

it were—which shows itself in the other instincts and functions. This in-drawing operates inhibitingly, like a *wound*, in a manner analogous to pain (cf. the theory of physical pain).<sup>1</sup> (A counterpart of this would be presented by mania, where the overflowing excitation is communicated to all associated neurones [Fig. 3].)<sup>2</sup> Here, then, there is a similarity to neurasthenia. In neurasthenia a quite similar impoverishment takes place owing to the excitation running out, as it were, through a hole. But in that case what is pumped empty is s. S. [somatic sexual excitation]; in melancholia the hole is in the psychical sphere. Neurasthenic impoverishment can, however, extend over to the psychical sphere. And in fact the manifestations are so similar that some cases can be distinguished only with difficulty.

DRAFT H<sup>3</sup>

## PARANOIA

In psychiatry delusional ideas stand alongside of obsessional ideas as purely intellectual disorders, and paranoia stands

<sup>1</sup> [This was discussed a little later by Freud in Sections 6 and 12 of Part I of the *Project*. See, especially, p. 307 below, where references are also given to similar accounts in *Beyond the Pleasure Principle*, (1920g), *Standard Ed.*, 18, 29–30, and *Inhibitions, Symptoms and Anxiety* (1926d), *ibid.*, 20, 170–2. The analogy with ‘an open wound’ occurs in ‘Mourning and Melancholia’ (1917e), *ibid.*, 14, 253.]

<sup>2</sup> [We have put this sentence in parentheses since otherwise it appears to interfere with the train of thought. What follows seems to be comparing neurasthenia not with mania but with melancholia.]

<sup>3</sup> [Enclosed with an (unpublished) letter of January 24, 1895.—This is the first of Freud’s many discussions of paranoia. A summary of the series is given in the Editor’s Note to the Schreber analysis (*Standard Ed.*, 12, 4–5). About a year later than the present draft he returned to the subject in a (less interesting) discussion in Draft K (p. 226 ff. below), which was later expanded into Section III of the second paper on the neuro-psychoses of defence (1896b), *ibid.*, 3, 174 ff. Though the mechanism of projection is discussed here, there is no hint at all of the illness having a homosexual basis. That theory was first published by Freud in the Schreber analysis (1911c, *Standard Ed.*, 12, 43). But he there tells us (*ibid.*, 59) that ‘during the last few years’ he had been studying the question along with Jung and Ferenczi. Ernest Jones (1955, 303 and 281) mentions that Freud had raised the matter with Ferenczi on February 11, 1908 (he quotes part of this letter, *ibid.*, 488) and with Jung a few days earlier, on January 27. In this last letter, Jones reports (*ibid.*, 281), Freud said that ‘he had learnt this from Fliess’. This was presumably by word of mouth, as there is no trace

alongside of obsessional insanity as an intellectual psychosis. If once obsessions have been traced back to an affective disturbance and proof has been found that they owe their strength to a conflict, then the same view must apply to delusions and they too must be the outcome of affective disturbances and must owe their strength to a psychological process. The contrary of this is accepted by psychiatrists, while laymen are inclined to attribute delusional insanity to shattering mental events. ‘A man who does not lose his reason over certain things can have no reason to lose.’<sup>1</sup>

Now it is in fact the case that paranoia in its classical form is a *pathological mode of defence*, like hysteria, obsessional neurosis and hallucinatory confusion. People become paranoid over things that they cannot put up with, provided that they possess the peculiar psychical disposition for it.

In what does this disposition consist? In a tendency to what represents the psychical characteristic of paranoia; and this we will consider in an example.

