

# Las estructuras freudianas de las psicosis (1955-1956)

## Artículos psicoanalíticos citados por Lacan en su seminario

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### 1953) SCHREBER'S PREPSYCHOTIC PHASE. INT. J. PSYCHO-ANAL., 34:43 (IJP)

#### SCHREBER'S PREPSYCHOTIC PHASE1

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#### Introduction

The fourth chapter of Schreber's autobiography (p. 34) begins: 'I shall speak now of *my own personal* experiences during the two mental illnesses that befell me. I have been ill twice, both times as a result of mental overexertion; the first time (I was then Director of the Judicial Court in Chemnitz) on the occasion of my candidacy for the Reichstag, the second time on the occasion of the unusual burden of work that I encountered upon assuming the office, newly transferred to me, of Senatspräsident of the Supreme Court of Dresden.'

During both illnesses, Schreber spent a long time at the University Clinic at Leipzig, of which Professor Flechsig was head. 'Both times, upon my admission to the Clinic, I did not have the slightest suspicion of any antagonism existing between the Schreber and Flechsig families, or of the supernatural happenings that I have discussed in the previous chapters' (p. 34).<sup>2</sup>

So far in Schreber's description we note that he speaks of the first illness, and the beginning of the second, as if they were similar.<sup>3</sup> Although Schreber comments only briefly on his first illness, further evidence of this similarity is found in the fact that before any symptom of the second illness made its appearance, he dreamed repeatedly that his illness had returned, thus foreshadowing, in the second illness, a repetition of the first. At least one symptom—oppression of the heart—according to Schreber's account, was present in both illnesses. Flechsig's diagnosis of the first illness as hypochondriasis makes it highly probable that the hypochondriacal fears characteristic of the early part of the second illness were also present in the first.

Concerning the first illness, Schreber expressly commented that 'no incidents bordering on the supernatural', i.e. no psychotic symptoms were present and that recovery was complete. Therefore, we may consider the first illness as a preamble which could be arrested. After an interval of eight years, however, the second illness broke out, with disastrous results. The beginning phase of the second illness lasted until the formation of persecutory delusions. We may say that this phase, in which no psychotic symptoms were present, constituted the prepsychotic period.

#### The First Mental Illness

This illness, diagnosed by Flechsig as an attack of severe hypochondria, occurred after Schreber's mental overexertion in connexion with his candidacy for election to the Reichstag.

The attack began in the autumn of 1884 and was completely cured by the end of 1885. From December 1884 until June 1885 Schreber was a patient at the University Clinic at Leipzig. There he was treated by the chief, Professor Flechsig. This first illness ran its course without the occurrence of any incidents bordering on the supernatural. Although Schreber had mainly a 'favourable impression of Flechsig's treatment' (p. 35), he mentioned also what he considered poor judgment on Flechsig's part in telling him a 'white lie', namely, that he (Schreber) suffered from potassium bromide poisoning as a result of the medicine prescribed by Dr. R., the doctor who had treated him first. Schreber

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<sup>1</sup>I regard this article a sequel to my paper 'Structural Aspect of a Case of Schizophrenia', *The Psychoanalytic Study of the Child*, 5, 1950 wherein I discussed the loss of the positive Oedipus Complex in the prepsychotic phase of schizophrenia. The reader is referred to this paper.

<sup>2</sup>The antagonism between the Schreber and Flechsig families was based upon the psychotic idea that long ago one of Flechsig's ancestors had murdered the soul of one of Schreber's ancestors.

<sup>3</sup>Some time ago Dr. William Niederland was kind enough to send me a copy of his paper 'Three Notes on the Schreber Case', which he read before the New York Psychoanalytic Society, since published in *Psychoanal. Quarterly*, 20, 1951. He, too, concludes that a strong similarity existed between Schreber's two illnesses. Dr. Niederland drew my attention to 'a reference to Schreber's situation at the outbreak of his two illnesses ... in a recent paper by E. Klein in *The Psychoanalytic Study of the Child*, 3-4, 1949'.

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thought that Flechsig should have recognized his (Schreber's) superior intellect and keen powers of observation and therefore should not have resorted to this deception.

Schreber voiced still another complaint: 'In my opinion, I should have recovered more quickly from certain hypochondriacal ideas from which I was suffering at the time, particularly from the idea that I was losing weight, if I had been permitted to operate the scale myself a few times. The scale then in use at the University Clinic was of a construction with which I was not familiar' (p. 35).

However, in his total evaluation, Schreber considered these complaints negligible and he even made excuses for Professor Flechsig, whom he recognized as being too busy to pay attention to minor details. The most important thing to Schreber was that, after a relatively long convalescent trip, he was cured. Accordingly he felt only the deepest gratitude, which he expressed in paying a visit to Professor Flechsig and also in 'what I deem to be an appropriate honorarium'. His wife's gratitude almost outdid his, for she felt that Professor Flechsig had restored her husband to her, and for years afterwards she kept Professor Flechsig's picture on her desk.

From the foregoing we may conclude that during Schreber's first illness, two antithetical feelings toward Flechsig already existed: one of distrust, and another of great confidence in Flechsig. This latter feeling completely overshadowed his distrust and remained with Schreber after his recovery from the first illness because of his deep gratitude to Flechsig for having cured him.

In order to acquire a deeper insight into the motives at work in the first illness, we must also take into consideration Schreber's account of the interim period separating his two illnesses. 'After my recovery from my first illness, I spent eight years with my wife—years, upon the whole, of great happiness, rich in outward honours, and only clouded from time to time by the oft-repeated disappointment of our hope that we might be blessed with children.'

In June 1893 Schreber was notified personally by the Cabinet Minister, Dr. Schurig, that he was to be appointed *Senatspräsident* (p. 36).

From June 1893 until October <sup>1</sup> of that year, the date on which he began his new duties as *Senatspräsident*, Schreber dreamed on a number of occasions that his previous illness had

returned. This thought made him as miserable in the dream as the discovery that it had been only a dream made him happy upon awakening. Moreover, while lying in bed one morning—he could not remember whether he was still half asleep or already awake—the idea occurred to him how pleasant it would be, all things considered, to be a woman submitting to intercourse. This idea was one which he would have rejected with the greatest scorn if he had been fully conscious (p. 36).

Schreber stated in his autobiography that at that time he did not pay any special attention to these dreams. It was only subsequent developments that led him to consider the possibility that these dreams bore a relation to his later contact with the 'divine nerves' (p. 36).

From Schreber's own method of connecting these dreams, we may conclude that a close relationship existed between the dream about the return of his illness and the one about being a woman submitting to intercourse. This relationship makes it clear that in his first illness the wish to be a woman must already have been present. Schreber (unwittingly) proved this conclusion again in his next statement relating his dreams to his psychotic symptoms, which at the time of these dreams were not yet existent. In my opinion, it was the whole complex of delusions revolving around the idea of being changed into a woman which caused him to affirm the relationship. We therefore may regard his dreams as a link between the two illnesses, which were separated by a period of eight years. In the second illness the urge towards femininity appeared in the foreground, so that it must have played a part also in the first illness. This revealing fact makes clear several phenomena of the first illness.

Schreber attributed his first illness to overexertion in connexion with his candidacy for the Reichstag. We may construe this statement to mean that the competitive struggle with the other candidate(s) for the election had aroused in Schreber feelings of a feminine nature towards his rival(s). His defence against this homosexual urge consumed so much energy that it completely exhausted him.

Schreber then consulted Dr. R. Subsequently, Schreber claimed that Professor Flechsig stated that Dr. R. had caused him (Schreber) to suffer from potassium bromide poisoning. It is unimportant whether Professor Flechsig actually made such a statement or not; indeed, it may even be true that Schreber did show some

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symptoms of this poisoning from overuse of this drug. What is important is that this statement of Schreber's reveals his own unconscious wishes.

It is relatively easy to interpret Schreber's statement if we keep in mind his intense feminine desires and his later strongly pronounced psychotic idea that, after being transformed into a woman, he could bear children. The idea of Schreber's being poisoned by Dr. R. symbolizes his being made pregnant by him. Next, our attention is drawn to the fact that it was not Schreber but Professor Flechsig who accused Dr. R. of having made this terrible mistake, as though Professor Flechsig wanted to free himself from any guilt he might have in connexion with the poisoning of Schreber and so was quick to accuse Dr. R. Therefore, according to Schreber's reasoning, if anybody should be accused of having poisoned him, Flechsig should be the one. In conclusion, we may view such accusations as projections of an unconscious wish on Schreber's part to be impregnated by Dr. R. or by Professor Flechsig. Schreber's statement branding as untrue Flechsig's accusation of Dr. R. as the person responsible for the poisoning means: 'It is not true that I (Schreber) wanted to be made pregnant by my first physician, Dr. R.' Still, this statement contains only half the truth, for it omits reference to his feminine feelings for Professor Flechsig. Instead of stating directly that he preferred Professor Flechsig to Dr. R., Schreber objectivated this conflict by making it into a struggle between Professor Flechsig and Dr. R.<sup>4</sup>

Another symptom which we must now consider (and one which was present in both illnesses) is oppression of the heart. This symptom became so intense that even walking on a moderately rising slope caused anxiety attacks (p. 38). It is clear that we have here a phobic mechanism.

The rising street symbolized for Schreber the danger of becoming sexually excited, a danger which he warded off through the development of anxiety. Unquestionably, the excitement which Schreber felt while suffering from this symptom resulted from his feminine urge.

We are now ready to analyse Schreber's complaint that he would have recovered more quickly from the hypochondriacal idea that he had lost weight if he had been allowed to operate the scale himself a few times. I once analysed a patient who, as a result of his neurotic craving for sweets, had become decidedly overweight. Voluntarily this patient had gone on a reducing diet and had formed the habit of weighing himself several times a day. This strong craving for sweets was an expression of his desire to masturbate. His overweight was the result of his bad habit. Therefore, the frequent checking of his weight while on a reducing diet served the purpose of convincing this patient that he was still able to neutralize the consequences of masturbation. It is a known fact that patients often attribute not only gain in weight, but also loss of weight, to masturbation. Therefore, the analysis of an analogous symptom in another patient suggests the possible explanation that Schreber's hypochondriacal fear of losing weight may have been based upon anxiety regarding the results of eventual masturbation.<sup>5</sup>

No further evidence is needed to make clear at this point that had Schreber yielded to masturbation, his yielding would have been the direct result of his homosexual excitement aroused by the man who treated him. Thus Schreber's complaint that Flechsig would not allow him to operate the scale himself while being weighed implies that Schreber felt he was not permitted to reassure himself effectively that the stimulation which Flechsig (unwittingly) exerted upon him was not harmful.

Let us review briefly the sequence of events during the first illness. The exciting competition with the other candidate(s) for election to the Reichstag awakened in Schreber a dormant urge towards femininity. A defence against this urge could occur only through symptom formation. Accordingly, Schreber's homosexual desires were directed towards Dr. R. during the short period of time that he was under treatment with him. Schreber next came under the influence of the famous Professor Flechsig, to whom he developed a strong transference. This transference divided into two opposing currents of feeling: one, a feeling of trust in Flechsig; the other, a feeling of being threatened by Flechsig because of his (Schreber's) feminine attachment to him. The feminine urge did not reach Flechsig in its original strength, for it had already quieted down when Schreber was removed from competition with the other candidate(s) for the election. The outcome of

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<sup>4</sup>We shall meet with this mechanism repeatedly in Schreber's psychotic symptoms.

<sup>5</sup>The structure of Schreber's hypochondriacal ideas will not be discussed in this article. For the rôle which defence against masturbation played in Schreber's symptom formation, see also the latter part of this article.

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the struggle between these two opposing currents of feeling shows that the one of trust in Flechsig was the stronger. In the latter, Flechsig was regarded as the person who had strengthened Schreber's ego and had brought Schreber's feminine urge, which had already decreased in strength anyway, under control. Schreber's long convalescent trip with his wife, during which he was under her constant protection, finally completed his recovery.

Interlude

For the next eight years, Schreber enjoyed perfect health, until his new appointment as *Senatspräsident* led to a complete breakdown which lasted for the remainder of his life.

It is interesting to study the factors which weakened Schreber's defences so decidedly that his second illness could not be arrested. Three factors are apparent: (1) the masculine climacterium, (2) the failure of Schreber's wife to present him with children, and (3) the appointment itself. The first two factors are mentioned by Freud.

1. Freud writes: 'At the time of this illness Dr. Schreber was fifty-one years of age, and he had therefore reached a time of life which is of critical importance in sexual development. It is a period at which in women the sexual function, after a phase of intensified activity, enters upon a process of far-reaching involution; nor do men appear to be exempt from its influence, for men as well as women are subject to a "climacteric" and to the special susceptibility to disease which goes along with it.'<sup>6</sup>

2. We know that in the interval between his two illnesses, Schreber spent eight happy years 'rich in outward honours' and clouded only by the recurring disappointment that his wife did not bear him children.

Let me first present Freud's opinion: 'His marriage ... brought him no children; and in particular it brought him no son to console him for the loss of his father and brother—to drain off his unsatisfied homosexual affections.'<sup>7</sup>

From this point we may proceed further. Schreber's frustration at not having children was a severe blow to his narcissism and undoubtedly led to the weakening of his masculinity: what was the use of a penis if it could not be used to procreate children?—an attitude which was synonymous with the increase of Schreber's *constitutionally* present drive towards femininity. In general, narcissism serves as a strong protection against the danger of castration, but in Schreber's case his narcissism found another goal in cultivating his femininity. I quote from Freud again: 'Dr. Schreber may have formed a phantasy that if he had been a woman he would have managed the business of having children more successfully; and he may thus have found his way back into the feminine attitude towards his father which he had exhibited in the earliest years of his childhood.'<sup>8</sup> An important conclusion is to be found in this quotation; namely, not only is the actual relation to woman undermined, but this condition spreads back into the area of infantile development, thus *leading to the abandonment of the positive oedipal relationship* and simultaneously to the strengthening of the infantile feminine attitude towards the father.<sup>9</sup> In Schreber's case, the loss of the Oedipus complex robbed the ego of its most important defence, which it desperately needed in its struggle to keep in contact with reality during the prepsychotic phase. Schreber's disappointment at not having descendants undoubtedly weighed on him more and more until he abandoned hope altogether at the time when he (and perhaps Mrs. Schreber also) reached his climacterium.

3. At this critical period in Schreber's life, when his whole mental structure was passing through a weakened phase, he was appointed Senatspräsident. The announcement of this honour he received from the Minister personally.

Schreber may be considered among those individuals 'wrecked by success'.<sup>10</sup> At this point it is appropriate to ask what changes are brought about by success. Obviously, success flatters the ego so that the ego feels itself enhanced. The result is an increase in the narcissistic cathexis of the ego. One pays for the pleasure thus experienced with energy derived

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<sup>6</sup>Freud, Sigmund: *Collected Papers*, Vol. 3, p. 430.

<sup>7</sup>Freud, Sigmund: *Collected Papers*, Vol. 3, p. 442.

<sup>8</sup>Freud, Sigmund: *Collected Papers*, Vol. 3, p. 443.

<sup>9</sup>This development is similar to what happened in the case of H., which I have described in 'Structural Aspects of a Case of Schizophrenia', *The Psychoanalytic Study of the Child*, 5, 1950. Given the fact that the positive Oedipus Complex had already been abandoned, the urge towards femininity cannot result from the defence against oedipal wishes but must originate from the feminine component of the constitutionally rooted bisexuality.

<sup>10</sup>Freud's article on Schreber was published four years before his article 'Those Wrecked by Success'. Apparently, at the time of writing the first of these two articles, Freud had not yet discovered this mechanism, for he does not mention it.

from this increase in narcissism. At first we might be inclined to assume that such positive affect would preclude the appearance of feelings of another nature. Closer examination, however, shows that many times other feelings are awakened, too, and that all these have some component of guilt in them. The joy of success is tempered by self-criticism, the victor wondering whether his success is deserved, as well as by sympathy (pity) for the defeated opponents. In this connexion a distinction should be made between the group of rivals whom the victor has defeated and the victor's predecessor. The former represent the brothers (a fraternal group), whereas the latter almost always represents a father-image. In practice these two shades of meaning usually overlap and intensify each other so that the difference between the two remains hidden. Generally after a time, the victor's mixed feelings disappear. The joy originally experienced usually does not last long, for subsequent events make it clear to the victor that he will be confronted with serious obstacles in his new position. This discovery tempers his joy as well as his feelings of guilt. Furthermore, the aggressive envy expressed by the defeated rivals acts as an antidote to the victor's over-strong guilt feelings.

Quite obviously, the victor's competition with his rivals may fit within the frame of the Oedipus complex. Success then means the fulfilment of incestuous wishes, with resulting guilt feelings. Once attained, the much desired position may not be enjoyed, and a neurosis is the final result.

However, the neurotic development just described does not seem applicable in Schreber's case. We have already established the fact that the oedipal situation was weakened. Therefore, the oedipal relationship did not possess sufficient strength to arouse in Schreber strong feelings of guilt over his success. Accordingly, the prepsychotic symptoms that followed could not be based upon feelings of guilt, for these feelings were not strong enough.

To find the solution, let us turn to the situation that existed before the appointment took place. Such positions as that of *Senatspräsident* can be won only in keen competition. Clearly, in Schreber's case a strong urge towards femininity has existed in the unconscious from the very beginning. In order to ward off this urge, the ego seeks opportunities to engage in competition with other men. Once this competition has started, the continual need to have opponents may even increase the feminine urge, for this urge is stimulated by the constant competitive contact with other men. A vicious circle is then formed, which will eventually be broken once success is attained. At the moment when the appointment as *Senatspräsident* came as the crowning point in Schreber's career, the competition ceased. With this ceasing of competition, the mechanism that the ego had used in its attempt to defend itself against the feminine urge dropped out of the picture. In Schreber's case his success led to the wrecking of his ego, which was now forced to part company with one of its strongest defences against the feminine urge. This mechanism may be considered to be another variant of 'Those Wrecked by Success'.

### **The Prepsychotic Period**

Schreber's autobiography enables us to make several subdivisions of this prepsychotic period. Our discussion of the influence of Schreber's appointment as *Senatspräsident* upon the structure of his personality reveals a weakening of the ego and an increase in strength of the feminine urge. The first subdivision covers the period from June 1893 until October 1 of that year, the date on which he began his new duties as *Senatspräsident*. It was during these few months that Schreber dreamed on several occasions that his former illness had returned. It was a great relief, upon awakening, to find that these dreams were not true. One morning a short time later, when he was in a state between sleeping and waking, it occurred to him how pleasant it would be to be a woman submitting to intercourse.

Schreber's relief, upon awakening, that the dream about the return of his illness was not true reminds us of those dreams in which the dreamer is afraid of failing an examination, and, upon awakening, realizes to his great relief that he has already successfully passed this examination. Freud, in explaining these 'examination dreams', conceived of the relief as an important part of the dream. In this way the dreamer reassures himself that since he has conquered a difficult situation in the past, he may hope to do so successfully in the present. Applying this explanation to Schreber's dream, we may conclude that his appointment as *Senatspräsident*

caused his feminine feelings to become aroused and that he expected a dangerous increase in their strength to occur at the time of starting his new position, just as had happened during his candidacy for the

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<sup>11</sup>Professor Freud assumes that Schreber's dream of his illness returning expressed simply a wish on Schreber's part to see Flechsig again (Freud: *Collected Papers*, Vol. 3, p. 425). Certainly this interpretation is correct, but I still think that the analysis of the dream shows primarily the ego's hope to be able to prevent the return of the illness.

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Reichstag. From our discussion so far, we know that during this previous period Schreber had been able to combat his feelings only through symptom formation but that eventually he recovered completely from this first illness. He was therefore afraid that events would take the same course after his appointment and that his illness would recur. To console himself with the hope of similar recovery from a second illness which had not even started yet is certainly not the type of wish fulfilment for which he was looking in his dream. The satisfaction which he derived from the dream is very clear; namely, at that moment, fortunately, he was still able to prevent the outbreak of a second illness. It strikes us that the ego during this period must have been already very weak to be so temperate in its wishes. This ego weakness is corroborated by the fact that finally, one morning, the ego was taken by surprise, and the feminine urge, which until now Schreber had succeeded in warding off, became completely conscious.<sup>11</sup>

On October 1, 1893, Schreber entered upon his new duties in Dresden. Schreber himself admitted that he was ambitious to win, through the demonstration of his ability, the respect and admiration of his colleagues, and of others in related professions (lawyers, etc.). His task was the more difficult because the four other judges of the Senate (most of them) were older than he was, one being as much as twenty years his senior, and, in addition, they were all much better acquainted with the procedures of the court. Within a few weeks he found himself already mentally exhausted by his efforts. Then after perhaps a month, when he had mastered the difficulties of adjusting to his new profession and to his new living quarters, his sleep began to fail him. On the few occasions when he and his wife were invited to convivial parties, he slept much better. Still, there were not many opportunities for him to enjoy this type of diversion. It was in the beginning of November that he experienced his first almost completely sleepless night: every time that he was at the point of falling asleep, he was awakened by sounds which he thought came from the walls. He straightway attributed the noise to a mouse, but with the occurrence of similar sounds in later years, it became his opinion that at that time (November 1893) there already existed the intention of disturbing his sleep in order to make him ill.<sup>12</sup>

Since Schreber stated that *almost* all his colleagues were many years older than he was, it is not an established fact that he was the youngest one. If he was not the very youngest, however, certainly he was next to the youngest, and in any event he found himself in the difficult rôle of trying to show himself superior to them all.

Schreber entered into an ambitious competition with his colleagues, and at exactly the point where he was successful in showing them that he was intellectually their superior, the symptoms appeared which exhausted his reserve strength. Clearly, his success had proved too much for him. At that time, as has already been described in connexion with his appointment as Senatspräsident, his defence in the form of competition dropped even more out of the picture. From then on, his ego had to endure very severe symptoms in order to ward off his feminine urge. The first symptom was his almost total inability to sleep: every time that he did fall asleep for a few moments, he was immediately awakened by sounds. This sleeplessness was his only means of warding off the dangerous feminine urge. On the few occasions when he attended convivial parties, i.e. when he found some distraction from this urge, he slept better. According to Freud's illuminating explanation of another case, the sounds that Schreber heard may be interpreted as projections of the beating of the blood in the sexual organs when they become excited.<sup>13</sup>

On November 8 Schreber took a leave of absence; accompanied by Mrs. Schreber, he went to Leipzig to consult Professor Flechsig. Meanwhile his illness took a rapid turn for the worse, symptoms of heart oppression appearing along with his inability to sleep.

At Leipzig Schreber had a long talk with Flechsig, in which the professor displayed 'an outstanding eloquence' that made a profound impression on Schreber. Flechsig proceeded to tell Schreber of the advances made by psychiatry since Schreber's first illness and of

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<sup>12</sup>Of course, this opinion was not formed until much later, when Schreber had already been psychotic for a number of years.

<sup>13</sup>Freud, Sigmund: 'A Case of Paranoia Running Counter to the Psycho-Analytical Theory of the Disease', *Collected Papers*, Vol. 2.

<sup>14</sup>Obviously, in this discussion, Professor Flechsig was expressing an idea which found application only many years later in what is known as the 'sleeping cure'.

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the newly invented sleeping drugs; in fact, Flechsig held out hope of being able to cure Schreber's whole illness through a single sleep of long duration, beginning at three o'clock in the afternoon and lasting well into the next day.<sup>14</sup>

Schreber felt himself much encouraged by this interview. He went to bed at nine, of course, and not at three (suspecting that his wife had been given secret orders by Flechsig to postpone his bedtime until this hour). Unfortunately, however, the bed was cold as a result of too long airing, and he began to shiver violently. Therefore, when he was given the sleeping drug, he was already greatly excited, and the drug had no effect. In his excessive anxiety, Schreber attempted to commit suicide with a towel, but his wife awoke and prevented this tragedy.

The next morning his mental state was greatly shaken. The blood withdrew from his extremities in the direction of his heart, and his anxiety increased. Professor Flechsig was promptly summoned and decided that Schreber should be admitted at once to the clinic.

It is plain that Flechsig's words brought Schreber fresh hope of regaining his mental balance through an artificially induced sleep; in other words, his ego would again be able to bring the feminine urge under control. However, as the hour drew near for retiring, Schreber became excited, presumably because he was still afraid that the feminine urge would overwhelm him during his sleep. He had already suspected that his bedtime had been postponed from three o'clock in the afternoon until nine, i.e. that Flechsig did not wholeheartedly want to cure him. Because of disappointment over the failure of the expected cure, he tried to commit suicide. This action was an attempt to prevent his homosexual feelings from gaining the upper hand.

At the clinic Schreber was kept in bed for the next five days. The situation grew worse, however, for his mind was filled only with suicidal ideas.

Schreber thought that Flechsig planned to induce in him a state of deep depression and then immediately to cure him through effecting a sudden change of mood. Schreber arrived at this conclusion as a result of the following experience. On the fifth night in the clinic, he was in what he called a fever-delirium, when two male nurses appeared unexpectedly, pulled him from his bed, and took him with them. Not knowing their intentions, Schreber was terribly frightened, the more so because he was wearing only a shirt. On passing the billiard room, he tried to cling to the pool table but finally was overpowered and was brought to an isolation room. Here he attempted to hang himself with the sheets, but again this suicidal attempt was thwarted.

Schreber justified this suicidal attempt on the basis that when a man had exhausted every means of obtaining sleep known to medical art, nothing else remained for him except to commit suicide.



After this humiliating treatment on the part of the male nurses, Schreber was considerably surprised the next morning to receive a visit from Dr. Täuscher, Professor Flechsig's assistant. Dr. Täuscher held out fresh hope to Schreber that the cure still might prove effective. Schreber, in his autobiography, does not deny Dr. Täuscher the recognition that he, too, spoke eloquently on this occasion. Schreber was brought back to his own room, and his mood changed again: he experienced the best day that he had had during his second stay at the University Clinic. This was the only day on which he appeared in a cheerful mood.

Let us see what Schreber had in mind when he thought it was Flechsig's plan to put him first into a depressed state and then to cure him by bringing about a sudden change of mood. According to Schreber's notion, the male nurses acted only upon orders from Flechsig. These nurses had taken Schreber away, when he was already in an excited state and was scantily clothed, without offering any explanation. Under the influence of his strong unconscious feminine wishes, what other thought could have occurred to Schreber than that Flechsig had sent these men to abuse him homosexually?<sup>15</sup> As

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<sup>15</sup>In another article I have differentiated between a neurotic and a psychotic form of projection. In the former, the ego makes use of projection in order to keep a certain urge unconscious; for instance, the ego may accuse someone else of homosexuality in order to keep its own homosexual desires repressed. In contradistinction to this mechanism, psychotic projection is a function of the attempt at restitution. An urge which originally belonged to the id is used by the attempt at restitution to constitute a new delusional external world; what originally was part of the id has become, through psychotic projection, external world.

This thought of Schreber's was, of course, a neurotic projection. See Katan, M.: 'Structural Aspects of a Case of Schizophrenia', *The Psychoanalytic Study of the Child*, 5, 1950.

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a result of his homosexual excitement, which prevented him from sleeping, Schreber was desperate and for that reason thought incessantly about committing suicide.

The next morning Schreber was surprised by Flechsig's apparent change in attitude, as shown by his sending his assistant to see Schreber. Like Flechsig, this assistant spoke fluently and his words revived Schreber's hope that improvement was still possible. According to Schreber, Flechsig had first exposed him to the danger of a homosexual attack in order to make him more receptive to Flechsig's curative powers the next day.

From the foregoing, it is plain that Schreber split the figure of Flechsig into two parts: one part which stimulated him homosexually, and another which caused his (Schreber's) ego to ward off this feminine urge. During Schreber's first illness this type of ambivalence was already present, namely, a suspicious attitude toward Flechsig combined with an overwhelming feeling of confidence in him.

This feeling of confidence was established again in the second illness, during Schreber's interview (the first after eight years) with Flechsig, but when Schreber went to bed at a later hour than had been agreed upon in his conversation, he already suspected Flechsig of having given secret orders to his wife. This negative feeling towards Flechsig, only slightly present in the beginning, now came into full development through Schreber's experience with the male nurses.

To resume the thread of Schreber's story. Notwithstanding his improved state of mind after the visit of Dr. Täuscher, when nightfall came, he again was unable to sleep, and the next morning he was in the same bad condition as before. It is an important factor that further signs of neurotic projection began to manifest themselves. For instance, the previous day he had played a game of pool with one of the male nurses, who had impressed him as being very friendly. After his sleepless night, Schreber received a totally different and frightening impression of this man's face. Obviously, the distorted facial features were the projection of Schreber's own anxiety, combined, perhaps, with quite a different idea, namely, that this man assumed the facial

expression he might be expected to display if he were aware of the thoughts in Schreber's mind during the previous night.

In the course of the following months, Schreber's situation grew worse, though at a slower tempo. It was Schreber's opinion that the regular use of chloral hydrate made it possible for him to get at least a little sleep. However, he felt himself becoming more and more enervated. A walk of only a few hundred feet became a venture for him; puzzles and card games (such as patience) soon irritated him. His enervation and his anxieties increased when he was given less powerful sleeping drugs.

Clearly, his ego strength had diminished. Even such a common form of activity as taking a short walk threatened to excite him. He had lost his faith in life. The only course left for him was to commit suicide. He could only shake his head as an indication of utter hopelessness whenever his wife, in her efforts to encourage him, spoke to him about plans for the future.

Until this time Schreber's wife had kept him company daily and had always taken her meals with him. A further (and in his case a very significant) breakdown occurred about the middle of February 1894, when Mrs. Schreber went to Berlin to visit her father for four days. During this brief period Schreber's condition deteriorated to such an extent that he saw his wife only once after her return, and then he declared that he did not want to see her again while he was in such a downfallen state. Thereupon the daily visits of his wife ceased, and he did not see her again until after he had become psychotic.

A decisive factor in his mental breakdown was the occurrence one night of 'a quite extraordinary number of emissions—quite half a dozen' (p. 44).

When Schreber's wife left him to visit her father, Schreber lost her protection against the homosexual influence of the men who surrounded him.<sup>16</sup> His unwillingness to have his wife visit him following her return obviously stemmed from the fact that her presence no longer served as a protection to him. Soon his ego found itself completely overpowered by the unconscious during sleep, with the resulting six emissions. This sexual overstimulation could have occurred only in relation to his feminine desires. These pollutions, which we may consider equivalent to masturbatory acts, obviously had been feared by Schreber all along. His inability to prevent them any longer was a

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<sup>16</sup>See also Freud, *Collected Papers*, p. 429.

decisive factor in his mental breakdown. From then on, the first signs of a communication with supernatural powers became apparent in the persecutions of Professor Flechsig. Schreber felt that his deep distrust of Flechsig was confirmed when he asked Flechsig whether he still believed that he could cure him. According to Schreber, Flechsig in replying did not care to look him straight in the eyes.

In considering the prepsychotic period as a whole, we may place at the centre of Schreber's conflict the sexual excitement culminating in the emissions as the great danger to be avoided at all costs. His inability to sleep, his anxieties, his suspicion of Flechsig, his state of enervation, and his suicidal thoughts all possessed the common element of serving as a defence against the breaking through of homosexual orgasmic feelings. These defence mechanisms *anticipated* the danger. Our discussion of Schreber's psychotic symptoms will further clarify this concept.<sup>17</sup>

Schreber's first illness already showed signs of warding off the same type of danger at that time. Through our study of an analogous symptom in a neurotic patient, we uncovered the possibility (although there is no direct evidence for our conviction) that Schreber's hypochondriacal anxiety about losing weight centred around the deplorable situation which would result if he were to yield to masturbation with accompanying fantasies about Flechsig.<sup>18</sup> His suspicion at not being permitted to operate the scale himself contained the thought that Flechsig did not want to let him reassure himself. The first illness could be arrested and was therefore a preamble; the

second one more or less continued where the first left off. During the first illness, Schreber showed great trust in Flechsig and relatively little suspicion; during the second one, Schreber's suspicion grew until it acquired enormous proportions and in the psychosis was exchanged for persecutory delusions.

When the ego was no longer able to ward off orgasmic manifestations, the psychosis began. It is certain that these manifestations were connected with the urge towards femininity, but it is also certain that this connexion did not become conscious. Why the psychosis broke out at this particular point is a question which cannot be answered until Schreber's psychotic symptoms have been investigated.<sup>19</sup>

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<sup>17</sup>As a provisiona discussion of this subject, see Katan, M.: 'Schreber's Delusion of the End of the World', *Psychoanal. Quart.*, 18, 1949, and 'Schreber's Hallucinations about the "Little Men"', *Int. J. Psycho-Anal.*, 31, 1950.

<sup>18</sup>There is not the slightest evidence that Schreber masturbated during this period. It is therefore plain that his hypochondriacal ideas contained an anticipation of the danger connected with masturbation. This mechanism will not be discussed in this paper.

<sup>19</sup>The advantages afforded by a study of the prepsychotic phase are unmistakable. First of all, such a study enables us to gain clear insight into the differences between neurotic and prepsychotic reactions. Second—and this point I have discussed in a number of other articles—the study of the various forms in which the prepsychotic conflict manifests itself enables us to gain insight into the structure of the delusion and of the hallucination, something that was heretofore more or less impossible. Third, our improved insight into prepsychotic as well as psychotic phenomena affords an opportunity to improve diagnosis. Through obtaining a clearer picture of structural differences, we are better able to classify symptoms of the so-called borderline cases. More and more, therefore, it will be possible to compare symptoms, not according to similarity of content, but according to identity of structure. See also Katan, M.: 'The Understanding of Schizophrenic Speech', *Int. J. Psycho-Anal.*, 20, 1939.

**1951) EGO PSYCHOLOGY AND INTERPRETATION IN PSYCHOANALYTIC THERAPY. PSYCHOANAL. Q., 20:15 (PAQ)**

**EGO PSYCHOLOGY AND INTERPRETATION IN PSYCHOANALYTIC THERAPY**

ERNST KRIS, PH.D.

While during half a century of its history the development of psychoanalysis has been comparatively little influenced by simultaneous discoveries in other fields of science, the various applications of psychoanalysis have almost continuously influenced each other. It is in this sense that the history of psychoanalysis can be viewed as a progressive integration of hypotheses. The clearest interrelationship exists between clinical observations and the development of both psychoanalytic technique and theory (23), (24). The development of the structural point of view in psychoanalysis, i.e., the development of psychoanalytic ego psychology, can profitably be traced in terms of such an interdependence. Freud was at one point influenced by his collaborators in Zürich who impelled him to an intensified interest in the psychoses. This led him to formulate the concept of narcissism and thus to approach the ego not as a series of isolated functions but as a psychic organization. The second group of clinical impressions that favored the development of a structural psychology was the observation by Freud of individuals motivated by an unconscious sense of guilt, and of patients whose response to treatment was a negative therapeutic reaction. These types of behavior reinforced his conception of the unconscious nature of self-reproaches and autopunitive tendencies, and thus contributed to the recognition of important characteristics of the superego. There is little doubt that other clinical impressions to which Freud referred during these years were derived from what we would today describe as 'character neuroses'—cases in whose analyses the unconscious nature of resistance and defense became particularly clear and which, therefore, facilitated

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From the Child Study Center, Yale University School of Medicine.

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formulations of unconscious and preconscious functions of the ego.

However, these events were not fortuitous. Nobody can believe that the clinical impressions of which we speak reached Freud accidentally. Surely Freud did not turn to the study of psychoses merely to engage in polemics with Jung, or in response to suggestions of Abraham; nor can it be assumed that his interest in character neuroses was due only to an increase in the incidence of character neuroses among his patients during the early 1920's, and hence to a 'psychosocial' event (17)—though it is probable that such a change of frequency distribution occurred. It is obviously more sensible to assume that a readiness in the observer and a change in the objects observed were interacting.

Freud's readiness for new formulations is perhaps best attested by the fact that the principles of ego psychology had been anticipated in his Papers On Technique<sup>1</sup> (18). Most of these papers were written contemporaneously with his first and never completed attempt at a reformulation of theory, which was to be achieved in the Papers On Metapsychology.<sup>2</sup> The precedence of technical over theoretical formulations extended throughout Freud's development. It was evident during the 1890's when in the Studies in Hysteria<sup>3</sup> Freud reserved for himself the section on therapy and not that on theory. Several years later, when his interest in dreams and neuroses was synthesized, and the importance of infantile sexuality gained ascendancy, he was first concerned with a modification of therapeutic procedure: the 'concentration technique' was replaced by the technique of free association (22). Similarly, Freud's papers on technique

during the second decade of the century anticipate by implication what a few years later he was to formulate in terms of ego psychology. His advice that analysis should start from the surface, and that resistance be analyzed before interpreting content implies principles basic in ego psychology. This accounts for

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<sup>1</sup>Freud: Coll. Papers, II.

<sup>2</sup>Freud: Coll. Papers, IV.

<sup>3</sup>Freud (with Breuer): *Studies in Hysteria*. Translated by A. A. Brill. New York: Nervous and Mental Disease Monographs, 1936.

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the status of Freud's papers on technique in psychoanalytic literature: they have retained a pivotal position and most treatises on technique have illustrated or confirmed rather than modified his rare fundamental precepts. If one rereads Freud's address to the Psychoanalytic Congress in Budapest in 1918 (11), one becomes aware of the fact that many current problems concerning the variation of technical precepts in certain types of cases, as well as the whole trend of the development that at present tries to link psychoanalytic therapy to psychotherapy in the broader sense, were accurately predicted by Freud. The development which he predicted became possible, however, through the new vistas that ego psychology opened to the earliest and probably best systematized modifications of psychoanalytic techniques, the development of child analysis by Anna Freud, the psychoanalysis of delinquents by Aichhorn, and later to some of the various modifications of technique in the psychoanalytic treatment of borderline cases and psychoses.

Not only did ego psychology extensively enlarge the scope of psychoanalytic therapy, but the technique of psychoanalysis of the neuroses underwent definite changes under its impact. These changes are part of the slow and at times almost imperceptible process of development of psychoanalytic technique. Isolated changes which constitute this development are difficult to study because what one may describe as *change* can also be viewed as *difference*, and differences in technique among analysts who share approximately the same fundamental views may be due to many factors; however, if we study the trends of changing attitudes, we are in a more favorable position.

Neither all nor most of the changes in psychoanalytic technique are consequences of the development of some aspect of psychoanalytic theory. If we reread Freud's older case histories, we find, for example, that the conspicuous intellectual indoctrination of the Rat Man was soon replaced by a greater emphasis on reliving in the transference, a shift which has no apparent direct relation to definite theoretical views. Similarly, better understanding and management of transference was probably not initially connected with any new theoretical insight. It was

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<sup>4</sup>Such a view is not uncontested. In describing her own development as an analyst Ella Sharpe stresses the fact that only familiarity with the structural concept, particularly the superego, enabled her to handle transference problems adequately (31, p. 74). For a similar report of his early technical vicissitudes see also Abraham (1).

