

The Question of Lay Analysis

Conversations with an Impartial Person

Introduction

THE title of this small work is not immediately intelligible. I will therefore explain it. 'Layman' = 'Non-doctor'; and the question is whether non-doctors as well as doctors are to be allowed to practise analysis. This question has its limitations both in time and place. In *time*, because up to now no one has been concerned as to *who* practises analysis. Indeed, people have been much too little concerned about it—the one thing they were agreed on was a wish that *no one* should practise it. Various reasons were given for this, but they were based on the same underlying distaste. Thus the demand that only doctors should analyse corresponds to a new and apparently more friendly attitude to analysis—if, that is, it can escape the suspicion of being after all only a slightly modified derivative of the earlier attitude. It is conceded that in some circumstances an analytic treatment shall be undertaken; but, if so, only doctors are to undertake it. The reason for this restriction then becomes a matter for enquiry.

The question is limited in *place* because it does not arise in all countries with equal significance. In Germany and America it would be no more than an academic discussion; for in those countries every patient can have himself treated how and by whom he chooses, and anyone who chooses can, as a 'quack', handle any patients, provided only that he undertakes the responsibility for his actions.¹ The law does not intervene until it is called in to expiate some injury done to the patient. But in Austria, in which and for which I am writing, there is a preventive law, which forbids non-doctors from undertaking the treatment of patients, without waiting for its outcome.² So here the question whether laymen (= non-doctors) may treat patients by psycho-analysis has a practical sense. As soon as it is raised,

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¹ [This is actually true only of *certain* of the United States. It is also true of Great Britain.]

² The same holds good in France.

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however, it appears to be settled by the wording of the law. Neurotics are patients, laymen are non-doctors, psycho-analysis is a procedure for curing or improving nervous disorders, and all such treatments are reserved to doctors. It follows that laymen are not permitted to practise analysis on neurotics, and are punishable if they nevertheless do so. The position being so simple, one hardly ventures to take up the question of lay analysis. All the same, there are some complications, which the law does not trouble about, but which nevertheless call for consideration. It may perhaps turn out that in this instance the patients are not like other patients, that the laymen are not really laymen, and that the doctors have not exactly the qualities which one has a right to expect of doctors and on which their claims should be based. If this can be proved, there will be justifiable grounds for demanding that the law shall not be applied without modification to the instance before us.

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WHETHER this happens will depend on people who are not obliged to be familiar with the peculiarities of an analytic treatment. It is our task to give information on the subject to these impartial persons, whom we shall assume to be, at the moment, still in ignorance. It is to be regretted that we cannot let them be present as an audience at a treatment of this kind. But the 'analytic situation' allows of the presence of no third person. Moreover the different sessions are of very unequal value. An unauthorized listener who hit upon a chance one of them would as a rule form no useful impression; he would be in danger of not understanding what was passing between the analyst and the patient, or he would be bored. For good or ill, therefore, he must be content with our information, which we shall try to make as trustworthy as possible.

A patient, then, may be suffering from fluctuations in his moods which he cannot control, or from a sense of despondency by which his energy feels paralysed because he thinks he is incapable of doing anything properly, or from a nervous embarrassment among strangers. He may perceive, without understanding the reason for it, that he has difficulties in carrying out his professional work, or indeed any comparatively important decision or any undertaking. He may one day have suffered from a distressing attack—unknown in its origin—of feelings of anxiety, and since then have been unable, without a struggle, to walk along the street alone, or to travel by train; he may perhaps have had to give up both entirely. Or, a very remarkable thing, his thoughts may go their own way and refuse to be directed by his will. They pursue problems that are quite indifferent to him, but from which he cannot get free. Quite

ludicrous tasks, too, are imposed on him, such as counting up the windows on the fronts of houses. And when he has performed simple actions such as posting a letter or turning off a gas-jet, he finds himself a moment later doubting whether he has really done so. This may be no more than an annoyance and a nuisance. But his state becomes intolerable if he suddenly finds he is unable to fend off the idea that he has pushed a child under the wheels of a car or has thrown a

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stranger off the bridge into the water, or if he has to ask himself whether he is not the murderer whom the police are looking for in connection with a crime that was discovered that day. It is obvious nonsense, as he himself knows; he has never done any harm to anyone; but if he were really the murderer who is being looked for, his feeling—his sense of guilt—could not be stronger.

Or again our patient—and this time let us make her a woman—may suffer in another way and in a different field. She is a pianist, but her fingers are overcome by cramp and refuse to serve her. Or when she thinks of going to a party she promptly becomes aware of a call of nature the satisfaction of which would be incompatible with a social gathering. She has therefore given up going to parties, dances, theatres or concerts. She is overcome by violent headaches or other painful sensations at times when they are most inconvenient. She may even be unable to keep down any meal she eats—which can become dangerous in the long run. And, finally, it is a lamentable fact that she cannot tolerate any agitations, which after all are inevitable in life. On such occasions she falls in a faint, often accompanied by muscular spasms that recall sinister pathological states.

Other patients, again, suffer from disturbances in a particular field in which emotional life converges with demands of a bodily sort. If they are men, they find they are incapable of giving physical expression to their tenderest feelings towards the opposite sex, while towards less loved objects they may perhaps have every reaction at their command. Or their sensual feelings attach them to people whom they despise and from whom they would like to get free; or those same feelings impose requirements on them whose fulfilment they themselves find repulsive. If they are women, they feel prevented by anxiety or disgust or by unknown obstructions from meeting the demands of sexual life; or, if they have surrendered to love, they find themselves cheated of the enjoyment which nature has provided as a reward for such compliance.

All these people recognize that they are ill and go to doctors, by whom people expect nervous disorders like these to be removed. The doctors, too, lay down the categories into which these complaints are divided. They diagnose them, each according to his own standpoint, under different names:

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neurasthenia, psychasthenia, phobias, obsessional neurosis, hysteria. They examine the organs which produce the symptoms, the heart, the stomach, the bowels, the genitals, and find them healthy. They recommend interruptions in the patient's accustomed mode of life, holidays, strengthening exercises, tonics, and by these means bring about temporary improvements—or no result at all. Eventually the patients hear that there are people who are concerned quite specially with the treatment of such complaints and start an analysis with them.

During this disquisition on the symptoms of neurotics, the Impartial Person, whom I imagine as being present, has been showing signs of impatience. At this point, however, he becomes attentive and interested. 'So now', he says, 'we shall learn what the analyst does with the patient whom the doctor has not been able to help.'

Nothing takes place between them except that they talk to each other. The analyst makes use of no instruments—not even for examining the patient—nor does he prescribe any medicines. If it is at all possible, he even leaves the patient in his environment and in his usual mode of life during the treatment. This is not a necessary condition, of course, and may not always be practicable. The analyst agrees upon a fixed regular hour with the patient, gets him to talk, listens to him, talks to him in his turn and gets him to listen.

The Impartial Person's features now show signs of unmistakable relief and relaxation, but they also clearly betray some contempt. It is as though he were thinking: 'Nothing more than that? Words, words, words, as Prince Hamlet says.' And no doubt he is thinking too of Mephistopheles' mocking speech on how comfortably one can get along with words¹—lines that no German will ever forget.