An unmarried woman, no longer very young (about thirty), shared a home with her brother and [elder] sister. She belonged to the superior working class; her brother was working himself up into becoming a small manufacturer. Meanwhile they let off a room to a fellow-worker, a much-travelled, rather enigmatic man, very clever and intelligent. He lived with them for a year and was on the most companionable and sociable terms with them. After this he went away but returned after six months. This time he stopped for only a comparatively short time and then disappeared for good and all. The sisters used often to lament his absence and could speak nothing but good of him. Nevertheless, the younger sister told the elder one of an occasion when he made an attempt at getting her into trouble. She had been doing out the rooms while he was still in bed. He had called her up to the bed, and, when she unsuspectingly obeyed,

of it in the published Fliess papers. But in fact it seems likely that Freud had only taken up the idea seriously very shortly before these two letters to Jung and Ferenczi were written. A memorandum sent by Freud to Jung (hitherto unpublished) has recently come to light, which deals in very considerable detail with the theory of paranoia but shows no hint of a homosexual basis. This memorandum is undated, but it was found in association with other letters to Jung dating from the first half of 1907. It would seem probable, therefore, that the new theory dates from the latter part of 1907.]

<sup>1</sup> [Lessing, *Emilia Galotti*, Act IV, Scene 7. The same quotation occurs in an unfinished paper of Freud’s, ‘Psychopathic Characters on the Stage’ (1942a [1905–6]), *Standard Ed.*, 7, 309.]

put his penis in her hand. There had been no sequel to the scene, and soon afterwards the stranger had gone off.

In the course of the next few years the sister who had had this experience fell ill. She began to complain, and eventually developed unmistakable delusions of observation and persecution to the following effect. She thought their women neighbours were pitying her for having been jilted and because she was still waiting for the man to come back: they were always making hints of that kind to her, kept on saying all kinds of things to her about the man, and so on. All this, she said, was of course untrue. Since then the patient has only fallen into this state for a few weeks at a time. Her insight then returns temporarily and she explains that it is all the result of getting excited; though even in the intervals she suffers from a neurosis which can easily be interpreted as a sexual one. And soon she falls into a fresh bout of paranoia.

The elder sister was astonished to notice that, as soon as the conversation turned to the scene of the seduction, the patient used to repudiate it. Breuer heard of the case, the patient was sent to me and I endeavoured to cure her tendency to paranoia by trying to reinstate the memory of the scene. I failed in this. I talked to her twice, got her to tell me everything to do with the lodger in 'concentration' hypnosis.<sup>1</sup> In reply to my searching enquiries as to whether something 'embarrassing' had not happened all the same, I was met with the most decided negative, and—saw her no more. She sent me a message to say that it upset her too much. Defence! That was obvious. She *wished* not to be reminded of it and consequently intentionally repressed it.<sup>2</sup>

There could be no doubt whatever about the defence; but it might just as well have led to a hysterical symptom or an obsessional idea. What was the peculiarity of paranoid defence?

She was sparing herself something; something was repressed. We can guess what it was. She had probably really been excited by what she had seen and by its memory. So what she was sparing herself was the reproach of being a 'bad woman'. Afterwards she came to hear the same reproach from outside. Thus *the subject-matter remained unaffected*; what was altered was something in the *placing* of the whole thing. Earlier it had been an internal self-reproach, now it was an imputation coming from outside. The judgement about her had been transposed out-

<sup>1</sup> [A stage, soon abandoned by Freud, between hypnotic suggestion proper and free association. See p. 66 above.]

<sup>2</sup> [For 'intentionally repressed', a phrase often used by Freud at this period, see a footnote to the 'Preliminary Communication' (1893a), *Standard Ed.*, 2, 10.]

wards: people were saying what otherwise she would have said to herself. Something was gained by this. She would have had to accept the judgement pronounced from inside; she could reject the one arriving from outside. *In that way the judgement, the reproach, was kept away from her ego.*

The purpose of paranoia is thus to fend off an idea that is incompatible with the ego, by projecting its substance into the external world.<sup>1</sup>

Two questions arise: [1] How is a transposition of this kind brought about? [2] Does this apply also to other cases of paranoia?