<sup>5</sup>This naturally does not apply to all individuals. The relation of theoretical insight to therapeutic procedure varies from analyst to analyst, and there is no evidence upon which to base an opinion as to which type of relation is optimal.

<sup>6</sup>These or similar formulations of the analysis of resistance were achieved in two steps, in the writings of Wilhelm Reich (27), (28), and of Anna Freud (6). The difference between them is significant. Reich regards the problem predominantly as one of technical 'skill'; formulations tend to be oversimplified or exaggerated. They lead to the rigorous 'resistance' or layer analysis, the shortcomings of which have been criticized by Hartmann (18). By Anna Freud, resistance is fully seen as part of the defensive function of the ego.

a process of increasing skill, of improved ability, in which Freud and his early collaborators shared,<sup>4</sup> not dissimilar to that process of a gradual acquisition of assurance in therapy which characterizes the formative decade in every analyst's development. But other changes in psychoanalytic therapy can, I believe, clearly be traced to the influence of theoretical insight.<sup>5</sup> Every new discovery in psychoanalysis is bound to influence to some extent therapeutic procedure. The value of clinical presentations is that in listening to them we are stimulated to review our own clinical experiences, revise our methods, and to profit—in what we may have overlooked or underrated—from the experience of others. To assess this influence of ego psychology it is necessary to recall the ideas which developed synchronously with or subsequent to the new structural orientation: the psychoanalytic theory of instinctual drives was extended to include aggression, and the series of ontogenetic experiences studied included in ever greater detail preoedipal conflicts deriving from the uniqueness of the mother-child relation. A historical survey of the psychoanalytic literature would, I believe, confirm that these new insights were having reverberations in therapy, influencing, however, mainly the content of interpretation and not the technique of therapy in a narrower sense. A gradual transformation of technique came about largely through better understanding and improvement in the handling of resistances. In interpreting resistance we not only refer to its existence and determine its cause, but seek also its method of operation which is then reviewed in the context of other similar types of behavior as part of the defensive activities of the ego. Resistance is no longer simply an 'obstacle' to analysis, but part of the 'psychic

surface' which has to be explored.<sup>6</sup> The term resistance then loses the unpleasant connotation of a patient who 'resists' a physician who is angry at the patient's opposition. This was the manifestation of a change in what may be described as the 'climate' of analysis.

In one of his last papers Freud (12) defended analytic interpretations against the reproach of arbitrariness especially in dealing with resistance; he discussed in detail the criteria according to which, by the patient's subsequent reaction, correctness of the interpretations can be verified. In doing so he stresses an area of coöperation between analyst and patient and implicitly warns against dictatorially imposed interpretations.<sup>7</sup> That does not mean that it is possible or desirable always to avoid opposition of the patient to any interpretation, but it means that through the development of ego psychology a number of changes in the technique of interpretation have come about—not 'random' changes, characteristic of the work of some analysts and not of others, but changes that constitute a set of adjustments of psychoanalytic technique to psychoanalytic theory.

## ILLUSTRATIONS

To clarify issues, I cite first a simplified version of an incident in the analysis of a six-year-old boy reported by Anna Freud (6, p. 119). The visit to the dentist had been painful. During his analytic interview the little boy displayed a significant set of symptomatic actions related to this experience. He damaged or destroyed various objects belonging to the analyst, and finally repeatedly broke off the points and resharpened a set of pencils. How is this type of behavior to be interpreted?

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<sup>7</sup>Waelder (33) has further elaborated this point.

The interpretation may point to retaliatory castration, may stress the turning of a passive experience into an active one, or may demonstrate that the little boy was identifying himself with the dentist and his aggression. All three interpretations can naturally be related to the anxiety which he had experienced. The choice between these and other possible interpretations will clearly depend on the phase of the analysis. The first interpretation, an '*id* interpretation', is directly aimed at the castration complex. The second and the third aim at mechanisms of defense. The second emphasizes that passivity is difficult to bear and that in assuming the active role danger is being mastered. The third interpretation implements the second by pointing out that identification can serve as a mechanism of defense. It might well prove to be a very general mechanism in the little boy's life. It may influence him not only to react aggressively,<sup>8</sup> but to achieve many goals, and may be the motivation of many aspects of his behavior. The interpretation that stresses the mechanism of identification is, therefore, not only the broadest, but it may also open up the largest number of new avenues, and be the one interpretation which the little boy can most easily apply in his self-observation. He might learn to experience certain of his own reactions as 'not belonging' (i.e., as symptoms) and thus be led an important step on the way toward readiness for further psychoanalytic work.

We did not choose this example to demonstrate the potentialities of an interpretation aimed at making the use of a mechanism of defense conscious, but rather in order to demonstrate that the situation allows for and ultimately requires all three interpretations. A relevant problem in technique consists in establishing the best way of communicating the full set of meanings to the patient. The attempt to restrict the interpretation to the *id* aspect only represents the older procedure, the one which we believe has on the whole been modified by the change of which we speak. To restrict interpretation to the defense mechanism only may be justifiable by the assumption that the

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<sup>8</sup>This is probably what Anna Freud means when she says that the child was not identifying himself 'with the person of the aggressor but with his aggression'.

<sup>9</sup>Another apparent discontinuity or 'jump' in reaction, no less frequent and no less important, is designated by what Hartmann calls 'the principle of multiple appeal' in interpretations (18). Examples of this kind make the idea of interpretation proceeding in layers, advocated by Wilhelm Reich, highly doubtful (27), (28); see also in this connection Nunberg (26) and Alexander (2).

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patient is not yet ready—a valuable piece of caution, though it seems that there is a tendency among some analysts to exaggerate such caution at times. It may also happen that though we carefully restrict the range of interpretation the patient reacts as if we had not done so. While our interpretation points to the mechanism by which he wards off danger (e.g., identification), the next set of associations causes the patient to react as if we had interpreted his femininity. A sequence of this kind indicates normal progress: the interpretation concerns the warding-off device, the reaction reveals the impulse warding off.<sup>9</sup>

No truly experimental conditions can be achieved in which the effects of alternative interpretations can be studied. Comparisons of 'similar cases' or comparisons of patients' reactions to 'similar situations' help us to reach some useful generalizations. The occasional situation under which somewhat more precise comparisons can be made is the study of patients who have a second period of analysis with a different analyst. The need for a second analysis is no disparagement of the first analyst, nor does it imply that the first course of treatment was unsuccessful. In several instances of reanalysis in which I functioned as second analyst, the first analysis had been undertaken at a time when the problems of ego psychology had not yet influenced analytic technique, or by a colleague who (at the time) did not appreciate its importance. The initial treatment had produced considerable improvements, but the very same problems appeared in a new light, or new relationships, when interpretations of a different kind, 'closer to the surface', were 'inserted'. In a few of the cases in which these conditions existed, a published record of the first analysis was available and furnished some reliable comparison.

At the time of his second analysis a patient, who was a young scientist in his early thirties, successfully filled a respected academic

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position without being able to advance to higher rank because he was unable to publish any of his extensive researches. This, his chief complaint, led him to seek further analysis. He remembered with gratitude the previous treatment which had improved his potency, diminished social inhibitions, producing a marked change in his life, and he was anxious that his resumption of analysis should not come to the notice of his previous analyst (a woman) lest she feel in any way hurt by his not returning to her; but he was convinced that after a lapse of years he should now be analyzed by a man.

He had learned in his first analysis that fear and guilt prevented him from being productive, that he 'always wanted to take, to steal, as he had done in puberty'. He was under constant pressure of an impulse to use somebody else's ideas—frequently those of a distinguished young scholar, his intimate friend, whose office was adjacent to his own and with whom he engaged daily in long conversations.

Soon, a concrete plan for work and publication was about to materialize, when one day the patient reported he had just discovered in the library a treatise published years ago in which the same basic idea was developed. It was a treatise with which he had been familiar, since he had glanced at it some time ago. His paradoxical tone of satisfaction and excitement led me to inquire in very great detail about the text he was afraid to plagiarize. In a process of extended scrutiny it turned out that the old publication contained useful support of his thesis but no hint of the thesis itself. The patient had made the author say what he wanted to say himself. Once this clue was secured the whole problem of plagiarism appeared in a new light. The eminent colleague, it transpired, had repeatedly taken the patient's ideas, embellished and repeated them without acknowledgment. The patient was under the impression he was hearing for the first time a productive idea without which he could not hope to master his own subject, an idea which he felt he could not use because it was his colleague's property.

Among the factors determining the patient's inhibitions in his work, identification with his father played an important part. Unlike

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the grandfather, a distinguished scientist, the father had failed to leave his mark in his field of endeavor. The patient's striving to find sponsors, to borrow ideas, only to find that they were either unsuitable or could only be plagiarized, reproduced conflicts of his earlier relationship with his father. The projection of ideas to paternal figures was in part determined by the wish for a great and successful father (a *grandfather*). In a dream the oedipal conflict with the father was represented as a battle in which books were weapons and conquered books were swallowed during combat. This was interpreted as the wish to incorporate the father's penis. It could be related to a definite phase of infancy when, aged four and five, the little boy was first taken as father's companion on fishing trips. 'The wish for the bigger fish', the memory of exchanging and comparing fishes, was recalled with many details. The tendency to take, to bite, to steal was traced through many ramifications and disguises during latency and adolescence until it could be pointed out one day that the decisive displacement was to ideas. Only the ideas of others were truly interesting, only ideas one could take; hence the taking had to be engineered. At this point of the interpretation I was waiting for the patient's reaction. The patient was silent and the very length of the silence had a special significance. Then, as if reporting a sudden insight, he said: 'Every noon, when I leave here, before luncheon, and before returning to my office, I walk through X Street [a street well known for its small but attractive restaurants] and I



look at the menus in the windows. In one of the restaurants I usually find my preferred dish—fresh brains.'

It is now possible to compare the two types of analytic approach. In his first analysis the connection between oral aggressiveness and the inhibition in his work had been recognized: 'A patient who during puberty had occasionally stolen, mainly sweets or books, retained later a certain inclination to plagiarism. Since to him activity was connected with stealing, scientific endeavor with plagiarism, he could escape from these reprehensible impulses through a far-reaching inhibition of his activity and his intellectual ventures' (30). The point which the

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second analysis clarified concerned the mechanism used in inhibiting activity. The second set of interpretations, therefore, implemented the first by its greater concreteness, by the fact that it covered a large number of details of behavior and therefore opened the way to linking present and past, adult symptomatology and infantile fantasy. The crucial point, however, was the 'exploration of the surface'. The problem was to establish how the feeling, 'I am in danger of plagiarizing', comes about.

The procedure did not aim at direct or rapid access to the *id* through interpretation; there was rather an initial exploratory period, during which various aspects of behavior were carefully studied. This study started on a descriptive level and proceeded gradually to establish typical patterns of behavior, present and past.<sup>10</sup> Noted first were his critical and admiring attitudes of other people's ideas; then the relation of these to the patient's own ideas and intuitions. At this point the comparison between the patient's own productivity and that of others had to be traced in great detail; then the part that such comparisons had played in his earlier development could be clarified. Finally, the distortion of imputing to others his own ideas could be analyzed and the mechanism of 'give and take' made conscious. The exploratory description is aimed, therefore, mainly at uncovering a defense mechanism and not at an *id* content. The most potent interpretative weapon is naturally the link between this defense and the patient's resistance in analysis, an aspect which in the present context will not be discussed in any detail. The

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<sup>10</sup>The value of similar attempts at starting from careful descriptions has been repeatedly discussed by Edward Bibring. I quote his views from a brief report given by Waelder (32, p. 471). 'Bibring speaks of "singling out" a patient's present patterns of behavior and arriving, by way of a large number of intermediate patterns, at the original infantile pattern. The present pattern embodies the instinctual impulses and anxieties now operative, as well as the ego's present methods of elaboration (some of which are stereotyped responses to impulses and anxieties which have ceased to exist). Only by means of the most careful phenomenology and by taking into consideration all the ego mechanisms now operative can the present pattern of behavior be properly isolated out. If this is done imperfectly ... or if all the earlier patterns are not equally clearly isolated, there is a danger that we shall never arrive at a correct knowledge of the infantile pattern and the result may well be an inexact interpretation of infantile material.'

<sup>11</sup>When analyzing the patient here discussed I was familiar with Deutsch's paper. Without being consciously aware of it, I followed her example when entering into the detailed examination of the patient's intellectual pursuits.

<sup>12</sup>In the case here discussed the analysis was interrupted by the Second World War. During its course the patient published at least one of the contributions he had for a long time planned to publish. He intended to resume analysis after the end of the war but contact with him could not be re-established at the time. I have since heard that he has found satisfaction in his home life and in his career.

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exploratory steps in this analysis resemble those which Helene Deutsch (3) describes in a strikingly similar case, in which the unconscious tendency to plagiarize ideas of an admired friend led to so severe a memory disturbance that the psychoanalytic method was used to eliminate fully the diagnosis of neurological disease. Had it been possible to obtain material from the childhood of Helene Deutsch's patient, we might have been able to link similarities and

dissimilarities in the early history of both men to the later differences in the structure of their defenses and their symptomatology.<sup>11</sup> The mechanism described and made conscious in our patient's analysis, the *id* impulse, the impulse to devour, emerged into consciousness and further steps of interpretation led without constraint into the area which the first analysis had effectively analyzed. It is naturally not claimed that such procedures were altogether new at the time. There surely always have been analysts who approach a problem of interpretation approximately as outlined here. This type of approach has to some extent been systematized by the support and guidance of ego psychology. It seems that many more analysts now proceed similarly and that they have gained the impression that such a shift in emphasis is therapeutically rewarding.<sup>12</sup>

## PLANNING AND INTUITION

One difference between older and newer methods of analyzing defense mechanisms and linking 'surface' and 'depth' of psychoanalytic findings to each other deserves a more detailed discussion. The advance in theory has made the interrelations of various steps in analytic work clearer and has thus facilitated communication about these problems. We can now teach more accurately both the 'hierarchy' and the 'timing' of interpretations,

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<sup>13</sup>See Fenichel (4), Glover (14), (15), Sharpe (31) and particularly Lorand (23) who discuss some of these problems. A group of colleagues has started a highly promising method of investigation. Long after graduation from supervised work, they continue regularly to consult with several others on some of their cases over periods of years in order to make comparisons of the analytic 'style' among the consultants. It is to be hoped that this comparison will include the problem of *prediction* in analytic discussions.

<sup>14</sup>The idea of small teams working over a number of years (with or without institutional backing) seems rapidly to be gaining ground among analysts. The comparison of technique in general and specifically the study of planning and predicting might well be ideally suited to stimulate team work, which, if adequately recorded, might prove to be of considerable documentary value.

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and the 'strategy' and 'tactics' of therapy (25). We are, however, gradually becoming aware of many uncertainties in this area. In speaking of hierarchy and timing of interpretations, and of strategy or tactics in technique, do we not refer to a plan of treatment, either to its general outline or to one adapted to the specific type of case and the specific prognosis? How general or specific are the plans of treatment which individual analysts form? At what point of the contact with the patient do the first elements of such plans suggest themselves, and at what point do they tend to merge? Under what conditions are we compelled to modify such impressions and plans; when do they have to be abandoned or reshaped? These are some of the questions on which a good deal of our teaching in psychoanalysis rests, and which are inadequately represented in the literature.<sup>13</sup> The subject is of considerable importance because in using checks and controls on prediction we could satisfy ourselves as to the validity and reliability of tentative forecasts of those operations on which analytic technique *partly* depends.<sup>14</sup>

The tendency to discuss 'planning' and 'intuition' as alternatives in analytic technique permeates psychoanalytic writings though it has repeatedly been shown that such an antithesis is unwarranted.<sup>15</sup> Theodor Reik's and Wilhelm Reich's unprofitable polemics against each other are liberally quoted in such discussions. In my opinion not only this controversy but the problem which it attempted to clarify is spurious. It is merely

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<sup>15</sup> See Fenichel (4), and particularly Herold (19) and Grotjahn (16), who make similar points.

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to be determined at what point preconscious thought processes in the analyst 'take over' and determine his reaction, a question which touches upon every analyst's personal experience.

There are some who are inhibited if they attempt consciously to formulate the steps to be taken, with whom full awareness acts as inhibition or distraction. There are those who at least from time to time wish to think over what they are doing or have done in a particular case, and others who almost incessantly wish to know 'where they are'. No optimal standard can be established. The idea, however, that the preconscious reactions of the analyst are necessarily opposed to 'planning' seems, in the present stage of our knowledge about preconscious thought processes, to say the least, outdated (21).

Once we assume that the optimal distance from full awareness is part of the 'personal equation' of the analyst, the contribution of preconscious processes gains considerable importance.<sup>16</sup> For one thing, it guarantees the spontaneity that prompts an analyst to say to a patient who showed considerable apprehension on the eve of a holiday interruption of analysis: 'Don't trouble, I shall be all right'. Many may at first feel that Ella Sharpe (31, p. 65), who reported this instance, had taken a daring step, and thought we may conclude that, provided the patient had been suitably prepared for the appearance of aggressive impulses within the transference, the wit of the interpretation may have struck home and created insight. Whether or not one approves of such surprise effects—and I confess my own hesitation—it is obvious that conscious premeditation could hardly bring them about. But even those of us who do not share the ebullient mastery of Ella Sharpe have reason to believe in the constructive contribution of intuition. Let me briefly refer to a patient who had been analyzed as a child, and whom I saw fifteen years after his first analytic experience had been interrupted through the influence of a truly seductive mother who could no longer bear to share the child with the child analyst. I was familiar with

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<sup>16</sup> See Freud's description of these relationships in various passages of his early papers (13, p. 334).

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some of the aspects of the earlier analysis. Some of the symptoms had remained unchanged, some had returned, particularly prolonged states of sexual excitement, interrupted but hardly alleviated by compulsive masturbation or its equivalents, which in some cases led to disguised impulses toward exhibitionism. Long stretches of the analysis were at first devoted to the details of these states of excitement. It became clear that they regularly were initiated and concluded by certain eating and drinking habits. The total condition was designated by the patient and myself as 'greed'. In a subsequent phase phallic fantasies about the seductive mother were gradually translated into oral terms; the violent demand for love became a key that opened up many repressed memories which had not been revealed during the child's analysis. At one point, however, the process began to stagnate, the analysis became sluggish, when suddenly a change occurred. During one interview the patient manifested vivid emotions; he left the interview considerably moved and reported the next day that 'this time it had hit home'. He now understood. And as evidence he quoted that when his wife had jokingly and mildly criticized him he had started to cry and, greatly relieved, had continued to cry for many hours. What had happened? In repeating the interpretation I had without conscious premeditation used different terms. I did not speak of his *demand for love*, but of his *need for love* or expressions with a connotation which stressed not the aggressive but the passive craving in his oral wishes. Intuition had appropriately modified what conscious understanding had failed to grasp or, to be kinder to myself, had not yet grasped. This instance may serve to illustrate the necessary and regular interaction of planning and intuition, of conscious and preconscious stages of understanding psychoanalytic material. It is my impression that all advances in psychoanalysis have come about by such interactions, which have later become more or less codified in rules of technique.

Whenever we speak of the intuition of the analyst, we are touching upon a problem which tends to be treated in the psychoanalytic literature under various headings. We refer to

the psychic equilibrium or the state of mind of the analyst. One part of this problem, however, is directly linked to the process of interpretation. Many times a brief glance in the direction of self-analysis is part and parcel of the analyst's intervention. The interconnection between attention, intuition, and self-analysis in the process of interpretation has been masterfully described by Ferenczi (5):

*One allows oneself to be influenced by the free associations of the patient; simultaneously one permits one's own imagination to play on these associations; intermittently one compares new connections that appear with previous products of the analysis without, for a moment, losing sight of, regard for, and criticism of one's own biases.*

Essentially, one might speak of an endless process of oscillation between empathy, self-observation, and judgment. This last, wholly spontaneously, declares itself intermittently as a signal that one naturally immediately evaluates for what it is; only on the basis of further evidence may one ultimately decide to make an interpretation.

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**1950) STRUCTURAL ASPECTS OF A CASE OF SCHIZOPHRENIA. PSYCHOANAL.  
ST. CHILD, 5:175 (PSC)**

**STRUCTURAL ASPECTS OF A CASE OF SCHIZOPHRENIA**

M. KATAN, M.D.

**INTRODUCTION**

The study of the case of H. is the first publication of a number of investigations of schizophrenia, in all of which I arrive at the conclusion that schizophrenia is not preceded by an infantile psychotic state; that in this respect a psychosis differs radically from a neurosis, for which there is always an infantile basis.

In almost all cases of schizophrenia a distinction can be made between a prepsychotic period and the psychosis proper. The study of the relationship between the prepsychotic and the psychotic symptoms enables us to gain insight into the structure of the delusion and its related phenomena.

Many times the beginning of the prepsychotic phase is marked sharply, as when symptoms appear which show that important parts of the personality have disappeared. Notwithstanding this disappearance, contact with reality is still maintained. The prepsychotic period is characterized not only by "dropping out" phenomena but also by mechanisms that try to ward off the danger of losing contact with reality; sometimes even attempts at recovery are made by remnants of the personality.

There are other cases of schizophrenia where the beginning of the prepsychotic period is less sharply marked and where symptoms seem to develop as an exacerbation of a situation already long in existence. In these cases it is not certain whether these exacerbations differ only quantitatively from the preceding state or whether a qualitative change has also taken place.

In addition, there are a number of borderline cases which show symptoms of a prepsychotic nature but which never develop into a real psychosis, for the patients still succeed in maintaining contact with reality. We know that puberty now and then takes a course which strongly resembles prepsychotic development; fortunately, however, such puberal development frequently takes a turn for the better.

The psychosis proper starts when contact with reality has been abandoned. The delusion and almost all of the other schizophrenic symptoms

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are to be conceived of as an attempt at restitution—an attempt which, of course, differs completely from the eventual attempt at recovery made during the prepsychotic period. The prepsychotic attempt tries to restore connections with objective reality. The delusional attempt, on the other hand, creates a new subjective reality and, instead of restoring connections with objective reality, leads further away from it.

According to my experience, the delusional attempt at restitution never occurs before the end of the latency period.

My conception of schizophrenia differs from that of many child therapists from both a diagnostic and a structural standpoint. It is for this reason that this article is published in *The Psychoanalytic Study of the Child*, as an illustration of the beginning of a psychotic development in puberty.

## CASE OF H.<sup>2</sup>

When I first saw the patient, he was twenty-five years old and was suffering from a psychosis which had started eight years prior to that time.

H. was an only child. Until his fourteenth year his development appeared to be normal. He attended the Christian H.B.S.<sup>3</sup> and was considered to be among the good pupils. At this school he was greatly influenced by a friend who told him about the pleasures of onanism. Yielding to this practice, H. masturbated about three times a day. His first onanistic fantasies concerned a woman with a penis; later, he fantasied about performing interfemorary coitus with a woman. The objects of his fantasies were almost always suggested by his friend's remarks. For instance, if the friend said, "There is a pretty girl," the patient would masturbate, fantasizing about this girl. During this period of onanism, his school work became progressively worse and he had to repeat the third year.

This period of onanism, which lasted about one year, came to an abrupt conclusion. One day his friend asked him whether he was still masturbating, and then continued, "Don't you know that that makes you crazy?" Immediately H. broke off his onanism.

Now a new phase commenced. Exerting all his willpower, H. succeeded in suppressing masturbation. He thus was better able to concentrate on his work and obtain better grades. As a result he was promoted to the fourth year. This period of better concentration is characterized by a series of self-limitations which he himself called "self-conquests." He was always aware that these actions seemed ridiculous and exaggerated. The following will help to acquaint us with the motives of these actions.

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<sup>2</sup>I owe the greatest thanks to the late Dr. Oort, who offered me the opportunity of studying this interesting patient. I examined H. during 1929. Since then my concept of this case has grown gradually. I published this case in 1946 as a chapter of my thesis "De Grondbeginselen van de Waanvorming" (The Basic Principles of the Formation of Delusions). The English publication of this case differs considerably both in its representation and in its concept from the Dutch one.

<sup>3</sup>A type of Dutch school combining high school and junior college.

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His friend had a girl with whom our patient also fell in love. But instead of competing with his friend, as one would expect, he tried to win the girl by imitating him. To achieve this similarity he began to impose various self-limitations. His friend was not allowed to go out evenings, though H. was not forbidden this freedom. He therefore did not go out. His friend was often punished; therefore our patient punished himself in various ways, one of which was squatting in the cellar in a deep-knee bend for one hour, a position which he found very uncomfortable. He did various foolish things, such as entering a street car with his brief case on his head; putting his gloves on inside out; asking his teacher whether there was chocolate on his mouth when he had not eaten any. Despite his reluctance to make himself ridiculous, these deliberate self-humiliations were designed to equal the humiliations which he felt his friend was undergoing. He also frequently asked his father for forgiveness on a number of occasions although he knew that he had done nothing wrong.

After he had advanced to the fourth year his self-conquests stopped suddenly and characteristically. He felt he had changed enough so that his resemblance to his friend had removed any reason why the girl should not substitute him as her boy friend. But at this same moment he performed his last self-conquest. He decided to abandon the girl. He subsequently explained to me that the original means had by then become the goal.

H. now ceased all his efforts. He was unable to keep up his school work and left the school. He took a minor examination for the post service and passed successfully but did not seek employment. The situation became deplorable. Still he persisted in warding off masturbation.

After his decision to abandon the girl, the patient's will-power was no longer concentrated on "self-conquests," but in their place there now appeared an extensive ceremony of washing and dressing. The patient would lie in bed until eleven o'clock in the morning and then would take until six o'clock in the evening to finish dressing. At his parents' request, he was admitted to a sanitarium, where he remained for half a year. The night before he went to the sanitarium, he did not go to bed at all, fearing he would miss the train the next morning.

Changes came about gradually. H. began suffering from the idea that his father influenced him so that he was no longer master of his own thoughts. In his twentieth year delusions of grandeur were added to his other symptoms. He thought he was the Count of Hooren. This name differed only in a few letters from his own family name.

The patient's delusional ideas became more extensive. He also began masturbating again, after a doctor had told him that this practice did not have the harmful effects ascribed to it by his friend. Very soon he was masturbating five or six times a day. His ideas of persecution became centered around his father whom he accused of homosexuality. H. felt threatened by his father because of the father's presumed need to satisfy his homosexual goals. H. felt that his father wanted to castrate him, to devour him, to poison him, etc. His fear of his father increased. When the father once picked up the kitchen knife

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to cut some meat, H. ran away from the house and sought protection at the home of an aunt. When he was admitted to the sanitarium for the second time, he said that he never wanted to return to his father's home again.

His delusions of grandeur were concerned with the future. For instance, he believed that if certain conditions took place in the future, he would become King of France, Count of Hooren, Maximilian d'Autriche, and Prince of Hombourg. His mind seized on the historical circumstance that Louis XVI had been beheaded during the French Revolution and this son apprenticed to a shoemaker. Since no one had ever been able to discover any trace of his son, the patient reasoned that he himself was this descendant and that as soon as he received his "maja" in visible form, he would become King of France, etc. This idea of his "maja," together with his theories of the "Realm of the Dead" had many features so that it will be necessary to give these two concepts in some detail.

The patient sometimes called his "maja" his astral body. He conceived of it as something he had once possessed but had subsequently lost at the age of four, when, according to his delusion, his father had threatened to castrate him with a knife. Therefore, his mortal fear of castration forced him to relinquish his "maja." Thus his wish to regain his "maja" is quite understandable. He also called his "maja" the shadow of his soul, and since shadows are dark, this quality served to connect his "maja" with the "Realm of the Dead" where darkness reigned—the same darkness, as he said, as that which exists at the point where the leaf of a plant emerges from its sheath. H. further conceived of his "maja" as bewitching the senses. He would have various bodily sensations such as pressure on his head as though there were a ring around it. This ring also passed over his eyes and made him think of the crevice of the "Realm of the Dead," simultaneously awakening the thought of the precipitation of his "maja," i.e., the regaining of his "maja" in visible form.

Though his concepts of "maja" and the "Realm of the Dead" are connected, they are not identical. The realm of the dead was the domain of homosexuals but he never connected "maja" with homosexuality. According to H. since homosexuals do not have children—i.e., are not succeeded by anything living—they look with favor on the "Realm of the Dead." His ideas of persecution by his father are connected with this concept of the "Realm of the Dead" as follows. He believed that his father wished to devour him. H. had always equated devouring, annihilation and castration. In his conversation, numerous oral-erotic expressions occurred. Cannibals ate brave people, he said, in order to be brave themselves. He said also that eating was done out of love, citing as an example the remark sometimes made to small children, "Come here and I will eat you up." H. claimed that when he was three years old, his father had



devoured him "astrally"; in other words, his father had eaten him alive, as people called it. H. therefore believed that he himself had lived in the "Realm of the Dead" for a short period at that early age. He thought of his father's body as surrounding him astrally in the form of a ring (i.e., a vagina) around his penis.

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The "realm of the Dead," as pictured by our patient, contained the astral bodies of the dead and could be reached through the mourning curtains of Notre Dame de Paris, where the Sacré Coeur is kept. Another name he gave to the Sacré Coeur was utérus (accented on the e according to his pronunciation).

His reaction to homosexuality was violent and much elaborated. Not only did he accuse his father of being a homosexual but he also saw both the French Revolution and the Christian religion as being very intimately connected with homosexuality, and thus with the "Realm of the Dead."

The cause of the French Revolution, as H. saw it, was the insurrection against homosexuality. The knights went hunting and stamped down the peasants' grain. This destruction of the seed was, to H., equivalent to the homosexual act, since homosexuals did not wish to produce anything living and therefore would not allow the seed to mature. According to H.'s interpretation, the peasants, in revolting against the knights, were putting up resistance against homosexuality, and therefore homosexuality could be considered the main cause of the French Revolution.

Although H. had attended the Christian H.B.S., he turned out to be an enemy of all religion. He argued that religion sprang from man's fear of death; that man, for his protection, created gods, whereas actually, according to H., no help could be received from gods because they did not exist. H. was particularly opposed to Christianity, considering Jesus Christ a homosexual: Jesus voluntarily had chosen death and was thus in favor of the "Realm of the Dead."

Killing, to H., was also an expression of homosexuality, for in this way the murderer showed his favor for the "Realm of the Dead." Cain slew Abel. "Was Cain a homosexual?" H. asked.

Now and then H. would express his ideas on masturbation in ways characteristic of boys in their puberty. He would tell with pride how many times he had masturbated in his life and calculate the volume of semen he had produced. But he complained that in spite of having masturbated many times a day, he could not do so without having first to win an internal battle. He believed that he would be cured when he could masturbate without resistance whenever he felt the desire. He expected this change to occur when his "maja" returned to him.

Although, in time, the elaborate dressing ceremonial more or less disappeared, still the patient would never sit down without first carefully wiping his chair. He was particularly careful about his pants, fearing that they might be torn and that he would have to go about wearing patches.

At this time both the patient's appearance and mannerisms attracted attention. He had a long blond beard which was in striking contrast to his still youthful face. His peculiarities showed themselves in his queer walk, in his strict dress, and in the heavy cane which he always carried on his walks. He was very fond of talking, although he was somewhat uncommunicative about the early stages preceding his psychosis.

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## **THE PREPSYCHOTIC PHASE**

A survey of his symptoms shows us that there was a detectable period of change before his psychosis developed. This period of change, which I will call *the prepsychotic phase*, covers the time when his symptoms neither belong to the ordinary neurosis (hysteria, compulsion neurosis, etc.) nor are they psychotic in character. There were three stages of marked change during this prepsychotic phase—namely, the masturbatory period, the period of self-conquests, and the period of the dressing ceremonial.

The loss of contact with reality which was unmistakably clear during the third period was already present, although to a minor degree in the first. The patient's efforts at self-conquest, during the second period, succeeded for a few months in interrupting this process of personality decay and even led to an improvement at school. But once the efforts were exhausted his personality disorders became increasingly apparent.

After this reconnaissance of the prepsychotic phase, let us consider each period in more detail.

#### **A. THE MASTURBATION PERIOD**

This period began with the puberty stage, in which symptoms very often adopt a disquieting character without necessarily serious consequences. H.'s friend represented an ideal to him, and he therefore followed in his friend's footsteps as much as possible. Under his friend's influence, H. began to masturbate, and the choice of his onanistic fantasies was determined solely by his friend's choice remarks, without any further instigation from his friend.

Such a development is not rare in puberty, and from these symptoms alone one could not predict the subsequent outbreak of the psychosis. Even the decreasing interest in school work does not point in that direction. However our survey of the prepsychotic phase makes it clear that H. was developing in such a way as to be headed for disaster.

In the beginning H.'s masturbation was accompanied by fantasies of girls with a penis. From experience we know this symptom to be evidence that the vagina had aroused our patient's castration fear and that he tried to ward off this fear by providing the girl with a penis. Later, however, he dropped this idea from his fantasies. If we assumed from this that he had acquainted himself with the existence of the vagina and that his anxiety had been lessened, we would be assuming a growth toward normality. But since H.'s personality was beginning to decay, we can make no such assumption and for the time being, cannot be sure why, in his masturbatory fantasies, H. discarded the idea of the woman with the penis. This

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fact does not give us insight into the causes of H.'s change of personality. To find these we must look for other evidence.

At this point, let us recall the event which put a stop to the patient's masturbation. His friend's remark that masturbation would drive him insane brought about this change. It is obvious that the threat of insanity meant a threat of castration to H. This interpretation is corroborated also by the fact that the patient often referred to the subsequent period of his self-conquests as a defense against castration.

To understand the meaning of the masturbation period we must discover the cause of the castration fear. Although his friend's remark that castration leads to insanity shocked him, it obviously was not responsible for that fear. It only threw a light on the desperate situation in which he already found himself at that time. The content of his onanistic fantasies was derived from his friend's casual sexual remarks about any girl who then immediately became the center of his masturbatory fantasies.

H.'s relation to his friend, as will become clear presently, was of a homosexual nature. The manifest heterosexual fantasies must not confuse us. They served merely to disguise strong unconscious homosexual desires. For we see that in the following period of "self-conquests" he used his love for his friend's girl as one of the means of overcoming masturbation. If H.'s castration fear had been based on well-founded heterosexual drives, he would not have used a state of being in love with a girl to overcome this fear. The heterosexual content of his fantasies formed only a thin covering layer.

There is other evidence to show that H. must have had strong homosexual feelings when engaging in his masturbatory acts. To support this statement, I shall make use of some material from the period of "self-conquests."

One of H.'s "self-conquests" was to ask his father's pardon although recognizing that he had done nothing wrong. H. explained this by saying that he asked his father's pardon out of fear that his father would castrate him. He could not be persuaded to give more information. When I urged him to tell me more, he made the excuse that if he were again to think of this period of "self-conquests," his fear of castration and of death would reappear and he would again feel a "soft sensation" for his father and would place too much trust in him. This sensation of something soft around him he identified as being the "homosexual astral body of his father" which would cover his own body. H. said that if this sensation occurred, he would be forced to return to his father within three weeks; that since he had now escaped his father, he did not want to return to him.

I am not overlooking the fact that this statement by the patient is a

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psychotic one. It was precipitated by my questions which awakened memories from his prepsychotic period. But apart from the delusional aspects of this remark it also clearly expresses his homosexual feelings for his father. It was these feelings which caused H. to fear castration and which he was therefore forced to ward off. From this and other material, we may conclude that the patient's relation to his friend was a displacement of his attachment to his father.

The fact that the patient reacted with anxiety to his unconscious homosexual drive makes it clear that this drive was of a passive feminine nature. Such a passive drive inevitably carries with it the wish to be castrated. The ego desires to maintain its integrity and so reacts to the unconscious feminine drive with fear.

Let us review once more the masturbation period. The influence of his friend is seen from the very beginning to have been based upon the patient's unconscious wish for femininity. H. started to masturbate upon his friend's advice. In these masturbatory acts he tried to satisfy not only his homosexual desires but also his heterosexual ones. We know that the thought of the vagina filled H. with fear, and undoubtedly this fear helped to weaken the heterosexual position. The switch from fantasies about girls with a penis to fantasies about girls as they are was only a superficial adjustment, due, I think, to the fact that his fantasies had to express the growing influence of his friend. As H., through his identification, adapted himself more and more to his friend's choices, his own conception of girls came to have for him correspondingly less importance.<sup>4</sup>

This strong, unconscious feminine attachment to his friend, which caused him to be continually sexually aroused by him, made any passing remark by his friend about a girl a stimulus for the desire to masturbate. He never imagined himself in the passive homosexual role with his friend. Instead he warded off such direct homosexual expression by disguising his feminine urges in identifying himself with his friend's masculine character. Thus the girl to whom his friend had drawn his attention became the center of his masturbation fantasies.

The mental processes revolving around the constant sexual excitement, caused by his homosexual attachment to his friend, deprived him of the energy which he needed for study. It was during this period that he was shocked out of this habit by his friend's remark that masturbation leads to insanity—which represented a castration threat to him.

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<sup>4</sup>After H. had become psychotic, he once visited a prostitute. According to him, prostitutes had no uterus. H. looked at the prostitute's outer genitals and asked where her vagina was. The girl thought that H. was trying to fool her. H. then left without having intercourse. It is clear that in the course of years H. had not increased his insight into female anatomy.

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## ***B. THE PERIOD OF "SELF-CONQUESTS"***

In the second period, the problems revolving around masturbation were successfully warded off by the "self-conquests," and H. temporarily established a better adjustment. We therefore may conceive of H.'s struggle as an attempt at reconstruction. This attempt resulted in a short period of success, but it evidenced many abnormalities.

Let us consider this period in some detail. H. wanted to win his friend's girl and in order to do so, tried to be like him by means of what he called his "self-conquests." The last "self-conquest," however, does not fit the description. Just when he was convinced that the difference between him and his friend had become negligible, he performed his last "self-conquest" by abandoning the girl. The whole period, therefore, may be divided into one group of "self-conquests" in which H. endeavors to win the girl, and a last "self-conquest" in which he strives for the opposite goal. Still, both contrasting directions are part of the same system. It should be recalled here that H. often called the whole period of "self-conquests" a defense against castration. This seeming insight into the motivations of his "self-conquests" is baffling. Ordinarily a neurotic is rarely able to give an exact description of his symptoms, much less can he be expected to have insight into his defense mechanisms. This insight is only gained by the process of analysis. Therefore this startling, conscious awareness that H. expressed about the motivations for his defenses must not be viewed as insight, but indicates an impairment of the ego even though there were also certain ego achievements during this period. His ego shows a crack through which the motivations of his defenses leaked into consciousness.