'So it is a kind of magic,' he comments: 'you talk, and blow away his ailments.'

Quite true. It would be magic if it worked rather quicker. An essential attribute of a magician is speed—one might say suddenness—of success. But analytic treatments take months and even years: magic that is so slow loses its miraculous character. And incidentally do not let us despise the word. After all it is a powerful instrument; it is the means by which

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¹ [In the scene with the student in Faust. Part I. Scene 4.]

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we convey our feelings to one another, our method of influencing other people. Words can do unspeakable good and cause terrible wounds. No doubt 'in the beginning was the deed'¹ and the word came later; in some circumstances it meant an advance in civilization when deeds were softened into words. But originally the word was magic—a magical act; and it has retained much of its ancient power.

The Impartial Person proceeds: 'Let us suppose that the patient is no better prepared to understand analytic treatment than I am; then how are you going to make him believe in the magic of the word or of the speech that is to free him from his sufferings?'

Some preparation must of course be given to him; and there is a simple way of doing it. We call on him to be completely straightforward with his analyst, to keep nothing back intentionally that comes into his head, and then to put aside every reservation that might prevent his reporting certain thoughts or memories. Everyone is aware that there are some things in himself that he would be very unwilling to tell other people or that he considers it altogether out of the question to tell. These are his 'intimacies'. He has a notion too—and this represents a great advance in psychological self-knowledge—that there are other things that one would not care to admit to oneself: things that one likes to conceal from oneself and which for that reason one breaks off short and drives out of one's thoughts if, in spite of everything, they turn up. Perhaps he may himself notice that a very remarkable psychological problem begins to appear in this situation—of a thought of his own being kept secret from his own self. It looks as though his own self were no longer the unity which he had always considered it to be, as though there were something else as well in him that could confront that self. He may become obscurely aware of a contrast between a self and a mental life in the wider sense. If now he accepts the demand made by analysis that he shall say everything, he will easily become accessible to an expectation that to have relations and exchanges of thought with someone under such unusual conditions might also lead to peculiar results.

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¹ ['Im Anfang war die Tat.' (Goethe, Faust, Part I, Scene 3.) Freud ended his *Totem and Taboo* (1912-13) with this same quotation.]

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'I understand,' says our Impartial Person. 'You assume that every neurotic has something oppressing him, some secret. And by getting him to tell you about it you relieve his oppression and do him good. That, of course, is the principle of Confession, which the Catholic Church has used from time immemorial in order to make secure its dominance over people's minds.'

We must reply: 'Yes and no!' Confession no doubt plays a part in analysis—as an introduction to it, we might say. But it is very far from constituting the essence of analysis or from explaining its effects. In Confession the sinner tells what he knows; in analysis the neurotic has to tell more. Nor have we heard that Confession has ever developed enough power to get rid of actual pathological symptoms.

'Then, after all, I do not understand,' comes the rejoinder. 'What can you possibly mean by "telling more than he knows"? But I can well believe that as an analyst you gain a stronger influence over your patients than a Father Confessor over his penitents, since your contacts with him are so much longer, more intensive and also more individual, and since you use this increased influence to divert him from his sick thoughts, to talk him out of his fears, and so on. It would certainly be strange if it were possible by such means to control purely physical phenomena as well, such as vomiting, diarrhoea, convulsions; but I know that influence like that is in fact quite possible if a person is put into a state of hypnosis. By the trouble you take with the patient you probably succeed in bringing about a hypnotic relation of that sort with him—a suggestive attachment to yourself—even though you may not intend to; and in that case the miraculous results of your treatment are the effect of hypnotic suggestion. But, so far as I know, hypnotic treatment works much faster than your analysis, which, as you tell me, lasts for months and years.'

Our Impartial Person cannot be either so ignorant or so perplexed as we thought to begin with. There are unmistakable signs that he is trying to understand psycho-analysis with the help of his previous knowledge, that he is trying to link it up with something he already knows. The difficult task now lies ahead of us of making it clear to him that he will not succeed in this: that analysis is a procedure *sui generis*,

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something novel and special, which can only be understood with the help of *new* insights—or hypotheses, if that sounds better. But he is still waiting for our answer to his last remarks.

What you say about the special personal influence of the analyst certainly deserves great attention. An influence of the kind exists

what you say about the special personal influence of the analyst certainly deserves great attention. An influence of the kind exists and plays a large part in analysis—but not the same part as in hypnotism. It ought to be possible to convince you that the situations in the two cases are quite different. It may be enough to point out that we do not use this personal influence, the factor of ‘suggestion’, to suppress the symptoms of the illness, as happens with *hypnotic* suggestion. Further, it would be a mistake to believe that this factor is the vehicle and promoter of the treatment throughout its length. At its beginning, no doubt. But later on it opposes our analytic intentions and forces us to adopt the most far-reaching counter-measures. And I should like to show by an example how far diverting a patient's thoughts and talking him out of things are from the technique of analysis. If a patient of ours is suffering from a sense of guilt, as though he had committed a serious crime, we do not recommend him to disregard his qualms of conscience and do not emphasize his undoubted innocence; he himself has often tried to do so without success. What we do is to remind him that such a strong and persistent feeling must after all be based on something real, which it may perhaps be possible to discover.

‘It would surprise me’, comments the Impartial Person, ‘if you were able to soothe your patients by agreeing with their sense of guilt in that way. But what *are* your analytic intentions? and what *do* you do with your patients?’

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II

If I am to say anything intelligible to you, I shall no doubt have to tell you something of a psychological theory which is not known or not appreciated outside analytic circles. It will be easy to deduce from this theory what we want from our patients and how we obtain it. I shall expound it to you dogmatically, as though it were a complete theoretical structure. But do not suppose that it came into being as such a structure, like a philosophical system. We have developed it very slowly, we have wrestled over every small detail of it, we have unceasingly modified it, keeping a continuous contact with observation, till it has finally taken a shape in which it seems to suffice for our purposes. Only a few years ago I should have had to clothe this theory in other terms. Nor, of course, can I guarantee to you that the form in which it is expressed to-day will remain the final one. Science, as you know, is not a revelation; long after its beginnings it still lacks the attributes of definiteness, immutability and infallibility for which human thought so deeply longs. But such as it is, it is all that we can have. If you will further bear in mind that our science is very young, scarcely as old as the century, and that it is concerned with what is perhaps the most difficult material that can be the subject of human research, you will easily be able to adopt the correct attitude towards my exposition. But interrupt me whenever you feel inclined, if you cannot follow me or if you want further explanations.

‘I will interrupt you before you have even begun. You say that you intend to expound a new, psychology to me; but I should have thought that psychology was no new science. There have been psychologies and psychologists enough; and I heard of great achievements in that field while I was at college.’

I should not dream of disputing them. But if you look into the matter more closely you will have to class these great achievements as belonging rather to the physiology of the sense organs. The theory of mental life could not be developed, because it was inhibited by a single essential misunderstanding. What does it comprise to-day, as it is taught at college?