(1) The transposition is effected very simply. It is a question of an abuse<sup>2</sup> of a psychological mechanism which is very commonly employed in normal life: transposition or projection. Whenever an internal change occurs, we have the choice of assuming either an internal or an external cause. If something deters us from the internal derivation, we shall naturally seize upon the external one. Secondly, we are accustomed to our internal states being betrayed (by an expression of emotion) to other people. This accounts for normal delusions of observation and normal projection. For they are normal so long as, in the process, we remain conscious of our own internal change. If we forget it and if we are left with only the leg of the syllogism that leads outwards, then there we have paranoia, with its overvaluation of what people know about us and of what people have done to us. What do people know about us that we know nothing about, that we cannot admit? *It is, therefore, abuse of the mechanism of projection for purposes of defence.*

Something quite analogous, indeed, takes place with obsessional ideas. The mechanism of substitution is also a normal one. When an old maid keeps a dog or an old bachelor collects snuff-boxes, the former is finding a substitute for her need for a companion in marriage and the latter for his need for—a multitude of conquests. Every collector is a substitute for a Don Juan Tenorio, and so too is the mountaineer, the sportsman, and such people. These are erotic equivalents. Women know them too. Gynaecological treatment falls into this category.

<sup>1</sup> [The concept of projection (as well as the term) makes its first appearance in this passage. It was made public in the second paper on the neuro-psychoses of defence (1896b), *ibid.*, 3, 184, but with much less detail than here.]

<sup>2</sup> [*Misbrauch* in the MS., as at the end of the paragraph. Here only, *Anf.* mistakenly reads *Ausbruch* ('breaking out').]

There are two kinds of women patients: one kind who are as loyal to their doctor as to their husband, and the other kind who change their doctors as often as their lovers. This normally operating mechanism of substitution is abused in obsessional ideas—once again for purposes of *defence*.

[2] And now, does this view apply also to other cases of paranoia? To all of them, I should have thought. But I will take some examples.

The litigious paranoid cannot put up with the idea that he has done wrong or that he should part with his property. He therefore thinks the judgement was not legally valid, that he is not in the wrong, etc. This case is too clear and perhaps not quite unambiguous; maybe it could be resolved more simply.

The '*grande nation*' cannot face the idea that it can be defeated in war. *Ergo* it was not defeated; the victory does not count. It provides an example of mass paranoia and invents the delusion of betrayal.<sup>1</sup>

The alcoholic will never admit to himself that he has become impotent through drink. However much alcohol he can tolerate, he cannot tolerate this piece of knowledge. So his wife is to blame—delusions of jealousy and so on.

The hypochondriac will struggle for a long time before finding the key to his feelings of being seriously ill. He will not admit to himself that they arise from his sexual life; but it gives him the greatest satisfaction if his ailment is, as Moebius says, not endogenous but exogenous. So he is being poisoned.

The official who has been passed over for promotion requires that there should be a conspiracy against him and that he should be spied on in his room. Otherwise he would have to admit his shipwreck.

What develops like this need not always be delusions of persecution. Megalomania may perhaps be even more effective in keeping the distressing idea away from the ego. Take, for instance, a cook who has lost her looks, and who must accustom herself to the thought that she is permanently excluded from happiness in love. This is the right moment for the emergence of the gentleman from the house opposite, who clearly wants to marry her and who is giving her to understand as much in such a remarkably bashful but none the less unmistakable fashion.

In every instance the *delusional idea* is maintained with the same energy with which another, intolerably distressing, idea

<sup>1</sup> [A reference to the aftermath of the Franco-Prussian War of 1870.]

SUMMARY  
fended-off

	Affect	Content of idea	Hallucination	Outcome
Hysteria	got rid of by conversion —	absent from — consciousness	—	Unstable defence with satisfactory gain
Obsessional Idea	retained +	absent from — consciousness substitute found	—	Permanent defence without gain
Hallucinatory Confusion	absent —	absent —	friendly to ego friendly to defence	Permanent defence brilliant gain
Paranoia	retained +	retained + projected out	hostile to ego friendly to defence	Permanent defence without gain
Hysterical Psychosis	dominates +	consciousness +	hostile to ego hostile to defence	Failure of defence

[Fig. 4]

is fended off from the ego. Thus they love *their delusions as they love themselves*. That is the secret.