Let us now concentrate on the phenomena surrounding H.'s attempt to become similar to his friend whose girl he wanted to win.

This friend was not permitted much freedom. There were many things that he was forbidden to do, and on several occasions he had been punished by his father. Our patient's first "self-conquest" was his decision not to go out of the house on a certain evening because his friend had been forbidden to do so. On another occasion H. inflicted pain on himself in imitation of the pain which his friend had experienced when punished by his father. In the same way he put himself in his friend's position by humiliating himself and playing the fool so that others would laugh at him, when he thought his friend had been humiliated by his father. The "self-conquests" in which H. asked his father's pardon seem to be more complicated because they bear the personal mark of his relationship

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to his father. As has already been discussed, H. had to ask his father's pardon because he was afraid that otherwise his father would castrate him. But this type of "self-conquest" was also an imitation of his friend, who had misbehaved and therefore deserved punishment. It is apparent that all these "self-conquests" had as their common denominator some form of self-punishment designed to make H. his friend's equal.

These self-conquests were noteworthy not only because of their bizarre character but also because he did not identify with his friend's positive traits in order to gain the girl's love; instead, in his self-conquests, he chose to identify with his friend's humiliation and suffering.

When the "self-conquests" had lasted three or four months, H. was promoted to a higher grade in school. At this time he thought he had changed enough to be exactly like his friend. He therefore thought that the girl might choose him instead of his friend. This thought, of course, had no realistic validity.

Most of H.'s "self-conquests" must have made a ridiculous impression on observers. No one would have guessed that he was trying to emulate his friend. At the same time this idea of similarity with his friend was not a delusion. He remained fully aware of the fact that he and his friend were two different individuals, although having certain traits in common. As yet we do not understand why H. emphasized the fact that the girl should turn to him.

Hitherto I have referred to H.'s "self-conquests" as imitations. They were actions based upon the conscious motive of aping his friend. This conscious motivation, however, does not explain why he thought that these actions would change his ego so that he would closely resemble his friend. Therefore unconscious reactions also must have played a part in the development of this similarity. For this reason I have called this process an identification with his friend. H.'s imitations were conscious acts stemming from his unconscious desire for identification.

Let us now investigate the nature of H.'s love. When his love for his friend's girl was awakened, one would have expected him to enter into a competitive struggle with his rival. The facts, however, were quite the opposite. H.'s love did not show the slightest signs of being competitive. Moreover, there was nothing to indicate that a strong heterosexual drive supported his love. It is a known fact that certain bisexuals are able to love both man and woman, and with such persons it frequently happens that, if the homosexual urge no longer can be satisfied, the desire for heterosexuality predominates.

This process did not occur in our patient. Had a strong heterosexual drive been present, H. would not have needed to build up an identification

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with his friend through means of his "self-conquests" before he could express his heterosexual drives.

These many abnormalities in his love situation give us insight into H.'s peculiar attempts at restitution. Clearly the problem is to discover what means H. used to master his drive for femininity.

In the beginning of the "self-conquests" H. had no heterosexual drive strong enough to counteract effectively his desire for femininity. The identification with his friend served to create a basis for utilizing whatever heterosexual urge he still had.

This conclusion leads us to scrutinize the function of his identification process more closely. It then becomes apparent that the object of the identification is to resolve H.'s passive feminine relation with his friend; i.e., this relation must be transformed into an identification. The patient himself advanced this type of explanation for one of his "self-conquests": he asked his father's pardon in order to ward off his feminine feelings for him. It now becomes clear that this explanation is valid, not only for this particular "self-conquest," but for the whole group of "self-conquests." The task of the identification is to resolve the drive for femininity.

We now understand what the patient meant by his remark that the resemblance to his friend had, at a certain point, reached a sufficient degree. At this point his homosexuality either had disappeared completely or at least had lost so much of its strength that it might be considered negligible. His drive for femininity was now transformed into the identification with his friend. The road toward the girl apparently was no longer blocked. We find this idea expressed in H.'s statement that now the girl would have no reason for not substituting him as her boy friend. We have already stated that this idea was wholly unrealistic. It is also strange that at this point H. took no initiative but waited for the girl to act. We must examine more material before we can understand this peculiar fact. We would expect him at this point to show what heterosexual drive he had at his disposal. Yet instead, this is the moment when he performed his last "self-conquest" by abandoning the girl.

H. himself gave us the reason for this step by explicitly stating that the whole period of "self-conquests" was a defense against castration. Therefore by this last "self-conquest" of abandoning the girl he was warding off a heterosexual wish which would also lead to castration.

The danger of castration was the commanding factor during the period of the "self-conquests." The "self-conquests" had to resolve the drive for femininity because this drive carried with it the desire to lose the penis. This desire to lose the penis aroused anxiety in the ego, which

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<sup>5</sup>There are also some indications that in the long run the identification would not protect H. from castration. The warded-off castration, would, in time, penetrate the defense. To prove this supposition, we have only to look at the kind of traits which H. borrowed from his friend in his effort to establish identification. This friend on several occasions had been punished, not unjustifiably, by his father. Through the identification, the patient himself became the punished boy. He punished himself in order not to be punished later by his father. This interpretation is in full agreement with H.'s explanation of the "self-conquest" in which he asked his father's pardon in order to avoid being castrated by his father. The "self-conquests" therefore have the meaning of minor castrations which H. inflicted upon himself in order to escape the greater damage which he otherwise would have had to suffer from his father. Such a process cannot go on indefinitely, for then the defensive acts would become more and more saturated with the warded-off castration and in the end the punished boy would become identical with the castrated boy.

Because the "self-conquests" stopped with H.'s decision to abandon the girl, we may conclude that the castration was still excluded from the identification; for if the castration had fully penetrated into the identification, then the last "self-conquest" inevitably would have been the resolving of the patient's identification (a development which did not take place). The consideration set forth in this footnote is not vain philosophizing about possible outcomes, but serves to clarify our insight into the structure of the prepsychotic ego.

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then fought the wish to be a woman. He mastered the danger arising from this unconscious wish by identifying with his friend only to be confronted with it anew by the castration dangers presented by heterosexuality.<sup>5</sup>

We have not yet sufficiently examined H.'s love for the girl. A successful love would have been an asset to his ego, for then the ego not only would have had at its disposal a safe defense against an eventual revival of feminine urges but also would have broadened its contact with reality. It is therefore not absurd to ask whether H.'s love for the girl was created in order to serve just this purpose. Moreover, in the preceding discussion we already have concluded that in the beginning of the "self-conquests" no strong heterosexual drive was present to act as a defense against the threatening desires for femininity. This conclusion, therefore, would support our suspicion that H. was making an attempt to establish a heterosexual attachment for the girl.

We may advance another step and ask ourselves a new question. It seems as if H.'s love for his friend's girl first into the frame of a triangular position. Was this situation derived from the oedipus complex? I must answer this question negatively by saying that the situation was only a counterfeit of an oedipus complex.

To prove this negative answer, let us assume, for the moment, that H.'s love for the girl was based upon an oedipal relationship. In that event, H. would have been brought into a competitive position with his friend. However, we find no sign of such rivalry. The identification, for instance, did not resolve such supposed competition between H. and his friend but, as we know, resolved merely H.'s homosexuality. Finally, in the oedipal situation, the identification with his friend would have occurred

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after H. fell in love with his friend's girl. Instead, we know that the identification occurred prior to his falling in love with the girl. The order of these two events was conspicuous in H.'s development, for H. had no heterosexual drive at his disposal when the period of the "self-conquests" started.

We now find ourselves in a peculiar predicament. Our intellectual reasoning denies the assumption that our patient had an oedipal bond with his friend's girl; on the other hand, we might be tempted to conclude from H.'s description of being in love with her that this was a triangular situation which is always a repetition of oedipal relations.

However, this triangular relationship is only a would-be one. We are particularly impressed by the fact that H. did not have an independent heterosexual drive strong enough to surmount his homosexual urges. The lack of an independent heterosexual drive forced H. to build one up. The mechanism by which he did so was also by identifying with his friend. By this process he identified himself with that part of his friend which was in love with the girl and tried to restore the oedipal bond which had been lost earlier.<sup>6</sup>

Our patient identified himself with his friend in two different ways: 1) by "self-conquests" in which he punished himself when his friend was punished, and 2) by becoming that part of his friend which was in love with the girl. We remember that during his masturbation period, when H.'s unconscious feminine drive was constantly stimulated by his friend, he warded off this homosexual tendency by the heterosexual fantasies accompanying

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<sup>6</sup>One should keep clearly in mind the difference between the two mechanisms as described herein. In a triangular relationship H. would have had a heterosexual drive at his disposal and would have used this to fall in love with the girl to whom his friend was attached, with resulting rivalry. No identification is at the basis of this triangular situation. In the second mechanism, on the contrary, the attempt at restitution tries to form a heterosexual bond for which no drive is available. It does this by means of identification.

How the ego would have profited by the possession of an oedipus complex is quite clear. The ego could have derived from the oedipus complex heterosexual cathexes which, by providing strong contacts with reality, would have formed a safe defense against H.'s dangerous drive towards femininity.

This restoration of the oedipal bond poses for us an interesting problem about identification. H. had created the essential basis for the formation of this bond by getting rid of his feminine feelings. From then on, he might have used all his available energy for the building up of a heterosexual relationship. Still, up until that point, H. was only pretending that he was in love with the girl. (He himself often said that his love was only pretended.) However, if H. could have developed this oedipal drive, he would have transformed his pretended love into real love for the girl.

At this point H. became stranded on the danger of castration which prevented the transformation from taking place. Instead, he was compelled to abandon the girl. We now see that his love for the girl had been a plan which was kept from realization by the unsurmountable danger of castration. The plan had to be given up and the heterosexual urge was never cathected.

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his masturbation. In these fantasies he identified himself with his friend's masculine attitude.

These two processes, the drive toward femininity and the masculine identification, underwent quite different vicissitudes. Therefore let us now trace what happened to each in the succeeding period of self-conquests.

Here the identifications were accomplished by splitting his friend into two figures, one active, one passive.

*The Passive Figure. H.'s friend had been punished by his father. H. conceived of this situation as the father forcing the son to accept a feminine role. In the period of "self-conquests" H. identified himself with the feminine picture he had of his friend.*

*Voluntarily H. took this identification upon himself in order to escape castration from his father. This mechanism had been explained in the footnote on page 186. The purpose of this identification by means of the "self-conquests" was to rid himself of the drive towards femininity, and the formation of this first identification was essential for the formation of the second one.*

*The Active Figure. In the second identification H. took upon himself the figure of his friend in love with a girl. This second figure, in contrast with the first, was an active one and had, for him, the meaning of a father image. His friend's masculine attitude as pictured during the masturbation period now becomes the core of the second identification.*

It is interesting to notice that H. did not completely rid himself of his feminine role. In his first identification he merely exchanged his own femininity for his conception of his friend's femininity.

We have now gained sufficient knowledge to be able to understand why H. waited for the girl's decision to take him instead of his friend. We have seen that H. never acquired a sufficiently active drive to make love to her. Through the combination of the two identifications, the feminine son and the masculine father, H. now possessed his friend's likeness according to H.'s idea of it. Accordingly he was able to think that the girl could love him instead of his friend. The profound meaning of this thought was, "If she loves my friend who is treated by his father as a girl, then she can also love me."<sup>7</sup>

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<sup>7</sup>Originally I had thought that the idea that the girl would choose H. instead of his friend was a projection. When H. had transformed his feminine urge into an identification, I wrongly concluded that now he could shift his love from his friend to his friend's girl. This shift then would be changed by projection into the idea that the girl might transfer her love from H.'s friend to H. Such a projection would have concealed H.'s original love for his friend.

The error I made was in thinking that it was possible for H. to shift his love in this way. The fact remains that H. was incapable of forming the active drive needed to effect such a change. Accordingly I had to drop the idea of a projection. Clearly all that H. could hope to obtain through the identification was the fulfillment of a passive goal, namely, to attract the girl's love.

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During the period of "self-conquests" the general tendency towards decline of the personality was interrupted by an improvement in H.'s situation. From this clinical fact, discussed in the beginning, we were able to decide that an attempt at recovery was at work during this second period. Hitherto we have discussed only the defense aspect of H.'s reactions, which caused the feminine drive to disappear by transforming it into an identification. The sexual excitement resulting in masturbation was caused by this feminine drive, and with the transformation of this drive, the excitement disappeared.

In any attempt at restitution we must look for more than merely a defense. We may expect to find in such an attempt the tendency to recover what has already been lost, on the assumption that the energy which otherwise would have been expended in the excitement and its related processes will try to repair the damage. But this explanation deals only with the economic aspect. For the purpose of our metapsychological insight we need to understand the psychological and the dynamic aspects as well.

A discussion of the two types of identification will help us to broaden that insight. In both identifications we find the common element of H.'s imitating certain attributes of his friend.

Let us consider first H.'s identification with the active figure, because this identification promises a quick approach to our goal. Here the patient became identified with that part of his friend which was in love with the girl. Through this identification H. tried to restore an oedipal bond which already had been lost. This type of identification is certainly an instructive example of an attempt at restitution. The advantages of the re-establishment of the oedipal bond have already been mentioned.

Next it is necessary to investigate whether the imitative factor in the "self-conquests" may be regarded not only as a defense but also as an attempt at reconstruction.

At this point perhaps someone will suggest that the punishments which H. inflicted upon himself were the result of unconscious guilt feelings arising from his superego. However, there is no evidence of the overwhelming presence of this faculty. The ego did not feel compelled by feelings of guilt to perform the "self-conquests." Rather, the ego acted on its own behalf. Although it found those actions foolish, it had no other means of escaping the threat of



castration. Furthermore, we are impressed by the fact that what appeared to be H.'s feelings of guilt were mere imitations of his friend's guilt.

Normally, the superego is a faculty which guides the individual through life and contributes in a marked degree to making him as independent as possible in his judgment and behavior. Our patient did not

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possess this faculty. Through the identification with his punished friend he gave the impression of having a superego. Yet his superego was only a pseudo one, an imitation of certain attributes of his friend. We may consider this reaction a part of his attempt at restitution, just as the pretended love also served this purpose. His superego had broken down and by the creation of a pseudo superego he tried to restore this lack. For the time this pseudo superego was present, it freed H. from his homosexual feelings and made possible improvement to the extent that he could be promoted to the next grade. Still, we must not attach great significance to this achievement, since H. could attain it only by imitation.

Helene Deutsch has discovered and beautifully described a new type of case in which there is a lack of object cathexis (1). Patients of this type compensate for their lack by an imitativeness which is based on an identification with their environment. By this means, not only certain bonds but also feelings of guilt are imitated (2). She calls these patients, by reason of their imitation of normal reactions, "as if" patients.

It is clear that the characteristics mentioned by Helene Deutsch can be applied to H.'s attempt at restitution during the period of his "self-conquests." His case demonstrates clearly how the "as if" reaction was developed in a prepsychotic situation.

H.'s development was normal until his fourteenth year. Accordingly we may assume that until that time he possessed a not too disturbed oedipus complex, ego, and superego. This structure was affected during puberty by the increase of sexual instincts. Normally such increase leads to a strengthening of the oedipal demands, but this did not take place in H.'s case. As yet, our knowledge is too limited for us to understand why H.'s revived sexual instincts did cathect in an almost absolute manner the drive for femininity so that the positive oedipus complex died away. The ego then lost the possibility of using the oedipus complex as a source for heterosexual attachment and was considerably weakened. The oedipus complex is also essential for the final formation of the superego, and with the catastrophic development in H.'s case, the structure of this important faculty was likewise affected.

The attempt at reconstruction brought relief. A pseudo superego and, in relation with this, a pseudo-oedipal bond were formed. In normal development the fall of the oedipus complex is followed by the final establishment of the superego. In H.'s attempt at reconstruction the pseudo superego was erected first, as though that faculty which was formed last were recovered first. We understand the reason for the occurrence of this sequence: the pseudo superego had to eliminate the feminine drive with its inherent castration danger in order that the pseudo-oedipal attachment might take place. In H.'s case, before this

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pseudo-oedipal attachment could be fully formed, it already had stranded on the castration danger. It is remarkable that the attempt at restitution was formed in the beginning as an escape from castration and that later this same danger caused the ending of this attempt.

Helene Deutsch mentions that from her study of schizophrenic patients she has the impression that the schizophrenic process passes through an "as if" phase before it takes on the psychotic form (2, p. 319). The analysis of our patient confirms Helene Deutsch's impression. Still, it remains to be proved whether in every prepsychotic phase such an attempt at restitution takes place. We must postpone a definite judgment until the end of our study.

The fact that H. was still in his puberty was another reason for the development of an "as if" reaction, in addition to the attempt at restitution during the prepsychotic phase. Anna Freud has

described such reactions of a transitory character in puberty. She points out the tendency toward the breaking off of former relations, toward antagonism against the instincts, and toward the loss of contact with the outer world by falling back upon an ultimate narcissism. The patient "escapes this danger by convulsive efforts to make contact once more with external objects, even if it can only be by way of his narcissism, that is, through a series of identifications. According to this view, the passionate object-relations of adolescents represent attempt at recovery." (3, p. 188). This attempt at recovery therefore must be conceived of as an intermediate stage. When the stress of puberty has become less intense, the ego then will be more powerful and will find a better means of adjustment of the instincts than escape into a narcissistic state.

The result in H.'s case was more serious: it was the definite breakdown of the attempt at restitution.

### ***C. THE PERIOD OF THE DRESSING CEREMONIAL***

The attempt at restitution was an effort to restore those parts of H.'s personality that had already been lost. When this attempt was abandoned, the defects could no longer remain hidden and the decay of his personality became evident.

This new situation placed before the patient the almost impossible task of finding a new way of warding off the danger of masturbation. In the period of self-conquests" the patient could not build up a masculine drive because the castration danger was too great. Neither could he accept his feminine drive, for this drive, too, would lead to castration. We are curious to know what happened to the feminine drive during the period of the dressing ceremonial; also, whether the attempt to build up

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<sup>8</sup>See also footnote 13.

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a masculine drive was completely abandoned or whether derivatives of this attempt still existed. However, we find no information to satisfy our curiosity.<sup>8</sup>

For a long period the time-consuming dressing ceremonial succeeded in its purpose of warding off masturbation. It seems that H. spent almost his entire energy in this ceremonial.

It may be asked whether this state was already a hebephrenic one.<sup>9</sup> It is true that H.'s interest in daily events more or less disappeared, but this loss of interest was to a great extent due to his ceremonial. Moreover, the lack of confusion in his speech and behavior contradicts a diagnosis of hebephrenia during this period. The continuing of his defense by his elaborate dressing ceremonial, which was not based upon delusions, is the deciding factor in drawing this conclusion.

For this reason I have considered the period of the dressing ceremonial as still belonging to the prepsychotic phase. With the appearance of actual delusions, the prepsychotic phase ended.

### **THE PSYCHOTIC PHASE**

Let us begin our discussion of H.'s delusions with his particularly conspicuous delusions of persecution. These are all built according to the same pattern. H. believed that his father had homosexual feelings toward him and that accordingly his father wanted to castrate him. This persecution H. dated back to his early childhood, when his father, so H. thought, had threatened to castrate him if he would not release his "maja." To escape this danger, H. had given up his "maja." Another danger which H. had to escape was the "Realm of the Dead."

Political movements in the past, as well as religious ideas, were drawn into H.'s philosophy about homosexuality. An excellent example of schizophrenic thinking is H.'s conviction that homosexuality was the cause of the French Revolution. He rejected the Christian religion, considering Christ a homosexual because Christ had sacrificed himself.

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<sup>9</sup>I raise this question because during this period H.'s case was diagnosed by a psychiatrist as hebephrenia. Such errors are made repeatedly because the reason why a patient has lost his interest is not considered. A diagnosis of hebephrenia should not be made in those cases where the loss of interest results from a mechanism through which the ego tries to ward off an unconscious urge. In hebephrenia the loss of interest is due to a loss of ego cathexis as well as of id cathexis. This difference not only is the result of theoretical considerations but also is expressed through clinical phenomena. In the first group of cases the patient always complains in one way or another about his loss of interest. The hebephrenic patient, however, is not aware of his loss of interest. For even if so, he is not concerned about it. We may conclude, from the whole behavior of the hebephrenic, that he is in a state of complete apathy. If he is asked how he feels, he will say "fine" or will make a noncommittal reply. Generally a discussion will "peter out."

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H.'s notion of persecutions in the past provides a basis for the idea of redemption in the future. It was in the past that he had lost his "maja," and it will be in the future that his "maja" will return to him. The return of his "maja" will be the sign that he has become King of France, Count of Hooren, Maximilian d'Autriche, and Prince of Hombourg. Equally important, he will be rid of his persecutions. Furthermore, his masturbation will have changed its character; he will be able to masturbate at once when the impulse arises, without first having to overcome his resistance.

We now see that H.'s delusions may be divided into two groups:

1. The first group of delusions are related to the present. In this group belong the persecutory delusions. H.'s father, to satisfy his homosexual wishes, wants to castrate H. This persecution, according to the patient, already had begun when he was in his early childhood. The delusions of this group are accompanied by masturbatory acts. However, before the patient can engage in these acts, he first must overcome an inner resistance.
2. The second group of delusions are related to the future, at which time H. expects his "maja" to return to him. He then will be in a state of undisturbed megalomania, when the persecutions will have stopped and he will be able to yield to the masturbatory impulse at once without first having to overcome an inner resistance.

We start our investigation of H.'s delusions perforce by an analysis of their content since we have as yet no knowledge of their mechanism. We can hope, however, that this approach will gradually increase our insight into the problem of their mechanism.

Let us focus our attention on H.'s delusion about the loss of his "maja." According to H., he was then four years old. If we were dealing with a dream instead of a delusion we would immediately say that a childhood memory is involved. But since we still lack knowledge of the mechanism of a delusion, let us postpone the discussion of whether the content of a delusion may be analyzed in the same way as that of a dream.

The content of this particular delusion of H.'s leaves no doubt as to the nature of the event as H. believed it to have taken place. H.'s statement, "My father wanted to castrate me when I was four years old and I developed great anxiety," may be interpreted to mean, "When I was four years old, something happened which caused me to fear that my father would castrate me." In order to escape this castration danger, H. relinquished his "maja."

Our daily analytic experience is helpful to us in this connection. We know that in childhood the little boy is afraid of being castrated by his father on account of his love for his mother. Consequently the child represses his love, and his mother is lost to him as an erotically desired object. By

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<sup>10</sup>Objections against this interpretation that the loss to H. of his "maja" meant the loss of the function of the penis are not valid. The fact that H. masturbated constantly throughout the first period of the pre-

psychotic phase, as well as later evidence which will be discussed further along in this article, confirms the interpretation of "maja" as meaning "mother."

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translating "maja" as "mother," we see that the content of this particular delusion may be transformed into an idea with which we already are familiar.<sup>10</sup> It is quite common for a child of four to struggle with the problem of the oedipus complex. Only, the end of the oedipus complex at the age of four is abnormally early.

We also must remember that this particular delusion of H.'s belongs to the persecutory group. The father, according to H., had homosexual intentions and therefore wanted to castrate H. The threat of castration, as well as the homosexual intentions of his father, may be conceived of as a projection of H.'s own wish to be castrated because of his feminine feelings toward his father.

From this discussion, it follows that the event which H. regarded as a castration *threat had its effect on two bonds which were present simultaneously*—on the oedipal attachment to his mother and on a feminine attachment to his father. After the traumatic effect of the castration threat, H. relinquished the attachment to his mother but retained the homosexual attachment to his father. The survival of the homosexual bond is proved by H.'s statement that from the time of this childhood event until the present his father had persecuted him with homosexual intentions. Although he had lost the oedipal bond, he believed, however, that he would regain it in the future when his "maja," i.e., his mother, would return to him. The return of his mother would be the sign of his grandeur.

Here our curiosity is aroused concerning H.'s ideas of grandeur. Let us begin at once with the examination of his megalomania. H. expects to become King of France, Count of Hooren, Maximilian d'Autriche, and Prince of Hombourg.

We must keep in mind the fact that H. does not expect to become merely some King of France, but the legitimate descendant of Louis XVI, who was beheaded under the guillotine. This fact sheds light on the other delusions of grandeur, for almost all the other personages in these delusions underwent a fate similar to that of Louis XVI.

The Count of Hooren is a famous figure in Dutch history, who was decapitated in 1567 in Brussels by order of the Duke of Alba.

Maximilian d'Autriche was the unfortunate Emperor of Mexico, executed in 1866.

The Prince of Hombourg, the principal character in Kleist's drama, commanded the army against the Swedes. Because he was in a dreamy

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state, owing to his love for a woman, the instructions he had received did not clearly penetrate his consciousness, and although he won the battle, he was court-martialed and condemned to death for not obeying orders. At the last moment, however, his sentence was commuted. The mere threat of execution, however, is sufficient for H. to conceive of the Prince of Hombourg as being similar to the other personages.

With the exception of the Prince of Hombourg, all the personages in these delusions died an unnatural death. From H.'s statements we know that he considered being killed identical with being castrated.

We are now able to comprehend the content of the entire delusion. H.'s statement that "as soon as he receives his 'maja' in visible form, he will become King of France," etc. means that with the return of his oedipal bond, his castration will be an accomplished fact.

Although we now have interpreted H.'s most important delusions, still another remains to be explained. This is the "Realm of the Dead." At first sight, the "Realm of the Dead" seems to be rather confusing. Next, we realize that the idea of the "Realm of the Dead" has a double

meaning. On the one hand, it appears to be a domain of homosexuality; on the other, it represents heterosexual concepts.

Let us consider first its homosexual meaning. A great many expressions revolve around the eating of human flesh. It is conspicuous that H. in several instances used this concept as an introduction to identification. Cannibals ate brave men, he said, in order to become brave themselves. H. also connected the eating of human flesh with expressions of love, as when he cited the remark sometimes made to a child, "Come here and I will eat you up."

His father, according to H., had devoured him "astrally"; i.e., had eaten him up alive. H. therefore had been devoured by his father out of love and had reached the "Realm of the Dead" astrally. He had lived in the "Realm of the Dead" at the age of three. We may interpret this statement of H.'s to mean that at the age of three he already had castration fears related to his father. This fact proves that at that age H. already had homosexual feelings.

Moreover, H. conceived of his father's astral body as completely surrounding him. He thought of intercourse as consisting of a ring around his penis; i.e., the ring represented the vagina. Therefore H.'s body as a whole might be regarded as a penis surrounded by his father's astral body in the form of a vagina.

The anamnesis brings to light the fact that devouring and annihilation are identical with castration. We now see also that H. conceived of being devoured by his father as a homosexual coitus; i.e., a coitus which had also a castrating effect. This concept agrees with his concepts that his

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body as a whole had become a penis. Genitalizations of the body are always a result of the disturbed function of the genital itself.

Not only is the active devouring or annihilation of some object a homosexual expression of love, but also the passive surrender to being devoured by another is homosexual. This homosexual pattern recurs in many of H.'s ideas. For instance, he asked whether Cain was a homosexual because Cain slew Abel. He also made Christ's voluntary surrender to crucifixion the reason for calling Christ a homosexual; Christ furthermore, according to H., was devoured at the Holy Supper.

The foregoing, I believe, sheds enough light on the homosexual side of the "Realm of the Dead." We also have established that the dominating factor in all of H.'s ideas is the castration threat which proceeds from homosexuality.

Let us turn now to a discussion of the heterosexual meaning of the "Realm of the Dead." The "Realm of the Dead" is related to the darkness which reigns at the place where the leaf of a plant comes out of the sheath, which is the symbol of the vagina. We already have concluded from H.'s fantasies about girls with a penis that H. had strong anxiety concerning the vagina. This fact was also made clear by his visit to a prostitute.

The "Realm of the Dead" contains the astral bodies of the dead and can be reached through the mourning curtains of the Notre Dame de Paris; one then comes to the Sacré Coeur, which is the womb. The symbolic representation of the mother by Notre Dame, with the womb innermost, leaves nothing to be desired in the way of clarity. The astral bodies of the dead mean castrated men who are now back in utero.

The thoughts which H. connected with the sensations in his head also contain symbols which are not hard to explain. H. conceives of a ring around his head, which also passes in front of his eyes and reminds him of the entrance to the "Realm of the Dead." This ring arouses thoughts of the precipitation of his "maja" which now takes on visible forms. H. himself explained the ring as symbolizing the entrance to the "Realm of the Dead," and this entrance is, in turn, a vaginal symbol.

In the symbolization of coitus with the mother, H.'s whole body again becomes the penis; and in passing through the vagina, an act in which the eyes play a role, very probably fantasies of birth and of an intra-uterine return are worked out.<sup>11</sup> From this conclusion, and particularly from the description of Notre Dame, it becomes clear that by a return to the mother is meant a return to the womb.

One more question remains concerning the "Realm of the Dead";

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<sup>11</sup>Our examination of the heterosexual side of the "Realm of the Dead" thus supports the conclusions that "maja" equals "mother."

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namely, what is the connecting link between the homosexual and the heterosexual aspects of the "Realm of the Dead"? If this link were not present, the all-inclusive concept of the "Realm of the Dead" probably would not have been formed. The answer should cause us no difficulty. We already know that both the heterosexual and the homosexual or feminine urges may be regarded as leading to castration. The "Realm of the Dead" therefore becomes synonymous with castration. For this reason H. struggled hard to keep out of it. (See paragraph (2) below.)

It now remains for us to evaluate the results obtained from our interpretations. Three problems appear in the foreground: (1) the loss of the oedipal attachment at the age of four; (2) the role of castration; and (3) the idea of uninhibited masturbation at a period some time in the future. The second and third problems appear to be closely related.

(1) Our interpretation of the patient's delusion about his childhood reveals that the oedipal bond was lost before it was fully developed. Under the influence of a castration threat, H. abandoned the oedipal bond in favor of an urge for femininity.

Our investigation of the prepsychotic phase has shown the lack of an oedipal bond strong enough to fight the dangerous passive feminine urge. This finding fits in with our conclusion about the event which occurred when H. was four years old. The loss of his oedipal attachment at that age in favor of his homosexual drive is so important a factor in the later development of his psychosis that we shall return repeatedly to this striking event. In this connection we shall want to discuss also the difference between the process as it took place in the development of our patient and the passing of the oedipus complex as it occurs normally.

(2) H.'s ideas about castration pose for us even more intricate problems. H. avoided the "Realm of the Dead" because he thought of that realm as being a place of castration. Still, in his future megalomania, he accepted the idea of castration. Although we perhaps cannot quite grasp this concept, we are led to conclude that, for H., there were two different types of castration. The first one represented an extreme danger in that it led to the "Realm of the Dead." Of the other type of castration H. highly approved, for he believed that it would cover him with grandeur.

(3) H.'s thoughts concerning masturbation pose for us similar problems. During the period that I observed H. he masturbated frequently. Every time he did so, however, he had to overcome an inner resistance. Yet he believed that in the future, when his grandeur was established, he would be able to masturbate at once without being inhibited. This future masturbation, inasmuch as it necessarily will be performed without a penis,

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is therefore quite different from the actual masturbation. This concept of future masturbation remains somewhat obscure to us. Still, we may assume that at the time of this future masturbation, when H. will have accepted castration, he need not have any fear from this source.

This concept of future masturbation offers an illuminating solution of the problem of H.'s resistance against his actual masturbation. This type of masturbation revolves around his penis, and H.'s resistance undoubtedly is caused by his fear of castration.

If this assumption is true, we may conclude that two types of masturbation figure in H.'s psychosis. The actual masturbation is centered around his penis, and before our patient can perform this act, he must overcome his fear of castration. This fear stems from his horror of the "Realm of the Dead," a domain synonymous with castration as related to incestuous homosexual and heterosexual wishes. During H.'s psychosis his masturbatory fantasies did not contain any conscious incestuous ideas. At the time of his future grandeur, the lack of a penis as an executive organ would mean that H. could perform his masturbatory acts uninhibited by any resistance. This conclusion, supported by corroborating evidence in the case of Schreber (8), points to the presumption that the patient will be able to accept castration as soon as he can prevent his sexual excitement from causing penis reactions.

We now have reached the point where we can extend the field of our investigation so as to be able to scrutinize the process of delusion formation more closely. To do this, let us compare the first two periods of the prepsychotic phase with the two groups of delusions. At once we are impressed by the correspondence between (A) the masturbatory period and the delusions of persecution, and also between (B) the prepsychotic period of "self-conquests" and the ideas of grandeur.

A. In the masturbatory period an unconscious feminine attachment to H.'s friend caused the masturbatory excitement. H.'s ego repressed his desire in order to free himself from the fear of castration. In H.'s persecutory delusions the same conflict is present and laid wide open. H. believed that his father wanted to castrate him in order to make a girl of him and thus to be able to abuse him sexually. *What was originally an unconscious wish on H.'s part becomes, by projection, his father's wish.*

Both the prepsychotic and the psychotic periods were accompanied by intensive masturbation. The prepsychotic period started when H.'s friend advised H. to masturbate. Similarly, in the psychotic period, a psychiatrist told H. that masturbation was not dangerous, whereupon H. returned to the practice. During these masturbatory acts H. avoided thoughts which would lead him to the "Realm of the Dead." Similarly,

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<sup>12</sup>It is possible that the doctor's advice concerning masturbation influenced the course of the psychosis to a considerable extent. Before he obtained this advice, the patient believed himself already persecuted by his father. Therefore, independently of this advice, a correspondence already existed between the masturbatory period and the persecutory period. On the other hand, the doctor's advice may have prolonged indefinitely the appearance of the persecutory delusions, for we know that H. would have to abandon the first type of masturbation at the time he accepted castration, which time would mark the coming of his grandeur. If the patient had continued suppressing his masturbation indefinitely, it is quite probable that he would have reached his state of grandeur much more quickly.

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in the prepsychotic masturbatory period he stayed away from homosexual fantasies.<sup>12</sup>

B. The comparison between H.'s prepsychotic attempt at recovery and his delusions of grandeur is even more interesting than the preceding comparison.

A point was reached in the prepsychotic attempt at restitution when H.'s homosexuality was bound up in his identification with his friend and he consequently was convinced that the girl (his mother imago) could take him instead of his friend. At this point, however, H. performed his last "self-conquest" by abandoning the girl, for he could not overcome his fear of castration.

The future, as H. envisions it, will bring the return of his "maja" (mother). This return of his "maja" will be the sign of his grandeur. In his megalomania he will identify himself with executed (castrated) father imagos. No persecutions will take place. Moreover, he will be able to masturbate as soon as the impulse appears.

We see that both periods have a common element in that the mother imago returns to the patient. The great difference is that castration is avoided in the prepsychotic state, whereas it is

accepted in megalomania. The fact that masturbation is suppressed in the prepsychotic state, but is performed in the psychotic one, is of minor importance. As already discussed, H.'s masturbation in megalomania must take a different form.

Similarly, the return of the mother imago in the delusion shows the same weak trait as in the prepsychotic attempt at restitution. In the prepsychotic period there was only a planned imitation of his friend's attachment to a girl (an "as if" reaction). Upon arriving at the point where it remained to cathect this planned attachment, H. had to stop. The whole plan stranded on the danger of castration.

Concerning the psychosis, it will be necessary to scrutinize the conditions that must be fulfilled in order to have H.'s mother return to him.

We have seen that in the prepsychosis H. thought the girl could transfer her love to him when he no longer possessed a homosexual attachment to his friend. Accordingly, in the corresponding psychotic phase, we must ask how H. gets rid of the persecutions. For H.'s persecutory

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delusions represent his homosexual desires in projected form. It is obvious that when his persecutions are at an end, the time has come for the return of his "maja" (mother). Therefore, we must examine the means H. used to get rid of his persecutions.

The danger of castration in the prepsychotic period forced H. to bind his feminine urges. He accomplished this task through identifying himself with that part of his friend which was punished by the friend's father. That part of his friend H. conceived of as his friend's "girlish" side. The corresponding psychotic period seems on the surface to be completely lacking in an analogous identification. Still let us see whether we cannot detect something which may be considered analogous.

It will be recalled that at the age of four, H.'s fear of castration made him relinquish his attachment to his mother and, because of the same threat, retain his feminine feelings towards his father. On this basis, a return to the attachment to his mother would indicate acceptance of castration. At the same time, in so far as his feminine feelings were concerned, acceptance of castration would mean a homosexual surrender (surrender to femininity); i.e., transformation into a girl. It thus becomes clear that acceptance of castration may be expressed in two ways: return of the mother to the patient, or transformation into a girl. With no oedipal attachment we might expect the persecution to end by H.'s acceptance of being transformed into a girl. However, he clung to his would-be masculinity and chose the other course. We may conceive of H.'s whole process in this way. As soon as he can prevent his penis from reacting, the danger that his father will castrate him will have disappeared. This point will be reached when he is able to suppress his penis reactions. The homosexual persecutions will then have come to an end, but at the cost of his acceptance of castration. This acceptance now makes it possible for his "maja" to return to him (= a return to the womb). At that time his megalomania will become active.

We are now in a position to discover why H. made use of this infantile material in his delusions. This material paves the way for future developments. By stating how and when he lost his "maja," the patient already is anticipating its return, and at the same time he is able to cover the future with masculine grandeur. What the material still conceals at this point is the fact that the patient is striving for acceptance of castration.

Of necessity, our understanding must proceed slowly. However, we are now able to draw a few conclusions from our comparison of the prepsychotic and the psychotic periods. In the prepsychotic masturbatory period, the danger of castration arises from H.'s unconscious wish to be a girl. In the corresponding persecutory delusions, the same danger arises

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from the outer world. Through projection, the inner danger has become an outer one. This transfer, at least, may be considered an advantage.



It is much more difficult to see the advantage to be gained from megalomania. In the prepsychotic period of "self-conquests" the patient, after having mastered the homosexual urge, had to abandon the attempt because he could not conquer the castration danger related to his love of his friend's girl. In the psychosis his megalomania will be established as soon as he accepts castration; by this means he will get rid of the homosexual persecution.

There is another consideration. As already discussed, there are two types of castration: (1) a dangerous type, represented by the "Realm of the Dead," which is to be avoided, and (2) a desirable type, in which H. will be covered with grandeur. Also, we have concluded that in megalomania H.'s masturbation will be performed in a different way. Therefore, in megalomania H. will have rid himself of persecution, of the undesirable type of castration, and of the old form of masturbation.