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Apart from those valuable discoveries in the physiology of the senses, a number of classifications and definitions of our mental processes which, thanks to linguistic usage, have become the common property of every educated person. That is clearly not enough to give a view of our mental life. Have you not noticed that every philosopher, every imaginative writer, every historian and every biographer makes up his own psychology for himself, brings forward his own particular hypotheses concerning the interconnections and aims of mental acts—all more or less plausible and all equally untrustworthy? There is an evident lack of any common foundation. And it is for that reason too that in the field of psychology there is, so to speak, no respect and no authority. In that field everyone can ‘run wild’ as he chooses. If you raise a question in physics or chemistry, anyone who knows he possesses no ‘technical knowledge’ will hold his tongue. But if you venture upon a psychological assertion, you must be prepared to meet judgements and contradictions from every quarter. In this field, apparently, there is no ‘technical knowledge’. Everyone has a mental life, so everyone regards himself as a psychologist. But that strikes me as an inadequate legal title. The story is told of how someone who applied for a post as a children's nurse was asked if she knew how to look after babies. ‘Of course,’ she replied, ‘why, after all, I was a baby once myself.’

‘And you claim that you have discovered this “common foundation” of mental life, which has been overlooked by every psychologist, from observations on *sick people*?’

The source of our findings does not seem to me to deprive them of their value. Embryology, to take an example, would not deserve to be trusted if it could not give a plain explanation of the origin of innate malformations. I have told you of people whose

thoughts go their own way, so that they are obliged to worry over problems to which they are perfectly indifferent. Do you think that academic psychology could ever make the smallest contribution towards explaining an abnormality such as that? And, after all, we all of us have the experience at night-time of our thoughts going their own way and creating things which we do not understand, which puzzle us, and which are suspiciously reminiscent of pathological products. Our dreams, I mean. The common people have always firmly

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believed that dreams have a sense and a value—that they mean something. Academic psychology has never been able to inform us what this meaning is. It could make nothing of dreams. If it attempted to produce explanations, they were non-psychological—such as tracing them to sensory stimuli, or to an unequal depth of sleep in different portions of the brain, and so on. But it is fair to say that a psychology which cannot explain dreams is also useless for an understanding of normal mental life, that it has no claim to be called a science.

‘You are becoming aggressive; so you have evidently got on to a sensitive spot. I have heard, it is true, that in analysis great value is attached to dreams, that they are interpreted, and that memories of real events are looked for behind them, and so on. But I have heard as well that the interpretation of dreams is left to the caprice of analysts, and that they themselves have never ceased disputing over the way of interpreting dreams and the justification for drawing conclusions from them. If that is so, you ought not to underline so heavily the advantage that analysis has won over academic psychology.’

There is really a great deal of truth in what you say. It is true that the interpretation of dreams has come to have unequalled importance both for the theory and the practice of analysis. If I seem to be aggressive, that is only a way of defending myself. And when I think of all the mischief some analysts have done with the interpretation of dreams I might lose heart and echo the pessimistic pronouncement of our great satirist Nestroy¹ when he says that every step forward is only half as big as it looks at first. But have you ever found that men do anything but confuse and distort what they get hold of? By the help of a little foresight and self-discipline most of the dangers of dream-interpretation can be avoided with certainty. But you will agree that I shall never come to my exposition if we let ourselves be led aside like this.

‘Yes. If I understood rightly, you wanted to tell me about the fundamental postulate of the new psychology.’

That was not what I wanted to begin with. My purpose is to let you hear what pictures we have formed of the structure

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¹ [Johann Nestroy (1801-62), famous in Vienna as a writer of comedies and farces. The remark is also quoted in ‘Analysis Terminable and Interminable’ (1937c), *Standard Edition*, 23, 228.]

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of the mental apparatus in the course of our analytic studies.

‘What do you mean by the “mental apparatus”? and what, may I ask, is it constructed of?’

It will soon be clear what the mental apparatus is; but I must beg you not to ask what material it is constructed of. That is not a subject of psychological interest. Psychology can be as indifferent to it as, for instance, optics can be to the question of whether the walls of a telescope are made of metal or cardboard. We shall leave entirely on one side the *material* line of approach,¹ but not so the *spatial* one. For we picture the unknown apparatus which serves the activities of the mind as being really like an instrument constructed of several parts (which we speak of as ‘agencies’), each of which performs a particular function and which have a fixed spatial relation to one another: it being understood that by spatial relation—‘in front of’ and ‘behind’, ‘superficial’ and ‘deep’—we merely mean in the first instance a representation of the regular succession of the functions. Have I made myself clear?

‘Scarcely. Perhaps I shall understand it later. But, in any case, here is a strange anatomy of the soul—a thing which, after all, no longer exists at all for the scientists.’

What do you expect? It is a hypothesis like so many others in the sciences: the very earliest ones have always been rather rough. ‘Open to revision’² we can say in such cases. It seems to me unnecessary for me to appeal here to the ‘as if’ which has become so popular. The value of a ‘fiction’ of this kind (as the philosopher Vaihinger³ would call it) depends on how much one can achieve with its help.

But to proceed. Putting ourselves on the footing of everyday knowledge, we recognize in human beings a mental organization

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¹ [The question of what *material* the mental apparatus is constructed of.]

² [In English in the original.]

³ [Hans Vaihinger (1852-1933). His philosophical system was enunciated in *Die Philosophic des Als Ob* (1911). An English translation by C. K. Ogden appeared in 1924 under the title *The Philosophy of 'As if'*. The work had a considerable vogue in German-speaking countries, especially after the first World War. It was discussed by Freud at some length at the end of Chapter V of *The Future of an Illusion* (1927c).]

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which is interpolated between their sensory stimuli and the perception of their somatic needs on the one hand and their motor acts on the other, and which mediates between them for a particular purpose. We call this organization their '*Ich*' ['ego'; literally, 'I']. Now there is nothing new in this. Each one of us makes this assumption without being a philosopher, and some people even in spite of being philosophers. But this does not, in our opinion, exhaust the description of the mental apparatus. Besides this 'I', we recognize another mental region, more extensive, more imposing and more obscure than the 'I', and this we call the 'Es' ['id'; literally, 'it']. The relation between the two must be our immediate concern.

You will probably protest at our having chosen simple pronouns to describe our two agencies or provinces instead of giving them orotund Greek names. In psycho-analysis, however, we like to keep in contact with the popular mode of thinking and prefer to make its concepts scientifically serviceable rather than to reject them. There is no merit in this; we are obliged to take this line; for our theories must be understood by our patients, who are often very intelligent, but not always learned. The impersonal 'it' is immediately connected with certain forms of expression used by normal people. 'It shot through me,' people say; 'there was something in me at that moment that was stronger than me.' '*C'était plus fort que moi.*'

In psychology we can only describe things by the help of analogies. There is nothing peculiar in this; it is the case elsewhere as well. But we have constantly to keep changing these analogies, for none of them lasts us long enough. Accordingly, in trying to make the relation between the ego and the id clear, I must ask you to picture the ego as a kind of facade of the id, as a frontage, like an external, cortical, layer of it. We can hold on to this last analogy. We know that cortical layers own their peculiar characteristics to the modifying influence of the external medium on which they abut. Thus we suppose that the ego is the layer of the mental apparatus (of the id) which has been modified by the influence of the external world (of reality). This will show you how in psychoanalysis we take spatial ways of looking at things seriously.

