will be published. Here I shall merely indicate the few points needed to clarify the problem of treatment.

The first task was to learn more about anxiety, and also to arrive at a closer definition of our terms, making a sharp distinction between the affect of anxiety and the state of fear or apprehension. Fear (apprehension) is marked by a highly intellectual content, a specific feeling tone, and the absence of peripheral motor manifestations. Hence fear (apprehension) is not an affect but a predominantly intellectual state of mind.[2] Its general characteristic is alertness to danger; egological analysis however reveals its essential substance to be *anticipation of pain from impending injury*. Pain and injury must of course be understood to include purely mental as well as physical experiences. In anxiety, on the other hand, the intellectual element is negligible, though it too is perceived as a specific feeling (related to fear). The decisive component from which it derives its character as an affect is its specific peripheral motor manifestations centered around a sudden and transitory impediment of breathing.

The outstanding fact in regard to fear and anxiety as well as pain is that they are the key devices of a safety function of the ego which I propose to call *emergency control*(5). These devices act on the ego in a definite way; they prompt it reactively to *emergency measures,* such as quick emergency moves, elaborate emergency fortifications and finally reparative adjustments. Here I shall mention only the emergency moves. They are: the outward operations of flight or evasion; the release of anger or rage resulting in the outward operations of combat; the purely intellectual move of 'choosing the lesser evil'; and last, the inward inhibitory impulses, the operations of self-control. The latter restrains the ego in cases where it would otherwise expose itself to emergencies and must therefore be

considered the prophylactic branch of emergency control. All this is readily observed in the normal ego.

Anxiety is a reflex-like response. We may refer to it as the *anxiety reflex*. The ways in which this reflex is elicited in the newly born infant are obscure but we see that it undergoes a definite development in early childhood. This development falls into two stages. In the first, experience and training tend to condition it to become responsive only to sense perceptions which truly indicate that the ego is exposed to injury, in other words that there exists a state of actual emergency. With this process of early conditioning an attempt is made to enable the anxiety reflex, inherited from our subhuman ancestors, to serve as a device of emergency control under the conditions of civilization. The control then to be fully adequate should function according to the following pattern: sense perceptions truly representative of emergency (of impending injury) reflexly evoke anxiety whose action in turn prompts the ego to reactive emergency measures.

This aim however can only be realized in the second stage when the development of the child permits the fuller enlistment for this purpose of its intellectual function. The anxiety reflex is then gradually transformed into and superseded by the higher *fear reflex*. The vital point in this change is the *anxiety affect*; whereas its feeling tone remains unchanged, its motor elements are replaced by the intellectual components characteristic of fear. Upon completion of this metamorphosis then, the devices of emergency control, originally pain and anxiety, have become pain and fear. With the evolution of fear anxiety has withered away.

It is a symptom of abnormal development if the evolution of the fear reflex from the anxiety reflex is not a full transformation but merely a branching out. Though the fear reflex develops, the anxiety reflex also persists and far from dwindling away, shows signs of increasing strength. Its reflex excitability increases; its affect manifestations expand. If elicited, the reflex no longer manifests itself as a *flash* of anxiety but as an *attack* of anxiety. The former served as a stimulant

to useful action; the anxiety attack, on the contrary, has a paralyzing effect on the ego, sometimes to the point of complete incapacitation. Previously a serviceable device of emergency control, the anxiety reflex has by its survival and hypertrophy become a menace to the ego.

Henceforth the ego will be subject to attacks of anxiety. These attacks seem to occur first as an added affect manifestation in real emergencies where the normal child would respond only with fear. Later however, they arise independently of such occasions. Our investigations have recently begun to shed light on the chain of internal events responsible for this momentous change, events which of course remain hidden from the ego itself.

After experiencing a few anxiety attacks the ego begins to dread their recurrence. In its desperate efforts to prevent them it has only the intellectual resources of fear at its disposal. For want of better insight the ego will trace its attacks of anxiety to imagined causes and henceforth will be afraid of these. In other words, it now dramatizes anxiety in terms of morbid fears. During the further course of childhood development both the anxiety attacks and the morbid fears sustained by them may subside. It is then in typical situations in the period of puberty and later in maturity that they recur. Though the content of the morbid fears is now colored by contemporary elements, they are easily revealed as revivals of the fears formed in childhood.