We may decide that H., in his psychosis, returned to the same pattern which was already present in the prepsychotic state. In the masturbatory period he fought his urge for femininity. In the persecutory ideas he fought this same urge. Again, in the prepsychotic attempt at restitution he tried to get rid of his homosexual tendency and, upon succeeding, attempted to build a fence around it so as to shut it out forever; in this attempt he failed because he was unable to form an oedipal bond. In the psychosis he strove for the same goal, and would succeed as soon as he was able to suppress his erections. *To sum up, in the prepsychosis H. was unable to master the dangers which, in the psychosis, he fought much more successfully.*<sup>13</sup>

In the foregoing discussion, we have placed the castration danger at the center of the delusion formation. Now we shall want to discover what means H. used to fight this danger.

It is an old established truth in psychiatry that a delusion has reality value for the patient and cannot be influenced by intellectual arguments. Therefore,

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<sup>13</sup>In the comparison between the prepsychotic period and the psychotic period, we did not include the third prepsychotic subdivision, namely, that of the dressing ceremonial. There was no psychotic period that corresponded to the dressing ceremonial. The development of the patient's psychosis had not gone far enough to produce a corresponding psychotic state. Such a development would have been possible only if the patient had reached the point of becoming King of France, etc. If the patient had reached this point, it is quite probable that we would have been able to gain further insight into the symptoms of the dressing ceremonial.

The case of Schreber is highly comparable to that of H.; Schreber, however, went much farther in his psychotic development. Accordingly we hope that our study of Schreber's later development will shed some light on the possible structure of H.'s dressing ceremonial.

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reality has lost its influence upon the psychotic's trend of thought. Psychiatrists are also familiar with the fact that in a psychosis the conflicts are more conscious than in a neurosis; that the unconscious is laid wide open to the observer's eye. Freud expressed this impression in a revealing way: "The psychoanalytic investigation of paranoia would be altogether impossible if the patients themselves did not possess the peculiarity of betraying (in a distorted form, it is true) precisely those things which other neurotics keep hidden as a secret" (4, p. 387).

Let us consider the first group of delusions. H. believed himself persecuted by his father. His ego defended itself against the same danger as in the prepsychotic state, only in a different way. We may choose between two different explanations, (A) and (B), of this process of delusion formation.

A. The ego uses projection as its defense. We may conceive of this projection as a defense against the unconscious urge for femininity. The ego tries to keep this urge hidden in the unconscious (the id), and consequently H. accuses his father of wanting to castrate and then to abuse him.

By accusing the father of having homosexual desires, the ego denies that it has the same unconscious desires. In order to keep up this denial, the ego has to reveal that it feels threatened by homosexual dangers. This situation proves that the repression has weakened, a fact which we encounter also in prepsychotic conditions. The ego then uses projection instead of the abandoned repression.<sup>14</sup>

Does this explanation make clear why a delusion has reality value and why it cannot be affected by intellectual arguments, and does it give us insight into the betrayal of the unconscious secrets?

This description about the development of symptoms fits within the frame of the neurosis, for the ego warding off an unconscious urge acts in this way in order to maintain contact with reality. This proves that reality testing has not been abandoned. Even the fact that the ego betrays the secrets of the unconscious through the particular defense mechanism of projection is not at variance with neurotic principles, for the difference between a delusion and a neurotic symptom is not to be found in their content but in their mechanism. Our explanation does not reveal the difference between a neurotic symptom and the delusion.

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<sup>14</sup>It is obvious that "the ego defense of accusation by projection" represents only a general pattern. Processes of great variety may fit within its frame. For instance, it may happen that the superego accuses the ego of having forbidden unconscious desires. As a result, the ego may try to prove that another person is guilty of the same fault in order not to feel so guilty himself.

Yet our patient had lost his superego already during the prepsychotic phase. Accordingly the structure of his process was of much simpler nature. The ego projects here from fear of emasculation.

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B. We may begin with the same statement as in explanation A, that the ego uses projection as its defense. Through projection the prepsychotic conflict between the ego and the unconscious feminine urge has become conscious in the delusion. The originally unconscious urge and the danger of castration connected with it are represented now by H.'s father. The conflict between the ego and the unconscious feminine urge is exchanged for a conflict between the ego and the father; the inner conflict has become an outer one.

Next, it may be noted that what the father represents (and what causes H. so much anxiety) does not belong to objective but to subjective reality. What is now outer world was originally a part of H. himself. A part of the mind has been exteriorated (projected) and is treated as outer world.

The attributes of reality which play a role in H.'s delusion are projected parts of his own personality. His new subjective reality is a part of the domain of his narcissism. As far as his psychosis is concerned, H. has severed the ties with objective reality and has built himself a new reality.

Why did this cleavage between the ego and objective reality occur? We are already prepared to answer this question. We have followed the development of the ego during the prepsychotic state. We have noted its weakness in that it was unable to rely upon an oedipal attachment, which would have meant a safe anchorage in the harbor of reality. Because of this development the ego also missed the support of the superego. The danger of castration separated it more and more from reality. Although we lack understanding of the third prepsychotic period, we may assume that the separation continued and that the outbreak of the first psychotic symptoms was a sign of the formation of a new delusional reality.

How did the process of psychosis affect the ego? This question is not a superfluous one, as under normal conditions the development of the ego and of reality go hand in hand. The ties with reality were broken only because the ego shriveled up. The ego fell back upon a very primitive form of projection: it treated a part of the id as if it were outer world. From this analysis we may draw some far-reaching conclusions.

The first question to ask ourselves is, what type of projection is this?

In attempting to find an answer, we must proceed from the hypothesis that in the undeveloped mind of the baby the ego is lacking. The primitive mental functioning occurs through the pleasure-displeasure principle. Every stimulus which causes displeasure is considered as outer world (5, p. 15). The implication is then that a stimulus coming out of the inner world, but causing pain, is regarded as being outer world. The decision as to what is to be considered inner world or outer world is made by a primitive form of projection. This process is a transitory one, the ego

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very soon learning to differentiate better between the self and the outer world. It is very important for our understanding that we recognize this projection as taking place in the still undeveloped state of the mind. The normal development towards better judgment is not interrupted or hindered by any fear of impending danger.

Let us now examine the psychotic form of projection. The psychotic mind is forced to make use of this projection because the insurmountable castration danger has severed the relation between the ego and the outer world. It is true that through this projection the psychotic gets rid of the dangerous urge towards femininity in the same way as the baby tries to project the pain-causing stimuli. The great difference between the psychotic state and the undeveloped state of the infant is that the psychotic cannot return to objective reality, whereas, for the infant, all ways to further development are open. The danger which caused the patient to lose his contact with reality presents itself again, as soon as he attempts to return to objective reality, and prevents such return. Therefore, the psychotic mind is sentenced to an absolute narcissism, and the psychotic development excludes learning by experiment. Accordingly the psychotic mind uses the primitive form of projection under quite different circumstances than does the infant.

Within the boundaries of the psychosis the ego has lost its neurotic mechanisms of defense; the mechanisms are not longer cathected. An ego which is in contact with objective reality does not exist in the psychotic part of the personality. With the disappearance of this reality ego, reality itself also disappears.

This trend of thought must be supplemented by a discussion of what happens to the urge towards femininity which belonged to the id. The id has been drained of this urge. Our conclusion is that the psychotic outer world is formed by projection of this urge. The patient no longer possesses the urge for femininity, but his father wants to force this femininity upon him.

We may continue this trend of thought with the following conclusion: that his father himself represents the patient's masculinity. He wants to have intercourse with the patient after he has transformed him into a girl. Thus the wish that the masculine component of his bisexuality would have intercourse with the feminine one is completely projected into the outer world.

We may form a conception of how this process takes place. In the withdrawal from reality absolute narcissism is established, in which all cathexes of ego and id insofar as they belong to the affected part of the personality are withdrawn. This part of the psyche has regressed to its original, wholly undifferentiated situation. Through the subsequent attempt

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at restitution, the withdrawn energy is used for the creation of the new psychotic ego as well as of the new subjective outer world.

The psychotic projection is then a sequence of two processes; namely, one of decathexis, followed by one in which recathexis takes place. In the second process ego defenses are recathected and also the new outer world is built from recathected parts of the id. It would be wrong to think that the defenses of the psychotic ego are merely borrowed from the prepsychotic state. The prepsychotic ego is already abandoned so that in the psychosis all defenses are newly built or recathected old ones. Such a defense, for instance, is the warding off of the presumed homosexual attacks by H.'s father. We are left with the concept that a new building is erected, but it is built out of the stones found in the ruins of the old personality.

We must always keep in mind, however, that not the whole mind has become psychotic. Sometimes large areas of the mind remain normal or neurotic, while other parts remain in a prepsychotic state.

In my conception of the psychotic part of the personality the reality ego, the id, and the normal reality are no longer present. A complete regression of the affected parts of the personality has taken place to the extent that there is no differentiation at all. A psychotic attempt at restitution then follows, which causes a new but now psychotic development.

It is clear why this attempt at restitution has to take a psychotic form. The danger of castration, which was related to the feminine urge, cannot be conquered by means of reality. The ego has been forced into deeper and deeper regression until finally reality has become lost. Unless a spontaneous recovery in the sense of increase of ego strength takes place, the same danger will prevent the recathexis of normal reality.

What is the origin of the attempt at restitution? To answer this question, we must ask ourselves another. What compels the young individual to develop? The outer world exerts a great influence upon the baby and impels it to still further development. This process would not be possible were it not for the existence of an inner impulse which turns the young child towards reality.

Freud presents an interesting hypothesis about this compelling force in "The Ego and the Id" (7). The antithesis between the life and the death instinct leads to an attempt on the part of the life instinct to direct the destructive tendencies towards the outer world in order to escape self-destruction. An inner conflict between these two basic instincts gives birth to a compelling force towards contact with reality (7, p. 66). I do not want to penetrate further into this difficult field. Whatever the origin of such a force, we may assume that it is present not only in the infant but also in the state of regression in the psychotic mind. It is from this source that the

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attempt at restitution receives nourishment. The castration danger separates the psychotic mind from normal reality, but this compelling force then makes its attempt at restitution, through creating a new reality by means of delusions.

We have discussed how, in the content of his delusion, our patient struggled with the same danger as in the corresponding prepsychotic period. It is now clear that in the patient's attempt to create a new reality he had to solve those problems which were left over from the prepsychotic phase. The solution of those problems, of course, occurred always in a psychotic way.

After this long theoretical digression, let us return to the problem under consideration. In my opinion, the explanation given under (B) fulfills the conditions discussed on page 201 and 202. The rupture with reality and the creation of a new subjective reality make clear why the delusion has reality value for the patient and why he cannot be influenced by arguments of logic. The patient cannot be reached by us across the gulf of separation. The attempt at restitution uses the projection by which the unconscious urge has become conscious, and it is for this reason that psychotics reveal openly what neurotics usually conceal from themselves and from others.

Let us now turn our investigation to the megalomaniac ideas. We have seen that H., by accepting castration in the future, expects to free himself from his persecutions and that at the moment he is freed, his "maja" (mother) will return to him. Again, just as in the corresponding prepsychotic phase, H. was unable to develop any activity of his own, so now he has to wait until his mother imago returns to him. The return of his mother imago will be the sign that he has fulfilled the requirements for freeing himself from the persecutions.

Concerning the interpretation of the mechanism of his delusions of grandeur, two different explanations are possible, (A) and (B), just as was the case in our investigation of the persecutory delusions.

A. We already have discussed the fact that acceptance of castration by the ego may be expressed in two different ways: (1) identification with the executed father imago, or (2) transformation into a woman in order to become the female sexual partner of the father. This double meaning enables the ego to keep the feminine attitude repressed. Acceptance of the role of the executed father imago is a defense by means of which the homosexual urge remains unconscious. Such a defense mechanism does not reveal its delusional character because it does not explain the difference between neurotic and psychotic defense.

B. We may start with a remark about the primary process. It is clear that through the regression by which the ego is dissolved, the secondary process has been

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abandoned. The attempt at restitution which then follows has only the primary process at its disposal for accomplishing its aims.

Through the primary process it is possible to displace the cathexis from the idea of being a woman to the idea of being an executed (castrated) father figure, for both ideas represent castration.

The attempt at restitution uses this displacement and expresses the acceptance of castration through cathecting the idea of being an executed father imago.

We have already seen that at the age of four H. relinquished his attachment to his mother through fear of castration. He may regain this attachment because now he is a man who has sacrificed his penis for her.

Through cathexis of the idea of being an executed father imago, the attempt at restitution causes homosexuality to disappear, for all representations of femininity have lost their cathexis. Within the psychotic part of the personality only that which is conscious is cathected. The id no longer exists.

It is easy to see what has happened. The feminine part of H.'s personality is recathected and is now represented by the Maja figure. The ego again may contain the masculine component, but at the enormous price of accepting castration. Now in the reunion of the patient with his Maja, the *castrated* masculine component of bisexuality has returned to the feminine one. Thus it is an absolutely narcissistic reunion.

This process does not show any connection with reality and therefore offers an explanation of the mechanism of the delusion. The primary process reigns in the conscious. The unconscious has become conscious if the attempt at restitution in order to create delusions recathects unconscious material which by the preceding regressive process has lost its cathexis. (See also p. 206.)

We now have two different explanations of all delusions. The first explanation is based upon a structure of the personality which still contains the basic pattern of an ego warding off an urge in the unconscious. The second explanation does not touch upon such a structure, for the unconscious is no longer effective. Both explanations offer an interpretation of the content of the delusion. Only the second one, however, enables us to understand the mechanism by which the delusion is formed.

*The delusion contains a solution of a danger situation against which no defense on a reality basis was possible.*

In seeing the delusion as a result of an attempt at restitution, we have interpreted this attempt in another sense than during our discussion of the prepsychotic period. The prepsychotic attempt at restitution tried to restore connections with objective reality in order to stop the decay of the personality. The delusional attempt at restitution created a new subjective reality and did not succeed in restoring relations with objective reality but, on the contrary, led further away from it.

Some points remain to be considered:

1. The first problem concerns the loss of the oedipus complex. H.'s

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delusion reveals that he abandoned his attachment to his mother at the age of four. Still, until puberty, no specific symptom or behavior betrayed that H. was suffering from such an important loss. Therefore, I assume that at the age of four the oedipal attachment was weakened by one or more traumatic events. Yet the latter did not prevent further mental growth.

With the onset of puberty, a regressive process took place by which the weak spot in H.'s development received more cathexis, by which this weak spot became overwhelmingly important in the formation of the psychosis. The description of the prepsychotic phase contains sufficient evidence to show the lack of an oedipal bond. It was because of the absence of this bond that all defensive attempts at warding off the development of the psychosis finally failed.

May we generalize this experience and say that all cases of schizophrenia undergo during the prepsychotic period the loss of the oedipus complex? Although this problem needs further investigation, the fact that the urge toward femininity plays a leading role in schizophrenia points to a definite answer. This urge is in the foreground only because the oedipal attachment has lost its significance. This conclusion is in sharp contrast with some published cases of schizophrenia in which the authors describe the oedipus complex as prevailing. We are fortunate in being able to include our patient H. in this group, for in the future he expects to attain his mother. We have tried to make clear that the oedipus complex in H.'s case is only a pretended one.

2. The next problem concerns the nature of the prepsychotic homosexuality. Is this urge toward femininity comparable with the urge in homosexual perversions? Let us take the well-known case of homosexuality in which the patient is strongly attached to his mother. In puberty he cannot abandon his mother in favor of other feminine objects. An identification with the mother takes place, and from now on the patient loves boys, who represent himself. Such cases teach us that whatever strong homosexual preoedipal bonds there may be, the perversion still has to pass through the oedipal stage. This point makes clear the difference between the perversion and the homosexual urge as displayed in the prepsychotic phase. In the latter the homosexual urge has not passed through the oedipal stage.

3. There is another question which occurs to us in regard to H.'s delusion that he had lost his "maja" at the age of four—namely, whether this represents a "return of the repressed." The answer cannot be in the affirmative. We already have shown that through this delusion about his infancy H. prepared the basis for his megalomania in the future. Accordingly the attempt at restitution used infantile memories for its purpose. This

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clinical fact is supported by our new insight into the formation of delusions.

This childhood memory, after having been transformed in order to fit the purpose which it has to serve, receives its cathexis through the attempt at restitution.

One may be inclined to conceive of the delusion about H.'s childhood as a "return of the repressed," but such return would be possible only if the memory of the childhood event could be recovered by virtue of the relative strength of its unconscious cathexis. Our explanation excludes the possibility that such development occurred in H.'s case.

4. At the beginning of this article I contended that schizophrenia is not preceded by an infantile psychotic state. I shall try to justify this statement. It is clear that there is no sharp interruption in the development from infancy to the end of the prepsychotic phase. The personality structure of the infantile phases, next to biological factors, necessarily plays an important role in the formation and shape of the prepsychotic phase. At the moment when the conflicts no longer can be mastered by realistic means, a break with reality occurs which never occurs in infancy. The attempt at restitution concerns these same conflicts and they then are solved in typically psychotic ways with the use of those mechanisms which I tried to describe.

The following remarks should be considered as having a *superficial* as well as a *provisional* nature.

a. Criticism of my description of the schizophrenic conflict is to the effect that this conflict is the screen of earlier conflicts, in which aggression plays a conspicuous role. My answer is that in the prepsychotic phase the important process is the loss of the oedipus complex, whereupon the conflict, for the male patient, becomes centered around the feminine urge. Early experiences, of course, may help to prepare the basis for this conflict.

b. On pages 204 and 205 I attempted to describe the differences between "psychotic" projection and projection as it normally occurs in the beginning of mental development. One should always be aware of this difference, for otherwise one could easily be persuaded to conceive of these two projections as being identical. In this way one could form the concept that the infant in its normal development passes through a "psychotic" stage. It is unnecessary for me to state how strongly opposed I am to this concept, which, according to my findings, is based upon a serious error.

Infantile projection is the first step in differentiation; it is the beginning of reality testing. This differentiation, in its further development, leads to the establishment of the ego, the superego, and the id.

Psychotic projection is a final step; it is the only means left of solving a danger situation which has already caused separation from reality.

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c. It is a far more difficult task to pass judgment on the attempts of a number of child analysts to diagnose schizophrenia in childhood. Certainly it is a favorable sign that they wish to make a sharper differentiation among the various mental illnesses in childhood. Still, it is questionable whether "childhood schizophrenia" has the same structure as the well-known psychosis occurring in later life. Sometimes one gets the impression that the diagnosis is based upon a slight external similarity. But let us exclude such cases from our present examination.

Better (and still falsely) diagnosed as schizophrenia are those cases where the oedipus complex is impaired and the child patients show symptoms resulting from this impairment. It is considered a great scientific triumph if these children later develop a "real" schizophrenia which seems to bear out the early diagnosis of the child analyst. However, I still have my doubts about the correctness of such a diagnosis and cannot rid myself of the suspicion that just as there are differences between the prepsychotic and the psychotic phase, so also are there similar differences between the "home brew of infant schizophrenia" and the schizophrenia of adults.<sup>15</sup>

d. We may ask how psychotherapy with schizophrenic patients is possible when the patient, insofar as his psychosis is concerned, has lost contact with reality. It is clear that treatment must be concentrated upon the non-psychotic part of the personality and must have as its aim the strengthening of what remains of the reality ego. An increase of ego strength will enable the ego to master conflicts better than before. As a result, the necessity for solving the conflicts in a psychotic way decreases.

According to Freud, ideas of jealousy can be present simultaneously in both a neurotic and a delusional form (6, p. 232). The content of both forms is the same, but the mechanisms are different. We may expand Freud's concept and assume that every delusion may be accompanied by non-psychotic ideas having the same content as the delusion itself. I have already tried to demonstrate that two possible explanations of the content of a delusion exist, one explanation fitting into the frame of a neurotic and the other into the frame of a psychotic mechanism. The first explanation, then, applies only to the non-psychotic content; the second, to the delusion. We may conclude further that any interpretation given to the patient of the content of the delusion will never touch the delusion itself but only the non-psychotic idea having the same content. It is my conviction that although during his psychotherapeutic cure the delusions of the patient may disappear, still the psychotic part of his personality remains untouched by interpretations.

e. We were able to study the problems of bisexuality throughout the prepsychotic and psychotic development of our patient. A comparative study of these problems in various cases of schizophrenia will certainly bring important insight

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<sup>15</sup>We may even ask ourselves whether such "infantile psychoses" have the same structure as the prepsychotic phenomena. One gets the impression that there is a similarity in ego reactions but that the problem of whether the conflict in both stages is the same remains unsolved. Careful investigations have yet to be made before light can be shed on this problem.

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in this psychosis. We may finish with a provisional statement: That schizophrenia results from the schizophrenic's incapacity to solve the problems of bisexuality in harmony with reality.

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**1921) A MAN'S UNCONSCIOUS PHANTASY OF PREGNANCY IN THE GUISE OF  
TRAUMATIC HYSTERIA—A CLINICAL CONTRIBUTION TO ANAL EROTISM.  
INT. J. PSYCHO-ANAL., 2:255 (IJP)**

**A MAN'S UNCONSCIOUS PHANTASY OF PREGNANCY IN THE GUISE OF  
TRAUMATIC HYSTERIA—A CLINICAL CONTRIBUTION TO ANAL EROTISM<sup>1</sup>**

MICHAEL JOSEPH EISLER

**PART I**

In 1908, Freud in his 'Character and Anal Erotism' drew attention to the impulses included under the description analerotic, and to their great significance in the development of the Ego factor of the personality; since then the limits of this theme have been extended ever further in the steadily accumulating investigations of many authors, and its fundamental importance made manifest. Such work could apparently only be carried through in the teeth of manifold resistances, on the part not only of the outsider but also of the student of analysis himself, because the psychic constellations concerned are subject to the most diverse transformations; for similar reasons wherever they are found, the solution of the most outstanding problems of the psycho-analytic treatment is concerned. It will suffice only to allude to the results, for they are intimately bound up with the progress of psycho-analysis in the last decade, and are consequently well known. Despite the fertility and wide ramifications embraced in the relevant literature published hitherto, it is

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<sup>1</sup>Translated by F. R. Winton.

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deficient in one respect, namely *detailed* presentation of the circumstances of anal erotism, so far as they have been elucidated, within the framework of its corresponding clinical entity. Freud alone continues to produce masterly contributions along these lines. I refer to the relevant sections of his papers: 'Bemerkungen über einen Fall von Zwangsneurose' (Sammlung kleiner Schriften zur Neurosenlehre, 3. Folge) and 'Aus der Geschichte einer infantilen Neurose' (Sammlung kleiner Schriften zur Neurosenlehre, 4. Folge.)<sup>2</sup>

In both expositions he lets one realize vividly the laborious path of analysis; the new discoveries are seen in the process of being made, and one may guess against what resistances they have been evolved. The following case, which proved to be a severe neurosis erected upon fixation of the anal-erotic components, is to be presented clinically in accordance with this method. I need hardly add that the material examined, which was obtained during the course of some seven months, is certainly lacking in completeness and has not always served to make theoretical relationships clear; meanwhile, however, the treatment had achieved on the one hand recovery of the patient, and on the other a stage at which some significant correlations and discoveries could be established. With due regard to the special features of the case, I will now let the description of the course of the analysis follow. The actual structure of the neurosis naturally only became evident at the conclusion of the treatment; nevertheless in the interests of lucidity I shall not adhere strictly to the chronological method of record, but leaven this with elements of the subsequent synthesis. This is inevitable in any presentation in which elegance is an aim.

J. V., aged thirty-one years, a tramway employee, gave the following account of the onset of his illness. Two and a half years ago he fell off the step of his car at full speed, and was bruised on the head, forearm and loin. All the injuries affected the left side. He lost consciousness, and was conveyed from the scene of the accident to the surgical side of a hospital. In the meantime he regained consciousness, and it was at once evident that the injuries were slight, and only that to the head would

<sup>2</sup>Between these come the theoretically most important two essays: 'Die Disposition zur Zwangsneurose' (Internat. Zeitschr. f. Psa., 1913) and 'Über Triebumsetzungen insbesondere der Analerotik' (Internat. Zeitschr. f. Psa., 1916), to which I shall refer later. Likewise I would emphasize the pertinent work of Jones from the point of view of its wealth in casuistic and other material.

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need stitching, those to the forearm and side being but skin abrasions. No sort of internal injury was supposed to exist at that time. During his stay at the hospital, the doctor in charge of his treatment also had the injured parts X-rayed with negative results. Three weeks after admission, he left hospital cured. He again took up his work and after a short time felt quite fit. Some weeks later pains set in beneath the first rib on the affected side occurring at first rarely, but soon more frequently, until they partook of the character of regular attacks. They took place at short intervals, about fortnightly, lasted fourteen to sixteen hours, and passed off again. During an attack he felt a boring pain in the left side 'as if a solid object was trying to emerge', afterwards he was exhausted and required rest. However the intervals between attacks passed without the appearance of any particular phenomena, excepting a slight stitch in the side which occurred along with any considerable excitement. In time the condition became more and more obstinate and intolerable. He had often to neglect work, and sought out all the various hospitals, where they were eventually baffled by his complaints. Toward the end of the second year of his illness, he had lost consciousness in three consecutive acute attacks, and they sent him on to the neurological department. On the strength of the negative findings of surgeons and physicians, a diagnosis of Traumatic Hysteria was made. As such, the case was submitted to psycho-analytic treatment.

At the outset of the course, before the history of the case could be written down in any detail, all the signs of a stormy transference set in and engaged my whole attention; it was only later shown that the explanation lay in his many years of previous treatment and experiences with other doctors. I must confess that I found the behaviour of the patient at this time very strange, and the possibility of a mistaken diagnosis just passed through my mind. At the very beginning of analysis, he performed two peculiar actions, of which the first was relatively intelligible, but the second seemed completely nonsensical. Soon after the beginning of the first hour he stood up without any particular occasion, and said he had felt exactly as if the couch had rolled off with him. Obviously it was an attempt to escape from his unaccustomed situation and the presence of the physician. When at length I had persuaded him to lie down again, he was incapable of producing coherent ideas. At the close of the hour, on my departure, he

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remained standing awhile and stared at me with protruding throat and eyes widely dilated. He gave the impression of one demented; long after, I was able to find the explanation of this evanescent 'symptomatic act', which I shall take up at its proper place in the record. Some days later he introduced a fresh and quite unambiguous symptomatic act, which allowed the first insight into his unconscious mental life: he rose from the couch, made an awkward turning movement, and fell back again flat on his face with his legs dangling. This indirect expression of his passive homosexual attitude towards the doctor he attributed to a sudden fainting fit. Its intensity and the form it took at so early a stage of the analysis had its own particular significance. The same attitude also found expression in the dreams of this introductory period. Once he dreamed of a fight with a lion that bit him in the left shoulder; and again, he was quarrelling with a younger brother who wanted to shoot him down. In a third dream he was trying to enter the royal train (it was a few weeks after the revolution) but was surrounded by soldiers who threatened him with a dreadful punishment which they did not name. Lastly he dreamed a scene from his military training, in which a superior dug him in the ribs in fun. Most important in all these dreams, which succeeded one another as it were according to programme and undisguisedly represented the passive homosexuality of the dreamer, was the progressive demolition of the unconscious phantasies underlying them. The reaction which at first took so violent, almost archaic-mythical, a form of expression, became finally transformed into slight facetiousness. Very little material actually recollected was however gleaned from these dreams.

Here, as in the case of the symptomatic act, the patient seemed at once to admit all and to conceal all. As before he maintained reserve with respect to the demands of analysis, and was little inclined to communicate his thoughts freely. It could not well be a question of resistance nor of misunderstanding in regard to the treatment, for he had already accommodated himself to the guiding rules of analysis in accordance with the complex of his unconscious constellation. I can now only refer to his behaviour as somewhat 'close', but I shall go into this more fully later.

The transition to a gentler and at once more rational transference was accomplished by a new series of dreams, which according to their content belonged to the well-known type of

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flying-dreams. He was flying alone in the open, or in a room full of onlookers, and in this way took a narcissistic delight in his body, determined by regression of feeling. In connection with these dreams too, only scarce memories could be collected; they were not related to his real environment, but served purely as an expression of the tension current within him. Neither this nor the first type of dream occurred again during the many months of analysis; I must therefore regard them as a means of compensation or adaptation to the treatment.

After such diverse interludes, I was at last able to induce a thoroughgoing discussion of the circumstances which formed the occasion of his falling ill. Nevertheless the results of this must be postponed in favour of the characterology of the patient as hitherto established. Taken together, both thereafter constituted the actual programme of work of the analysis.

The patient gave one the impression of a self-confident and methodical man, working with a view to consolidation of his circumstances. Several changes of occupation, which I shall describe more closely below, had enabled him steadily to improve his standard of living; and taking an energetic part in aims common to his rank for the time being, he was yet able to further his own interests. He was now the leader of his group of workers in social and political questions, and his words carried weight. At the same time, he showed great moderation in his views, and was good at propagating them among his fellows. In such wise he had found it possible to sublimate a great part of his homosexual libido and hold it in equilibrium. Herein moreover his marked conceit was rooted. He appeared to be gifted as a speaker; his style tended towards expletives and pithy expression, and he could turn a phrase with most amusing effect. However, he thought thoroughly sensibly, and every action evidently followed mature consideration. Men of his sort have no true sense of style, they are deficient in the observational factor of the process of thought, and may be said to think by action. He showed moreover an insatiable desire for education, but in the absence of suitable authoritative guidance he had become self-taught, and so combined some originality with considerable oddity. Thus for years he had kept copies of everything that interested him, and so had collected a manuscript library. From time to time he would transfer these notes—poems, newspaper articles on various

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<sup>3</sup>Cf. Ernest Jones: 'Anal-erotic character traits.' Papers on Psycho-Analysis, 2nd. Ed., p. 664.

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subjects, and so on,—to new volumes: he would as it were make cleaner what was already clean. His attitude towards money was entirely rational; at one point only could anal erotism be detected: he disliked soiled notes and either passed them on to his wife, or despite his thrift spent them without adequate cause. He enjoyed memorizing passages that suited him; and even though he failed to understand genuine lyrical verse, he thoroughly appreciated the emotional variety, partly because it was rhymed. Moreover he kept a sort of diary, in which actual dates of general importance were noted; he had no talent whatever for personal outpourings. In addition to copying, he liked drawing up accounts and balance sheets. Everything connected with this business of writing was kept in perfect order, it was all at his fingers ends, and created an immense impression in his simple surroundings. Sublimated anal erotism evident in all this was further betrayed by a material interest in the physical processes of life,<sup>3</sup> and also by his efforts in diverse ways permanently to establish himself. Most particularly did biological questions

stimulate his interest, and especially that of evolution. Information in this field had been gleaned partly from popular literature, and partly by unofficial visits, facilitated by the staff, to appropriate scientific institutions. The earliest incitements in this direction dated from boyhood, the child's impressions of the farmyard, and could be traced back step by step to typical infantile curiosity. Rearing of domestic animals and still more of fowls had had a particular fascination for him. He related how for a time, as a boy, he had really cared about the business of hatching, to which interest numberless hen's and bird's eggs had been sacrificed. Later each time he had changed his calling, he had seriously thought of taking to the country and carrying on fowl breeding on a large scale. To all appearances this desire was so strong in him that he was sure one day to realise it. In the meantime he had to be content with pet singing birds, of which he kept several in the house, and which he fed and looked after himself. The remainder of his ornithological hobbies found play in neighbouring woods. At the time of the analysis, for several weeks, he would visit the habitat of a wood-pecker and watch it with obvious enjoyment, knocking in order to entice its insect prey. All the

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peculiarities described, and to be developed further, can at once be recognised as representatives, disguised and so compatible with consciousness, of such of the patient's complexes as appeared, if not pathogenic, at least exaggerated.

Along with these enquiries the family history came to light, but I will confine myself here only to its most essential points. He came of peasants, as an eldest child, and they still lived on the farm where he had been brought up. Eight of the fourteen children of the marriage were alive. The youngest, a seven year old sister, had some relation to the patient's neurosis; likewise the eldest sister, a girl of twenty-four, whose way of living he judged most harshly without adequate cause. We found that his sexual researches had been very active at the time of her birth. He had noted enviously how tenderly they anticipated her arrival; a screen-memory involved the wish for her death. Later too, he had felt no more gently towards her, and by unconscious identification with the father, had constantly found something to criticise. On a visit to his parents during treatment he turned her suitor out of the house. The significance of the youngest sister was cleared up only at the climax of the treatment. He had no very strong feelings about his brothers, in relation to whom he rather fancied himself as the first-born; to one only, who had been drowned in adolescence, was his attitude of any consequence. He had lent him the money to bathe, and so for a time felt partly guilty of his death. He was then sixteen years old. This memory still contributed to the feelings he experienced as driver in accidents involving others.

Very vivid memories of earliest years were centered round the grandparents, who had lived at home with them. The respect shown to them by the grown-ups had intensified their consequence in the eyes of the child. He told of his grandmother that she had taken his mother's place in the house during the latter's frequent lying up with child, and had insisted on great tidiness; he was said to have inherited this character trait from her. He had been told that at nine months he had been making his first attempts to walk, or rather to crawl (he had developed very precociously), when his grandmother had unintentionally stepped on his thumb—he had already given up sucking it. So in his memories it fell to the woman to be the first disturber of the pursuit of pleasure. She too was supposed to have uttered the first castration threats. A

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particular memory was connected with her toothless mouth, namely that she had carefully collected the teeth she had lost, and preserved them under her bolster. I shall raise this again later and now mention only that it is striking that my patient possessed not a single upper incisor. Memories of the grandfather were recalled less vividly, although the earliest phenomena of transference of a specialised kind (not the above-mentioned impersonal kind) indicated him, and most probably he had been the patient's first narcissistic love-object. Robust and energetic to a great age, he had headed the family as farmers, and had managed the concern according to his own judgment. His presence had put even the father into the shade, and later

had made an almost undisturbed, even comradely relationship possible with his son. Actually the patient always behaved towards his father as he had seen the latter behave toward the grandfather. A memory of childhood exhibited him as rescuer of the six-year-old boy from attack by a maddened bull. Another memory recalled him as priding himself as cheesemaker; he was said always to have been able to scent whether a cheese had been made by himself or his wife, which had given rise to jocular references at table. Both father and grandfather had been distinguished by a rigid sense of justice, which the patient took as symbol of independent manliness worthy of imitation. His standpoint in this respect was, as we shall find, rooted yet more deeply.

Unfortunate economic circumstances had persuaded the parents to send him at fourteen years as apprentice to a baker. When he had fully learned his craft, he had gone to the town and worked for some years under a number of employers. He had then been influenced by a favourable opportunity to make his first change of occupation; he had become laboratory assistant at a chemist's. We were able to establish that he had obviously enjoyed both these occupations; as baker he had particularly liked kneading clean dough; there moreover he had learned cookery and the preparation of dishes; in the laboratory he had worked with zest among aromatic and scented fluids. This work too he had deserted for tram-service, following disappointment in love. For the first few years he had been a driver, and had had several street accidents. One had made a very deep impression upon him, when he had run over a man in the dark, who had been literally cut in two by the car. Later he had obtained a post

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as conductor. When not yet twenty-four years old he had married a girl, to whom he had previously paid attentions, but whom he had temporarily left in consequence of a quarrel. The marriage was childless although he had longed for a child from its first days.

A clearer conception of the neurosis, and especially of its crucial points, became possible with a knowledge of all these events. Neither dreams hitherto related by the patient nor other indications pointed near the direction of the accident described above; on the other hand a displacement of accent soon took place in connection with the traumatic adventure; not the fall from the car, but to my surprise, the X-ray examination at the hospital advanced more and more indubitably into the forefront. Next it appeared that the patient had repeatedly and obstinately demanded to be X-rayed afresh, giving always as a rationalized justification that his disease (namely the pain in the left side) must be of an organic nature. This stereotyped wish eventually aroused one's suspicion, which led to the following discoveries: The X-ray examination originally arranged by the acting surgeon had been, it appears, of great psychical significance to the patient. Exposed to strange proceedings, he was brought into a state of anxious expectancy even by having to undress in the presence of a doctor, but still more by the various preliminary manipulations undertaken by the latter (such as fixing little sandbags to his extremities in order to keep them still). Now the lamp was switched on and began to work with its loud sparking, and for a moment he felt paralysed with fear. He readily admits that the examination itself rather disappointed him. In his anxiety he had been convinced that the doctor intended performing some operation in connection with the examination — 'perhaps suddenly thrusting an instrument into his loin'. However nothing much happened. The mental process associated with this was naturally entirely withdrawn from the patient's consciousness, and proceeded to develop in the unconscious. The whole adventure thus became a nucleus round which a libidinous wish-phantasy, of a passive-homosexual nature, might crystallise. Moreover the assumption seemed probable that the wish to be X-rayed anew represented not only a persistent unconscious instinctive tendency, but at the same time an attempt at abreaction: a repetition might even now demolish the painful affect and tension which had not been abreacted at the time. So

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far I could form no sure judgment about the degree of thwarting of libido, or other factors determining this wish. Analysis elucidated this too, when the patient had described in detail his attacks of pain, and included many new particulars.

Already twenty-four hours before these began, great restlessness set in. Ordinary incidents, usually without effect on him, now excited him. He became silent and irritable, especially at home where he treated his wife curtly; the more imminent the approach of the attack, the less could he tolerate her proximity or ultimately even her presence. He accounted for this strange behaviour, most important for the resolution of the neurosis, by the significant parallel that when at hospital, every assistance rendered by a woman had irritated him. Particularly had he refused to let one give him an enema; this operation seemed an impossibility for a woman. A sense of shame will not completely explain this behaviour; I discern here too a passive-homosexual factor. He regarded his illness jealously as an exclusively personal affair. If he happened to be asked how he was, he might become furious and flare up; of this I had opportunity of satisfying myself during analysis. Together with his transformation of mood, he suffered from constipation that was not amenable to any drug. Regularly following such prodromal indications, the pain in the side occurred on the next day, and increased for some hours until the patient could neither stand nor sit. Even lying down he could maintain one position only for few minutes. As soon as the pains reached a climax, he became weak and limp. He then had to lie down on his left side, and it eased him to stuff a small bolster under him. Sometimes he would fall asleep in this position after a short while. The attacks which were accompanied by loss of consciousness, were preceded by buzzing in the head, and seeing black before the eyes. Afterwards he felt pricking in all his limbs, and was temporarily dazed. First he passed wind, and finally the constipation too ceased.

This description which was taken almost word for word from the patient, together with an impressive demonstration of his behaviour during an attack which he reproduced in my presence, drove me at length to the idea, which had formerly passed through my mind but was always suppressed as ridiculous, that if this were all true, the attack could represent nothing but a childbirth; moreover the constipation must be a conversion symptom

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<sup>4</sup>Later when I first told the patient of this state of affairs, with more adequate evidence, he was silent for a time and then replied: 'Dr. K. told my wife much the same thing when she asked him about my condition. He felt he could not fully envisage my complaints; if only I had not been a man he could have understood me more easily.' I must admit that this intuitive confirmation on the part of an unknown colleague, who had thus hit the nail on the head, gave me great satisfaction. Like my predecessor I found of course that this had no effect on the patient at this stage.