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For us the ego is really something superficial and the id something deeper—looked at from outside, of course. The ego lies between reality and the id, which is what is truly mental.

'I will not ask any questions yet as to how all this can be known. But tell me first what you gain from this distinction between an ego and an id? What leads you to make it?'

Your question shows me the right way to proceed. For the important and valuable thing is to know that the ego and the id differ greatly from each other in several respects. The rules governing the course of mental acts are different in the ego and the id; the ego pursues different purposes and by other methods. A great deal could be said about this; but perhaps you will be content with a fresh analogy and an example. Think of the difference between 'the front' and 'behind the lines', as things were during the war. We were not surprised then that some things were different at the front from what they were behind the lines, and that many things were permitted behind the lines which had to be forbidden at the front. The determining influence was, of course, the proximity of the enemy; in the case of mental life it is the proximity of the external world. There was a time when 'outside', 'strange' and 'hostile' were identical concepts. And now we come to the example. In the id there are no conflicts; contradictions and antitheses persist side by side in it unconcernedly, and are often adjusted by the formation of compromises. In similar circumstances the ego feels a conflict which must be decided; and the decision lies in one urge being abandoned in favour of the other. The ego is an organization characterized by a very remarkable trend towards unification, towards synthesis. This characteristic is lacking in the id; it is, as we might say, 'all to pieces'; its different urges pursue their own purposes independently and regardless of one another.

'And if such an important mental region "behind the lines" exists, how can you explain its having been overlooked till the time of analysis?'

That brings us back to one of your earlier questions [p. 191]. Psychology had barred its own access to the region of the id by insisting on a postulate which is plausible enough but untenable: namely, that all mental acts are conscious to us—

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that being conscious¹ is the criterion of what is mental, and that, if there are processes in our brain which are not conscious, they do not deserve to be called mental acts and are no concern of psychology.

‘But I should have thought that was obvious.’

Yes, and that is what psychologists think. Nevertheless it can easily be shown to be false—that is, to be a quite inexpedient distinction. The idlest self-observation shows that ideas may occur to us which cannot have come about without preparation. But you experience nothing of these preliminaries of your thought, though they too must certainly have been of a mental nature; all that enters your consciousness is the ready-made result. Occasionally you can make these preparatory thought-structures conscious *in retrospect*, as though in a reconstruction.

‘Probably one's attention was distracted, so that one failed to notice the preparations.’

Evasions! You cannot in that way get around the fact that acts of a mental nature, and often very complicated ones, can take place in you, of which your consciousness learns nothing and of which you know nothing. Or are you prepared to suppose that a greater or smaller amount of your ‘attention’ is enough to transform a non-mental act into a mental one? But what is the use of disputing? There are hypnotic experiments in which the existence of such non-conscious thoughts are irrefutably demonstrated to anyone who cares to learn.

‘I shall not retract; but I believe I understand you at last. What you call “ego” is consciousness; and your “id” is the so-called subconscious that people talk about so much nowadays. But why the masquerading with the new names?’

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¹ [Here written ‘*Bewusst-sein*’: literally, ‘being conscioused’. This word (the ordinary word for ‘consciousness’) is of course normally written without a hyphen. The hyphen is inserted here to show that Freud is emphasizing the underlying passive sense of the word ‘*bewusst*’. Cf. the Editor's Note to Freud's paper on ‘The Unconscious’ (1915e), *Standard Ed.*, 14, 165 n. The word is divided up in a similar way and for the same purpose near the beginning of Chapter I of *The Ego and the Id* (1923b); but there it is printed in two separate words unconnected by a hyphen. Here the hyphen only appears in the original (1926) edition; it has been mistakenly omitted in the later German editions and the two parts of the word run together.]

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It is not masquerading. The other names are of no use. And do not try to give me literature instead of science. If someone talks of subconsciousness, I cannot tell whether he means the term topographically—to indicate something lying in the mind beneath consciousness—or qualitatively—to indicate another consciousness, a subterranean one, as it were. He is probably not clear about any of it. The only trustworthy antithesis is between conscious and unconscious. But it would be a serious mistake to think that this antithesis coincides with the distinction between ego and id. Of course it would be delightful if it were as simple as that: our theory would have a smooth passage. But things are not so simple. All that is true is that everything that happens in the id is and remains unconscious, and that processes in the ego, and they alone, can become conscious. But not all of them are, nor always, nor necessarily; and large portions of the ego can remain permanently unconscious.

The becoming conscious of a mental process is a complicated affair. I cannot resist telling you—once again, dogmatically—our hypotheses about it. The ego, as you will remember, is the external, peripheral layer of the id. Now, we believe that on the outermost surface of this ego there is a special agency directed immediately to the external world, a system, an organ, through the excitation of which alone the phenomenon that we call consciousness comes about. This organ can be equally well excited from outside—thus receiving (with the help of the sense-organs) the stimuli from the external world—and from inside—thus becoming aware, first, of the sensations in the id, and then also of the processes in the ego.

‘This is getting worse and worse and I can understand it less and less. After all, what you invited me to was a discussion of the question whether laymen (= non-doctors) ought to undertake analytic treatments. What is the point, then, of all these disquisitions on daring and obscure theories which you cannot convince me are justified?’

I know I cannot convince you. That is beyond any possibility and for that reason beyond my purpose. When we give our pupils theoretical instruction in psycho-analysis, we can see how little impression we are making on them to begin with. They take in the theories of analysis as coolly as other

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abstractions with which they are nourished. A few of them may perhaps *wish* to be convinced, but there is not a trace of their being so. But we also require that everyone who wants to practise analysis on other people shall first himself submit to an analysis. It is

only in the course of this self-analysis (as it is misleadingly termed),¹ when they actually experience as affecting their own person—or rather, their own mind—the processes asserted by analysis, that they acquire the convictions by which they are later guided as analysts. How then could I expect to convince you, the Impartial Person, of the correctness of our theories, when I can only put before you an abbreviated and therefore unintelligible account of them, without confirming them from your own experiences?

I am acting with a different purpose. The question at issue between us is not in the least whether analysis is sensible or nonsensical, whether it is right in its hypotheses or has fallen into gross errors. I am unrolling our theories before you since that is the best way of making clear to you what the range of ideas is that analysis embraces, on the basis of what hypotheses it approaches a patient and what it does with him. In this way a quite definite light will be thrown on the question of lay analysis. And do not be alarmed. If you have followed me so far you have got over the worst. Everything that follows will be easier for you.—But now, with your leave, I will pause to take breath.

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¹ [This is now usually described as a ‘training analysis’. ‘Self-analysis’, in the literal sense, is mentioned below, on p. 280 (Freud, 1926c).]

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III

‘I EXPECT you will want to tell me how, on the basis of the theories of psycho-analysis, the origin of a neurotic illness can be pictured.’