And now, how does this form of defence compare with those that we already know: (1) hysteria, (2) obsessional idea, (3) hallucinatory confusion, (4) paranoia? We have to take into account: affect, content of the idea and hallucinations. [Cf. summary in Fig. 4.]

(1) *Hysteria*. The incompatible idea is not admitted to *association* with the ego. The content is retained in a segregated compartment, it is absent from consciousness; its affect [is got rid of]<sup>1</sup> by conversion into the somatic sphere.—Psychoneurosis is the only [result].<sup>2</sup>

(2) *Obsessional idea*. Once more, the incompatible idea is not admitted to *association*. The affect is retained; the content is replaced by a substitute.

(3) *Hallucinatory confusion*. The whole incompatible idea—*affect and content*—is kept away from the ego; and this is only possible at the price of a partial detachment from the external world. Recourse is had to hallucinations, which are *friendly to the ego and support the defence*.

(4) *Paranoia*. The content and affect of the incompatible idea are retained, in direct contrast to (3); but they are projected into the external world. Hallucinations, which arise in some forms of the illness, are *hostile to the ego* but support the defence.

In hysterical psychoses, on the contrary, it is precisely the ideas fended off that gain the mastery. The type of these is the attack and the *état secondaire*. The hallucinations are *hostile to the ego*.

The *delusional idea* is either a copy of the idea fended off or its contrary (megalomania). Paranoia and hallucinatory confusion are the two *psychoses of defence or contrariness*. The 'reference to oneself' in paranoia is analogous to the hallucinations in confusional states, for these seek to assert the exact contrary of the fact that has been fended off. Thus the reference to oneself always seeks to prove the correctness of the projection.

<sup>1</sup> [The verb is missing in the MS. *Anf.*, 124, supplies, not very convincingly, 'verschoben' ('displaced'). 'Got rid of' ('erledigt') is derived from Freud's own tabular summary (Fig. 4).]

<sup>2</sup> [The MS. has 'Psychoneurose die einzige.' These rather obscure words are omitted in *Anf.*, 124.]

LETTER 22<sup>1</sup>

... I have nothing to report to you. At most a small analogy to D's dream psychosis that we went through together. Rudi Kaufmann, a very intelligent nephew of Breuer's, and a medical student too, is a late riser. He gets himself called by a servant, but is very reluctant about obeying her. One morning she woke him up a second time and, as he would not respond, called him by his name: 'Herr Rudi!' Thereupon the sleeper had a hallucination of a notice-board over a hospital bed (cf. the Rudolf-*inerhaus*)<sup>2</sup> with the name 'Rudolf Kaufmann' on it, and said to himself: 'R. K.'s in hospital in any case, then; so I needn't go there!' and went on sleeping.<sup>3</sup>

DRAFT I<sup>4</sup>

## MIGRAINE: ESTABLISHED POINTS

(1) *A matter of summation*. There is an interval of hours or days between the instigation and the outbreak of the symptoms. One has a sort of feeling that an obstacle is being overcome and that a process then goes forward.

(2) *A matter of summation*. Even without an instigation one has an impression that there must be an accumulating stimulus which is present in the smallest quantity at the beginning of the interval and in the largest quantity towards its end.

(3) *A matter of summation*, in which susceptibility to aetiological factors lies in the height of the level of the stimulus already present.

<sup>1</sup> [Dated Vienna, March 4, 1895.]

<sup>2</sup> [The Rudolf Hospital in Vienna.—'Rudi' is the familiar short form of 'Rudolf'.]

<sup>3</sup> [This, perhaps the earliest recorded wishful 'dream of convenience', was introduced by Freud into *The Interpretation of Dreams, Standard Ed.*, 4, 125 and 233. He used it again in his last, posthumous, work, *An Outline of Psycho-Analysis* (1940a), *ibid.*, 23, 170.]