The significance of the morbid fears can hardly be overrated; it becomes apparent when one realizes that the ego reacts to them in essentially the same way as to ordinary fear. Under their pressure the ego though actually in no danger, fights, retreats, fortifies and readjusts itself, exhausting itself in superfluous emergency measures. These measures are the decisive factors in the development of the neuroses. They carry the disturbance set up by the anxiety attacks into the individual functions of the ego. The manifold details of these measures have been gradually disclosed by the minute analysis of a large variety of cases. Clinical findings have demonstrated

the validity of the following conception: *neurosis is ego functioning altered by faulty measures of emergency control*. In the pathogenesis of neurosis the first observable event is a disturbance in the development of the fear reflex resulting in the survival of the anxiety reflex and the expansion of its affect manifestations to attacks; in the effort to control anxiety attacks the ego generates morbid fears and is then pushed by these into faulty emergency measures which invade and upset any or all of its functions.

The ego however is unconscious of the true meaning and source of its neurotic manifestations. Such a striking

lack of self-awareness may seem astonishing. However closer observation reveals that the normal ego behaves in a similar fashion in regard to its realistic fears. Its behavior may be definitely motivated by fear of which it neither is nor dares to be conscious. One is forced to realize that it is precisely because of their intimidating and humiliating side effects that the ego shies from a consciousness of its fears, though wholly under their domination. It is no longer surprising then that it should be unaware of the nature of the complicated operations deriving from this unrecognized source.

The neurotic ego is thus driven by its morbid fears blindly to carry out unnecessary emergency measures which reduce both the range and the efficiency of its functioning. The damage is particularly serious if the disturbing influences of morbid self-control invade the delicate physiological mechanism of organ functions, depriving the ego of its due command of the organs. This is notably the case in disturbances of the genital function, an element rarely absent in any neurosis. Though the development of this function is completed only in puberty, its finer coördinations are unbalanced under the impact of anxiety in early childhood. Also to be emphasized as another fairly constant feature in the neuroses is one that has not been given the attention to which it is entitled by its practical importance. I am referring to the disturbances of the group membership functions of the ego which include the individual's capacity for and way of doing his share

of work in the community, and his handling of the competitive aspects of life. Since our knowledge of these functions themselves is incomplete, their disturbances are as yet somewhat obscure; but here too our approach has led to clarification.

Strangest of all however, are those actions of the neurotic ego which are obviously self-injurious. We have gradually come to understand these phenomena as the outcome of morbid fears under whose pressure the ego often brings down on itself the very injury which formed the imaginary object of its fear. A woman has a wholly unwarranted fear of being slighted and ignored; unwittingly she displays a resentful attitude which will lead to her being avoided in fact. The morbid fear of being persecuted drives many into actions that bring about their actual persecution. The sexual life of neurotics is full of self-injuries inflicted in this way. Once an ego has come to the point of coping with its anxiety by producing and sustaining morbid fears, the consequences are far-reaching indeed. Yet this mechanism alone far from explains all the spectacular self-injuries involved in the neuroses. Further insight into them was gained with the realization that emergency control is integrated on three hierarchic levels. On the highest, the intellectual level, its device is fear; on the next, the subintellectual or affectomotor level, its device is anxiety; and on the lowest, subaffect level its device is pain. These superimposed levels of integration possibly reflect the course of phylogenetic development. Fear is anticipation of pain, eliciting efforts to avert the impending injury. The flash of anxiety is a cruder device for the same purpose. On the lowest level of organization pain cannot yet be foreseen and thus averted, but must none the less be dealt with when it occurs. Control of pain is therefore directed toward eliminating the source of suffering, if necessary even by the sacrifice of a part of one's own body. Such conduct reveals a principle ingrained in the organization of all animals, including man. In the phylogenetic scale of increasing differentiation and complexity of organization there gradually become apparent many reflexes designed to eliminate pain-causing agents from the surface or inside of the body. The

scratch reflex, the shedding of tears, sneezing, coughing, spitting, vomiting, colic bowel movement are but a few well-known instances of this principle of pain control in our bodily organization. This principle I have called the *riddance principle,* and its physiological embodiments the *riddance reflexes.* Reverting to the voluntary operations of ego functioning, we may observe in ourselves an impulse to tear away an intolerably aching portion of the body: a tooth, an ear, a finger, etc.