I will try to. But for that purpose we must study our ego and our id from a fresh angle, from the *dynamic* one—that is to say, having regard to the forces at work in them and between them. Hitherto we have been content with a *description* of the mental apparatus.

‘My only fear is that it may become unintelligible again!’

I hope not. You will soon find your way about in it. Well then, we assume that the forces which drive the mental apparatus into activity are produced in the bodily organs as an expression of the major somatic needs. You will recollect the words of our poet-philosopher: ‘Hunger and love [are what moves the world].’¹ Incidentally, quite a formidable pair of forces! We give these bodily needs, in so far as they represent an instigation to mental activity, the name of ‘*Triebe*’ [instincts], a word for which we are envied by many modern languages.² Well, these instincts fill the id: all the energy in the id, as we may put it briefly, originates from them. Nor have the forces in the ego any other origin; they are derived from those in the id. What, then, do these instincts want? Satisfaction—that is, the establishment of situations in which the bodily needs can be extinguished. A lowering of the tension of need is felt by our organ of consciousness as pleasurable; an increase of it is soon felt as unpleasure. From these oscillations arises the series of feelings of pleasure-unpleasure, in accordance with which the whole mental apparatus regulates its activity. In this connection we speak of a ‘dominance of the pleasure principle’.

If the id's instinctual demands meet with no satisfaction, intolerable conditions arise. Experience soon shows that these situations of satisfaction can only be established with the help

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¹ [Schiller, ‘Die Weltweisen’.]

² [Various translations have been adopted for the word ‘*Trieb*’, the most literal being ‘drive’. The reasons for using ‘instinct’ in the *Standard Edition* are discussed in the General Introduction in Volume I.]

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of the external world. At that point the portion of the id which is directed towards the external world—the ego—begins to function. If all the driving force that sets the vehicle in motion is derived from the id, the ego, as it were, undertakes the steering, without which no goal can be reached. The instincts in the id press for immediate satisfaction at all costs, and in that way they achieve nothing or even bring about appreciable damage. It is the task of the ego to guard against such mishaps, to mediate between the claims of the id and the objections of the external world. It carries on its activity in two directions. On the one hand, it observes the external world with the help of its sense-organ, the system of consciousness, so as to catch the favourable moment for harmless satisfaction; and on the other hand it influences the id, bridles its ‘passions’, induces its instincts to postpone their satisfaction, and indeed, if the necessity is recognized, to modify its aims, or, in return for some compensation, to give them up. In so far as it tames the id's impulses in this way, it replaces the pleasure principle, which was formerly alone decisive, by what is known as the ‘reality principle’, which, though it pursues the same ultimate aims, takes into account the conditions imposed by the real external world. Later, the ego learns that there is yet another way of securing satisfaction besides the *adaptation* to the external world which I have described. It is also possible to intervene in the external world by *changing* it, and to establish in it intentionally the conditions which make satisfaction possible.

This activity then becomes the ego's highest function; decisions as to when it is more expedient to control one's passions and bow before reality, and when it is more expedient to side with them and to take arms against the external world—such decisions make up the whole essence of worldly wisdom.

‘And does the id put up with being dominated like this by the ego, in spite of being, if I understand you aright, the stronger party?’

Yes, all will be well if the ego is in possession of its whole organization and efficiency, if it has access to all parts of the id and can exercise its influence on them. For there is no natural opposition between ego and id; they belong together, and under healthy conditions cannot in practice be distinguished from each other.

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‘That sounds very pretty; but I cannot see how in such an ideal relation there can be the smallest room for a pathological disturbance.’

You are right. So long as the ego and its relations to the id fulfil these ideal conditions, there will be no neurotic disturbance. The point at which the illness makes its breach is an unexpected one, though no one acquainted with general pathology will be surprised to find a confirmation of the principle that it is precisely the most important developments and differentiations that carry in them the seeds of illness, of failure of function.

‘You are becoming too learned. I cannot follow you.’

I must go back a little bit further. A small living organism is a truly miserable, powerless thing, is it not? compared with the immensely powerful external world, full as it is of destructive influences. A primitive organism, which has not developed any adequate ego-organization, is at the mercy of all these ‘traumas’. It lives by the ‘blind’ satisfaction of its instinctual wishes and often perishes in consequence. The differentiation of an ego is above all a step towards self-preservation. Nothing, it is true, can be learnt from being destroyed; but if one has luckily survived a trauma one takes notice of the approach of similar situations and signalizes the danger by an abbreviated repetition of the impressions one has experienced in connection with the trauma—by an *affect of anxiety*. This reaction to the perception of the danger now introduces an attempt at flight, which can have a life-saving effect till one has grown strong enough to meet the dangers of the external world in a more active fashion—even aggressively, perhaps.

‘All this is very far away from what you promised to tell me.’

You have no notion how close I am to fulfilling my promise. Even in organisms which later develop an efficient ego-organization, their ego is feeble and little differentiated from their id to begin with, during their first years of childhood. Imagine now what will happen if this powerless ego experiences an instinctual demand from the id which it would already like to resist (because it senses that to satisfy it is dangerous and would conjure up a traumatic situation, a collision with the external world) but which it cannot control, because it does

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not yet possess enough strength to do so. In such a case the ego treats the instinctual danger as if it was an external one; it makes an attempt at flight, draws back from this portion of the id and leaves it to its fate, after withholding from it all the contributions which it usually makes to instinctual impulses. The ego, as we put it, institutes a *repression* of these instinctual impulses. For the moment this has the effect of fending off the danger; but one cannot confuse the inside and the outside with impunity. One cannot run away from oneself. In repression the ego is following the pleasure principle, which it is usually in the habit of correcting; and it is bound to suffer damage in revenge. This lies in the ego's having permanently narrowed its sphere of influence. The repressed instinctual impulse is now isolated, left to itself, inaccessible, but also uninfluenceable. It goes its own way. Even later, as a rule, when the ego has grown stronger, it still cannot lift the repression; its synthesis is impaired, a part of the id remains forbidden ground to the ego. Nor does the isolated instinctual impulse remain idle; it understands how to make up for being denied normal satisfaction; it produces psychical derivatives which take its place; it links itself to other processes which by its influence it likewise tears away from the ego; and finally it breaks through into the ego and into consciousness in the form of an unrecognizably distorted substitute, and creates what we call a symptom. All at once the nature of a neurotic disorder becomes clear to us: on the one hand an ego which is inhibited in its synthesis, which has no influence on parts of the id, which must renounce some of its activities in order to avoid a fresh collision with what has been repressed, and which exhausts itself in what are for the most part vain acts of defence against the symptoms, the derivatives of the repressed impulses; and on the other hand an id in which individual instincts have made themselves independent, pursue their aims regardless of the interests of the person as a whole and henceforth obey the laws only of the primitive psychology that rules in the depths of the id. If we survey the whole situation we arrive at a simple formula for the origin of a neurosis: the ego has made an attempt to suppress certain portions of the id *in an inappropriate manner*, this attempt has failed and the id has taken its revenge. A neurosis is thus the result of a conflict between the ego and

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the id, upon which the ego has embarked because, as careful investigation shows, it wishes at all costs to retain its adaptability in relation to the real external world. The disagreement is between the external world and the id; and it is because the ego, loyal to its inmost nature, takes sides with the external world that it becomes involved in a conflict with its id. But please observe that what creates the determinant for the illness is not the fact of this conflict—for disagreements of this kind between reality and the id are unavoidable and it is one of the ego's standing tasks to mediate in them—but the circumstance that the ego has made use of the inefficient instrument of repression for dealing with the conflict. But this in turn is due to the fact that the ego, at the time at which it was set the task, was undeveloped and powerless. The decisive repressions all take place in early childhood.