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of an hallucinated pregnancy, brought into close relationship with the X-ray episode.<sup>4</sup>

By this is of course meant an unrecognisable representation, rearranged by the mechanism of the neurosis, to which analerotic components contributed suitable matter (*partus per anum*). The scene is dominated by a persistent infantile trait. In answer to careful enquiry on the point, the patient told me that when ten years old he had heard the groans and cries of a woman in labour. She was neighbour to the family, and for two whole days was unable to give birth to her child, so that at last the doctor had to deliver her with forceps. He had a vivid recollection of her lying on the bed, and holding her knees drawn up during the pains; he had observed her repeatedly unnoticed through a window. He thought he could remember most clearly seeing the mutilated dead child in a wooden trough. The pain in the loin—a mythological necessity, as it were, of the story of the creation, in which Eve is fashioned from Adam's rib—could later be more closely determined by a group of experiences. Nevertheless I am compelled at this point to drop the thread I had taken up, and to interpolate a short description of a nervous intestinal disturbance which the patient had had years ago, and of which the analysis ran parallel to that of the recent illness.

It was in the early years of his marriage, seven years ago, that he had caught a heavy cold at work, which ran its course with high fever. Connected with it after a wearisome convalescence, a peculiar bowel trouble set in. The exact relation between the cold and bowel trouble could not be established, and had it seems not been clear to the doctor treating him at the time. The recent illness indicated that the neurosis tended to develop in connection with an organic process involving pain, in order to break into activity. This suggested the assumption of a masochistic fixation, for which the analysis contributed a wealth of

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<sup>5</sup> A veritable birth-saving phantasy. A sadistic trait too is unmistakable, in response to which the sense of pity is aroused. To recover from his fright, by the way, the patient thrashed the boy like a mother punishing him, after he had brought him forth.

<sup>6</sup> Cf. Freud, 'Analyse der Phobie eines fünfjährigen Knaben' ('Lumpftheorie'), Sammlung kleiner Schriften zur Neurosenlehre, 3. Folge, 1913; and 'Über Triebumsetzungen insbesondere der Analerotik.' Ibid., 4, Folge, 1918. I would recount here the following from the history of a young woman. With a strong father fixation as a child, she began to suffer from serious constipation at her sixth year (motions once or twice a week, with great struggles). Then her youngest sister was born, and for a long time she was hostile, but later developed an intense almost maternal tenderness towards her. After the death of this sister, melancholic moods set in. Constipation continued with varying intensity for over twenty years, and after marriage, which was at first childless, it became if anything worse. The condition improved markedly every month during the periods. After birth of her first child there was spontaneous and complete cure. Analytic investigation showed in this case too, that the infantile wish for a child (from the father) had been converted into internal symptoms. Maternity eventually shifted the apparently slight disease.

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further evidence. At first he suddenly felt in the middle of his trip a painful desire to defaecate, and had rapidly to forsake his car. Moreover it always troubled him uselessly, for he could never obtain a motion. Medical treatment was adjusted to the many and changeable complaints and symptoms of the patient, and they tried pretty well everything that one does in the case of bowel disturbance which is not clearly diagnosed. Even a chemical examination of stomach contents was undertaken. The patient's description of this, and a dream following upon it, led at last to the solution of the hitherto unintelligible transient symptomatic acts produced at the beginning of the analysis. In the patient's phantasy, the stomach tube had attained perverse secondary significance (as object of fellatio). His extraordinary behaviour, which quite corresponded to that at a stomach test, the protruded throat, anxiously dilated eyes, etc., was as it were the unconscious consent to a homosexual perversion. This feminine attitude to the doctor was the key to all the symptomatic acts that occurred later too in the course of the cure. From the manifold symptoms of the disease, there crystallised gradually a very obstinate spastic constipation, which we recognise as a hysterical manifestation in Freud's sense. After several months, the continuance of this trouble was endangering the patient's position, and the condition slowly terminated. An extremely effective measure had been suppositories, which, on doctor's orders, were introduced into the rectum. The patient was at the time very satisfied with this treatment. The connection of this spontaneously evaporated monosymptomatic hysteria with the conditions of his life at the time brings out the state of affairs still more clearly. Things happened at work, particularly that he occasionally had run over pedestrians on the streets (among them a boy who fortunately had got caught up in the safety arrangement);<sup>5</sup> these greatly worried him, wherefore he was already thinking of another change of occupation. The circumstances of his marriage contributed very important motives for illness. As I have already recorded, they had not united without disturbances. For not long previously he had heard by accident that there was an illegitimate child. The

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patient was deeply hurt by the faithlessness of his bride, and her want of trust in him; with the child itself, a girl, he put up more readily, and later took it to live with them. However he then felt deceived (the jealousy-constellation, with obvious interest in the seducer), and broke off the relationship they had begun. Several months later he first proposed to come to an amicable

agreement. His parents were absent from the wedding, which he regretted grievously. His father was temporarily ill, and his mother lay in bed with child—his youngest sister. As her frequent pregnancies are related, as we shall see, to his infantile anal-erotic desires, one could hardly escape the thought that this time too the repressed instinct may have obtained reinforcing contributions from the favourable circumstance, namely the sister's birth. Having embarked on marriage in such modest circumstances, it was necessary to live economically, al though, following in the parental footsteps, he strove from the first day to possess a well-established household. Here his systematization came in. Everything was to be done properly, and in order—first establishment, then increase of family. For this reason moreover, the satisfaction of his most ardent wish—to have a child—had at all costs to be postponed. This is the right moment at which to examine this wish more closely: intense narcissistic self-love alone could underlie it, for in phantasy he always thought of having male offspring only. The co-operation of the circumstances thus briefly set, which are yet to appear more sharply defined and determined in relation to the whole, and more especially the thwarted life-wish of the patient, rooted in emotionally toned infantile phantasy, suffice to account for the nervous constipation, which in view of all this, can have only one meaning—the expected child is for the time being not to arrive. Equating child with faeces, natural in unconscious thought,<sup>6</sup> was frequently demonstrated in this case from dreams. Our patient did not at that time

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know that he would be prevented to this day from seeing his wish fulfilled.

Let us now return to the chief symptom of the neurosis, the pain in the loin, the etiology of which I have described as determined by a group of experiences. I shall postpone consideration of its foundation, which is to be sought in anal-erotic wish-phantasies, until I come to the circumstances of childhood and dispositional elements. It might be that these, which were involved in a massive fixation, together with the scene observed at ten years, would alone suffice to direct the patient's labile sexuality into the channel of the neurosis; further occurrences, to which in virtue of his innate disposition he reacted as to traumata, gave the clue. He was once followed by his grandfather, on account of a prank; he fled, but the old man started after him and ultimately caught him. He was less impressed by the thrashing he received, than by the old man's robust legs. Pursuit, and the stitch in the side which followed this running, are closely related in the recollection. A quite analogous if less amusing scene took place somewhat later when he was nine years old. By bad luck, he had knocked out two front teeth of a little girl with a catapult. The injured child's father came along to punish him for the misdeed. He rushed out in terror, and ran away from his pursuer right across an open field. Eventually, when his wind gave out, and exhaustion left him barely conscious, he was overtaken and dealt with. Both these memories of dread of an approaching man were blended with an apparently disconnected experience at fifteen years, which achieved later immense importance on account of the circumstances of the X-ray episode. He caught diphtheria, and was given an injection of antitoxin in the left side<sup>7</sup> by the doctor treating him. The later homosexual wish-phantasy was

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<sup>7</sup>A person's left side counts as feminine, as is known from many neuroses and folk-psychology. Moreover the male genital organ is usually carried on the left side.

<sup>8</sup>Boys often amuse themselves by stepping unnoticed behind their playfellow's back for fun to startle him. (Related by the patient.)

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superimposed upon this real stimulus. It follows without doubt that in dealing with the psychical forces which arose in connection with the X-ray examination the patient was gravely impeded in mental adaptability by a high degree of 'complex' sensitivity which had developed from the experiences described. It is in this group therefore that we can recognise the immediate exciting causes of the neurosis. The persistence latently, at fifteen years, of the unduly developed anal-erotic instinct-factor was meanwhile confirmed by a peculiar memory.



The patient tells that he could not easily bring himself to defaecate in the open, although it was the everyday custom in the circles to which he belonged. In addition to repressed exhibitionism, one can see clearly in this recollection the reaction against his passive homosexuality.<sup>8</sup> Furthermore, the fact of onanism having been transiently practised and smoothly given up during puberty, speaks in favour of other instinctive tendencies having remained prominent at this time, and consequently in childhood.

Let us summarise the results of the analysis up to this point. They lead to the inevitable conclusion that the X-ray episode materially disturbed the equilibrium of the patient's libidinous tendencies. So far the state of affairs would seem completely explained. In regard to two questions, however, which arise directly therefrom, satisfactory answers are still to a large extent outstanding. In connection with the first of these, namely the wish-phantasy made active by the neurosis, many indications strengthen the idea that it has to do with an hallucinated (hysterical) pregnancy, with associated representation of parturition in the attack. As to the second, we suspect with some justice, and particularly on account of insight into the patient's character, that anal-erotic tendencies play a part. It was these, then, that constituted the form of the neurosis, i. e. determined the wish-phantasy. Decisive conclusions on these two subjects, which are continually interrelated and supplementary, can be reached only by searching through the conditions of infant life. The material relevant to this was, as in all analyses, not obtained suddenly at a certain stage, but rather was accumulated at various times by eliciting facts, sometimes spontaneously, sometimes requiring careful re-interpretation. The essential achievement of the analysis is involved in

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this work, both as regards theoretical elucidation, and therapeutically in overcoming the resistances concerned therein.

## **PART II**

One recollection stands out above all in the story of the patient's childhood; it is of an unusual adventure, and as such exercised an influence in later life. This episode had never entirely eluded his consciousness, and cropped up early in the course of treatment. What makes it so remarkable, apart from its content, is the uncommon vividness and accuracy with which every detail had been preserved, although the patient was little more than three years old at the time it happened.<sup>9</sup> In contrast with other experiences, which are remembered repeatedly during psycho-analytic treatment but only become distinct in the later reproductions, this one was presented immediately on the first occasion without gaps, making the later process of clarification and completion superfluous. I hold that this very circumstance is in favour of its pre-eminent significance in the patient's mental life. It happened as follows. His father was out, and he was playing one day in the kitchen, where his mother was. She was suckling his youngest brother, then about nine months old, and sat at the table on which crockery with relics of breakfast was still present. During play he noticed a fragment of bread left by his father. He stretched over for it holding tight to the edge of the table, and may so have disturbed his mother who was engrossed in thought. She shouted angrily at him, and probably because he would not desist from his intention, she seized a bread-knife lying near by, and hurled it at him. She had aimed her unpremeditated throw well. The blade ran its point through the little brimless felt hat that he was wearing (the usual headgear of Hungarian peasant children), and pierced the skin of the

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<sup>9</sup>Incidentally, the patient's memory reproduces all recollections remarkably vividly; probably the notable sense of reality associated with anal erotism is here a leading factor. I would venture to put forward a corresponding proposition, with due reserve, though founded on a very convincing case. Phantasies that have developed under patronage of an oral fixation of libido exhibit a curiously veiled character. This may be attributable to the yet limited field of action to which mental life is restricted at the corresponding stage of its development.

<sup>10</sup>The place for new-born babes in the village.

forehead on the right side. He cried out loudly, but the mother too was horrified by her unintended act, and hurried towards him. She snatched the knife out of the wound, which she quickly washed; she then carried the weeping child into the living room where, as he exactly remembers, she laid him right across the foot of the bed.<sup>10</sup> While he was gradually quieting down, she took the little hat which showed where the knife had cut it, and sewed up the damaged place with red twine, as he can recall to this day. At his mother's request, he kept the whole affair from his father, who never heard anything of it. He continued wearing the mended hat for a long time.

The effects of this episode could be traced in many directions, and as an outstanding childhood experience it often led to most important orientations during the course of the analysis. Thus in the first place, one could assume that it had set a term to the brief period of infantile masturbation,<sup>11</sup> and was later further involved in castration experiences. We found above, moreover, that the first castration threat hailed from the grandmother, to which he attributed the renunciation of his oral libido. Here the woman comes up a second time as disturber of sexual pleasure. Perhaps in another field the psychic effects of the episode were even deeper and more persistent. It is established without doubt that the patient's narcissistic masculinity was precociously stimulated by the injury to his head. We must not regard this as an innate disposition, such as the anal erotism which is to come up soon, but rather as an accidental motif, which however became responsible for the first fixation of libido in the patient's development.<sup>12</sup> Such a state of affairs could be inferred from a number of diverse erotic attributes and character traits in the present condition of the patient. For the sake of completeness I will insert these here. The patient, a vigorous man who knew his mind, and had advanced views and interests, opposed in the most emphatic way any effort towards emancipation on the part of women, whose activities he wanted to see limited strictly to domesticity. He

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<sup>11</sup>Cf. Freud, *Sammlung kleiner Schriften zur Neurosenlehre*, 3. Folge, S. 164, footnote.

<sup>12</sup>The possibility of such fixation on account of 'purely chance happenings in childhood' has already been emphasised by Freud (*Vorlesungen zur Einführung in die Psychoanalyse*, 1917, S. 418).

<sup>13</sup>The dream reminds one of the poignant poetic scene in the *Aeneid*, which tells how the hero Aeneas carries his father Anchises out of burning Troy. Similarly in other dreams mythological traces could be demonstrated. The patient described this dream as prophetic, and brought it into relation with political events. His tendency to prophesy will be discussed presently.

warmly denied women any sense of justice (which as a child he had so venerated in his father and grandfather) or capacity for education. Incidentally, he was himself guilty of contributing evidence on the last point, for he had made ineffectual efforts to educate his wife's illegitimate daughter, as well as his youngest sister, whose birth coincided with his first neurotic illness (see above). He attributed the bad results of his efforts, not to his own impatience towards any female creature, but rather to her supposed inferiority. Preoccupation with an idea or illness was ever a welcome opportunity to keep his wife at a distance; nor did he ever let her into the knowledge of the plans and projects he was ceaselessly forging. It has already been stated that his wish for male offspring was determined by narcissism. Other relics of unduly potent infantile narcissism came forward as certain paranoid phantasies, which however only gave evanescent indications, and proved very variable. Of these, I have already mentioned jealousy. It had reference, however, not only to his wife's former love-affair, but developed into delusion-like phantasies of her possible infidelity, for which he wished to atone by murder of the late lover. Surely these phantasies are to be regarded as new editions of similar ones in childhood, in which it was a question of the father and mother. As link may serve his jealous attitude with respect to his eldest sister. In this connection, further, one must mention his aggressiveness, which repeatedly appeared in dreams as ability in debate. A curious episode may have reinforced it. When a conductor on a tram he thought he had once noticed that an old man of

impressive appearance, who travelled with him daily and always dropped a small tip in his hand when he took his ticket, expected in consequence servile behaviour. Directly the idea had occurred to him, he unwillingly returned the superfluous money, and gave the traveller to understand he had nothing to expect from him. It is interesting that some days later there was a sort of conversation and reconciliation between them, which introduced them to a friendly relationship. He was partly responsible for this change, and afterwards he even enjoyed being pleasant to the old man. Thus a certain malleability of the patient's narcissism is evident, and leads to the provisional assumption that another prepotent impulse had necessitated its dissolution. Moreover there was a number of other means of expression or

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rather regulation of the strengthened narcissism. Such was found in connection with an important dream, in which there were certain saving-phantasies which had to do with various respected individuals. The dream included a scene in which a town was on fire, and in the midst of tremendous upheaval he carried a town councillor from out of a burning house into the open, and as thanks for the rescue heard him utter resignation to an aimless life.<sup>13</sup> A man who had natural endowments similar to those of the patient, but a finer intellect and more influential rank, would probably have achieved very remarkable and profitable work in life. Such hero phantasies, which, dissociated from reality, nevertheless continued to exist in imagination, could always be traced back to the first love-object, the grandfather, who had once rescued the boy from a mad bull. In the reflector of narcissism, this adventure underwent transformation into its opposite. Another group of phantasies had to do with aversion from the woman's part in the process of reproduction, in which way he reacted analogously to the authors of the Old Testament story. He could never be reconciled to the idea that Nature had left the important operation of actual construction of the body, and carrying it, entirely to woman. Apparently he was running close therein to the chief complex of his neurosis. A further step in such phantasies is the belief in self-creation, which was demonstrably present in the patient.

It has not been possible to present this summary account of his narcissism in more coherent form, because analysis achieved in this respect isolated and disconnected suggestions, rather than definite and final conclusions; further because the psychical equilibrium of the patient himself did not allow him ultimately to penetrate beyond this stage of development. Particularly, as far as these saving and self-creation phantasies are concerned, they are as a rule not associated with the syndrome of hysteria, but belong to complexes of the psychoses. Though the case under treatment may seem strange in regard to the regions of feeling that have won recognition, further understanding can be approached by comparison with cases that belong to the realm of psychiatry. Psycho-analytic

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<sup>14</sup>Freud, 'Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia (Dementia Paranoides)', Sammlung kleiner Schriften zur Neurosenlehre, 3. Folge, 1913.

<sup>15</sup>Such phantasies seem at times to be conscious also in obsessional neuroses. Cf. Ernest Jones: 'Einige Fälle von Zwangsneurose'. *Fahrbuch der Psa.*, Bd. IV, S. 574.

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literature in particular includes a description of a typical case which can be cited as an example for comparison. I refer to the case that has been so critical in determining the etiology of paranoia, namely that of the President of the Senate, Schreber.<sup>14</sup> Here we find told straight out, with little inhibition, and called by name, those repulsive phantasies, foreign to consciousness, which called forth the patient's neurosis, and could only be disinterred with so much labour. Such are the inversion into woman, and fertilisation by divine rays. I would emphasise with Freud that analysis contributed nothing to these phantasies, which must be considered a psychic constellation sui generis, and which are contained in Schreber's own account of his illness. The distinction is to be found in the mechanisms of the types of disease; whereas in hysteria symptoms are formed exclusive of consciousness, in paranoia the diseased processes invade

consciousness in the form of delusions. In Schreber's case a firm adhesion of feeling to the father, and the childlessness of his marriage called to life the psychotic process of inversion of his own sex; in this case too, therefore, the most important section of unconscious content is concealed. Further I would just call attention to the far-reaching analogy which obtains between the infantile circumstances in either case (particularly anal erotism), but cannot develop this here. Anyhow the strangeness of the case in hand has thus been placed in its proper perspective, by which means it has surely become more readily credible.<sup>15</sup>

The patient's narcissism took a peculiar part in the structure of his dreams, and in this way was divulged a constant preoccupation with his own person and certain internal processes. Fundamentally his hypochondriac fears must be reckoned as belonging here. Nevertheless I would emphasise that none of the narcissistic traits brought forward formed very prominent features, although its strengthened basis could be established by observation. We shall yet discover why these hypothetical derivatives suffered later deviation.

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I turn now to the element of disposition in this many-sided neurosis, and this concealed its actual formation; it is the analerotic component instinct, the enormous development of which was disclosed step by step by the analysis. To this it was that the libido had reverted which had become dissociated from its object, and so formed the group of hysterical symptoms with which we are familiar. In very early days, perhaps directly after the abrupt curtailment of oral libido, which however, as we shall see, was yet to levy tribute, anal erotism set in, in the guise of a well-marked zest for excretion. Although memory stopped short of this point, it may be taken as established on many grounds that the impulse first sought satisfaction in the act of defaecation, more especially in view of the bowel disturbance seven years ago which underwent spontaneous resolution. Indirect evidence for this could be drawn from several of the character traits already brought forward. I shall here describe two, the presence of which I have been unable to discover in psycho-analytic literature, and beg that they should be interpolated at the appropriate point in Ernest Jones' excellent essay, 'The Anal-Erotic Character Traits'. The patient evinced a peculiar attitude towards time, far exceeding rational limits. He was not only precise and punctual, so that he made use of every available moment, but was inclined to do two things concurrently, such as reading at meals or in the lavatory, or concentrated thinking on a walk, etc. This typical character trait, which might be named after Caesar's historical peculiarity, can be directly traced to the pleasurable tendency of the child to perform the major and minor operations contemporaneously. And actually in this case, urethral erotism could be shown to exist in connection with anal erotism. Below, I shall again call attention to this characteristic in connection with the analysis of his death phantasies. He associated this characteristic—to do two things at the same time—with the urgent impulse to do anything he undertook 'completely', from which a thoroughly virile and effective behaviour in life ensued. This last trait also explains his strong inclination for 'complete', i.e. unused, things, such as clothes. People of such a kind are ashamed, for instance, to wear mended garments. The voluptuous interest in the act of defaecation was later more vigorously assimilated and worked up into peculiarities of character than that in the excreta themselves, which would rather indicate inertia of libido. Several

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<sup>16</sup>Just as in eastern poetry and thought the pomegranate counts as a symbol of fertility on account of its abundance of seed.

<sup>17</sup>These are obviously phantasies of puberty, referred to childhood.

<sup>18</sup>Cf. Ernest Jones, 'Einige Fälle von Zwangsneurose'. *Fahrbuch der Psa.*, Bd. IV, S. 568.

<sup>19</sup>I shall give an example of this later.

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reminiscences were available in this connection. Primarily the stools became objects, exquisite to look at, to which the very value of a member of the body was attributed. It is the auto-erotic

stage of development of this component instinct, in which but few associations have any influence. One gains the impression that the injury to the head alluded to was followed by a marked augmentation of anal erotism, determined partly by the turning away from the mother, and partly by the sexual enquiries that soon set in. All his childish fancies and experiences were grouped about this impulse, which like a magnet attracted all psychical activities within its sphere of influence. Sexual curiosity was directed in the first instance to the frequent pregnancies and parturitions of his mother; and, in consequence of his massive dispositional tendencies, he lighted on the infantile phantasy of identity of child with faeces. This phantasy is to this day closely bound up in the patient's memory with the conception of fertility of faeces, actually in a form that I would term a 'seed complex' (*Fruchtkerncomplex*).<sup>16</sup> A favourite occupation was to examine his own and adult's stools to see if any fruit-stones might be embedded in them. He made a note of situations in which he had left stools lying, and on one occasion discovered with intense wonder how a living shoot had sprouted from a cherry stone during the next spring. He was amazed that such a stone could still grow after the great heat to which he imagined it had been exposed in the bowel.<sup>17</sup> Furthermore, he now took to the habit of swallowing fruit complete with stone, until at sixteen, when a painful mishap occurred, a pointed plumstone hurting his rectum during defaecation. The case of the extruded cherry-stone was not an isolated one; in the yard of the family farm stood a tree which bloomed thanks to a similar chance, and was therefore called in joke by the father 'the filthy plum tree'. Only a few years ago, he heard in a letter from home that they had had to fell this particular tree. The significance of the seed-complex is evident moreover in other inclinations. Thus for example in the preparation of plum-fool he has the stones cooked up with the rest, and than revels in the sweetened product. Again, he collects apricot stones, dries and skins them after breaking them open in hot

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water, so that he can relish them contemplatively during the course of the winter. Further he knows a number of cookery recipes, and enjoys playing at the art of cooking (anal erotism, and identification with the mother).<sup>18</sup> An extraordinary accident enabled me to discover how powerful an influence this complex was still exerting on his mental experience. He was accompanying me for a short way, the cherry season being in full swing, when I noticed that while speaking or listening—we were discussing a matter in which he was interested—he continually deviated to the right or left in order to step on cherry stones thrown away in the street. I called his attention to this symbolic action, whereupon he told me that this had been his habit for years, and boasted that it was not so easy for a stone to evade his keen eye. This activity did not disturb his being occupied in other ways at the same time (compare his so-called Caesarean capacity described above). He gave as a reason that he had once slipped on such a stone and wanted to avoid a similar mishap. Beneath this rationalization lay concealed those infantile death-wishes concerning his brothers and sisters, which the symbolic act disclosed; for the stones always represented small children in his unconscious thoughts. This hostility was quite openly experienced when he was six, when his eldest sister was born. The patient could remember vividly how they had looked forward to her arrival with immense expectations. Further the idea of dead children could be found counting as faecal symbols in his dreams.<sup>19</sup>

In this connection, I would mention the patient's flatus complex, which co-existed along with the coprophilic impulses. Though its influence was not as comprehensive as Ernest Jones has shown it to be in cases of obsessional neurosis,<sup>20</sup> nevertheless it was strikingly present. It could be traced back to the grandfather, who was without scruples in this respect, and aroused the respectful belief in the boy that such behaviour was a privilege of the head of the family. Whenever the grandfather broke wind he swore in

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<sup>20</sup>Ernest Jones: loc. cit. Ernest Jones has established the far-reaching character of this complex in his monograph 'Die Empfängnis der Jungfrau Maria durch das Ohr', *Fahrbuch der Psa.*, Bd. VI, 1914.

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fun, saying 'now go to the devil'. When the small boy was a nuisance, he would address him very similarly, cursing him gently. The complex could be recognised in occasional instances in later life. When a school-boy, he eagerly collected money, in order to be able to buy a toy steam engine. The complex appears as reaction-formation as fear of thunder and lightning (Brontophobia). Later it was expressed as interest in weather and its changes. I remarked in connection with the saving-phantasies (the dream of the fire) that he was inclined to imagine he possessed a certain prophetic talent, and this can now be readily correlated with the flatus-complex. He always gave as surest evidence in favour of this that he always knew exactly when a guest was coming (guest = child = faeces = flatus).

An equally highly pleasurable sense of smell held sway along with anal erotism. No reaction in the form of hypersensitivity to scents has however yet appeared corresponding to its extensive infantile development. Excreta never disgusted him, but the smell of a carcass did so, and made him lose his appetite. How intimately the childish death-phantasies were related to this sense may be illustrated by two examples. He notices the smell of dead bodies even outside the house, should chance direct him to the proximity of such a place. He was once enabled, through the good offices of a friend, to visit an autopsy chamber, where he saw an incision which had been begun on the corpse of a woman. The fatty abdominal wall had already been divided in the mid-line. For two years after, he was unable to enjoy fat beef. He avoided mutton altogether, on account of its strong smell.

For the sake of completeness I shall now proceed with the analytic revelations with regard to his sadistic tendencies, supplementing the occasional examples already adduced. These were of so powerful development that two methods were employed in the process of their adaptation. A portion was transformed into masochism—the Ego serving as object of the sadistic impulse—and becoming bound up, as we have frequently noticed, with the tremendous anal-erotic complexes he thus became passive. A no less significant portion could however not avail itself of this outlet, and persisted actively as pity, a reaction-formation to the instinct.<sup>21</sup> This contributed as a factor in the first neurotic illness, seven years ago; he was then incapable of bearing the sight of

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<sup>21</sup>Freud: 'Triebe und Triebschicksale', etc.

a person run over. Anyhow, he finds it intolerable to see animals die, and especially their failing glance, and people tortured by pain (the memory of childbirth observed as a child).

This does not quite conclude the account of the sphere of anal-erotic tendencies. They were able to make considerable contributions to an organ which is inherently responsive in this direction, namely the mouth. His phantasies indicating oral libidofixation suggested not only a surprisingly extensive distribution, but were also capable of interpretations from several aspects; and their critical introduction into the general scheme of the neurosis caused no little trouble. The pregnancy phantasy served as a sign-post. When he was hardly more than five years old a curious selective inhibition of appetite appeared, having reference particularly to strong smelling dishes, and this reached a real idiosyncrasy persisting to this day in the case, for instance, of onions. He cannot stand them in any form, and if by chance a minute speck of onion comes into contact with his gums, he reacts with violent and repeated retching. I could only understand this irresistible distaste when I heard where the patient laid emphasis in describing it. The Hungarian for the plant is literally 'onion-germ' (*hagymacsir*). Evidently the notion of something alive included in this conception had a mighty effect in bringing about the formation of the idiosyncrasy. Its unconscious basis appeared to be an infantile phantasy of oral fertilisation, which is constantly to be found supplementing anal birth theories. In this connection, therefore, must be taken the patient's presuming the origin of his illness to be due to swallowing something unpalatable or harmful (a splinter of enamel from a saucepan). He is afraid moreover of being poisoned (a familiar dream symbol of pregnancy: in one of his dreams a fungus appeared as penis symbol). A year after the onset of the idiosyncrasy to onions, our

patient discovered that he had a peculiar ability as a function of his stomach which may be described as chewing the cud. He could easily swallow buttons or small marbles, such as children use for toys, and then regurgitate them into his mouth. After a satisfying meal he could even bring up chunks of meat that he had gulped down whole, piece by piece, in order by degrees to give them a subsequent chewing. Water that he had drunk, could be spurted back in a stream. Such infantile inclinations concealed in part tendencies to coprophagia (buttons and marbles are exquisite faeces-symbols),

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<sup>22</sup>Cf. Ernest Jones, 'Einige Fälle von Zwangsneurose', *Fahrbuch der Psa.* Bd. IV, S. 596.

<sup>23</sup>To this may be added the grandmother's collection of her teeth, and the injury to the little girl with the catapult.

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but in part too they show that an incredibly generalised anal erotism has transformed the oral zone to a secondary cloaca.<sup>22</sup> It was only after all these things had been made clear that I arrived at a final explanation of a communication made by the patient long before. He had told how in the early months of his recent illness he had decided, without much consideration, to have his upper incisors extracted one by one, because he could no longer tolerate their foul smell. But during the process he fainted with pain. I vaguely guessed that these faints were causally related to the repeated losses of consciousness following the pain in the loin, but I could at first not find my way about the muddle of complaints, memories, interpretations, and so on. Here again the dominant pregnancy phantasy was a decisive factor. Tooth-extraction, which counts as a well-known symbol of parturition in women's dreams, must have the same significance in this case; and the forceps delivery observed as a child contributed an intermediate idea.<sup>23</sup> At the beginning of his hysteria, therefore, the patient attempted to rid himself of his diseased fancies by a sacrifice in the oral direction. The tooth extraction moreover was to be a substitute for the operation unavailingly anticipated at the X-ray performance, and to effect an outlet for the concomitant damming back of libido. Nevertheless the neurosis was the stronger, and found here another motive for its establishment. It is of interest to note the direction it took in that it first achieved transient expression in primordial form. Thus the archaic conception of oral birth is most impressively represented in the biblical story of Jonah, where the hero is spat forth by a whale.

In describing the introductory phase of the treatment I called attention to one of the patient's character traits, which I could not then explain. I take this opportunity of interpolating the explanation at a point at which the trait became intelligible to me. The resistance which sooner or later appears in every analysis, as an inevitable consequence of treatment, is of course rooted in different sources from case to case, and must therefore be resolved independently each time. The factor of resistance that arises from the nature of the disease is often sufficiently equalised by the

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<sup>24</sup>'Hate and Anal Erotism in the Obsessional Neurosis', *Papers on Psycho-Analysis*, 1918, p. 540.

<sup>25</sup>A less definite variety belongs to urethral-erotism, and this is probably expressed in less material form, a characteristic common to everything psychical that is rooted in this component instinct.

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good-will of patients, who thoroughly grasp the seriousness and unbearable character of their illness; if actual provocation is present, it becomes important to recognise this as it arises, and to follow it with close attention. There is however a particular kind of resistance which must be regarded as constitutional, and despite intimate relation with the case of illness in hand it merits a certain independent interest. It appears at an earlier age than does the disease, and plays a prominent part in the life of every healthy individual. Our patient's behaviour was markedly reserved, and as it appeared in the foreground, this provided many a tough problem in the

analysis. It always seemed likely to be related to anal-erotic tendencies, and ultimately this association proved to be very intimate. Consider how great an effort has to be devoted to the education particularly of the anal sphincter in the case of every child; one must admit then that a psychic constellation may well arise as a reaction to the pleasure-toned activity of this occlusive muscle in consequence of its decadence along with that of infantilism, and that its energy will depend on its exact source. In a very penetrating study Ernest Jones<sup>24</sup> has established the relation between the capacity to hate and the early and forced conquest of control over sphincters; without attempting to tackle the question of this significant relationship, which leads us into pathology, I would record my belief that in describing behaviour by the word 'reserved' (*Verschlossenheit*) we reveal just such a relationship. The example of the patient is particularly instructive in this respect in view of the way in which we found that just the mechanical process of defaecation had been vigorously transmuted into character traits. I do not intend to pursue the connection here, and will therefore not discuss the psychological problem of this reserved behaviour. Nevertheless I would mention that this characteristic ranks above many analerotic configurations as regards importance and extent; it appears more amenable to change, and admits of greater malleability in later life than do the others. It not only embraces its opposite together with the whole series of intermediate steps, but is also intimately related to important mental characters. Thus we recognise proud, modest, self-conscious, spiteful, etc., varieties of reserved behaviour in connection with each of which a corresponding

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psychological type may be formulated.<sup>25</sup> The dissimulation of the paranoiac is probably a pathological derivative of reserved behaviour.

I return once more to the prominent part played by anal erotism in this case, since its relation to the other component instincts is noteworthy on account of a particular circumstance. It appeared that the former could draw to some extent on their cooperation, and direct the libidinous complement which they could contribute. I will summarise then in a few sentences what has previously been said. The oral instinct was traced down to a stage at which it became more comprehensible from a phylogenetic point of view. 'Observationism' was entirely attached to the anal-erotic object, similarly exhibitionism, the presence of which was demonstrated by a memory of puberty, shame at carrying out defaecation in the open. The olfactory component need hardly be mentioned, as its association in this connection is almost universal. Even urethral-erotism is closely related to its partner in excretory delights. Finally, we found that the expression of sadism was moulded on anal erotism, partly by inversion as masochism, partly by reaction-formation as pity. In consequence of its pre-eminence, the anal-erotic instinct irresistably permeated its fellows. The case is a model of penetration of individual instincts by a predominant component instinct, which is present in every neurosis, and determines the configuration of infantile character. This dynamic process is moreover of importance in another connection, namely in relation to the narcissistic phase of libido development. Freud holds that at this stage all component instincts have already achieved object-choice, but the object as yet coincides with the Ego.<sup>26</sup> If now, as in the case of our patient, the analerotic component retains throughout its undue prominence, it may, even with an appropriate disposition only, which was here however reinforced by the injury to the head, prevent the normal breaking through beyond narcissism. Such we have witnessed. It would seem that the whole process is not restricted in its application to this case, but is typical, since we interpolate a sadistic-anal-erotic

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<sup>26</sup>'Die Disposition zur Zwangsneurose', Sammlung kleiner Schriften zur Neurosenlehre, 4. Folge, S. 118.

<sup>27</sup>Freud: 'Triebe und Tribschicksale', etc.

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as penultimate stage of development, intermediate between narcissistic and genital stages.<sup>27</sup> It all tends to show how significant anal erotism is in the general development of the mind.



Every neurosis—or hysteria—may be regarded in a sense as an attempt to cope auto-erotically with ideas that have become inaccessible to consciousness because of their dissociation from reality;<sup>28</sup> in our patient they took the form of homosexual wish-phantasies, and we may infer therefore from their consequences, namely the group of symptoms of the disease, that the anal-erotic component too, which might have contributed to the assimilation of such wishes, remained under the sway of narcissism. The antagonism, which at bottom is the antagonism between libido and Ego, has achieved consequence in another direction, namely that of the castration-complex. It may be assumed, *a priori*, that a passive-homosexual wish in a neurosis only realises itself when the individual's narcissism is adapted to it. In what way then does renunciation of penis and masculinity come about? It has long been supposed to have to do with co-operation of constitutionally determined anal erotism. In a very important paper<sup>29</sup> Freud has indicated the fundamental features of the mechanism. It is primarily the interest in faeces (faeces = the first 'part of the body' which has to be renounced) which later becomes transferred to the penis. If the former was very potent, it is able by itself, by working up various impressions, including the castration-threat, to lead to the idea that the penis is similarly something detachable from the body. This idea approaches certainty directly the child's sexual investigations lead to the discovery that women lack a penis. Our patient could have discovered this when he was six years old, when his eldest sister was born. If we take into account his pre-occupation with anal-erotic phantasies current at that time, we may take it that the absolutely typical thoughts described above exercised his mind. I should like to call attention to two facts which I have noticed in the analytical treatment of this subject. It is surely not chance that most faeces-symbols are also castration-symbols—such as, nails, hair, teeth, etc.—and this

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<sup>28</sup>Freud: Vorlesungen zur Einführung in die Psychoanalyse, 1917, S. 424.

<sup>29</sup>Über Triebumsetzungen, insbesondere der Analerotik', Sammlung kleiner Schriften zur Neurosenlehre, 4. Folge, 1918.

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circumstance by itself indicates that there are powerful common influences at work. More important still do I find the second fact, which may, I suppose, be observed in every case of unconscious passive homosexuality. In such there are as a rule no indications of any psychical reaction against the threatened castration, and one gets the impression that they easily adapt themselves to the possibility of a loss of penis. This result is again to be ascribed to the undue power of the anal-erotic tendency, which seems to seize upon an experience with traumatic effect on the child's mind, and work it up in such a direction. It follows that in general the business of auto-erotism in childhood is not only preparatory, but constructive in its widest sense.

I would not conclude discussion of the anal-erotic symptom-complex without noting the patient's typical dreams, which provided sometimes difficult, but always valuable matter for analytic efforts. Like the other symptoms, they made their appearance as expressions of an almost inaccessible layer of the unconscious, and their interpretation, where indeed this was possible, was met with violent resistances and incredulity. Moreover they were extraordinarily polished and well proportioned, which I attributed to an innate ability in productions of phantasy. The patient's grandfather and father had been excellent *raconteurs* of fairy-tales, and they treasured and carried on to the next generation the fine Hungarian folk-lore. And this may explain why many a symbol played so active a part not only in dreams, but in other unconscious products of this neurosis (seed and tooth symbolism, etc.). It was just by means of these dreams that I was ultimately enabled to circumvent the resistances, and to penetrate to the actual pathological phantasies of the neurosis. Nevertheless, I am under the impression that it was more actual experiences linked together like a chain than the power of the dream symbolism that eventually forced the patient to insight, and to relinquishing his ineffective infantile libidoposition. This is perhaps best illustrated by examples, the explanation of which is involved in

the whole history of the case, but I will limit myself here to the reproduction of two very fine examples of his dreams.