<sup>4</sup> [This MS. is undated. It does not form part of the rest of the collection of 'Fliess Papers', but was in the possession of Dr. Robert Fliess in New York. It appears to be a document, apparently referred to as having been recently written, in a portion, not published here, of Letter 22 above. This is dated March 4, 1895.—Both Freud and Fliess were sufferers from migraine. (See Jones, 1953, 339, and *The Psychopathology of Everyday Life* (1901b), *Standard Ed.*, 6, 21.)]

(4) A matter with a *complicated aetiology*. Perhaps on the pattern of a chain-aetiology, where a proximate cause can be produced by a number of factors<sup>1</sup> directly and indirectly, or on the pattern of a summation-aetiology, where, alongside of a specific cause, stock causes can act as quantitative substitutes.<sup>2</sup>

(5) A matter on the model of menstrual migraine and belonging to the sexual group. Evidence:

(a) Rarest in healthy males.

(b) Restricted to the sexual time of life: childhood and old age almost excluded.

(c) If it is produced by summation, sexual stimulus too is something produced by summation.

(d) The analogy of periodicity.

(e) Frequency in people with disturbed sexual discharge (neurasthenia, coitus interruptus).

(6) Certainty that migraine can be produced by chemical stimuli: human toxic emanations,<sup>3</sup> scirocco,<sup>4</sup> fatigue, smells. Now, sexual stimulus, too, is a chemical one.

(7) Cessation of migraine during pregnancy, when production is probably directed elsewhere.

This would seem to show that migraine is a toxic effect produced by the sexual stimulating substance<sup>5</sup> when this cannot find sufficient discharge. And perhaps one should add to this that there is a particular path present (whose location has to be determined) which is in a state of special susceptibility. The question about this is the question of the localization of migraine.

(8) In regard to this path we have indications that organic diseases of the cranium, tumours and suppurations (without toxic intermediate links?) produce migraine or something similar, further that migraine is *unilateral*, is connected with the nose and is linked with localized paralytic phenomena. The first of these signs is not unambiguous. The unilaterality, localization over the eye and complication by localized paralyses are more important.

(9) The painfulness of migraine can only suggest the cerebral

<sup>1</sup> ['*Durch viele Momente*' in the MS. *Anf.*, 126, reads '*Monate*' ('over a number of months').]

<sup>2</sup> [For the various kinds of aetiological factors see Freud's probably contemporary second paper on anxiety neurosis (1895*f*), *Standard Ed.*, 3, 135 ff. There is a mention of migraine in that same paper (*ibid.*, 133) and summation is also discussed (*ibid.*, 130).]

<sup>3</sup> [Further mentioned below, p. 390.]

<sup>4</sup> [Cf. Letter 14, p. 185 above.]

<sup>5</sup> [See Draft D, p. 187 above.]

meninges, since affections of the cerebral *substance* are certainly painless.

(10) If in this way migraine seems to approach neuralgia, this tallies with summation, sensitivity and its oscillations, the production of neuralgias through toxic stimuli. *Toxic neuralgia* will thus be its physiological prototype. The scalp is the seat of its pain and the trigeminal is its pathway. Since, however, the neuralgic change can only be a central one, we must suppose that the logical centre for migraine is a trigeminal nucleus whose fibres supply the dura mater.

Since the pain in migraine is similarly located to that in supra-orbital neuralgia, this dural nucleus must be in the neighbourhood of the nucleus of the first division. Since the different branches and nuclei of the trigeminal influence one another, all other affections of the trigeminal can contribute to the aetiology [of migraine] as concurrent (not as stock) factors.

#### *The symptomatology and biological position of migraine.*

The pain of a neuralgia usually finds its discharge in tonic tension (or even in clonic spasms). Therefore it is not impossible that migraine may include a spastic innervation of the muscles of blood vessels in the reflex sphere of the dural region. We may ascribe to this intervention the general (and, indeed, the local) disturbance of function which does not differ symptomatically from a similar disturbance due to vascular constriction. (Cf. the similarity of migraine to attacks of thrombosis.) Part of the inhibition is due to the pain in itself. It is presumably the vascular area of the choroid plexus which is first affected by the spasm of discharge. The relation to the eye and nose is explained by their common innervation by the first division [of the trigeminal].<sup>1</sup>

#### DRAFT J<sup>a</sup>

FRAU P. J. (AGED 27)

[I]

She had been married for three months. Her husband, a commercial traveller, had had to leave her a few weeks after

<sup>1</sup> [Freud returned to the subject of migraine (one in which Fliess was particularly interested) in the later part of Letter 39 of January 1, 1896, printed here as Appendix B to the *Project*, on p. 388 below.]