‘What a remarkable business! I shall follow your advice and not make criticisms, since you only want to show me what psychoanalysis believes about the origin of neurosis so that you can go on to say how it sets about combating it. I should have various questions to ask and later on I shall raise some of them. But at the moment I myself feel tempted for once to carry your train of thought further and to venture upon a theory of my own. You have expounded the relation between external world, ego and id, and you have laid it down as the determinant of a neurosis that the ego in its dependence on the external world struggles against the id. Is not the opposite case conceivable of the ego in a conflict of this kind allowing itself to be dragged away by the id and disavowing its regard for the external world? What happens in a case like that? From my lay notions of the nature of insanity I should say that such a decision on the part of the ego might be the determinant of insanity. After all, a turning away of that kind from reality seems to be the essence of insanity.’

Yes. I myself have thought of that possibility,¹ and indeed I believe it meets the facts—though to prove the suspicion true would call for a discussion of some highly complicated considerations. Neuroses and psychoses are evidently intimately related, but they must nevertheless differ in some decisive

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¹ [Cf. Freud, ‘Neurosis and Psychosis’ (1924b).]

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respect. That might well be the side taken by the ego in a conflict of this kind. In both cases the id would retain its characteristic of blind inflexibility.

‘Well, go on! What hints on the treatment of neurotic illnesses does your theory give?’

It is easy now to describe our therapeutic aim. We try to restore the ego, to free it from its restrictions, and to give it back the command over the id which it has lost owing to its early repressions. It is for this one purpose that we carry out analysis, our whole technique is directed to this aim. We have to seek out the repressions which have been set up and to urge the ego to correct them with our help and to deal with conflicts better than by an attempt at flight. Since these repressions belong to the very early years of childhood, the work of analysis leads us, too, back to that period. Our path to these situations of conflict, which have for the most part been forgotten and which we try to revive in the patient's memory, is pointed out to us by his symptoms, dreams and free associations. These must, however, first be interpreted—translated—for, under the influence of the psychology of the id, they have assumed forms of expression that are strange to our comprehension. We may assume that whatever associations, thoughts and memories the patient is unable to communicate to us without internal struggles are in some way connected with the repressed material or are its derivatives. By encouraging the patient to disregard his resistances to telling us these things, we are educating his ego to overcome its inclination towards attempts at flight and to tolerate an approach to what is repressed. In the end, if the situation of the repression can be successfully reproduced in his memory, his compliance will be brilliantly rewarded. The whole difference between his age then and now works in his favour; and the thing from which his childish ego fled in terror will often seem to his adult and strengthened ego no more than child's play.

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IV

‘EVERYTHING you have told me so far has been psychology. It has often sounded strange, difficult, or obscure; but it has always

been—if I may put it so—‘pure’. I have known very little hitherto, no doubt, about your psycho-analysis; but the rumour has nevertheless reached my ears that you are principally occupied with things that have no claim to that predicate. The fact that you have not yet touched on anything of the kind makes me feel that you are deliberately keeping something back. And there is another doubt that I cannot suppress. After all, as you yourself say, neuroses are disturbances of mental life. Is it possible, then, that such important things as our ethics, our conscience, our ideals, play no part at all in these profound disturbances?’

So you feel that a consideration both of what is lowest and of what is highest has been missing from our discussions up till now? The reason for that is that we have not yet considered the *contents* of mental life at all. But allow me now for once myself to play the part of an interrupter who holds up the progress of the conversation. I have talked so much psychology to you because I wanted you to get the impression that the work of analysis is a part of applied psychology—and, moreover, of a psychology that is unknown outside analysis. An analyst must therefore first and foremost have learnt this psychology, this depth-psychology or psychology of the unconscious, or as much of it at least as is known to-day. We shall need this as a basis for our later conclusions. But now, what was it you meant by your allusion to ‘purity’?

‘Well, it is generally reported that in analyses the most intimate—and the nastiest—events in sexual life come up for discussion in every detail. If that is so—I have not been able to gather from your psychological discussions that it is necessarily so—it would be a strong argument in favour of restricting these treatments to doctors. How could one dream of allowing such dangerous liberties to people of whose discretion one was not sure and of whose character one had no guarantee?’

It is true that doctors enjoy certain privileges in the sphere of sex: they are even allowed to inspect people's genitals—

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though they were not allowed to in the East and though some idealistic reformers (you know whom I have in mind)¹ have disputed this privilege. But you want to know in the first place whether it is so in analysis and why it must be so.—Yes, it is so.

And it must be so, firstly, because analysis is entirely founded on complete candour. Financial circumstances, for instance, are discussed with equal detail and openness: things are said that are kept back from every fellow-citizen, even if he is not a competitor or a tax-collector. I will not dispute—indeed, I will myself insist with energy—that this obligation to candour puts a grave moral responsibility on the analyst as well. And it must be so, secondly, because factors from sexual life play an extremely important, a dominating, perhaps even a *specific* part among the causes and precipitating factors of neurotic illnesses. What else can analysis do but keep close to its subject-matter, to the material brought up by the patient? The analyst never entices his patient on to the ground of sex. He does not say to him in advance: ‘We shall be dealing with the intimacies of your sexual life!’ He allows him to begin what he has to say wherever he pleases, and quietly waits until the patient himself touches on sexual things. I used always to warn my pupils: ‘Our opponents have told us that we shall come upon cases in which the factor of sex plays no part. Let us be careful not to introduce it into our analyses and so spoil our chance of finding such a case.’ But so far none of us has had that good fortune.

I am aware, of course, that our recognition of sexuality has become—whether admittedly or not—the strongest motive for other people's hostility to analysis. Can that shake our confidence? It merely shows us how neurotic our whole civilized life is, since ostensibly normal people do not behave very differently from neurotics. At a time when psycho-analysis was solemnly put on its trial before the learned societies of Germany—to-day things have grown altogether quieter—one of the speakers claimed to possess peculiar authority because, so he said, he even allowed his patients to talk: for diagnostic purposes, clearly, and to test the assertions of analysts. ‘But’, he added, ‘if they begin to talk about sexual matters I shut their

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¹ [No doubt Tolstoy and his followers. See the similar passage in a paper on transference-love (**1915a**), *Standard Ed.*, **12**, **161**.]

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mouths.’ What do you think of that as a method of demonstration? The learned society applauded the speaker to the echo instead of feeling suitably ashamed on his account. Only the triumphant certainty afforded by the consciousness of prejudices held in common can explain this speaker's want of logical thought. Years later a few of those who had at that time been my followers gave in to the need to free human society from the yoke of sexuality which psycho-analysis was seeking to impose on it. One of them explained that what is sexual does not mean sexuality at all, but something else, something abstract and mystical. And another actually declared that sexual life is merely one of the spheres in which human beings seek to put in action their driving need for power and domination. They have met with much applause, for the moment at least.