*Dream I. He was ascending a hill, on which stood a ruin. At the top he lay down in the shade and gazed far and wide over the country, till he fell asleep from weariness. Later, he was woken by a bald old man leaning on a stick, looking at him. He*

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*felt as if he had woken him by touching him with the stick or his hand. The old man asked him then why he was frittering away his day, when he might have been doing something useful. As he actually had no plans, he asked the old fellow for advice. The latter pointed with his stick towards the ruin and said, therein was situated a well, down which he was just to climb and percuss its walls. If he found a hollow place, he was to open it, and he would get the reward for his labours. While he was considering the words of the old man, the latter disappeared. He followed the advice, stepped into the well, and discovered a secret chamber filled with jugs, old armour, and coins. All the objects were deeply smothered in mildew.*

*Dream II. An unknown friend invited him to come to his farm.<sup>30</sup> There he showed him first the stabling, where one could see animals for breeding arranged in splendid order, and labelled according to name and pedigree. In a small niche, separated off, he saw a great number of hens' eggs covered with straw. He took up a strikingly large bean-shaped sample, and examined it with the greatest astonishment, since there were isolated letters on it, which were becoming clearer and clearer. On his friend's return, he hastily replaced the egg. They then went out into the yard, where animals reminiscent of rats were being reared in a pen-like enclosure. They gave out an intolerable odour. The whole farm was on a ridge; below lay a deserted churchyard with a meadow in its middle. Under a tree he saw a grave fallen in, and a chapel near it. He went in to this with his friend, and to the right and left of the gangway were placed children's coffins, and on their lids could be seen modelled and painted, figures representing the dead. He stepped through a glass door to the inner chamber, where stood the adult's coffins. As he turned round by chance, and looked back through the glass door, he saw that the dead children were dancing; directly they saw him however, they lay down again in their places. He was startled, and could not believe his eyes, and therefore tried again. Every time he found the children dancing and lying down again as soon as he looked at them. In the meantime the friend had disappeared, and he was seized with intense dread since he could only emerge in to the open through that gangway.*

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<sup>30</sup> The dream heralded the phase of his first understanding of his own disease. The unknown one is doubtless the doctor.

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The analysis was rich in such dreams, in which I had to recognise very typical projections of his anal-erotic phantasies. These by themselves allowed a certain view to be taken of the diagnosis, and this was more and more confirmed, finding secure support from the actual memories.

I will now attempt a brief survey of the case. At the beginning of analytic treatment, the case appeared one of hysteria due to shock. Gradually it became evident that not the actual accident, but an unimportant experience in hospital treatment (X-ray episode), the significance of which had been reinforced by important experiences in childhood and puberty, undoubtedly counted as the immediate determining motive of the illness. It was the business of the symptom that arose from this to indulge a passive homosexual wish-phantasy, and at the same time the neurosis mobilised a multitude of anal-erotic memory-traces which took the lead in giving shape to the symptom. A memory became operative in the attack, namely that of the childbirth observed in childhood, which, ranking as an outstanding experience, had already in its time led to powerful

repression of allied memory-traces (his own mother's frequent childbirths) of even earlier years. These actual infantile experiences were closely bound up with the predominant activity of one of the component instincts. The immense contribution of anal erotism to the patient's sexual constitution was discovered, and by ascertaining piecemeal its former and current derivatives, the libidinous fixations and their transmutations into character traits, we eventually obtained access on the one hand to the elementary sources from which the neurosis derived its energy, and on the other achieved the gradual dissolution of the repressions that had been pathogenic. Although the dispositional factor of the libido had remained sufficiently prominent to contend against normal sexual development, the other symptoms of the disease had become so unbearable that they compelled him to show the necessary patience and endurance to put the analytic treatment through to its end, and this made a satisfactory result possible. The peculiar psychical material that came to light must stand as evidence of the degree of thoroughness with which I treated the case.

**KATAN, M. (1952) FURTHER REMARKS ABOUT SCHREBER'S  
HALLUCINATIONS. INT. J. PSYCHO-ANAL., 33:429 (IJP)**

**FURTHER REMARKS ABOUT SCHREBER'S HALLUCINATIONS<sup>1</sup>**

M. KATAN, M.D.

This paper is a sequel to one which I read two years ago at the Congress in *Zürich* (*Int. J. Psycho-Anal.*, 31, 1950). Let me state some of the conclusions reached in that first paper before commencing my present one.

Schreber, in the period preceding his psychotic delusional state, tried to ward off the demands of his unconscious homosexual urge. Yet one night his defences broke down and he experienced an outburst of six emissions. The castration danger involved in these orgasms caused him to sever his relations with reality, whereupon his psychosis began.

It should not be assumed that Schreber's contact with reality was now completely broken. A large part of his personality still remained in contact with reality. Only if a danger arises with which the ego cannot cope by reality means is contact with reality relinquished and a psychotic symptom formed instead.

During the early stage of Schreber's psychosis, every time that the *non*-psychotic part of his personality anticipated a situation in which his homosexual feelings would gain the upper hand and would lead to an orgasm, his ego did not wait until such a situation had fully developed, but set up an interference. With regard to the complicated process which then followed and which I have described in my previous paper, I wish to emphasize only that the cathexis of the dangerous homosexual urge is withdrawn and that this withdrawn energy is used in forming the hallucination. In this psychotic process a very primitive form of projection is employed. What was originally part of the id appears now, in a distorted form, to come from the outside.

We may say that the energy which was withdrawn from the dangerous urge evaporates in forming the hallucination. *The hallucination, therefore, is a discharge phenomenon!* The amount of energy which would lead to the development of danger is discharged, and the conflict is temporarily resolved. New stimuli—either from within or from without—will again cause an increase of the homosexual urge, and the whole process is repeated.

Viewing the hallucination as a phenomenon through which energy is discharged before it can create a danger situation, we should not expect to find the hallucination accompanied by anxiety. Let us consider an example.

During the night, Schreber had visions in which certain stars or constellations of stars were lost. 'Whereas these visions occurred at night, I thought I could notice during the day the sun following my movements; if I walked to and fro in the one-windowed room which I occupied at the time, I could observe the sunshine corresponding to my movements, sometimes on the right wall, sometimes on the left wall. ... It is difficult for me to regard as an illusion of my senses this observation, which, as mentioned, I made during the daytime; the more so, as I remember calling this observation, *which naturally horrified me*, to the attention of Dr. Tauscher, the assistant physician, on the occasion of one of his visits' (*Denkwürdigkeiten eines Nervenkranken*, p. 70). At this point I want to stress that Dr. Tauscher, who was Professor Flechsig's first assistant, is mentioned in Schreber's autobiography a number of times. Schreber ascribes to Dr. Tauscher an influence similar to that of Professor Flechsig. Clearly, Dr. Tauscher was a substitute for Professor Flechsig and, as such, strongly aroused Schreber's sexual feelings. Of course, if Dr. Tauscher had not been present in person, the same situation might still have arisen as a result of Schreber's imagination.

Had this process been allowed to continue in the sphere of reality, Schreber would have been confronted with the danger of an erection and would have had to think continually about his penis. In anticipation of this danger, a hallucination was developed, the content of which we are now ready to examine.

The observation that the sun followed his

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<sup>1</sup>Read at the 17th International Psycho-Analytical Congress, Amsterdam, 1951.

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movements '*naturally horrified*' Schreber. What was the meaning of the sun? According to Schreber, the sun and the stars were God's organs through which He created wonders on earth. For instance, He had at one time impregnated Schreber. Thus we may conclude that to Schreber the sun and the stars were God's genitals. Yet God obtained His power from the souls of the deceased. In the hereafter Schreber's soul would undergo a process of purification, at the conclusion of which his soul would attain a state of feminine bliss in beholding God. During the process of purification, a soul loses its masculinity, which goes to enrich God. It becomes clear, therefore, that God's organs, namely, the sun and the stars, were projections of Schreber's own genitals.

The sun and the stars have yet another meaning. May I digress here briefly. Schreber told of a group of voices belonging to what he called the 'Cassiopeia brethren'—souls which 'hung' under the constellation Cassiopeia and which on earth had been members of the student organization 'Saxonia'. These souls attempted to influence Schreber. They urged him to prove his masculine courage by beating the attendants; they sneered at him that he lacked the courage to commit suicide, etc. Schreber, in conversing with Flechsig's soul, asked continually for potassium cyanide or strychnine in order to poison himself. Flechsig's soul, in hypocritical fashion, agreed to prescribe the poison on condition that Schreber would drink it. When Flechsig the physician came to see him, however, he (Flechsig) refused to have anything to do with the giving of poison. The voices told Schreber that Professor Flechsig, too, had once been a member of the 'Saxonia'.

Who exactly were meant by the 'Cassiopeia brethren'? The fact that both Flechsig and the 'Cassiopeia brethren' belonged to the student organization 'Saxonia' is evidence that Schreber had in mind a particular group of people, among whom was Flechsig. Furthermore, the sneering of the 'Cassiopeia brethren' that Schreber's masculine courage failed him is evidence that Schreber was resorting to the code of honour of the German student organization 'Saxonia', according to which code one is called upon continually to prove one's courage. To this code can be traced the idea of living up to certain moralistic principles, as laid down by the voices, as well as Flechsig's hypocrisy in saying that he would prescribe the poison only on condition that Schreber would agree to take it. Clearly, the sneers of the 'Cassiopeia brethren' and Flechsig's hypocrisy are projections of Schreber's own doubt as to his courage to fight the attendants or to commit suicide as an alternative. With reference to the 'duels' among students, we may consider these as being both a defence against the homosexual tendencies prevalent among members of these student organizations, and also an outlet for such tendencies. The same traits of pugnaciousness and homosexual attraction characterize Schreber's relations with the male attendants. It is highly probable, therefore, that the 'Cassiopeia brethren' symbolize these attendants. This conclusion is supported by the further fact that in Germany a male attendant is called a 'brother' and a female nurse a 'sister'. Here it is pertinent to remark that according to the language of the nerves, Schreber was to be abused sexually by Flechsig, but there was a certain period of time when the voices also told Schreber that he would be abused by the attendants as well. All these points, together with the fact that Schreber considered both Flechsig and the Cassiopeia brethren as belonging to the 'Saxonia', lead us to conclude that the attendants are the same as the 'Cassiopeia brethren'.

Finally, we may ask which particular personality was symbolized by the sun. Being the most prominent of the heavenly bodies, the sun clearly symbolizes the over-all importance of Flechsig.

To recapitulate: The sun following his movements '*naturally horrified*' Schreber. The sun symbolizes both Schreber's own penis and the person of Flechsig. The sun's movements in

following Schreber symbolize the movements of Schreber's penis under the influence of his sexual excitement and seem to arouse in him anxiety, just as would have been the case if his penis had reacted. Also, because the sun is a symbol for Flechsig, the sun's movements in following Schreber are evidence of Schreber's inability to rid himself of Flechsig.

Schreber's horror at the abnormal behaviour of the sun forms a new feature of the hallucination. How do we explain this anxiety, which occurs notwithstanding the fact that the hallucination is a discharge of energy in an effort to keep the energy from becoming dangerous? In my opinion, this anxiety demonstrates the relative weakness of the defensive side of the hallucination. The formation process of the

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hallucination consists of two phases. The first is the withdrawal of energy from Schreber's non-psychotic relationship with Flechsig (or with Flechsig's substitutes). The attraction exerted by Flechsig, especially when he was present, was so powerful that it formed a strong resistance to this withdrawal. The second phase is the formation of the hallucination itself. Obviously the content of the hallucination—the displacement of the movements of the penis by the movements of the sun—is an indication of the intensity of this struggle by bearing too close a resemblance to the original.

We may conceive of this process in the following manner. Schreber's attachment to Flechsig is so strong that it forms a resistance to the withdrawal of energy. It is clear that this resistance prevents as much energy as possible from being withdrawn. There will then remain in the unconscious of the non-psychotic layer a certain cathexis of the attachment to Flechsig, and this attachment will still constitute a danger to the ego. As a result, only those ideas that are closely connected with the danger situation will lose their cathexis, and ideas bearing less resemblance to the original will remain cathected, i.e. within the sphere of reality. These latter ideas, because they do not lose their cathexis, do not become available for use by the attempt at restitution in forming the hallucination. Here we are reminded to a certain extent of the functioning of repression. An idea that is sufficiently remote from the repressed thought may serve as a compromise; i.e. the ego allows this remote idea to become conscious, notwithstanding that it also represents the id. This process is quite different from its psychotic counterpart. In the psychotic process, an idea does not lose its cathexis when it is remote from the danger situation, and therefore it cannot be utilized by the attempt at restitution.

The withdrawn energy is used by the attempt at restitution in forming the hallucination, the content of which still bears too close a resemblance to the danger. At the same time as the hallucination is formed, the non-psychotic ego reacts with anxiety because in the unconscious there still remains a remnant of the sexual desire for Flechsig. The anxiety, therefore, has a true phobic nature. Because this remnant of sexual desire is relatively small, it can be kept ineffective by the anxiety attack. It is amazing that the anxiety which the ego experiences in relation to the hallucination is formed, not by the psychotic, but by the non-psychotic part of the ego in order to ward off a non-psychotic unconscious attachment to Flechsig. Here we observe neurotic and psychotic parts of the personality working in close cooperation to overcome the danger!

We see that the schizophrenic hallucination and the neurotic phobia have one trait in common: both are based on an anticipation of danger. The phobic anxiety is formed by the ego and, as described by Freud, serves the purpose of inhibiting further development in the direction of the danger. As a result of this anxiety formation, the situation in the id remains unchanged. The phobic mechanism, therefore, is not a discharge phenomenon.

In contrast to the phobia, the hallucination is not regularly accompanied by anxiety. The first phase of the hallucination, namely, the withdrawal of energy, interferes seriously with the id as well as with the ego. Cathexes of both ego- and id-material are withdrawn, thus changing the structure completely. The content of the hallucination consists of an idea which is recathected and behind which there is no unconscious hidden.

I want to discuss another feature of the hallucination. Schreber retained memories which led him to believe that for a time he had existed in a second, inferior shape in possession of a lesser intellect. Voices told him of the previous existence of another Daniel Paul Schreber who had been much more gifted mentally than he (Schreber) was. Since Schreber knew beyond a doubt that none of his forebears had been named Daniel Paul Schreber, he concluded that this name could refer only to himself when he was in complete possession of all his mental faculties. 'In the second, inferior shape I must have, if I may use the expression, quietly passed one day; I remember that I was lying in bed in a room which I cannot now recall as resembling any of the rooms familiar to me while at Flechsig's Clinic and that I was clearly conscious of a gradual extinction of my soul—an experience, by the way, which was similar to a peaceful dozing across into death, except for depressing memories of my wife, of whom I thought much during those moments. On the other hand, there was a time when the souls who were in nerve-connection with me spoke of a plurality of heads (i.e. a number of individualities in the same head) which they encountered in me and from which they drew back, as though frightened, with the utterance,

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"Why, for heaven's sake, that is a man with a number of heads!" (*Denkwürdigkeiten eines Nervenkranken*, pp. 72 and 73).

This group of hallucinations contains a number of self-observations. In contrast to the previous hallucinations, which were concerned with the destruction of the starry sky, these later hallucinations portray severe damage to Schreber himself.

Let us consider two of these later hallucinations, namely, (1) that Schreber had existed for a time as an inferior shape, and (2) that subsequently this shape passed peacefully out of existence.

It was difficult for Schreber to understand how the Daniel Paul Schreber who figured in the first hallucination, a man no longer in possession of his complete mental faculties, could refer to himself—a sign, presumably, that he was already estranged from his former personality. Obviously, this feeling of estrangement served as a defence to prevent the outbreak of anxiety following his awareness of the loss of his capabilities. The second hallucination, too, is accompanied by feelings of estrangement, not about his own personality but about his environment—his room. Fortunately, in another chapter of his autobiography (Chapter VII, p. 81) Schreber gives an explanation of his death. He states that he remembers reading in a daily paper about the middle of March, 1894, an announcement of his own death. He regarded this as an omen that he could no longer expect to return to human society.

This explanation of Schreber's enables us to understand the meaning of the content of these two hallucinations: Schreber, in the shape in which he now exists, can neither return to human society again nor reacquire the personality he had when he lived in that society. We already know why a return to one of these former states is impossible: the danger caused by his homosexual feelings prevents such a return. Had Schreber experienced these self-observations with accompanying feelings of depersonalization, he would have become aware that his defences against the danger were too weak. Therefore, whenever the danger approaches, the hallucinatory process interferes. Schreber's remark about depressing memories of his wife shows that she, too, was not of sufficient importance to him to be of any protective help against his homosexual feelings.

The third hallucination—that of the souls drawing back as though they were frightened at the sight of a man with a plurality of heads—plainly shows that under non-psychotic conditions a self-observation would have been made of the disintegration of the personality into separate parts, each part representing a personality in itself. Such a process might be interpreted as a disintegration into separate identifications. We may assume that the disintegration of the personality would lead to a weakening of the defence against the homosexual urge, with the result that an outbreak of anxiety would accompany the self-observation. In Schreber's case this non-psychotic reaction never occurred, for the obvious reason that it would not guarantee a

strong enough defence against the homosexual urge. In the psychotic process, however, the hallucination is formed in the face of the approaching danger, the hallucination also serving to direct interest into channels far removed from the sexual area. Because in the hallucination the observation of the disintegration was not made by Schreber himself, but by the souls, the accompanying anxiety had also to be experienced by the souls.

In this second group of hallucinations we see demonstrated a very important feature. Their contents reveal defence mechanisms of the non-psychotic layer that were never used by Schreber. The various defences were too weak and for that reason could not be used to ward off the danger. It is the task of this second group of hallucinations to ward off a danger that cannot be fought successfully by the depersonalizations or by an anxiety attack.



**1950) SCHREBER'S HALLUCINATIONS ABOUT THE 'LITTLE MEN'. INT. J. PSYCHO-ANAL., 31:32 (IJP)**

**SCHREBER'S HALLUCINATIONS ABOUT THE 'LITTLE MEN'<sup>1</sup>**

M. KATAN

In his autobiography, *Memoirs of a Neurotic*, Schreber describes how, in the beginning of his psychosis about March of 1894, he was aware of 'little men', tiny figures of human shape but only a few millimetres in size, coming down upon his head and leading a brief existence there.

Before entering into a discussion of this peculiar phenomenon, I shall first acquaint you with certain facts which are needed for the understanding of these hallucinations. The pre-psychotic period, which is the period in which Schreber had already changed considerably but without yet showing any delusions or hallucinations, is of very great importance. At one time during this period, when Schreber was in a state between waking and sleeping, the thought occurred to him how wonderful it would be to be a woman submitting to intercourse. All the symptoms which Schreber showed during the pre-psychotic period had the task of warding off the danger contained in the idea that being a woman submitting to intercourse would lead to sexual orgasms. Schreber's defences against this idea contained the anticipation of this danger. They failed when in one night he had six emissions. Immediately thereafter his psychosis began.

It was Schreber's delusion that a conspiracy had been formed against him by Professor Flechsig, the object of this conspiracy being the murder of Schreber's soul. In the event of the conspiracy being successful, Schreber would lose his soul to Flechsig, and his body too would be abused by Flechsig, or by the male nurses in Flechsig's clinic, as a kind of prostitute, and thereafter abandoned and left to decompose. Analysis of this delusion reveals that Schreber was sexually aroused by Flechsig and by the male nurses. The attempt at murdering his soul means that Schreber, in his excitement, felt the temptation to masturbate, with the accompanying thought that he was a woman being sexually abused by Flechsig or by the male nurses. If Schreber were to yield to this temptation, not only would he lose his soul but his body too would be destroyed.

Schreber was successful in warding off Flechsig's attempts. In the process of doing so, he tried to establish a contact with God. After a struggle of two years, signs of femininity in his body induced Schreber to accept the idea that at some time in the future he would be transformed into a woman in order to become the wife of God. His acceptance of this idea marked a turning-point in his illness. From that time forward he began to masturbate, imagining, while fondling himself, that he was a woman with voluptuous feelings. It was necessary to offer God this picture of himself, for otherwise God would turn away from him. A conspicuous fact is that his masturbation did not result in erections or emissions. The danger that his penis might react no longer existed!

Schreber was therefore able to accept transformation into a woman at the time that he succeeded in suppressing his erections.

During his psychosis two types of masturbation played a rôle.

One type of masturbation Schreber warded off, for fear that it would lead to penis activity. His thoughts connected with this type of masturbation were directed towards Flechsig. According to Schreber, if he indulged in masturbation, the end result would be the loss of his penis or even total self-destruction.

The other type of masturbation centred around the thought of God. In this type penis activity was excluded, and therefore no threat to his genitals existed. This type of masturbation Schreber considered a desirable one, but he was able to practise it only after a period of two years.

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<sup>1</sup>Paper read at the 16th International Psycho-Analytical Congress, Zürich, August, 1949.

We may ask ourselves how Schreber succeeded in preventing the outbreak of genital activity during the first part of his psychosis when he was not yet able to suppress his erections completely during sexual excitement. He succeeded through the formation of various symptoms. As an example, I shall take Schreber's hallucinations about the 'little men'. To quote Schreber's own words: 'It has already been mentioned that because of my steadily increasing nervousness and thereby enhanced powers of attraction, an ever-increasing number of deceased souls felt themselves drawn to me. Primarily these were always ones who had retained a special interest in me that carried over from personal relationships during life. Finally the souls evaporated upon my head or in my body. The process frequently resulted in the souls concerned leading a brief existence upon my head as so-called "little men"—tiny figures of human shape, but only a few millimetres in size, perhaps—and after a while disappearing altogether. I assume that these souls, which at the time of their first approach were perhaps still composed of a great many nerves and therefore still possessed a fairly strong consciousness of their identity, paid for each approach with the loss of a part of their nerves to my body by virtue of the attraction.<sup>2</sup> In the end they consisted, I suppose, of only a single nerve, which then assumed the shape of a "little man", in the above-mentioned sense, as the last form of existence of the souls concerned, prior to their complete disappearance, on the basis of a miraculous, not further explicable connection. ...

'Simultaneously, very frequently the stars or constellations which served as the place of origin of the souls or "from which they hung" were named to me; they were names which in part agreed with the usual astronomical terminology and in part did not. Thus, among the names mentioned especially frequently were Cassiopeia, Vega, Capella, and a star "Gemma" (I do not know whether this latter corresponds to any astronomical terminology); further, the Crucians (perhaps the Southern Cross?), the Firmament, and many others. There were nights in which the souls like "little men" by the hundred, if not by the thousand, on to my head, so to say, dripped down. I always warned the souls of the danger of approaching me, because, from previous experience, I was conscious, every time, of the limitless attraction exerted by my nerves, whereas the souls would first consider such a menacing attraction incredible. ...'

Let us attempt to analyse Schreber's statement. The picture of his increasing nervousness exerting more and more of an attraction on the souls is a projection of the fact that Schreber felt himself increasingly drawn to other men and that these homosexual feelings greatly excited him. These souls assumed the shape of tiny human beings, thereby representing what remained of men who had died and who, according to Schreber, still retained a special interest in him based upon a personal relationship during life. Here again we meet with a projection. It was Schreber who still retained, from his normal days, a personal interest in these men, and the tiny creatures symbolized his friends, who continued to incite in him homosexual longings.

It is significant that the place of origin of these little creatures is the stars. In another chapter of his autobiography Schreber mentions that the sun and the stars are God's organs through which, for instance, He could impregnate Schreber. It is therefore easy to see that in this connection the stars represent the male genitals of God.

In a brief article which I have written on Schreber's loss of the world,<sup>3</sup> I have tried to make clear that Schreber's God represents parts of Schreber himself and therefore God's male organs symbolize Schreber's own genitals. Accordingly the 'little men' descending from the stars may be interpreted as spermatozoa. Having accumulated this knowledge, we are now in a position to interpret Schreber's statement that there were nights when the 'little men' dripped down on to his head by the hundreds, if not by the thousands. Clearly this description is symbolic of a nocturnal emission. The primary process made possible the condensation through which the 'little men' represented not only the men to whom Schreber felt himself still attracted but also his own spermatozoa. In this connection death refers both to spermatozoa in a nocturnal emission and to these men. Schreber's warning to the 'little men' not to approach him because, through the attraction which he exerted, the

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<sup>2</sup>i.e. the attraction which Schreber exerted on them.

<sup>3</sup>M. Katan: 'Schreber's Delusion of the End of the World'. *Psychoanal. Quarterly*, 18, 1949.

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'little men' would end their lives upon his head, is a projection of his own warning to himself of the danger involved in his own sexual excitement, from which he feared destruction.

Let us remember that only a short time before the development of his hallucinations, Schreber became so aroused by the men surrounding him at the clinic that he had a nocturnal out-burst of six emissions. The danger represented by this orgy forced him to sever his ties with reality.

In Schreber's hallucinations, in which nocturnal emissions are symbolically represented, Schreber felt himself no longer threatened by destruction. Rather, the men to whom he felt a feminine attraction died. Furthermore, in these hallucinations the element of sexual excitement is completely lacking. Only a few weeks before (in the period of the pre-psychosis), thoughts about these other men would have aroused in Schreber intense homosexual feelings.

One point now becomes clear. At the basis of Schreber's hallucinations are thoughts about other men, and we find that exactly the same kind of thoughts occur in the pre-psychotic period. In this pre-psychotic period a contact with reality still exists, and therefore the hallucinations have their origin in a part of the personality which still maintains contact with reality. From then on, the hallucinatory process takes a different course from that of the pre-psychotic process. In the pre-psychotic period, Schreber's homosexual thoughts lead to direct sexual excitement. The process of the hallucination does not wait until such excitement develops, but an interference takes place and the hallucination occurs instead of the excitement. The danger connected with the excitement is anticipated and is successfully prevented through the formation of the hallucination. In the hallucination sexual excitement does not occur at all, and instead of the idea of Schreber perishing, we find the idea of the other men losing their lives.

This point affords us further insight. The death of these men represents the fulfilment of Schreber's wish that they should die. He desired their death in order to ward off his homosexual attachment to them, for if they were dead, the danger would no longer arise. Under prepsychotic conditions, when Schreber was still in contact with reality, he was unable to free himself from his homosexual desires. However, the hallucination made it possible for him to do so. The content of the hallucination deals not only with the homosexual urge and the danger resulting from it, but also with the defence against this urge. Thus we see that all the factors constituting the prepsychotic conflict have become conscious in the psychotic manifestation.

What is the structure of the hallucination? This question cannot be answered without first giving a description of the structure of the delusion. You will understand that in the time permitted, it is not possible for me to give more than a brief outline of this difficult subject.<sup>4</sup>

Let us take as an example the delusion of persecution: a father figure persecutes the patient with homosexual intentions. In the pre-psychotic period (and what I am about to say is true in every case of schizophrenia) the patient has a feminine attachment to the father figure which can no longer be warded off by reality means. Therefore, in order that the patient may escape the conflict, the connection with reality is severed and a delusion is developed in which the homosexual attachment is projected.

Two explanations of this delusion are possible:

A. In order to keep his own homosexual feelings repressed, the patient accuses the other person of having homosexual intentions toward him (= the patient). Such a mechanism belongs to the group of denials: e.g. not I, but the other person is a homosexual.

In this mechanism a strong connection with reality exists, for it is reality which compels the ego to repress its homosexual urge.

In my opinion, this mechanism is not responsible for delusion formation, for it does not enable us to differentiate between a neurotic symptom and a delusion.

B. The second explanation differs completely from the first. Again the projection mechanism is in the centre, but the conflict between ego and unconscious homosexual urge has now been changed by projection into a conflict between ego and persecutor. What was originally id in the pre-psychotic period, has now been externalized and has become outer-world. The structure between ego and id is abandoned in that part of the personality which is affected

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<sup>4</sup>See M. Katan: 'Structural Aspect of a Case of Schizophrenia'. *The Psychoanalytic Study of the Child*, 5, 1950.

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by the psychosis. This fact explains why many psychotic patients give the impression that the unconscious has become conscious.

The outer-world now consists of parts which originally belonged to the patient's own personality. When the connection with the outer-world is severed, the cathexis of ideas representing reality is withdrawn within the personality. Ego development, in its early stages, goes hand in hand with differentiation between one's own self and the outer-world. The abandonment of reality means regression to a beginning state in which ego and id are no longer differentiated.

The attempt at restitution then creates a new 'psychotic' ego, as well as a new psychotic outer-world. The conflict arising from the urge toward femininity in the pre-psychotic period cannot be mastered by reality means and therefore finds a solution through delusion formation.

How much of this second explanation of the delusion can be applied to the structure of the hallucination?

The hallucination belongs to the order of the delusions. The hallucination therefore must have the same structure as the delusion. A conflict which cannot be mastered on a reality basis finds a solution in an unrealistic way in a hallucination.

Let us return now to the example under consideration. Homosexual thoughts about male friends were a threat to Schreber because such thoughts could lead to sexual orgasms. Accordingly the ego attempts to anticipate the danger by acting as if the danger were already present.

What next happens is a regression in which both the ego and the id cathexes of the representations connected with the danger situation are withdrawn; i.e. in the affected part of the personality regression has reached the undifferentiated state. The genital apparatus is now completely isolated because its contact with the rest of the personality has been interrupted. The organic process which would normally lead to orgasms and emissions is therefore blocked in its further development. The danger which threatened has been prevented. The attempt at restitution then uses the withdrawn energy in creating the hallucination. We have already seen, from the content of the hallucination, that Schreber warded off the danger by having the men die who had previously attracted him. In his pre-psychotic state, prevention of the danger was impossible. Thus we see again confirmation of the fact that mechanism and content are both engaged in the solution of the same problem and are supplementing each other. This idea was expressed many years ago in a stimulating article by Robert Waelder.<sup>5</sup>

What is the difference between the delusion proper and the hallucination? This question can be answered by keeping in mind the danger situation.

The hallucination is an observation which serves the purpose of anticipating in a psychotic manner the threatening danger. In the delusion, on the other hand, the danger cannot be avoided, for it has already developed its results. The delusion, therefore, does not anticipate the danger, but masters the danger only afterwards through an attempt at restitution.

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<sup>5</sup>Waelder, Robert: 'The Principle of Multiple Function'. *Psychoanal. Quarterly*, 5, 1936.

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1939) ON THE EXCEPTIONAL POSITION OF THE AUDITORY SPHERE. INT. J.  
PSYCHO-ANAL., 20:340 (IJP)

ON THE EXCEPTIONAL POSITION OF THE AUDITORY SPHERE

OTTO ISAKOWER

The course of the following considerations was determined by a suggestion arising from a somewhat remote department of the physiology of the senses. Josef Breuer was the first to put forward the suggestion (in 1874), which was later fully established, that the otolith apparatus of the lower animals does not serve the function of hearing, as was formerly supposed, but the perception of the movement and position of the body relative to its environment and orientation in space.<sup>1</sup> Earlier still it had been observed that certain crustaceans, whose otocysts open to the exterior through a crack and contain small foreign bodies as otoliths, lose these together with the shell at every moult, after which they introduce new ones, being quite indifferent to what material is offered to them for the purpose. The creatures feel around eagerly on the floor of the aquarium with their claws and fill the otocysts with grains of sand or the like, which they have picked up.

With the intention of settling the question, beyond all dispute, of the function of these organs, the otocysts (or statocysts as they have been more correctly named since then), the Viennese physiologist, A. Kreidl, following a suggestion of Exner, induced the crustacean *Palæmon* to take up iron-dust into its statocysts.<sup>2</sup> So statoliths were formed which were subject to magnetic influence. When he approached such an animal with a strong electro-magnet from the dorsal side, the statoliths were lifted up on to the dorsal wall of the statocysts, thereby taking up the same position as they would occupy in a normal animal which had fallen on its back. Just like such an animal, accordingly, the crustacean which had been magnetised turned itself over and remained lying on its back, for when it was in

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<sup>1</sup>Breuer, 'Ueber die Funktion der Bogengänge des Ohrlabyrinthes', *Medizinisches Jahrbuch*, 1874, S. 44.

<sup>2</sup>Kreidl, 'Weitere Beiträge zur Physiologie des Ohrlabyrinthes (II. Mittheilung), Versuche an Krebsen', *Sitzungsber. d. Kais. Akad. d. Wiss. in Wien, Mathem.-natur. Classe*, Bd. CII.

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this position the statoliths occupied their normal place. About the same time it was established that crustaceans possess no means whatever of hearing.

These famous experiments in the physiology of the senses at first sight seemed to be a model specially suitable for didactic purposes, without further significance, in representing plastically the processes concerned in primary identification and certain characteristics of the relations between ego and external world in the early stages of mental development which are difficult to represent. As we said, these crustaceans strive eagerly after moulting to fill their statocysts as quickly as possible with suitable material; a small piece of the external world is made into an integral part of an organ, a part which is essential for the purpose of completing a predetermined structure, of establishing it and making it able to function. A piece of the external world, without undergoing any elaboration to change it, has to be incorporated into a special place in the organism in order that an apparatus of very central importance for the orientation of the individual in the world, and for the regulation of relationships with it, may become capable of fulfilling its task. Any material whatever is accepted by the animal provided that it fulfils certain conditions of form and consistency. Housed within the statocysts it now represents—*pars pro toto*—the external world inside the organism and helps it to regulate the relations of the individual to the whole of the rest of the external world (or at least to an important aspect of it). By means of a cunning modification the scientist's experiment accentuated in particular one factor in this natural situation, that of energy: should the piece of the external world which is picked up (introjected) be of a special kind, namely magnetizable, the animal thereby remains 'at the call' of the magnet, if one may say so, until its next moult.

But, unperceived by us, the whole process, which was approached at first without any ulterior intention, seized our interest much more intensively; and the modest rôle of a superficial aid in the representation of completely disparate processes no longer seemed adequate for it, it seemed rather to demand a detailed comparative consideration. But something more than a chance analogy would be necessary in order to establish such a view. There would have to be a probability of a deeper relationship between the two processes, to serve as a basis for the proposed comparison. But this basis is in fact given by the circumstance that the organs of the sense of equilibrium and orientation in space, which are included in the vestibular apparatus, and the organ

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<sup>3</sup> *Der Aufbau der Funktionen in der Hörsphäre*, 1930.

<sup>4</sup> *Grundzüge einer allgemeinen Biologie*, 1932.

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of auditory perception are very closely associated with each other in that (1) they originate both phylogenetically and embryologically in a single tissue and (2) they remain anatomically and functionally closely bound together—the eighth cranial nerve provides for the conveyance of the stimuli from both sensory regions. In order to denote shortly the two regions which are to be compared, we shall speak of them in what follows as 'the sphere of the spatial sense' and 'the auditory sphere'. We shall use the term 'sphere' to include not only the whole apparatus in all its portions from the periphery to the centre, but also the part of the psychical structure to which the actual sensory apparatus is subordinated and which provides for the further elaboration of incoming perceptions. To enter into problems of a physiological and a psychological nature connected with the sphere of the spatial sense is not necessary for the present discussion. With regard to the function of hearing a recent and comprehensive study of this sphere by W. Börnstein<sup>3</sup> has led to the conclusion that in the case of human beings the physiological conditions in the primary auditory centre indicate that the hearing of ordered noises, particularly therefore those of speech, is of incomparably greater biological importance than the other developmental tendency, that, namely, towards hearing the pitch of notes and music. One fully agrees with this view when one considers the rôle of speech in reference to both the building up of the ego, and the comprehension and ordering of impressions of the surrounding world, and as a means of understanding between men. In the present-day theory of the ontogenetic development of speech the supposition is fairly well established that the acquisition of speech depends on the condition that the material of speech should be presented to the child from the outside and that no really creative factor is operative in the acquisition of speech by the individual. And therefore, in the case of a child with its sensory apparatus intact, the supply of very specific material to the auditory sphere is a very important and essential condition for the establishing of the ability to speak. We are not going to deal here with all the difficult and disputed fundamental questions of the psychology of speech, but shall be satisfied with the statement that what we are concerned with here is the assimilation and correct combination of verbal images, the development of a grammatical and logical order in the processes of speech and thought—all of which for our present purpose may be

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attributed to the auditory sphere. Accordingly we have to ascribe to the auditory sphere a part which has hardly anything to do with the function of hearing in the narrow sense, but which we must regard as having arisen in connection with the acoustic sensory apparatus. The function of this part is the development of a grammatical, syntactic and logical framework for the function of speech and thought and for the development of the function of judgement. R. Woltereck writes<sup>4</sup>: 'Apart from the fact that speech is essential as a means of communicating experiences, it has indeed a directive function for our cognition in two senses. It furthers and directs our cognitive activities because it contains within its verbal structures and forms of sentences a precipitate of the collective forms of thought of mankind which everyone of us employs and elaborates further. And it exercises a very important influence by means of inhibitions upon the

deeper probing of our cognitive activities, since it fastens our thinking to precisely these forms of sentences and transmitted forms of words.'

It follows from this that the auditory sphere is one of the most important apparatuses for the regulation of relations with the environment and with the introjected representations of interests in that environment, an arrangement absolutely specific for the human species. Research on the brain also seems to furnish indirect evidence of this, since it establishes that it is in the region of the radiations of the auditory tract that the cyto-architectonic formation of the cerebral cortex shows the relatively greatest difference between men and the anthropoids in the building-up of the layers.

There is much to be said for the view that at earlier stages of development a close connection exists between the linguistic and logical concept 'right—wrong' ('correct—incorrect') on the one hand and the moral concept 'right—wrong' ('good—bad') on the other. Certainly this fact has a great deal to do with the way in which education in speech takes place, but even so it is worthy of note that the linguistic branch of education cannot be thought of as isolated from the rest.

Moreover it is probable that the function of judgement in its beginnings is to be conceived of as a single unit in judging processes both in the external world and in the internal world, and that consequently these two differently directed parts of the function are not easy to separate. The problem of reality-testing is closely bound up

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with this. Freud, as we know, first ascribed reality-testing to the super-ego, but later (*in The Ego and the Id*) decided upon a correction, assigning it to the ego as its specific task, in accordance with the relations of the ego to the world of perception. On the other hand there is good reason to ascribe to the super-ego function something of the character of perception, when one considers that the ego can take itself as an object, in self-observation, which is indisputably a super-ego function. It is this which seems to speak for the view that at least in an early stage in the development of the ego the function of reality-testing can hardly be separated off sharply from the function which has to judge the individual's own methods of behaviour as 'correct or incorrect' and 'right or wrong'.

Let us return to our starting-point, the comparison of the crustaceans and their static organ with the process of introjection in man. By using this phylogenetic example would it not be possible to obtain more than a metaphorical representation of primary incorporation and its results?

We believe that we have proved that it is probable that in the psychical structure also there are indications that the auditory sphere occupies an exceptional position, which makes it of much greater importance in its central portions than the corresponding portions of the other sensory spheres. On the other hand the question for us here is to show that the auditory sphere, as the phylogenetic descendant of the static apparatus, still has quite clearly very much in common with the organ of equilibrium,<sup>5</sup> provided one accepts it as true that the super-ego functions like a psychical organ of equilibrium, and that differentiation of speech is indispensably necessary for this. In order that the child shall handle speech as a tool, and as a result of doing so, the auditory sphere itself is fundamentally altered in a sense full of potentialities.