The decisive step came with the recognition that the same basic riddance principle governs the ego's attitude toward *mental* pain, toward the torment caused by its morbid fears and anxieties. For example: when the morbid fears responsible for sexual incapacitation have become intolerable, the individual develops the impulse to rid himself of this organ which appears to be the cause of his distress. Such primeval impulses of emergency control are checked by the intellectual realization that their pursuit would harm rather than benefit the ego, or more frequently these impulses are automatically repressed. In the latter case no less than in the former is the effect upon the ego tremendous. The ego cannot escape a faint awareness of being impelled toward the very injuries it dreads,

and its fears feed and grow on this awareness. A vicious circle is then established: the fears thus intensified reflexly turn back on and stimulate the deep-seated riddance impulses which in turn magnify the severity and painfulness of the fears. Once this mechanism has been set in motion, the outlook for the further course of the neurosis is indeed alarming. The patient moves from defeat to defeat. In other cases, in psychoses or under morbid excitement, he loses his controlling insight and in a paroxysm of riddance, actually inflicts self-injury in order to end the insupportably painful tension of anticipation (6). In some cases, driven to end the tension, the patient brings about a situation in which he is inevitably injured by others. A refined technique of achieving this is to lure the surgeon into the performance of unnecessary operations.

It was the disclosure of the riddance principle that finally led me to feel that the attempt to understand the neuroses in

egological terms of emergency control was fully justified and offered a promising approach. It was a great satisfaction to me to be able to demonstrate in a crucial problem of psychopathology that voluntary operations of integrative ego functioning are governed by the same principles embodied in the ego's reflex organization.

Leaving many important points untouched, we must now return to the problem of neurotic fantasies. Whereas until now we have been concerned mainly with the devices of emergency control and the corresponding emergency moves, in dealing with neurotic fantasies we touch on those other elements of emergency control that we have called fortifications and reparative adjustments. We regard these fantasies as illusory operations acting vicariously for inhibited normal operations. The greater the pleasure deficiency of the functionally crippled ego, the greater its tendency to indulge in wishful fantasies. This is but one instance of the ego's effort to increase its working equipment by the revival of the magic operations of childhood, a morbid act of fortification that takes place on a large scale in every neurosis. Yet these illusory operations are themselves not immune from the inhibitory action of morbid fear and anxiety, and the ego is therefore obliged even here to retreat and make its reparative adjustments.

We need not go further into these details. The point to be stressed here is that neurotic fantasies are vicarious operations. Our first task then is to retrace them to the operations one would find in their place had the ego remained normal and to use them as an indication of the forces interfering with the ego's normal functioning. The same is true in regard to the other symptoms which owe their existence to the reparative efforts of the neurotic ego to open up inferior sources of pleasure and profit as a compensation. In this procedure, instead of allowing ourselves to be sidetracked to the secondary consequences of the disturbance we use the fantasies and symptoms together with other data to direct attention to those focal points where the chain of pathological events actually originates. We can restore to normality functions damaged by anxiety only by removing the obstacle of anxiety from their range. This implies incessant study of the disturbed functions themselves rather than of the functions that have come to act vicariously for them, and the careful disclosure of the manifold damage done to their structure by anxiety. Gradually unfolding the patient's life history in terms of his intimidation we arrive inescapably at his early childhood when the first impact of anxiety on functions not yet fully developed laid the foundations for their future disturbances.

This reorientation of therapeutic work unfortunately does not lessen the time needed for treatment, and demands if possible even keener penetration than before into the patient's present and past, but it does reward us with a greater measure of success.

I have been able to present only a fragmentary picture of developments in our field. Foremost among the many other subjects that are ready to be reported is the better understanding, in the light of integrative ego functioning, of the phenomenon known as transference and the utilization of this insight in the technique of treatment. The discussion of these subjects however must await another occasion.

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Article Citation:
Rado, S. (1939). Developments in the Psychoanalytic Conception and Treatment of the Neuroses. *Psychoanal Q.*, 8:427-436