‘I shall venture, for once in a way, to take sides on that point. It strikes me as extremely bold to assert that sexuality is not a natural, primitive need of living organisms, but an expression of something else. One need only take the example of animals.’

That makes no difference. There is no mixture, however absurd, that society will not willingly swallow down if it is advertised as an antidote to the dreaded predominance of sexuality.

as an antidote to the dreaded predominance of sexuality.

I confess, moreover, that the dislike that you yourself have betrayed of assigning to the factor of sexuality so great a part in the causation of neurosis—I confess that this scarcely seems to me consistent with your task as an Impartial Person. Are you not afraid that this antipathy may interfere with your passing a just judgement?

‘I am sorry to hear you say that. Your reliance on me seems to be shaken. But in that case why not have chosen someone else as your Impartial Person?’

Because that someone else would not have thought any differently from you. But if he had been prepared from the first to recognize the importance of sexual life, everyone would have exclaimed: ‘Why, that is no Impartial Person, he is one of your supporters!’ No, I am far from abandoning the expectation of being able to influence your opinions. I must admit, however, that from my point of view this situation is different from the one we dealt with earlier. As regards our psychological discussions it is a matter of indifference to me whether you believe

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me or not, provided only that you get an impression that what we are concerned with are purely psychological problems. But here, as regards the question of sexuality, I should nevertheless be glad if you were accessible to the realization that your strongest motive for contradiction is precisely the ingrained hostility which you share with so many other people.

‘But after all I am without the experience that has given you your unshakeable certainty.’

Very well. I can now proceed with my exposition. Sexual life is not simply something spicy; it is also a serious scientific problem. There was much that was novel to be learnt about it, many strange things to be explained. I told you just now that analysis has to go back into the early years of the patient's childhood, because the decisive repressions have taken place then, while his ego was feeble. But surely in childhood there is no sexual life? surely it only starts at puberty? On the contrary. We have to learn that sexual instinctual impulses accompany life from birth onwards, and that it is precisely in order to fend off those instincts that the infantile ego institutes repressions. A remarkable coincidence, is it not? that small children should already be struggling against the power of sexuality, just as the speaker in the learned society was to do later, and later still my followers who have set up their own theories. How does that come about? The most general explanation would be that our civilization is built up entirely at the expense of sexuality; but there is much more to be said on the subject.

The discovery of infantile sexuality is one of those of which we have reason to feel ashamed [because of its obviousness].¹ A few paediatricians have, it seems, always known about it, and a few children's nurses. Clever men, who call themselves child psychologists, have thereupon spoken in tones of reproach of a ‘desecration of the innocence of childhood’. Once again, sentiment instead of argument! Events of that kind are of daily occurrence in political bodies. A member of the Opposition rises and denounces some piece of maladministration in the Civil Service, in the Army, in the Judiciary and so on. Upon this another member, preferably one of the Government, declares that such statements are an affront to the sense of honour of the

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¹ [Cf. a similar passage in ‘The History of the Psycho-Analytic Movement’ (1914d), *Standard Ed.*, 14, 18.]

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body politic, of the army, of the dynasty, or even of the nation. So they are as good as untrue. Feelings such as these can tolerate no affronts.

The sexual life of children is of course different from that of adults. The sexual function, from its beginnings to the definitive form in which it is so familiar to us, undergoes a complicated process of development. It grows together from numerous component instincts with different aims and passes through several phases of organization till at last it comes into the service of reproduction. Not all the component instincts are equally serviceable for the final outcome; they must be diverted, remodelled and in part suppressed. Such a far-reaching course of development is not always passed through without a flaw; inhibitions in development take place, partial fixations at early stages of development. If obstacles arise later on to the exercise of the sexual function, the sexual urge—the libido, as we call it—is apt to hark back to these earlier points of fixation. The study of the sexuality of children and its transformations up to maturity has also given us the key to an understanding of what are known as the sexual perversions, which people used always to describe with all the requisite indications of disgust but whose origin they were never able to explain. The whole topic is of uncommon interest, but for the purposes of our conversation there is not much sense in telling you more about it. To find one's way about in it one of course needs anatomical and physiological knowledge, all of which is unfortunately not to be acquired in medical schools. But a familiarity with the history of civilization and with mythology is equally indispensable.

‘After all that, I still cannot form any picture of the sexual life of children.’

Then I will pursue the subject further; in any case it is not easy for me to get away from it. I will tell you, then, that the most remarkable thing about the sexual life of children seems to me that it passes through the whole of its very far-reaching development in the first five years of life. From then onwards until puberty there stretches what is known as the period of latency. During it sexuality normally advances no further; on the contrary, the sexual urges diminish in strength and many things are given up and forgotten which the child did and knew. During that period of life, after the early efflorescence of sexuality

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has withered, such attitudes of the ego as shame, disgust and morality arise, which are destined to stand up against the later tempest of puberty and to lay down the path of the freshly awakening sexual desires. This 'diphasic onset', as it is named, of sexual life has a great deal to do with the genesis of neurotic illnesses. It seems to occur only in human beings, and it is perhaps one of the determinants of the human privilege of becoming neurotic. The prehistory of sexual life was just as much overlooked before psycho-analysis as, in another department, the background to conscious mental life. You will rightly suspect that the two are intimately connected.

There is much to be told, for which our expectations have not prepared us, about the contents, manifestations¹ and achievements of this early period of sexuality. For instance, you will no doubt be surprised to hear how often little boys are afraid of being eaten up by their father. (And you may also be surprised at my including this fear among the phenomena of sexual life.) But I may remind you of the mythological tale which you may still recall from your schooldays of how the god Kronos swallowed his children. How strange this must have sounded to you when you first heard it! But I suppose none of us thought about it at the time. To-day we can also call to mind a number of fairy tales in which some ravenous animal like a wolf appears, and we shall recognize it as a disguise of the father. And this is an opportunity of assuring you that it was only through the knowledge of infantile sexuality that it became possible to understand mythology and the world of fairy tales. Here then something has been gained as a by product of analytic studies.

You will be no less surprised to hear that male children suffer from a fear of being robbed of their sexual organ by their father, so that this fear of being castrated has a most powerful influence on the development of their character and in deciding the direction to be followed by their sexuality. And here again mythology may give you the courage to believe psycho-analysis. The same Kronos who swallowed his children also emasculated his father Uranus, and was afterwards himself emasculated in revenge by his son Zeus, who had been rescued through his

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¹ [*'Äusserungen'* in the first edition. In the later ones *'Änderungen'* (changes), probably a misprint.]

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mother's cunning. If you have felt inclined to suppose that all that psycho-analysis reports about the early sexuality of children is derived from the disordered imagination of the analysts, you must at least admit that their imagination has created the same product as the imaginative activities of primitive man, of which myths and fairy tales are the precipitate. The alternative friendlier, and probably also the more pertinent view would be that in the mental life of children to-day we can still detect the same archaic factors which were once dominant generally in the primaevial days of human civilization. In his mental development the child would be repeating the history of his race in an abbreviated form, just as embryology long since recognized was the case with somatic development.