The comparative view seems to make possible a clearer working out of an ego-apparatus than has been the case previously; and in particular an ego-apparatus which renders possible the mechanism of primary identification and represents the predetermined structure, which has itself to be enriched and further built up with the help of the components (objects) that are to be introjected. If we may recall once more the facts concerning the crustaceans, it looks exactly as though in both cases—in the integration of the static organ in the

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<sup>5</sup>Cf. Schilder, 'Ueber Gleichgewichtsstörungen', *Jahrbuch für Psychiatrie*, Bd. 45, 1927.



crustacean and in the development of the ego-apparatus in man (i.e. the human auditory sphere)—one and the same fundamental idea has been applied for the solution of a problem of organization, which in the second case however is pregnant with results of incomparably greater importance.

It is self-evident that experiences and impressions of the environment are necessary in order that a super-ego may be built up. It is just as self-evident that these experiences and impressions are acquired by way of sense perception. But can one imagine that purely optical sense-impressions, for example, by themselves and without showing any linguistically ordered structure, could possibly lead to the building up of a function of logical or ethical judgement? Without further discussion this question can certainly be answered in the negative. But the claim of the auditory sphere to the primary place in the building up of the super-ego would be thereby established.

Nothing now stands in the way of the idea that this capacity for developing a super-ego, which is peculiar to man, must have been laid down in advance in what one might call the ground-plan of the psychical structure, and, indeed, this finds support in all that we believe we know about the earliest stage of man's psychical development. And if there is any sense at all in speaking of preliminary stages of super-ego formation, one would most easily imagine such a thing in the form of a specially modified region of the auditory sphere. Further, one would presumably have to picture this modification as being built up in temporally successive stages. The first of these stages would then consist, perhaps, in the biologically determined inborn differentiation of the organic substratum, that is to say of a particular region of the cerebral cortex, which differentiation alone makes possible the acquisition of speech; the attainment of the next stage would be dependent upon speech having in fact been placed at the disposal of this substratum by the environment. For we know that the child is not capable by itself of constructing new words, to say nothing of a language, but that he has to build up his speech from linguistic material which is presented to him ready made. But this very fact sets in motion the process of developing an observing and criticizing institution.

The following formula then suggests itself: just as the nucleus of the ego is the body-ego,<sup>6</sup> so the human auditory sphere, as modified

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<sup>6</sup>Freud, *The Ego and the Id*, p. 31.

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in the direction of a capacity for language, is to be regarded as the nucleus of the super-ego.

Just as the statement 'the nucleus of the ego is the body-ego' has not merely a genetic significance, but is also fully valid for the finished structure, so the assertion 'the nucleus of the super-ego is the auditory sphere' must also be confirmed in the fact that this aspect of the super-ego comes to light in certain circumstances. As the classical evidence for this we may bring forward the phenomenon which Freud referred to as the one which first suggested the conception of the super-ego to him: namely, delusions of observation. An essential element in these are alarming experiences in the realm of hearing: a keen awareness of cadences in the speech of the people around, an importing of deeper meaning into what is heard, falsifications of auditory perception and finally auditory hallucinations. The hallucinatory voices serve the purpose, among other things, of warning the sick person of the danger of being overpowered by the id. When the integrity of the personality is threatened from within, the super-ego reveals both its history and its genesis, that is, it reveals not only the way in which its nucleus arose but also of what its nucleus consists.

A somewhat different picture, but the same thing fundamentally, is well shown in the following single observation in the case of a schizophrenic, in whom an impoverishment and blunting of the inner life dominated the scene. The patient, a man about twenty-six years' old, complained of attacks of physical incapacity to work, so that he had to lay aside whatever he held in his hands, and he also felt a heavy pressure down upon the top of his head. (No epilepsy was

present.) At the same time something else always happened which the patient called 'self-talking' [*Selbstredung*]; he was obliged to repeat aloud over and over: 'I am Max Koch from Alland' (which in fact he was). In a critical situation, when a threatened disruption of the ego was, as it were, acutely experienced, being condensed into a moment, this ego affirmed its existence by a magic formula, which can easily be understood as a faithful reproduction of what had been instilled into him as a child.

As is well known, the perception by the self of a threatened loss of reality is shown very strikingly in the catastrophe of an epileptic attack. A patient of Kinnear Wilson's described his auditory aura in the words: 'I seem to hear everything that has ever been said to me in all my life.'

The disturbance in the balance of the psychical structure in

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<sup>7</sup>Freud, *Zur Auffassung der Aphasien*, Vienna, 1891.

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situations of sudden danger to life also sometimes affords a deeper insight into the nature of this structure. One may perhaps be permitted to quote a personal reminiscence of Freud's: 'I remember that I have twice felt myself in danger of my life and each time the perception came quite suddenly. In both cases I thought to myself "Now it's all up with you", and, although my internal speech is as a rule carried on with quite indistinct sound-images and only faint sensations in the lips, yet in the moment of danger I heard these words as though someone were shouting them in my ear and saw them at the same time as though they were printed on a fluttering piece of paper.'<sup>7</sup> The super-ego character of these words is to be remarked, which sound like the pronouncement of judgement by a powerful authority, while at the same time the verdict can be read. We must also observe the displacement outwards in double form (in speech and writing). One could also conceive of the externalization as being the result of a narrowing of the personality to the body-ego as a consequence of the shock.

From this point an approach is also opened up, perhaps, to deeper research into the position of the auditory sphere in dreams, which is still so problematical and which, since the elaboration of the theory of agrammatism, has met with renewed and growing interest in the investigation of aphasia as well as elsewhere. It should only be briefly pointed out here that the fact discovered by Freud that the dream is not in a position (or is only in an inadequate one) to give expression to grammatical and logical connections (naturally this does not refer to speeches inside dreams) finds a surprisingly exact analogy in certain kinds of aphasic agrammatisms.

A further contribution to the subject is supplied by the observation that linguistic phenomena connected with going to sleep often show an almost exaggeratedly elaborate grammatical and syntactic structure. The speech flows along in complex phrases, with strongly accentuated sentences of animated and changing form; but it loses its clarity more and more as it proceeds, and at length there remains only an impression of lively and complicated periods without any verbal elements which can be clearly grasped (and this is perhaps one of the main reasons why the periods themselves are so difficult, indeed almost completely impossible, to grasp) until at last the periods gradually pass over into a scarcely articulated murmur, which stops, starts again,

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and finally passes over into sleep. One might say that going to sleep itself is a case of 'crossing the frontiers of speech': the ego behaves just as though, in obedience to an order from the customs officials, it was obliged to leave behind its linguistic belongings. Although this flaring-up of linguistic activity (partly of an auditory and partly of a motor kind) appears at first sight like an enrichment, it nevertheless ends in an impoverishment; it gives the impression of a copious inflow and is nevertheless a flowing out, a bright flickering-up of the auditory sphere before it is completely extinguished. Perhaps all this is only another aspect of the fact that before the 'censor', whom we know so well, withdraws, he seizes the opportunity of making his

voice heard once more very forcibly. What we see here is not so much content that is characteristic of the super-ego but almost exclusively the tone and shape of a well-organized grammatical structure, which is the feature which we believe should be ascribed to the super-ego.

At the moment of waking up, the linguistic auditory phenomena present themselves in a much briefer and more succinct form. It often happens in this way that a word or short sentence still reaches a dreamer, while he is waking up, like a call, and this call has very often a super-ego tinge, sometimes threatening, sometimes criticizing—words for which the dreamer, as he wakes up, feels an inexplicable respect, although they are very often a quite unintelligible jargon.

It would be a valuable support to what has been brought forward here, if we could show that what we have said is nothing more than a further elaboration of what Freud meant when he replaced his first graphic representation of the structure of the mind by another. In the first of these two sketches, made in 1923, in *The Ego and the Id* (p. 29), the ego has on one side 'an auditory lobe' [*Hörkappe*], literally, 'cap of hearing'] 'worn crooked'. In the repetition of this sketch, which appeared in 1933 in his *New Introductory Lectures* (p. 105) and which in other respects is practically unaltered, this 'auditory lobe' is no longer to be seen. The corresponding position is now occupied by the super-ego.

**1953) THE SCHREBER CASE—A CONTRIBUTION TO SCHIZOPHRENIA,  
HYPOCHONDRIA, AND PSYCHOSOMATIC SYMPTOM-FORMATION.  
PSYCHOANAL. Q., 22:328 (PAQ)**

**THE SCHREBER CASE—A CONTRIBUTION TO SCHIZOPHRENIA,  
HYPOCHONDRIA, AND PSYCHOSOMATIC SYMPTOM-FORMATION**

IDA MACALPINE, M.D. and RICHARD A. HUNTER, M.D.

**I. INTRODUCTION**

Freud (22) formulated his views on the relationship of paranoia to homosexuality in his paper, *Psychoanalytic Notes Upon an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)*.<sup>1</sup> He described his analysis as 'only a fragment of a larger whole' (F. 466) and said, 'much more material remains to be gathered from the symbolic content of the fantasies and delusions of this gifted paranoiac'. He recommended that the original be read 'at least once', prior to his analysis of it (F. 467).

Yet no attempt seems to have been made to exploit the original material further. Particular difficulties, it is true, stand in the way of studying Schreber's autobiography (64): the book is almost unobtainable as the only edition is said to have been bought up and destroyed by his family; it is also untranslated and untranslatable, and being the product of a psychotic mind makes cumbersome reading. This difficulty is not overcome in the English translation of Freud's paper, a point which Niederland (50) stressed: in the English translation some passages appear 'in such a manner that not only is their meaning lost but sometimes actually reversed'. He also refers to passages which are 'completely incomprehensible in the English version', criticisms which cannot be too strongly emphasized.

Perhaps the decisive reason, however, is that the taboo of a 'classic' was immediately attached to Freud's paper, setting it above critical scrutiny.

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<sup>1</sup>Quotations from Freud's paper are given as (F...), Freud quoting Schreber as (FS...), and direct quotations from Schreber's *Memoirs* as (S...).

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**REVIEW OF LITERATURE**

For the purpose of reviewing briefly the literature it is convenient to remember that Freud's paper is divided into three parts: 1, Case History; 2, Attempts at Interpretation; 3, On the Mechanism of Paranoia.

1. Use has not been made of any other of Schreber's material than that extracted by Freud. Baumeier (3) however reported that Schreber had a further psychotic breakdown in 1907, which lasted to his death in 1911.

2. Katan (41), (42), (43) forces the whole psychosis into a struggle against masturbation and homosexuality, the dangers of which 'forced him to sever his ties with reality'; the sun and the stars 'represent the male genitals of God'. Niederland (50), rightly searching for common precipitating factors in Schreber's first and second illnesses, lays stress on the fact that in 1884 Schreber was a candidate for the Reichstag, and in 1893 had just taken up office as *Senatspräsident*. He assumes that in each case 'under the impact of a threatening reality which imperiously demanded of him an active masculine role, his latent passive feminine tendencies broke into consciousness and he fell ill'.

3. The bulk of the literature is concerned with confirming the mechanism of projection in paranoia and with the importance of unconscious homosexuality in neurotic symptomformation, as in jealousy, alcoholism, drug addiction, etc. The earliest and most important evidence is by Ferenczi (15), followed by Tausk (71) and Nunberg (51), (57); Fenichel (14) lists later relevant

publications. Many papers of course contain incidental allusions. A confirmatory case was reported by Freud himself (25).

No open criticism of Freud's interpretation is to be found in psychoanalytic literature. Doubts as to whether repressed homosexuality alone can explain paranoia must, however, have exercised Ferenczi's mind (16) when he wrote '... in paranoia it is mainly a question of recathexis with unsublimated libido

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of homosexual love objects which the ego wards off by projection. This statement, however, leads us to the bigger problem of "choice of neurosis", i.e., under what conditions does infantile bisexuality, ambisexuality, lead respectively to normal heterosexuality, to homosexual perversion, or to paranoia.' A similar note of reservation can be detected in Nunberg (59): 'The question why it is that, out of the same fundamental situation, a paranoia develops in one instance and in another does not, must remain unanswered for the present'. Glover (36) finds that 'Schreber was described mainly in terms of libidinal conflict and related to repression of the inverted œdipus situation', and notes the lack of reference to pregenital aspects. Klein (44) stressing aggressive (death) instincts sees in Schreber's delusions 'anxieties and fantasies about inner destruction and ego disintegration'; his ideas of the end of the world are interpreted as projections of his own aggressive impulses.

It is not intended to go into details of the criticisms with which Freud's paper was received in psychiatric circles. But mention should be made of the review by Bleuler (7), one of Freud's friendliest critics: 'This publication bears the hallmark of an important contribution by the very fact that it provides food for further thought, questioning and research', but 'difficulties arise by trying to separate Schreber's illness from schizophrenia, ... paranoid and schizophrenic symptoms not only coexist in one patient, they also seem to merge and indeed appear to be two aspects of the same process'. He thinks that 'not even in Schreber's case itself does it seem proved that the denial of homosexuality is the factor which produced the illness, although it plays a large part in the symptomatology of the case'. This last sentence sums up the present writers' findings.

### ***FREUD'S ANALYSIS***

Freud believed that Schreber's delusional psychosis was precipitated by the emergence of a feminine passive homosexual wish fantasy 'which ... had its root in a longing, intensified to

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an erotic pitch, for his father and brother' (F. 435). 'The object ... was probably from the very first his physician, Flechsig' (F. 426), as he had been under his care nine years before, in 1884, suffering from 'severe hypochondria' which necessitated a six months' stay at his clinic. 'An intense resistance to this fantasy arose on the part of Schreber's personality, and the ensuing defensive struggle ... took the shape ... of a delusion of persecution' (F. 431). The feminine wish fantasy also implied degradation and castration. Schreber first warded off this danger by turning his unconscious love into feeling persecuted by Flechsig, and then transferred these feelings and fears to 'the superior figure of God' (F. 432). 'This seems at first ... a sign of aggravation of the conflict, and intensification of the unbearable persecution, but ... soon ... becomes the solution... Schreber could not reconcile himself to playing the part of a female prostitute toward Flechsig; but the task of providing God with the voluptuous sensations that he required called up no such resistance on the part of his ego... Emasculation was now no longer a disgrace, it became "consonant with the order of things", it took its place in a great cosmic chain of events, and was instrumental in the re-creation of humanity after its extinction: "a new race of men, born from the spirit of Schreber", would, so he thought, revere as their ancestor ... this man, who believed himself the victim of persecution... An outlet was provided which would satisfy both contending forces ... his ego found compensation in his megalomania, while his feminine wish fantasy gained ascendancy and became acceptable' (F. 432). But this solution had to be visualized as occurring in the remote future, and at the end of his psychosis 'might be

described as an asymptomatic wish fulfilment' (F. 432). His delusional self-aggrandizement is interpreted as caused by the flooding of his ego with narcissistic libido, consequent upon the abandonment of object love (reality); and his delusions as attempts at restitution and regaining his homosexual love objects at a safe distance from the ego. Schreber looked on his illness as a

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struggle between himself 'and God, in which victory lies with the man, weak though he is, because the "order of things" (*die Weltordnung*) is on his side' (F. 409).

Certain weaknesses are obvious in Freud's analysis, many of which he pointed out himself.

1. Freud sought to establish the mechanism of paranoia on Schreber's case. But Schreber, as Freud himself said, was not suffering from pure paranoia, but 'a mixed state' of schizophrenia plus paranoia, for which Freud suggested using the term paraphrenia. He saw no incompatibility in both conditions being present in one patient as they merely represent different points of fixation according to the libido theory. Contrary to present-day psychiatric opinion, he felt it to be essential that 'paranoia should be maintained as an independent clinical type, however frequently the picture it represents may be complicated by the presence of schizophrenic features... It would be distinguished from dementia præcox by having its dispositional point of fixation differently located and by having a different mechanism for the return of the repressed' (F. 463). But Freud also stated 'it is not at all likely that homosexual impulses which are so frequently (perhaps invariably) to be found in paranoia, play an equally important part in the etiology of that far more comprehensive disorder, dementia præcox' (F. 464). It would appear that in Freud's opinion Schreber was suffering from both paranoia and dementia præcox. The homosexual factor alone cannot then afford the whole explanation of the case.

These remarks may appear petty and of no great consequence; on the contrary, they light up sharply the difference in approach, sometimes the gulf, which exists between clinical psychiatry and psychoanalysis. The psychiatrist primarily focuses his interest on the clinical picture, the diagnosis and course of mental illness, trying to separate clinical entities. The psychoanalyst centers his interest on the mechanisms involved in symptom-formation with little respect for clinical entities and no aversion to 'double pathology'; he speaks of

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psychopathological states. This emphasis on and sometimes exclusive preoccupation with mental mechanisms, irrespective of clinical distinctions, has been pressed furthest by Klein; 'psychotic positions' are claimed to be part of normal development, so that even the concept of psychosis as a distinct group of mental diseases tends to be obliterated.

2. Bleuler (7) among others objected to the blurring of the distinction between neurosis and psychosis. But Freud applied to Schreber's illness, which he called a 'narcissistic neurosis', the criteria of neurosis in the classical psychoanalytic sense, and discussed it on the basis of libidinal conflict: Schreber is said to have fallen victim to unconscious homosexual wishes which his personality repudiated, his delusions (symptoms) constituting a compromise. Thus the wish fulfilment, enjoying intercourse like a woman, is said to have 'gained ascendancy' (F. 432) although Schreber to the day of his discharge from the hospital continued only to hope that in 'the remote future ... his transformation into a woman would come about' (F. 432). This appears to the unbiased reader a bare minimum of gratification 'for the inordinate suffering and privation that has been mine for so many past years' (FS. 415).

Furthermore Schreber's libidinal conflict is explained by Freud on a genital level only, centering around the inverted œdipus situation. Hence the pregnancy fantasies Freud describes as the consequence of being used as a woman in intercourse and as a means to or the sequel of passive homosexual wishes; in either case derived secondarily.

Freud (28) summarizing his views on Schreber made this point clear beyond any doubt (29): 'nothing sounds so repugnant and incredible ... as the little boy's feminine attitude to the father and the fantasy of pregnancy derived from it'.

3. While stressing that the precipitating factors can only be surmised in the absence of sufficient material in the Memoirs, Freud suggested what some of them may have been. (a) Schreber had 'no son to console him for the loss of his father and brother—to drain off his unsatisfied homosexual affections'

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(F. 442). This does not seem a satisfactory explanation, applying as it does to so many people similarly situated who never fall ill. In fact the reverse might be argued, namely that Schreber's homosexuality was neither aroused nor revived by the very fact that he had no son. (b) Freud felt he 'must not omit to draw attention to a somatic factor which may very well have been relevant... Dr. Schreber was fifty-one years of age, and he had therefore reached a time of life which is of critical importance in sexual development ... for men as well as women are subject to a "climacteric"' (F. 430). The fact of a 'somatic' male climacteric seems to the writers, as to Niederland (50), uncertain and not backed by the findings of modern endocrinological research. Moreover, even if the fact is accepted it can have served as a precipitating factor only of his second illness in 1893, not of his first in 1884. (c) Extending Freud's argument, Niederland (50) finds 'masculine responsibility' as the common precipitating factor for Schreber's illnesses, implying that he had no such responsibility before. Far from having 'masculine responsibility' suddenly thrust upon him, it is equally likely that Schreber was promoted to high judicial office at a comparatively early age because he carried responsibility so well.

4. If 'the exciting cause of the illness was the appearance in him of a feminine (that is, a passive homosexual) wish fantasy, which took as its object the figure of his physician' (F. 431), to whom he longed to return in his second illness, this cannot apply to the first. Freud says that a knowledge of the causes of the first illness 'is no doubt indispensable for properly elucidating the second' (F. 425). Indeed Schreber himself knew that both were intimately connected; on several occasions prior to the outbreak of his second illness he had anxiety dreams that his former illness had recurred. Further doubt arises in the validity of the mentioned precipitating factors from the fact, not known to Freud, that Schreber had another psychotic episode in 1907 (3) to which none of the assumed precipitating factors could apply.

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5. One of the main pivots of Freud's analysis is that as his delusions spread Schreber substituted God for Flechsig, the loved, hated and feared male love object. Freud claimed repeatedly in definite terms that Schreber identified God and the sun, and that 'the sun, therefore, is nothing but another sublimated symbol for the father' (F. 439), a point much belabored by Katan (41), (42), (43). Freud even adds a postscript to his paper adducing new mythological evidence supporting his view that 'the patient's peculiar relation to the sun' (F. 467) 'expressing his filial relation ... has confirmed us once again in our view that the sun is a symbol of the father' (F. 469).

Yet Freud himself quotes Schreber's physician's report that one of Schreber's stereotyped utterances during his early catatonic phase was his shouting for hours 'The sun is a whore' (FS. 438). Freud also quotes Schreber speaking of the monstrosity of "God allowing himself to be f ... d' (FS. 408). That both these quotations are given in footnotes by Freud throws light on his conviction that God and the sun were 'nothing but' father symbols for Schreber; he ignores their obvious female significance, and gives them in illustration only of this other facet of the boy's libidinal attachment and submission to the father: the son's rebellious, derisive and belittling attitude toward him (F. 435-437).

But it is evident that Schreber clearly considered the sun both male and female, ambisexual, a point also made by Abraham (1): '... this bisexuality of the sun appears in Schreber's case too ... there can be no doubt of the female character of the sun symbol'. Further, Schreber refers to

the sun as 'the eye of God' (S. 10), an ambisexual symbol according to Abraham (2), who quotes Rank and other authors in support. This is in agreement also with mythological evidence (60), and further is borne out by the different gender of the sun in different languages; in Schreber's the sun is feminine.

We lay great stress upon this point because, if the sun was not exclusively a father symbol for Schreber, Freud's theoretical deductions only partially cover the facts. The passive homosexual

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wish fantasy ultimately derived from his infantile relation to his father and evidenced in his relation to the sun could not afford the whole explanation, but would throw light only on one aspect, however important, of his psychosis and the content of his delusions.

All the evidence goes to show that the sun, far from representing only the father, mirrored Schreber's own ambisexuality, being both male and female; in other words Schreber, as we hope to show in greater detail, was in a state of confusion about his own sex. Such fundamental doubt about their sex, though seldom expressly stated in the literature (9), (47), (52), (63), we have found a regular if not invariable feature in schizophrenics.<sup>2</sup>

6. Physical (somatic) symptoms find only the barest allusion in Freud's analysis, whereas in Schreber's Memoirs they figure prominently; descriptions of his 'physical tortures' play as large a part as his delusional deliberations, and indeed merge with them. Freud mentions the 'enormous number of delusional ideas of a hypochondriacal nature which the patient developed' and points to 'the fact that some of them coincide word for word with the hypochondriacal fears of onanists' (F. 441). Freud seems to have been aware of deficiencies in his estimation of these physical symptoms: 'I must not omit to remark at this point that I shall not consider any theory of paranoia trustworthy unless it covers also the *hypochondriacal* [Freud's italics] symptoms by which that disorder is almost invariably accompanied' (F. 441). Freud's disregard of the physical symptoms is all the more surprising as Schreber's first illness in 1884 was an 'attack of severe hypochondria ... without the occurrence of any incidents bordering on the sphere of the supernatural' (FS. 390), marked by insomnia, depression, preoccupation with loss of weight and 'other hypochondriacal symptoms' (S. 35).

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<sup>2</sup> M. Bleuler in a personal communication (8) states that E. Bleuler would have agreed that 'schizophrenics are almost invariably, if not invariably, in doubt to which sex they belong'.

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Freud assessed the physical symptoms as organ pleasure, as masturbatory equivalents or expressions of guilt and anxiety due to masturbation, particularly the fear of castration. Other authors have followed Freud with the result that psychoanalysis has little else to say about physical symptoms and their mechanism; commonly they are treated with less interest, respect and understanding than mental symptoms (48).

One historical reason is that hypochondria was classed as an actual neurosis by Freud (18), and he stated (24): 'The problems of the actual neuroses, in which the symptoms probably arise through direct toxic injury, offer no point of attack for psychoanalysis; it can supply little toward elucidation of them and must leave this task to biological and medical research'; and (23) 'the symptoms of an actual neurosis have no "meaning", no signification in the mind'. Jones (40) regretted that Freud could not be persuaded to take up the problem of the actual neuroses again from where he had left it in 1895. As it stands today the concept is unacceptable and useless, the theory of damming up of libido in one organ has not led to deeper insight, but merely to a barrage of such terms as organneurosis, pregenital conversion, and erotization of organs. The toxic effect of undischarged libido is an outmoded concept, however hard it seems to die.



## ***HYPOCHONDRIASIS AND PREGNANCY FANTASIES***

Our interest in the Schreber case was aroused during a systematic investigation, mostly during psychotherapy, of patients with intractable pruritus ani, some of them psychotic (47). All patients were found to be suffering in varying degree from a hypochondriacal syndrome, of which pruritus ani was only the leading symptom. It was found to be due to reactivation of unconscious intestinal pregnancy fantasies. This finding applied to both male and female patients and therefore was not found to be consequent to an upsurge of homosexual libido. Naturally pregnancy fantasies had secondarily homosexual implications for men, and they carried a castration threat; primarily,

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however, these patients were suffering from an archaic, pregenital, asexual procreation fantasy expressed in physical symptoms. 'Procreation' is used to emphasize the primitiveness of these fantasies. Some patients had symptoms reminiscent of the *couvade*, a custom in which archaic pregnancy fantasies in the male are also expressed in physical symptoms without prior upsurge of homosexual libido; indeed they are 'prephallic' (70). Furthermore no ego nor superego prohibition was found operative against these fantasies; but they were incompatible with reality and mature sexuality, both male and female, and indeed their conscious appreciation was incompatible with intact mental functioning.

Because several patients showed striking similarities to Schreber's somatic symptoms, we came to re-examine his Memoirs and to approach his case via his hypochondriacal delusions.

### ***LITERATURE ON PREGNANCY FANTASIES***

It is striking that so little interest has been shown in pregnancy fantasies. This is surprising since Freud held that the child assumes first that everybody is like itself, and that when it discovers that this is not so, it wishes to have what it has not got. Thus the girl's penis envy fills psychoanalytic literature to overflow, while the boy's envy of childbearing receives almost no attention. Glover (37) notes '... although less attention is paid to the fact, it is undeniable that the boy's unconscious disappointment at being unable to emulate his mother's feat of baby-production is as deep as the corresponding jealousy of the girl that she does not possess male organs ...'. Jones (39) finds 'mutual envy between the sexes is common in early childhood ... the male one, envy of the female capacity to give birth to children, is less recognized than its counterpart'.

In *A Neurosis of Demoniacal Possession* (25), a case similar in many smaller details and, like Schreber's, classed as a neurosis, Freud speaks expressly of pregnancy fantasies which

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the painter must have had since the figure nine occurs significantly in his pacts with the devil, and states (28): 'What he is struggling against is the feminine attitude to the father, which culminates in the fantasy of bearing him a child'. And again: 'The feminine attitude to the father became repressed as soon as the boy realized that his rivalry with the woman for the father's love implies the loss of his own male genital, that is to say, implies castration'. Like Schreber he had somatic symptoms which Freud makes no attempt to detail or interpret; he (26) 'experienced all manner of things: also convulsive seizures accompanied by extremely painful sensations; on one occasion paralysis of the lower limbs occurred; and so on'.

It is remarkable that Freud does not even consider pregenital fantasies. Only two years before he wrote his observations about Schreber's Memoirs he had found that infantile sex theories assume (21) '... that babies come out of the anus; the second theory which follows logically from the first is that men can have babies just as well as women'. Freud (20) discussing the infantile 'cloacal theory' of baby making, 'the child being voided like a stool', says that the child does not accept the fact that the woman alone has the painful privilege of giving birth to babies: 'If babies are born through the anus then a man can give birth just as well as a woman. A boy can therefore fancy that he too has children of his own without our needing to accuse him of

feminine inclinations.' That procreation fantasies in children precede the knowledge of sexual differences and are therefore asexual was confirmed by Rank (61), (62) from his anthropological studies.

Binswanger (4) analyzed a 'hysterical phobia' in a girl and found it due to the reawakening of archaic intestinal pregnancy fantasies, following appendectomy; conception was thought to be caused by eating certain foods.

Nunberg (51) says of a catatonic (58): 'The process ran its course in two series: in a somatic series aimed at attaining organ pleasure, and in a psychic series directed toward the recovery of the lost objects'. The material is essentially concerned

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with transitivity, impregnation, self-impregnation, birth, rebirth, immortality, the propagation of mankind, and death. The patient himself (53) 'thought eternal life would result from my making these motions', and Nunberg says (55) 'it is a birth fantasy tied up with the process of defecation'. Yet he concludes that (56) 'the attack represents a perfect wish fulfillment and gives full assent to all perversions ... the patient's whole endeavor is aimed at ridding himself of unpleasure and at gaining pleasure through stimulation of the erotogenic zones or organs ...'. In the period of hypochondria preceding his attack (54), 'the connection of the body sensations with sexual processes is obvious'. 'A desire to be transformed into a woman and to propagate himself' is taken as 'the psychic expression of the sexuality while it was still genital; it is therefore comprehensible that the accompanying sensations bear this character'.

Eisler (12) concludes that his patient indulged in 'a passive homosexual wish fantasy ... the neurosis mobilized a multitude of anal-erotic memory traces', and 'a memory ... of childbirth observed in childhood led to identification with the suffering woman thought of as being tortured in childbirth'. Like Schreber the patient longed for a child and his marriage was childless. He was referred for treatment solely on account of somatic symptoms which included 'a boring pain in the left side "as if a solid object were trying to emerge"'. An x-ray examination was found to have had the unconscious significance of impregnation. Eisler speaks of the *Fruchtkern-complex* (translated as seed, but should be fruit pip) to illustrate patients' preoccupation with the contents of feces and their carrying new life.

Boehm (10) coined the term 'parturition envy'. Whether envy of the vagina in men has the same close relationship to narcissism as penis envy in women or is based mainly on a passive homosexual attitude to the father 'cannot be decided'.

Brunswick (11) stressed that 'the original, asexual, "harmless" wish for a baby arises very early, is based wholly on the

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primitive identification of the child of either sex with the active mother ... is neither active nor passive... Contrary to our earlier ideas, the penis wish is not exchanged for a baby wish which ... has indeed long preceded it.'

Jacobson (38) speaks of 'unconscious feminine wishes to grow children' and of 'narcissistic components in a man's longing for children which are apt to revive again his infantile frustrated feminine reproductive wishes'. She gives details of a case who from early childhood on had suffered from 'psychosomatic symptoms (mainly gastrointestinal) and mild hypochondriacal fears'. She speaks of the patient's 'unconscious masochistic identification with his pregnant, i.e. castrated, mother', and finds apparently no inconsistency in the fact that his mother's 'subsequent pregnancies lend themselves to a denial of female castration ... the phallic—equated with pregnant—mother'. She thus concludes that the patient identified 'with her as with a phallic woman ... a woman who grows babies'.

Freeman (17) could not find a clear relation between unconscious pregnancy fantasies and his patients' passive homosexual impulses but found that 'aggressive and sexual drives were stimulated by the (wife's) pregnancy'.

Evans (13), describing a case of simulated pregnancy in a male, assumes that 'the boy's passive wish for a baby from the father in the negative œdipus has its origins in this earlier, preœdipal phase of development'. The case was diagnosed as 'anxiety hysteria'. His symptoms were all somatic: abdominal pain, diarrhea, nervous cough, etc. The patient described himself as 'a middle sex'. 'As the purpose of this paper is limited to showing the significance of his pregnancy at the phallic level, attention should be drawn to the particular intensity of his fear of castration ... it was as if he understood that to be loved as a woman by the father, he must submit to castration and his simulated pregnancy proved on analysis to be an attempt to pay that price.'

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The scant literature on pregnancy fantasies shows several weaknesses.

1. That pathogenic pregnancy fantasies are almost exclusively reported in men shows that they are tacitly paralleled to mature, genital, uterine pregnancies, and this may explain why in girls they have attracted so little attention. It would appear that in girls such archaic pregnancy fantasies are supposed to be precursors of 'normal' childbearing. This is however not always so, as shown, for instance, by cases of pseudocyesis, by no means always hysterical (5). The frequency of anal birth fantasies in psychotic women also shows how pathogenic such fantasies can be even in females.

2. Pregnancy fantasies in men are mostly considered as arising in consequence of or as a cover for passive homosexual wishes. It is thereby also presupposed that the boy's mind is sufficiently structured and mature not only to recognize the existence of two sexes and their respective roles in procreation, but also that he is aware that pregnancy follows sexual intercourse, a fact not even appreciated in some primitive tribes (49), (66), (67).

3. 'Harmless', asexual pregnancy fantasies preceding genitality are given due weight only by Freud (20)—but not in Schreber's case—and by Brunswick (11). Both are theoretical contributions. Considerable weight attaches to Brunswick's remarks that the wish for a baby long precedes the wish for a penis, because the generally accepted and freely quoted fecespenis-child equation tends to perpetuate the genital aspect of pregnancy fantasies to the neglect of these much earlier archaic asexual procreation fantasies.

4. In keeping with the genital conception of such fantasies most cases reported are labeled 'hysterical'. Hence the stress placed on castration fears or wishes and on the libidinal and later aggressive aspects of the inverted œdipus situation. Detailed reading of the reports brings doubt that the diagnosis of hysteria was adequate, whether used to describe the whole picture or only one isolated symptom in an otherwise differently

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diagnosed case. The term 'hysteria' is still used freely and incorrectly, and Kraepelin's (45) criticism still holds good: 'Quite commonly cases of early schizophrenia are misdiagnosed as hysteria'. Confusion between neurosis and psychosis is thus perpetuated, with far-reaching implications for therapy and prognosis.

5. Lack of understanding and confusion appears to hinge around the somatic symptoms, their mechanism and diagnostic significance. It is noteworthy that all cases of pregnancy fantasies quoted in the literature had somatic symptoms predominantly, which however being accorded no significance are scattered at random through the case histories.

## II. SCHREBER'S MATERIAL

The difficulty which Schreber experienced 'of making the material clear, if only to a limited extent ... things are dealt with which are not expressible in human language ... they exceed human understanding' (S.2), is equally great when attempting to give a résumé and analysis. Concreteness of schizophrenic expression, mixture of primary and secondary processes, neologisms and puns, tortuous associations and somatic language, difficulties of translation,

comparison with Freud's findings, and lack of space all complicate the presentation. We will therefore give an outline of our analysis supported by relevant quotations from the Memoirs.

### **OUTLINE OF THE PSYCHOSIS**

Schreber fell ill when a wish fantasy that he could, would or should have children became pathogenic. Simultaneously he became doubtful of his own sex. His Memoirs might bear the subtitle 'Whence Life?'; reproduction and the origin of life are considered from all angles: biological, embryological, geological, mythological, theological, astronomical, literary, and supernatural. His extensive and detailed knowledge of these subjects shows the unconscious determination of his interests before he became ill. His psychosis was a quest to procreate;

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speculations became reality and were jumbled up in a cycle which embraced birth, life, death, rebirth, resurrection, life after death, migration of souls. All centered around the fundamental issue of creation and his own creative potentialities.

His Introduction affords insight and an overall view: 'the concept of eternity is ... beyond man's comprehension; human beings cannot really understand that something can exist which has neither beginning nor end, that there can be a cause of things which is not itself caused by something (*Ursache*)... If God created the world, how then was God himself created?... There is no answer to this question as there is no explanation for His creative powers... Man can only comprehend that something comes into existence by being developed or derived from something already in existence ... and yet I believe—and I hope to prove later with examples—that God's creation is a creation out of the void (*aus dem Nichts*)... When the Christian religion teaches that Jesus was the son of God, it only approximates the human sense of these words ... it must have a secret meaning, because nobody can assert that God as a being endowed with human genital organs had intercourse with the woman who gave birth to Jesus (S.2-3)... Such miracles are certainly still possible... I myself have felt something similar to the Immaculate Conception in my own body... I have several times felt quickening corresponding to a human embryo, through God's miraculous creative powers fertilization had taken place' (S. 4; F.S. 413).

Schreber pursued the quest 'how can I a man be having or have children?'. To live through the various possibilities was his psychosis: as a man, by being changed into a woman, parthenogenetically, by divine impregnation and self-impregnation. He speaks of 'parentless generation, spontaneous generation (*Urzeugung*), *generatio aequivoca*' (S. 2-3, 241, 251). That these speculations refer to him can be seen when he recounts 'the frightful and splendid visions' (S. 73) he experienced about the end of the world 'when I recapitulated ... the whole evolution of mankind in reverse order' (S. 74).

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The different stages of his procreation fantasies, although here presented separately, are interwoven and run together through the maze of the Memoirs. There are three principal themes: procreation, change of sex, relation to God.

### **PROCREATION AS MAN**

'After one act of creation God left living creatures to perpetuate and reproduce themselves (S. 52, 53, 240), and retired to an immense distance (S. 252); according to the migration of souls (S. 15) God drew up the souls of the dead, and after purification sent them down to be reincarnated' (S. 12). Hence He could not help Schreber to be fruitful unless a world catastrophe necessitated re-creation of a new race (S. 10, 52, 53, 240, 252). 'To preserve the species one man is spared—perhaps the relatively most moral ... reminiscent of the myths of Noah, Deucalion and Pyrrha' (S. 53).<sup>3</sup> Schreber stressed in many places that he was such a moral man (*sittlich hochstehend*) (S. 281, 292, 427). Into 'the myths of world catastrophes and new creations' (S. 53, 240) he introduced one new feature: besides the universal stories of 'devastating plagues (S. 74, 91, 92), earthquakes, floods, ice age, immorality' (S. 30, 52, 60), the destruction of mankind could be caused by an increase in nervousness. That he himself protested at length that he suffered from

a nervous and not a mental illness (S. 268, 404-451), also shown by the title of the Memoirs, is further evidence that the 'end of the world' fantasy centered round him and was set in motion by his desire to bear children. 'Through me the world has once again become the scene of God's creative powers' (S. 259).

Schreber lived through the fantasy that the world had come to an end, mankind perished (S. 71, 99, 119), people around

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<sup>3</sup>The myth of Deucalion and Pyrrha is presexual in character. Deucalion built a wooden chest in which he and his wife Pyrrha were saved from a deluge sent by Zeus. After floating for nine days they were instructed to renew the human race destroyed by the deluge, by veiling their faces and throwing behind them the bones of their mother. They interpreted this as meaning the stones of the earth. Those thrown by Deucalion became men, those by Pyrrha, women.