<sup>2</sup> [Undated. There seems to be no precise evidence. The editors of

their marriage and had already been away for weeks on end. She missed him very much and longed for him. She had been a singer, or at any rate had been trained as one. To pass the time, she was sitting at the piano singing, when suddenly she felt ill—in her abdomen and stomach, her head swam, she had feelings of oppression and anxiety and cardiac paraesthesia; she thought she was going mad. A moment later it occurred to her that she had eaten eggs and mushrooms that morning, and concluded that she had been poisoned. However, the condition quickly passed off. Next day the maidservant told her that a woman living in the same house had gone mad. From that time on she was never free of an obsession, accompanied by anxiety, that she was going to go mad too.

Such is the outline of the case. I assumed to start with that her condition then had been an anxiety attack—a release of sexual feeling which was transformed into anxiety. An attack of that kind, I was afraid, might take place without any accompanying psychical process. Nevertheless, I would not reject the more favourable possibility that such a process might be found; on the contrary, I would take it as the starting-point of my work. What I expected to find was this. She had had a longing for her husband—that is, for sexual relations with him; she had thus come upon an idea which had excited sexual affect and afterwards defence against the idea; she had then taken fright and made a false connection or substitution.<sup>1</sup>

I began by asking her about the subsidiary circumstances of the event: something must have reminded her of her husband. She had been singing Carmen's aria 'Près des remparts de Séville'.<sup>2</sup> I asked her to repeat it for me; she could not even recall the words exactly.—At what point do you think the attack came on?—She did not know.—When I applied pressure [to her forehead],<sup>3</sup> she said it had been *after* she had finished the aria. That seemed quite possible: it had been a train of thought brought up by the text of the aria.—I then asserted that before

*Anf.* assign it to 1895 on the basis of the handwriting and a possible resemblance in the 'form' of the case history to that of a case reported in the *Project* (p. 353 below)—presumably the fact of there being a 'Scene I' and a 'Scene II' in both. The reference at several points to the 'pressure technique' suggests that the date may in fact be earlier than this. (See p. 66 above.)

<sup>1</sup> [For 'false connection' see Section II of the first paper on the neuro-psychoses of defence (1894a), *Standard Ed.*, 3, 52 n.]

<sup>2</sup> [The *seguidilla* from Act I of Bizet's opera.]

<sup>3</sup> [See footnote above.]

the attack there had been thoughts present to her which she might not remember. In fact she remembered nothing, but pressure [on her forehead] produced 'husband' and 'longing'. The latter was further specified, on my insistence, as longing for sexual caresses.—'I'm quite ready to believe that. After all, your attack was only a state of outpouring of love. Do you know the page's song?—

Voi che sapete che cosa è amor,  
Donne vedete s'io l'ho nel cor. . . .<sup>1</sup>

There was certainly something besides this: a feeling in the lower part of the body, a convulsive desire to urinate.'—She now confirmed this. The insincerity of women starts from their omitting the characteristic sexual symptoms in describing their states. So it had really been an *orgasm*.

'Well you can see, anyhow, that a state of longing like that in a young woman who has been left by her husband cannot be anything to be ashamed of.'—On the contrary, she thought, something to be approved of.—'Very well; but in that case I can see no reason for fright. You were certainly not frightened about "husband" and "longing"; so there must be some other thoughts missing, which are more appropriate to the fright.'—But she only added that she had all along been afraid of the pains that intercourse caused her, but that her longing had been much stronger than her fear of the pains.—At this point we broke off.

## II

It was much to be suspected that in Scene I (by the piano), alongside of her longing thoughts for her husband (which she remembered), she had entered on another, deep-going train of thought, which she did *not* remember and which led to a Scene II. But I did not as yet know its starting-point. To-day she arrived weeping and in despair, evidently without any hope of the treatment succeeding. So her resistance was already stirred up and progress was far more difficult. What I wanted to know, then, was what thoughts that might lead to her being frightened were still present. She brought up all kinds of things that could not be relevant: the fact that for a long time she had not been deflowered (which Professor Chrobak<sup>2</sup> had confirmed to her), that she attributed her nervous state to that and for that reason wished it might be done.—This was, of course, a thought from a later time: till Scene I she had been in good health.—At last

<sup>1</sup> [Cherubino's *canzonetta* from Act II of Mozart's *Figaro*.]

<sup>2</sup> [Professor of Gynaecology at Vienna, 1880-1908.]

I obtained the information that she had already had a similar, but much weaker and more transitory, attack with the same feelings. (From this I saw that it was from the mnemonic picture of the orgasm itself that the path leading down to the deeper layers took its start.) We investigated the other scene. At that time—four years back—she had had an engagement at Ratisbon. In the morning she had sung at a rehearsal and had given satisfaction. In the afternoon, at home, she had had a 'vision'—as if there were something, a 'row', between her and the tenor of the company and another man, and afterwards she had had the attack, with the fear that she was going mad.

Here then was a Scene II, which had been touched on by association in Scene I. But it was evident that here, too, the memory had gaps in it. There must have been other ideas present in order to account for the release of sexual feeling and the fright. I asked for these intermediate links, but instead I was told her motives. She had disliked the whole of life on the stage.—'Why?'—The brusqueness of the manager and the actors' relations to one another.—I asked for details of this.—There had been an old comic actress with whom the young men used to joke by asking her if they might come and spend the night with her.—'Something further, about the tenor.'—He had pestered her, too; at the rehearsal he had put his hand on her breast.—'Through your clothes or on the bare skin?'—At first she said the latter, but then took it back: she had been in outdoor clothes.—'Well, what more?'—The whole character of their relations, all the hugging and kissing among the players had been frightful to her.—'Yes?'—Once again the manager's brusqueness, and she had only stayed there a few days.—'Was the tenor's assault made on the same day as your attack?'—No; she did not know if it had been earlier or later.—My enquiries with the help of pressure showed that the assault had been on the fourth day of her stay and her attack on the sixth.

Interrupted by the patient's flight.

## NOTE

DURING the whole of the later part of the year 1895 Freud was largely occupied with the fundamental theoretical problem of the relation between neurology and psychology. His reflections finally led to the uncompleted work which we have named a *Project for a Scientific Psychology*. This was written in September and October, 1895, and should appear, chronologically, at this point in the Fliess papers. It stands so much apart, however, from the rest of them, and constitutes such a formidable and self-contained entity, that it has seemed advisable to print it in a detached shape at the end of this volume. One letter, No. 39, written on January 1, 1896, is so closely connected with the *Project* (apart from which, indeed, it would be unintelligible) that it too has been removed from its proper place in the correspondence and printed as an appendix to the *Project*. That Freud had also during all this period been concerned with clinical matters as well, is conclusively shown by the fact that on the very same day on which he despatched this letter (January 1, 1896) he also sent Fliess Draft K, which follows here and is in many respects a full preliminary sketch of his second paper on the neuro-psychoses of defence (1896*b*), completed very soon afterwards.