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him seemed to be directly created by God in transitory forms, 'miracled men, cursory contraptions' (FS. 456). The English translation misses the important point: *flüchtig hingemachte Männer* has a double meaning, firstly an anal implication—as pointed out by Niederland (50)—consonant with Schreber's preoccupation with defecation. In the long passage quoted by Freud (FS. 406-408) Schreber speaks of 'the symbolic meaning of the act of evacuation ... in a certain sense the final act' (FS. 406-407), obviously alluding to anal birth fantasies. Schreber's complaints therefore were not the son's rebellion against God, the father, but referred specifically to his failure to produce a child by anal birth. Secondly, the punning of Flechsig and flüchtig (S. 24) shows that Flechsig's soul had supernatural powers to fill Schreber's body with 'little Flechsigs' (S. 64, 82, 154, 158). It goes without saying that this also was asexual procreation, souls are *ipso facto* sexless, 'they lose their identity in the process of purification' (S. 18).

Schreber could further procreate asexually as a man if he were to die and be born again. Thus he thought himself dead (S. 73), read an announcement of his own death, significantly at Easter (S. 81), and speculated on being buried alive (S. 92). This was not his only intrauterine fantasy. The close connection between sleep, death, birth, and rebirth, particularly in the migration of souls, explains his concern with ideas of death (S. 40, 43, 44) and suicide by hanging (S. 41), starvation (S. 57-58), drowning (S. 58) and poisoning (S. 59, 380). These most archaic procreation fantasies coincided with the worst physical tortures of his catatonic and most alienated phase.

### ***PROCREATION AS WOMAN***

The phase of procreation as a man merged with and was eventually superseded by fantasies of divine impregnation like the Virgin Mary (S. 4) and Rhea Sylvia (S. 53). He 'had to be emasculated (changed into a woman) to bear children' (S. 53-54). This was in consonance with the order of things, a prerequisite and essential (S. 176-178): 'emasculatation with simultaneous

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fertilization by divine rays would have led to my recovery' (*Genesung* means both recovery and delivery in childbirth) (S. 139). Once reconciled to the necessity of changing into a woman he improved and indeed finally recovered with this idea still florid. The reproductive aspect of the change into a woman is emphasized by Schreber's fantasies centering on breasts and buttocks, 'only on two occasions had I for a short time a poorly developed female genital' (S. 4).

As divine impregnation did not materialize, Schreber felt that it was prevented 'in its purity of purpose and according to the order of things by impure rays emanating from Flechsig' (S. 54, 139), whom he had endowed with godlike powers (S. 49, 56, 109-111), since Flechsig had promised to 'deliver' him of his illness at the first interview (S. 39). If not accompanied by fertilization, emasculation was contrary to the order of things (S. 56, 127, 139); here Schreber's

homosexual temptations made him fear that 'my body might be changed into a female body ... for sexual purposes only' (S. 56, 98).

Freud singled out this one aspect to explain the whole illness in terms of homosexual conflict, laying great stress on one night of six emissions (F. 429) which occurred several months after admission. Freud assigned to Flechsig the part of 'instigator' (F. 421) and 'first seducer' (F. 422). Because Schreber 'was anxious not to insult the "man Flechsig" ... it is nowhere expressly stated that the transformation into a woman was to be carried out for the benefit of Flechsig'. It must, however, have been Flechsig because 'no other individual is ever named ... who could be put in Flechsig's place' (F. 427).

The change into a woman was not punishment by castration for forbidden homosexual wishes, nor was it a means of achieving such wishes; rather its purpose was to permit procreation as a woman. It was to be 'accomplished by retraction of the genitals to be transformed in the abdomen into corresponding female reproductive organs together with the necessary bony changes in the pelvis' (S. 53). Schreber described how 'my body seemed to have got smaller by six to eight centimeters,

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thereby approximating the size of a female body' (S. 149). The most consistent changes concerned 'breasts and buttocks (S. 176), although I retained male hair distribution on my chest and small male nipples ... yet anybody seeing the upper half of my torso while I am standing in front of a mirror cannot fail to get the impression of a female body, especially if the illusion is supported by a few female adornments' (S. 280). This delusion accompanied him out of his psychosis. 'The whole of the female body is covered with *Wollustnerven*, particularly the mammae ... I can feel them under my skin, most marked on my chest where the woman's bosom is, they feel like string and ropelike structures with nodular thickenings' (S. 277). One cannot fail to be reminded of his wife's early breast changes during her repeated unsuccessful pregnancies.

These nodular tissues 'are the *Wollustnerven*' (S. 279) with which 'God's rays or nerves' have filled him (S. 87, 279) and in which lies 'the nature of divine creation' (S. 8, 151, 254, 259). *Wollust* therefore is readiness to conceive and be pregnant (S. 94, 281) and part of *Seligkeit* (S. 281; FS. 410). Souls, being in a continual state of expectancy to be reborn, 'are in a perpetual state of *Wollust* as an end in itself [hence he speaks of *Seelenwollust* (S. 129)] whereas it is given to man only to perpetuate the race' (S. 281-282). 'The new life to come is the *Seligkeit*' (S. 12).

In this way Schreber puns on *Wollust*, *Seelen*, *Seelenwollust*, *Seelenwanderung*, *Seligkeit*, *gesegnet*, *segnend*, *selig*, *gesegneten Umständen*, which have in common the basic meaning of pregnancy, birth, and rebirth. Freud disregarded the concreteness of schizophrenic thought and expression when he took *Wollust* literally to mean mature sexual lust. This permitted translators to use different terms such as 'bliss', '(spiritual) voluptuousness', 'blessedness' for one and the same meaning in the 'root-language' (FS. 408), making Schreber's intent totally incomprehensible.

'Transformation into a woman' therefore to Schreber meant

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being a male with female reproductive features, a double-sexed creature well known in mythology (65). 'In the conflicting situation between God and myself ... I have to find and apply myself to a fitting middle course (*einen angemessene Mittelweg*)' (S. 283-284). It follows that Schreber was throughout basically uncertain about his sexual identity, and this is most clearly seen when he speaks of 'thinking of myself as man and woman in one person having intercourse with myself' (S. 282, 285; FS. 415), and 'I repeatedly had the nerves belonging to my wife's soul in my body' (S. 121-122).

## **BEGINNING OF ILLNESS**

Preoccupation with the homosexual aspect and overemphasis on frank delusions and hallucinations as hallmarks of psychosis, are responsible for the neglect of the prodromal phenomena of psychosis which marked the beginning of Schreber's illness.

Schreber's first delusion developed during the weeks of insomnia which followed his taking up office as Presiding Judge, on October 1, 1893. In one of these 'almost sleepless nights ... something odd happened ... a crackling noise appeared in the wall ... we naturally thought of a mouse, although this was impossible ... as I have heard this noise innumerable times since I must attribute it to intervention by God (*Göttliches Wunder*)' (S. 37-38). The child symbolism is obvious: *parturiunt montes...*

'On the 8th or 9th of November' Schreber took sick leave to consult Flechsig who 'gave me hope of delivering me of the whole illness through one prolific sleep to last from three o'clock in the afternoon to the following day. My going to bed (in my mother's house) ... was however postponed till the ninth hour (according to possible secret instructions received by my wife)' (S. 38-39). This was his second delusion and in it the figure nine appears twice. In the context the symbol of pregnancy is unmistakable as the following further data confirm.

1. His first illness started in the autumn of 1884; he entered Flechsig's Clinic in December and had recovered sufficiently

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to leave in June 1885. The illness therefore lasted about nine months.

2. His second illness started in October 1893—nine years after the outbreak of the first.

3. It lasted nine years from 1893 until his decertification in 1902.

4. Schreber was transferred from Flechsig's Clinic to the mental hospital Sonnenstein on June 29, 1894. Nine months after the first consultation with Flechsig, 'in the first weeks of my stay at the Sonnenstein, certain important changes took place with the sun ...' (S. 135).

5. The figure nine appears repeatedly in the book in numerical combinations: for instance on pages 104-107, he speaks five times of 4-5, 40-50, 4th and 5th; two further instances will follow.

The night after seeing Flechsig 'was almost sleepless', and he had to be prevented from suicide by his wife. 'Next morning my nerves were shattered; the blood had left my extremities and gone to the heart' (S. 40). He was admitted to Flechsig's Clinic 'and put to bed which I did not leave for four or five days ... my illness grew rapidly ... I was concerned only with ideas of death' (S. 40). 'In the fourth or fifth night after admission I was forcibly moved to a padded room ... I was delirious ... and tried to hang myself... I was dominated by the idea that if sleep was no longer procurable for a person suicide was the only alternative (S. 41)... My will to live had vanished completely; I could see no way out but suicide' (S. 43-44).

## **ACUTE STAGE**

On admission 'he was chiefly troubled by hypochondriacal ideas, complained that he had softening of the brain, and would soon be dead, etc.' (FS. 391). Although delusions and hallucinations soon made their appearance, it was not until four months after admission that 'the first signs of supernatural intercourse began, namely of a nerve connection (*Nervenanhang*)

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kept up by Flechsig, in that he spoke to my nerves without being present in person' (S. 44).

Schreber felt that his wife's absence for four days and a night of six emissions 'were decisive for my nervous collapse' (FS. 429; S. 44).

Freud interpreted this 'by assuming that they [the emissions] were accompanied by homosexual fantasies which remained unconscious ... the presence of his wife must have acted as a

protection against the attractive power of the men about him' (F. 429). We would go further: the presence of his wife may have helped him to maintain the distinction between male and female and keep at bay uncertainty about his sex. In her absence total identification with the reproductive woman took place: 'in my opinion emasculation (change into a woman) of a human being who sees spirits (*eines Geistersehers*) must come about in certain circumstances, once he has entered into irreversible communion with Divine nerves (rays)' (S. 45, 77). The clue to this sentence lies in 'certain circumstances', *gewisse Umstände*, a usual term for pregnancy; in other words the idea of emasculation is derived from his procreation fantasies and the change into a woman is secondary to them.

He continued to deteriorate and was catatonic when transferred to the Sonnenstein in June 1894. There, nine months after the beginning of his illness, terrifying and threatening miracles occurred; a second, smaller sun appeared in heaven (S. 135), 'it was a holy time' (S. 63, 77). 'Holy time', *heilige Zeit*, is a reference to Christmas, the time of the birth of God's son.

### ***HYPOCHONDRIACAL DELUSIONS (SOMATIC SYMPTOMS)***

In the acute stage of his illness he was living through a fantasy of giving birth which might be interpreted from his schizophrenic language; proof is afforded by examination of his somatic symptoms, which clearly express ideas of pregnancy and birth. That these somatic symptoms were most severe during his first year at the Sonnenstein (S. 151) may be partly explained by the name: the sun is the giver of life, and the stone is a symbol of the child (compare Schreber's reference to Deucalion).

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'During the first year of my stay at the Sonnenstein the miracles directed against my body were of a very dangerous nature ... they alone would fill a whole book (S. 148). Although they may sound very strange I can only say that no memory is more certain ... what can be more definite than events lived through and felt on one's own body? (S. 151). Those most in consonance with the order of things were the miracles concerned with my emasculation' (S. 149). These were the changes into a reproductive woman, the 'milder' ones which we have described earlier.

More serious and 'multifarious were the miracles directed against my internal organs' (S. 149). They were 'extremely painful (S. 149) ... and damaged my whole body so that no organ went unscathed, [and] gave me constant concern for my life and health' (S. 148). They refer to intestinal, abdominal and head pregnancy, to giving birth, and being born. We append a selection without comment, except to point out that some of his somatic delusions are exact replicas of well-known mythological birth legends, e.g. smashing of ribs (Adam), splitting of head (Zeus), plurality of heads (Janus, the double or four-headed, fons et origo of all things, who presided over all beginnings of birth, enterprise and the year).

He had a different heart (S. 150); tuberculosis of the lungs, a worm in them 'either an animal or soul-like creature' (S. 150); the diaphragm rose into his neck; stabbing pains were felt in the chest; his ribs were repeatedly smashed, but always reformed (S. 151, 313). 'One of the worst miracles consisted of compression of my chest so that I could hardly breathe' (S. 151). His stomach was exchanged for another, at times he had to live without one and 'food and drink simply poured into the abdominal cavity and upper part of my thighs as if into a sack' (S. 151-152). 'The abdomen was filled, leading to sudden attacks of diarrhea' (S. 313); he suffered from severe constipation, even total stoppage (S. 153-154). The lower abdomen went rotten and the smell escaped from his mouth.

Many and the 'most dangerous miracles were directed against

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head and spine' (S. 154): the skull was sawed to pieces, pulled apart, squeezed together, thinned, and perforated. Holes were bored into it through which threads were pulled, which performed circular movements inside, nerves were pulled out, the shape of the head was changed so that it became elongated and pear-shaped and a central cleft (fontanel) appeared. A



new membrane covered the brain; 'almost incessantly I had headaches hardly comparable to ordinary human headaches' (S. 270, 142, 146, 154, 155, 159, 313, 350). 'There was a time when souls with whom I was in *Nervenanhang* spoke of a multiplicity of heads (i.e. several individuals in the same skull) which they found in me, and drew back with the cry "for God's sake that is a man with several heads"' (S. 73). 'For a long time the rays (nerves) of God were present in my head in the shape of a human being ... they have the power to change into human form or become human beings ...' (S. 255-256).

He also had 'Flechsigs' soul in my body, in the shape of a large ball ... it was impossible to digest; because I felt sympathetic I let it escape from my mouth' (S. 83). Little men in his feet pumped out his spinal cord which escaped from him in the form of 'clouds from my mouth' (S. 154, 160). He had severe toothaches (S. 196, 270, 337), pains at the bottom of the spine, paralyzes and cramps in the lower back (S. 160, 270); sudden attacks of hunger, nerve pains, severe sciatica, transient paralyzes, boring pains in the bones, especially the thighs, and swelling of the feet. Many miracles concerned his eyes (S. 157, 158, 160, 270, 313, 321, 349, 350).

In summary, the deepest layer of his procreation fantasies and his greatest suffering lay in the somatic hypochondriacal delusions. These also form the connecting link between his first and second illnesses. The somatic symptoms therefore are complementary to and of equal significance with the psychic symptoms. The patient himself showed that he knew this when he spoke of 'all the attacks which in the course of years have been made on my life, my body, my manliness and my reason ...' (S. 119, 127, 140).

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### III. DISCUSSION AND CONCLUSIONS

We have interpreted Schreber's case as a reactivation of unconscious archaic procreation fantasies including self-impregnation, with regression to a stage of absolute ambisexuality expressed in doubt and uncertainty about his sex. The fantasies are in part represented by somatic symptoms, hypochondriacal delusions. They also led to delusions and hallucinations centering on creation and the origin of life, whether by God or the sun, sexually or parthenogenetically.

It has been shown that these procreation fantasies find expression at various levels. At their most mature, the genital level, Schreber's wish for a child had been repeatedly frustrated in his marriage. Next came the idea that 'as a woman he would have managed the business of having children more successfully' (F. 422), and hence his attempts to identify with the childbearing or parturient woman.

#### **TRANSFERENCE**

Freud described Schreber's relation to Flechsig as libidinal 'transference ... the patient having been reminded of his brother or father' (F. 431) which 'after a lapse of eight years' caused his 'severe mental disorder' (F. 430). This 'hypothesis' (F. 430) naturally leaves out of account the negative transference not recognized by Freud in 1911. What is more important, it disregards the psychotic aspect of Schreber's 'transference'.

At the first interview, before hospitalization became unavoidable, Flechsig unwittingly played into Schreber's already active delusions about procreation; he 'gave me hope of delivering me of the whole illness through one prolific sleep (*einen einmaligen ausgiebigen Schlaf*)' (S. 39, 93). Sleep meant to Schreber the time of supernatural happenings: of dreams (S. 11, 47); of connection with divine rays, called nerve connection (*Nervenanhang nehmen*) (FS. 402; S. 142, 185, 199); of divine impregnation (S. 11, 26, 47, 142, 144, 265, 340); and of emasculation (S. 40, 53). Sleep was also like death (S. 7, 141-142) and

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rebirth of the soul (S. 7). All this gives meaning to the 'torturing bout of sleeplessness' (F. 391), which ushered in his psychosis and took him to Flechsig. On hearing Flechsig's promise he immediately formed a 'psychotic transference': Flechsig was going to deliver or impregnate

him, or both. This idea was facilitated by clang association lost in translation: 'the ability to form a divine *Nervenanhang* was obviously granted to a person who practiced *Nervenheilkunde*—the mental hospital was therefore called *Nervenanstalt Gottes*' (S. 25). Endowed with this divine power as head of the *Nervenanstalt*, Flechsig was supernatural and partly a soul (S. VII-XII, 55-57) in direct contact with God (S. 82, 111). Herein lies the easy passage from Flechsig to God (S. 49, 95) and 'God Flechsig' (S. 82). Had Freud been aware that Schreber though not overtly alienated was already psychotic at the time of his first interview with Flechsig (S. 36-39), he would not have considered Schreber's transference as exclusively libidinal and neurotic.

### **HOMOSEXUALITY**

Freud felt 'justified in maintaining the view that the basis of Schreber's illness was an outburst of homosexual feeling' (F. 429), and the illness 'the ensuing defensive struggle' (F. 431) against castration and emasculation. Hence Freud's central emphasis on castration fears and wishes, because 'the idea of being transformed into a woman (of being emasculated) was the primary delusion' (F. 397), and 'voices which the patient heard never treated his transformation into a woman as anything but a sexual disgrace' (F. 399). This is correct only in so far as it covers Schreber's fears that his turning into a woman might be used for sexual purposes by himself or others, but leaves out of account the reproductive aspect of the change, the deeper and more pathogenic issue.

Freud misunderstood 'contrary to the order of things' to refer to castration. Schreber himself considered castration 'contrary to the order of things' only if it meant lust without procreation: 'I became clearly aware that the order of things imperatively

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demand my emasculation whether I personally liked it or no, and that no reasonable course lay open for me but to reconcile myself to the thought of being transformed into a woman. The further consequence could of course only be my impregnation by divine rays to the end that a new race of men might be created' (FS. 400). Schreber makes this point clear in many other passages, as for instance: 'Every attempt ... at emasculating me for purposes contrary to the order of things (that is for the gratification of the sexual appetites of a human individual) ... has come to nothing', although 'emasculation for ... a purpose in consonance with the order of things is within the bounds of possibility and ... may quite probably afford a solution of the conflict' (FS. 399; S. 45, 51, 53, 54, 55, 124, 127, 128, 139, 289, 337). Schreber, seeing this as an evolutionary possibility, thought it was 'a process which might last decades or centuries before it was completed' (S. 387), so that he would 'probably die as a man showing early but unmistakable signs of such a transformation' (S. 289).

Schreber's psychosis is not explicable as an outburst of homosexual libido unacceptable to his personality and repudiated by his ego, nor was his remaining delusion of turning into a woman at the close of his illness an 'asymptomatic wish fulfilment' of homosexual drives (F. 432); it was by no means the only remnant of his psychosis as evidenced in his 'Open Letter to Flechsig' (S. VII-XII). The regression is deeper and is basically to be assessed as a primitive procreation fantasy going beyond sex differentiation to a 'middle sex' and so clashing with 'the established order of things', that is, with reality. Hence his psychosis.

### **PARANOID SCHIZOPHRENIA**

Freud showed the importance of projection of homosexual libido in symptom-formation but did not explain the clinical entities of paranoia, paranoid schizophrenia, or Schreber's illness. His endeavor to describe Schreber's psychosis as a mixture of two illnesses was not an advance; 'double pathology' thereby

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introduced glosses over the clinical fact pointed out by Bleuler (7) that one is dealing with different aspects of one disease process. Freud, we submit, analyzed one part-aspect of

Schreber's psychosis. Confirmation of our opinion can be adduced from the fact that projection of unconscious homosexuality has since been claimed to account for many other conditions, such as alcoholism, drug addiction, jealousy, even 'normal' character traits.

The content of Schreber's psychosis is not unique. Schizophrenics frequently, if not regularly, are in doubt as to the nature of their sex, commonly speculate on religious matters, particularly the end of the world, and live through pregnancy and birth fantasies. These last center around bowel function or the interior of the body; hence the common delusions of poisoning and refusal of food which represent fear of impregnation fantasies. It is significant that when impregnation fantasies are mentioned in psychoanalytic literature, they are rarely followed by interpretation of procreation fantasies to which they must inevitably lead.

### ***COURSE OF ILLNESS***

Schreber went into his psychosis the same way as he came out of it. Shortly before it developed with the break-through of fantasies of being impregnated and with child, of giving birth and being reborn, he felt it would be nice to be a woman having intercourse. He emerged believing he was turning into a woman. To facilitate this he wore 'sundry feminine adornments, such as ribbons, trumpery necklaces, and the like' (FS. 400-401). In passing it is of interest that feminine adornments, in particular necklaces, have their origin in the primitive presexual belief in the cowrie shell as giver of life and fertility (69).

Freud argued that because this belief was 'the earliest germ of his delusional system ... also ... the one part of it that survived his recovery and was afterwards able to retain a place in his practical life' (F. 400), it was proof of his thesis that

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the libidinal homosexual aspect of changing into a woman was the cause of Schreber's illness. But its occurrence both at the beginning and at the end shows that it was not the 'salient feature' (F. 400), as Freud maintained, as it cannot account for the intervening years of his psychosis, including two of catatonic stupor with outbursts of violence spent in the padded room, the years of 'massive hallucinatory stupor, totally withdrawn, experiencing inconceivable physical tortures, negativistic, and requiring forcible feeding' (S. 462). Had Schreber's hope of turning into a woman with its homosexual implications been the most pathogenic factor, it is difficult to see how he could have recovered retaining this idea.

### ***MYTHOLOGY AND MEGALOMANIA***

Freud, discussing Schreber's 'mission to redeem the world' (F. 395), says this 'is a fantasy ... familiar to us through the frequency with which it forms the nucleus of religious paranoia'; but in Schreber's case 'the additional factor which makes the redemption dependent upon the patient being previously transformed into a woman is unusual and in itself bewildering, since it shows such wide divergence from the historical myth' (F. 397).

This, however, is only apparently so. The Redeemer idea springs from man's quest to beget eternal life, immortality (S. 31), and represents ideas of rebirth, 'except a man be born of water and the Spirit ...'. It is a variant of the 'fountainhead and parent story' (68) of the destruction of mankind followed by a series of new creations, which is man's primitive, presexual attempt at explaining creation (the origin) and procreation (the continuation) of life. All these aspects are discussed by Schreber.

During the florid catatonic phase Schreber experienced bodily pregnancy and birth, which he took to mean that the end of the world had come. The 'psychotic' idea of feeling new life in his body (S. 4, 82, 115, 116) became conscious in the guise of being chosen to renew mankind. Far from seeing 'the end

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of ... his subjective world ... since he has withdrawn his love from it' (F. 456-457, 460), the delusion of world catastrophe necessitated and fulfilled his bringing forth new life (S. 114). The

men around him were 'miracled, cursory contraptions', not because of 'the loss of his libidinal interest' (F. 462) in them, but because only if mankind had perished could Schreber's procreation wishes be fulfilled as 'sole survivor to renew mankind' (S. 4, 16, 71, 99, 119). This also is the reason why he became the center of attraction of all rays (S. 262, 265, 322).

The idea of male unisexual procreation hidden behind the Redeemer fantasy marked the worst phase of his illness, 'massive hallucinatory stupor, totally withdrawn, experiencing inconceivable physical tortures' (S. 462). This fantasy gradually merged into and was replaced by 'something similar to the Immaculate Conception' (S. 4), he slowly acquiesced to being turned into a woman in order to bear children (S. 61, 178, 289; FS. 400), and from then on he awaited divine impregnation. For a woman it was in consonance with the order of things to bear children. This was 'the reconciliation' and with it he began to improve. 'I would like to meet the man confronted with the choice of either being a demented man (*blödsinnig*) or a spirited woman (*geistreich*) who would not choose the latter' (S. 178).

Freud explained that when Schreber was 'reconciled to playing the part of a female prostitute ... the solution of the conflict ... the replacement of Flechsig by the superior figure of God ... called up no such resistance on the part of his ego' (F. 432, 415, 420; FS. 400). In fact, 'the task of providing God himself with the voluptuous sensations that he required' (F. 432) was *die Wollust pflegen*, an obsolete expression used in Genesis XVIII, 12, when Sarah, old and barren, is promised a child by the Lord and says, Nun ich alt bin soll ich noch Wollust pflegen. By *Wollust pflegen* Schreber meant keeping himself in readiness to receive divine impregnation as a woman (S. 178-179, 281-282, 285). To keep God in contact with his nerves (*Nervenanhang*) was to ensure that He would complete the

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change and 'not withdraw to an immense distance' until divine impregnation was accomplished.

Schreber's transformation into a woman is thus seen to be in perfect agreement with a variety of mythological and religious beliefs.

### **RELATION TO GOD**

Freud saw in Schreber's relation to God his relation to his father and described it as 'singular and full of internal contradictions' (F. 401), 'the strangest mixture of blasphemous criticism and mutinous insubordination ... and of reverent devotion' (F. 435-437, 408-409). 'Through the whole of Schreber's book ... runs the bitter complaint that God does not understand living men ... God was only accustomed to intercourse with corpses' (F. 402, 405). This Freud explains as mockery of his father, a physician (F. 437).

But if we remember mythology, Schreber did not deride God, the Father. He was in conflict with him. God after one act of creation delegated His creative powers to man and woman to reproduce themselves. He drew up to heaven the spirits and souls of the dead, assembled them there after purification to await reincarnation when a child was born. In this 'migration of souls' God could no longer intervene in the reproduction of mankind on earth except by a miracle. Thus God dealt only with the souls of the dead which ascended after death, but not with living people. The conflict into which Schreber came with God and, through him, God with His created world, was that Schreber was barren and God although He must have given him the wish could not intervene to make him fruitful, a flaw in His wisdom and eventually a danger to His creation and so to Himself (F. 404-405; S. 10, 11, 30, 52, 53, 240, 250, 344-348).

The element of megalomania, 'the aggrandizement of the ego' (F. 459) as compensation for homosexual wishes, becomes less striking when his singular position is seen to result from his procreation wishes; a point which emerges clearly from

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Freud's own presentation (FS. 395-396). In the English this is unrecognizable because the essential and derived meanings of *Seligkeit* are lost by translation as 'bliss' or 'state of bliss'. *Seligkeit* is the state of perpetual readiness of souls (*Seelen*) to be reborn (S. 12) and of

'continued existence (*Fortdauer*) after death' (S. 344). *Wollust* far from being sensual voluptuousness is 'closely allied to *Seligkeit*' (S. 281).

### **THE FIGURE NINE**

Freud (27) stated that 'reference to the number nine, whatever its connection, directs our attention to a fantasy of pregnancy'. In Schreber's material the part played by the figure nine eluded Freud and this may be taken as further evidence that he underrated the importance of this aspect.

### **PRECIPITATING FACTORS**

Schreber's marriage was childless. Freud mentions this 'frustration' and says, 'Dr. Schreber may have formed a fantasy that if he had been a woman he would have managed the business of having children more successfully'; but adds, 'and he may thus have found his way back into the feminine attitude toward his father, which he had exhibited in the earliest years of his childhood' (F. 443). Schreber himself singles out this disappointment: 'After recovery from my first illness I spent eight years with my wife—years upon the whole of great happiness, rich in outward honors, and only clouded from time to time by the oft-repeated disappointment of our hope that we might be blessed with children' (FS. 442). It is obvious that he alludes to miscarriages and stillbirths. To us it seems legitimate to assess these misfortunes as precipitants of both illnesses because they reactivated unconscious procreation wishes. With the end of his wife's reproductive period approaching, his disappointment much have become increasingly severe and hence pathogenic. In an extended form, this factor could possibly also have played a part in his third illness.

Promotion to presidency of a court of five judges, 'most of them up to twenty years older' (S. 37), may have made Schreber,

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as a father figure among 'fathers', feel the lack of children more keenly.

Freud believed somatic climacteric factors operative in Schreber a debatable point. But the approaching 'change of life' in Schreber's wife may have given additional impetus to unconscious fantasies culminating in ideas of 'change of sex'. Loss of ability to bear children is loss of a female sexual characteristic; hence 'change of life' in women comes to mean 'change of sex'. In fact the very expression 'change of life' implies unconscious appreciation of 'change of sex'. Life and sex can be used synonymously, as when an impotent patient complains that 'there is no life' in him. The assumption of a 'change of sex' in women can be extended to men; we have repeatedly found such a belief.

Hence the climacteric in its psychic significance may well have played a part, giving added impetus to Schreber's unconscious uncertainty about his own sex and the possibility of change.

### **THE SUN**

The sun as creator and promoter of life shares with God the center of Schreber's delusions. He projects the double nature of his procreative possibilities onto the sun which fertilizes, gives life, brings forth and maintains life, and keeps away death. These functions are synonymous and interchangeable in the primary process of the unconscious as well as in early religions and among primitive people today (19), (61), (65). But as Freud saw only the male symbolism of the father in the sun, so he interpreted only the homosexual aspects of Schreber's illness.

### **AMBISEXUALITY**

The maleness and femaleness of the sun mirror Schreber's confusion about his own sex. At one stage even Flechsig was destined to appear as charwoman (S. 108) and von W's soul was 'almost always' the receptive and Schreber's the giving part (S. 192); in another place he records how his mind was exercised

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as to whether furniture (S. 165) and articles of clothing (S. 166-167) belonged to the male or female sex. His basic bisexuality had developed into a true manifest ambisexuality, male and female potentials being equally matched. He was as much both as he was neither. Thus he speaks of 'thinking of myself as man and woman in one person, having intercourse with myself' (S. 282) and 'acting the part of a woman having intercourse with myself' (S. 285). These ideas culminated in fantasies of self-impregnation.

In this fundamental doubt Schreber exhibits a common characteristic of schizophrenics. Usually, however, this balanced imbalance of sex has to be deduced from psychotic expression and is not freely accessible. The insight afforded by Schreber on this point gives to his Memoirs their unique value.

### ***RESISTANCE TO PROCREATION FANTASIES***

How disruptive procreation fantasies are can be seen from the fact that they are rarely uncovered even in lengthy psychoanalyses, whereas the homosexual aspect is always reported. In a patient of Gillespie's (35), for instance, 'in the fourth year of analysis, there was a strong tendency to identification with the pregnant mother—he thought he was getting very fat, growing breasts and turning into a woman... Interpretations relating to this pregnancy have met with a most violent resistance.' It is of interest that the material also emerged in somatic form. Another patient referred to by the same author broke off analysis after two years at the same point.

It would appear that even in hospitalized psychotics, fantasies of birth and rebirth more easily become conscious and are more easily verbalized in female than in male patients; in the latter, as in Schreber, they usually remain confined to somatic delusions. Appreciation of them seems incompatible even with psychotic mental life.

### ***NEUROSIS AND PSYCHOSIS***

To call Schreber's illness a narcissistic neurosis implies that a neurosis is similar in structure to a psychosis, the difference

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being one of degree only. But whereas it has been demonstrated that libidinal conflict lies at the root of the psychoneuroses, such proof is lacking for the psychoses. Certain essential differences seem to exist. For instance the psychoneuroses generally run a chronic course whereas the psychoses tend to be remittent or sporadic, and in them secondary (social) gain is inconspicuous or absent (46). Further, psychoneurotic symptoms are a compromise formation between the repressing and the repressed. Many features of psychoses can only be understood as a break-through of unconscious fantasies. Sense of reality is lost to the extent that these fantasies become autonomous.

### ***LIBIDINAL CONFLICT***

Libidinal conflict arising from the œdipus complex is established by Freud as the basis of the psychoneuroses. Opposition of the ego or superego to unapproved libidinal drives results in 'defense neuroses'. The underlying conflict, being on a genital level and capable of being warded off, must therefore be potentially capable of becoming conscious. Homosexual urges opposed by the superego and warded off by the mechanism of projection give rise to such libidinal conflict.

### ***PROCREATION FANTASIES***

Archaic procreation fantasies have no superego disapproval for they precede superego formation. They were never conscious in the same way as libidinal urges once were. The wish to produce or create, which can ultimately be traced to the urge to procreate, is intrinsically egosyntonic. It finds no opposition in ego, superego, or personality. The innate urge to give or prolong life with its connotation of denying or averting death and ensuring immortality is one of the mainsprings of human activity, and, by sublimation, of creative work in both sexes. It is a

wider, more primitive concept than reproduction, both in the history of the individual and of mankind. Thus 'pregnancy fantasy' carries limitations avoided by the term 'procreation fantasy'.

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Schreber's Memoirs themselves are such a sublimation. He hopes that he 'will be the middleman (*Mittler*) through whose personal fate fruitful knowledge will be gained by the rest of mankind' (S. 337-338); that 'the knowledge of a living God and the survival of the soul after death will bear fruit and act as a blessing (*segenbringend*)' (S. 294); and that his experiences 'when generally accepted, will be to the highest degree fruitful and productive (*fruchtbringend*)' (S. VIII). He speaks of 'a new race of men born from the spirit of Schreber' (FS. 443), and of the draft of his Memoirs being titled 'From my Life' (*Aus meinem Leben*) which was 'immeasurably richer in visions and experiences than the book' (S. 195-196); and he says, 'either I shall have children by divine impregnation or great fame will attach to my name' (S. 293, 411).

Most words used in this context lose much of their original meaning in translation. For instance *segenbringend* and *fruchtbringend* also mean fertilizing and to make pregnant. It is clear that in writing his Memoirs he was fertilizing and giving birth, i.e., procreating in sublimated form.

### ***HYPOCHONDRIACAL DELUSIONS***

It has been shown that Schreber's delusions of procreating, giving birth, and changing sex formed the deepest layer of his psychosis. These fantasies appeared predominantly as bodily sensations and his delusions and hallucinations may be regarded as elaborations and rationalizations by which he attempted to account for them. The key to the understanding of his psychosis therefore lies primarily in his somatic symptoms as they also form the connecting link between his two illnesses: the first illness was 'severe hypochondria without incidents bordering on the supernatural' (FS. 390).

Somatic symptoms other than those of conversion hysteria have no allotted place in psychoanalytic theory. As hypochondria they are considered 'actual neuroses without psychic significance' caused by toxic changes due to libidinization of organs. When physical symptoms are conceded psychic significance

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they are almost always diagnosed as hysterical, irrespective of the setting in which they occur; Freud even speaks of Schreber's hallucinations as 'hysterical mechanisms' (F. 464, 459). In either case they are classed as neurotic, 'mature'; the operation of primitive psychotic mechanisms is disregarded (48).

The term 'hypochondriacal delusion' itself implies a psychotic mechanism. When such delusions are bizarre or grotesque, as for instance when Schreber felt that his abdominal organs had been removed and his body was an empty sack extending into his thighs (S. 152), they are obviously psychotic. When such fantasies appear in milder, more usual and acceptable form, as when Schreber felt that his bowels were stopped up (S. 153), the psychotic background may go undetected, and the incorrect diagnosis of neurotic libidinal or aggressive discharge phenomena may be made.

In retrospect the 'mild' hypochondriacal symptoms of Schreber's first illness, such as insomnia, concern over loss of weight, and palpitation, can be regarded as 'psychotic' because the same symptoms ushered in his psychosis.

Psychoanalysts seem to make the diagnosis of psychosis dependent on the presence of delusions and hallucinations despite the fact that these were classified only as secondary symptoms by Bleuler (6) and not included among his five primary symptoms. In their absence the diagnosis tends to be 'neurosis' because preservation of sense of reality is taken as the criterion. This is a principal reason why prepsychotics and psychotics are often diagnosed and treated as psychoneurotics.

## **ABSENCE OF ANXIETY**

'Hypochondria' is a term often used to describe somatic symptoms accompanied by anxiety and fear. Freud speaks of Schreber's hypochondriacal delusions as onanistic fears, putting them on a level with castration anxieties and masturbatory guilt. Gillespie (31), however, showed that 'overt anxiety is no part of a purely hypochondriacal state of mind ... one of

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the essentials of the hypochondriacal concept is ... the absence of anxiety or similar affects' (32). 'The affect in hypochondriacal preoccupation is ... a type of interest, not of a fearful kind ... a conviction and not a fear of disease' (33). It is (34) 'an affective condition best characterized as interest with conviction and consequent concern'. He stressed, as we have done, that 'insufficient differentiation persists ... so that anxiety states and hysterias are often mistaken for hypochondria' (30). The essential lack of anxiety in hypochondria as compared with anxiety neurosis or hysteria is impressively demonstrated by Schreber who was puzzled but not anxious at a time when all his vital organs were being destroyed or had rotted away, and indeed remained convinced that he was really invulnerable (S. 153) and would never die (S. 152, 290, 387).

## **PSYCHOSOMATIC SYMPTOMS**

Interest in psychosomatic illness led the writers to re-examine Schreber's Memoirs. Research in this field is largely hampered and misdirected because psychosomatic symptoms are regarded as neurotic, that is, hysterical or 'actual neurotic' (48). It has recently been put forward by one of us (46) that psychosomatic symptoms are not a neurotic defense against libidinal conflict, but are a break-through of unconscious fantasies or emotions. They originate in more primitive, that is to say psychotic, mechanisms whether they occur in psychotic, neurotic, or 'normal' people.

## **SUMMARY**

*1. The literature on the Schreber case is briefly reviewed. Freud's conclusions have stood unquestioned. No new material from the Memoirs has been studied, and no new interpretations have been advanced. 2. Weaknesses and discrepancies in Freud's study are pointed out with emphasis on the lack of distinction between neurosis and psychosis. Hypochondriacal delusions (somatic symptoms) are neglected by Freud and generally in psychoanalytic theory and practice. 3. In this light the literature on pregnancy fantasies is critically*

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*reviewed. Overemphasis on genital, homosexual, and neurotic aspects has led to neglect of psychotic mechanisms, i.e., the irruption of archaic, pregenital, asexual procreation fantasies. 4. Re-examination of Schreber's material shows his psychosis to be a reactivation of archaic asexual procreation fantasies with concomitant loss of sex differentiation. He was as much male as female, both and neither. Libidinal homosexual conflict explains only the genital aspect of the change of sex, leaving out of account the fundamental psychotic procreative aspect of the transformation into a reproductive woman. 5. Schreber's absolute ambisexuality represents the 'balanced imbalance' of sex regularly, if not invariably, found in schizophrenics. 6. Freud's analysis is reviewed in the light of these findings. 7. Although much of Schreber's material can be interpreted from schizophrenic expression, the clue to his psychosis lies in the hypochondriacal delusions which are and express the deepest and most disruptive layer of his procreation fantasies. 8. The psychotic mechanism underlying hypochondria and its relation to psychosis is discussed; its nosological position and bearing on psychosomatic symptom-formation are pointed out.*

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