DRAFT K<sup>1</sup>

## THE NEUROSES OF DEFENCE

*(A Christmas Fairy Tale)*

There are four types of these and many forms. I can only make a comparison between hysteria, obsessional neurosis and one form of paranoia. They have various things in common. They are pathological aberrations of normal psychological affective states: of *conflict* (hysteria), of *self-reproach*<sup>2</sup> (obsessional neurosis), of *mortification* (paranoia), of *mourning* (acute hallucinatory amnesia). They differ from these affects in that they do not lead to anything being settled but to permanent damage to the ego. They come about subject to the same precipitating causes as their affective prototypes, provided that the cause fulfils two more preconditions—that it is of a sexual kind and that it occurs during the period before sexual maturity (the preconditions of *sexuality and infantilism*). About preconditions applying to the individual concerned I have no fresh knowledge. In general I should say that heredity is a further precondition, in that it facilitates and increases the pathological affect—the precondition, that is, which mainly makes possible the gradations between the normal and the extreme case. I do not believe that

<sup>1</sup> [This was enclosed in Letter 39, of January 1, 1896, which is mentioned on the previous page and will be found on p. 388 below. It was therefore no doubt written during the preceding days: hence its sub-title. This is in some parts a fairly close precursor of the second paper on the neuro-psychoses of defence (1896*b*), which was sent off by Freud to the publishers scarcely more than a month after this (on February 5).—Freud was beginning at this time to be engaged in the problem of the differential aetiology of the neuroses—the ‘choice of neurosis’, as he called it—which was to remain unsolved for many years. The present draft and Letters 46 and 52 are largely concerned with it, as are the contemporary published papers 1896*a*, 1896*b* and 1896*c*. A detailed account of his successive attempts at a solution is given in the Editor’s Note to ‘The Disposition to Obsessional Neurosis’ (1913*i*), *Standard Ed.*, 12, 313 ff. The final explanation had to await the investigation of the developmental stages of the libido and the concepts of fixation and regression. These later ideas are made plain in Lectures XXI and XXII of the *Introductory Lectures* (1916–17).]

<sup>2</sup> [Simply ‘*Vorwurf*’ (‘reproach’) in the original. Both here and in his published writings this was Freud’s habitual usage. Only very occasionally, and with no apparent change in meaning he writes ‘*Selbstwurf*’ (‘self-reproach’)—e.g. on p. 233 below.]

heredity determines the choice of the particular defensive neurosis.

There is a normal trend towards defence—that is, an aversion to directing psychical energy in such a way that unpleasure results. This trend, which is linked to the most fundamental conditions of the psychical mechanism (the law of constancy), cannot be employed against perceptions, for these are able to compel attention (as is evidenced by their consciousness); it only comes in question against memories and thoughts. It is innocuous where it is a matter of ideas to which unpleasure was at one time attached but which are unable to acquire any contemporary unpleasure (other than remembered unpleasure), and in such cases too it can be over-ridden by psychical interest.

The trend towards defence becomes detrimental, however, if it is directed against ideas which are also able, in the form of memories,<sup>1</sup> to release fresh unpleasure—as is the case with sexual ideas. Here, indeed, the one possibility is realized of a memory having a greater releasing power subsequently than had been produced by the experience corresponding to it.<sup>2</sup> Only one thing is necessary for this: that puberty should be interpolated between the experience and its repetition in memory—an event which so greatly increases the effect of the revival. The psychical mechanism seems unprepared for this exception, and it is for that reason a necessary precondition of freedom from neuroses of defence that no considerable sexual irritation should occur before puberty, though it is true that the effect of such an experience must be increased by hereditary disposition before it can reach a pitch capable of causing illness.

(Here a subsidiary problem branches off: how does it come about that under analogous conditions, perversion or simple immorality emerges instead of neurosis?)<sup>3</sup>

We shall be plunged deep into psychological riddles if we enquire into the origin of the unpleasure which seems to be released by premature sexual stimulation and without which, after all, a repression cannot be explained. The most plausible answer will appeal to the fact that shame and morality are the repressing forces and that the neighbourhood in which the sexual organs are naturally placed must inevitably arouse

<sup>1</sup> [‘*Erinner[un]gen*’, in the MS. *Anf.*, 157, has ‘*Energie*’ (‘energy’).]

<sup>2</sup> [See the comment in the Editor’s footnote on the similar passage near the end of Section 4 of Part II of the *Project* (p. 356 below).]

<sup>3</sup> [This seems to be the first mention of the relation between perversion and neurosis. See p. 238 below.]