Another characteristic of early infantile sexuality is that the female sexual organ proper as yet plays no part in it: the child has not yet discovered it. Stress falls entirely on the male organ, all the child's interest is directed towards the question of whether it is present or not. We know less about the sexual life of little girls than of boys. But we need not feel ashamed of this distinction; after all, the sexual life of adult women is a 'dark continent'¹ for psychology. But we have learnt that girls feel deeply their lack of a sexual organ that is equal in value to the male one; they regard themselves on that account as inferior, and this 'envy for the penis' is the origin of a whole number of characteristic feminine reactions.

It is also characteristic of children that their two excretory needs are cathected [charged] with sexual interest. Later on, education draws a sharp distinction here, which is once more obliterated in the practice of joking. It may seem to us an unsavoury fact, but it takes quite a long time for children to develop feelings of disgust. This is not disputed even by people who insist otherwise on the seraphic purity of the child's mind.

Nothing, however, deserves more notice than the fact that children regularly direct their sexual wishes towards their nearest relatives—in the first place, therefore, towards their father and mother, and afterwards towards their brothers and sisters. The first object of a boy's love is his mother, and of a girl's her father (except in so far as an innate bisexual disposition favours the simultaneous presence of the contrary

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attitude). The other parent is felt as a disturbing rival and not infrequently viewed with strong hostility. You must understand me aright. What I mean to say is not that the child wants to be treated by its favourite parent merely with the kind of affection which we adults like to regard as the essence of the parent-child relation. No, analysis leaves us in no doubt that the child's wishes extend beyond such affection to all that we understand by sensual satisfaction—so far, that is, as the child's powers of imagination allow. It is easy to see that the child never guesses the actual facts of sexual intercourse; he replaces them by other notions derived from his own experience and feelings. As a rule his wishes culminate in the intention to bear, or in some indefinable way, to procreate a baby. Boys, too, in their ignorance, do not exclude themselves from the wish to bear a baby. We give the whole of this mental structure the name of 'Oedipus complex', after the familiar Greek legend. With the end of the early sexual period it should normally be given up, should radically disintegrate and become transformed; and the results of this transformation are destined for important functions in later mental life. But as a rule this is not effected radically enough, in which case puberty brings about a revival of the complex, which may have serious consequences.

I am surprised that you are still silent. That can scarcely mean consent.—In asserting that a child's first choice of an object is, to use the technical term, an incestuous one, analysis no doubt once more hurt the most sacred feelings of humanity, and might well be prepared for a corresponding amount of disbelief, contradiction and attack. And these it has received in abundance. Nothing has damaged it more in the good opinion of its contemporaries than its hypothesis of the Oedipus complex as a structure universally bound to human destiny. The Greek myth, incidentally, must have had the same meaning; but the majority of men to-day, learned and unlearned alike, prefer to believe that Nature has laid down an innate abhorrence in us as a guard against the possibility of incest.

But let us first summon history to our aid. When Caius Julius Caesar landed in Egypt, he found the young Queen Cleopatra (who was soon to become so important to him) married to her still younger brother Ptolemy. In an Egyptian dynasty there was nothing peculiar in this; the Ptolemies, who were of Greek

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origin, had merely carried on the custom which had been practised by their predecessors, the ancient Pharaohs, for a few thousand years. This, however, was merely brother-and-sister incest, which even at the present time is not judged so harshly. So let us turn to our chief witness in matters concerning *primaeva* times—mythology. It informs us that the myths of every people, and not only of the Greeks, are filled with examples of love-affairs between fathers and daughters and even between mothers and sons. Cosmology, no less than the genealogy of royal races, is founded upon incest. For what purpose do you suppose these legends were created? To brand gods and kings as criminals? to fasten on them the abhorrence of the human race? Rather, surely, because incestuous wishes are a primordial human heritage and have never been fully overcome, so that their fulfilment was still granted to gods and their descendants when the majority of common humans were already obliged to renounce them. It is in complete harmony with these lessons of history and mythology that we find incestuous wishes still present and operative in the childhood of the individual.

'I might take it amiss that you tried to keep back all this about infantile sexuality from me. It seems to me most interesting, particularly on account of its connection with human prehistory.'

I was afraid it might take us too far from our purpose. But perhaps after all it will be of use.

'Now tell me, though, what certainty can you offer for your analytic findings on the sexual life of children? Is your conviction based solely on points of agreement with mythology and history?'

Oh, by no means. It is based on direct observation. What happened was this. We had begun by inferring the content of sexual childhood from the analysis of adults—that is to say, some twenty to forty years later. Afterwards, we undertook analyses on children themselves, and it was no small triumph when we were thus able to confirm in them everything that we had been able to divine, in spite of the amount to which it had been overlaid and distorted in the interval.

'What? You have had small children in analysis? children of less than six years? *Can* that be done? And is it not most risky for the children?'

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It can be done very well. It is hardly to be believed what goes on in a child of four or five years old. Children are very active-minded at that age; their early sexual period is also a period of intellectual flowering. I have an impression that with the onset of the latency period they become mentally inhibited as well, stupider. From that time on, too, many children lose their physical charm. And, as regards the damage done by early analysis, I may inform you that the first child on whom the experiment was ventured, nearly twenty years ago, has since then grown into a healthy and capable young man, who has passed through his puberty irreproachably, in spite of some severe psychical traumas. It may be hoped that things will turn out no worse for the other 'victims' of early analysis. Much that is of interest attaches to these child analyses; it is possible that in the future they will become still more important. From the point of view of theory, their value is beyond question. They give unambiguous information on problems which remain unsolved in the analyses of adults; and they thus protect the analyst from errors that might have momentous consequences for him. One surprises the factors that lead to the formation of a neurosis while they are actually at work and one cannot then mistake them. In the child's interest, it is true, analytic influence must be combined with educational measures. The technique has still to receive its shaping. But practical interest is aroused by the observation that a very large number of our children pass through a plainly neurotic phase in the course of their development. Since we have learnt how to look more sharply, we are tempted to say that neurosis in children is not the exception but the rule, as though it could scarcely be avoided on the path from the innate disposition of infancy to civilized society. In most cases this neurotic phase in childhood is overcome spontaneously. But may it not also regularly leave its traces in the average healthy adult? On the other hand in those who are neurotics in later life we never fail to find links with the illness in childhood, though at the time it need not have been very noticeable. In a precisely analogous way physicians to-day, I believe, hold the view that each one of us has gone through an attack of tuberculosis in his childhood. It is true that in the case of the neuroses the factor of immunization does not operate, but only the factor of predisposition.

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Let me return to your question about certainty. We have become quite generally convinced from the direct analytic examination of children that we were right in our interpretation of what adults told us about their childhood. In a number of cases, however, another sort of confirmation has become possible. The material of the analysis of some patients has enabled us to reconstruct certain external happenings, certain impressive events of their childhood years, of which they have preserved no conscious memory. Lucky accidents, information from parents or nurses, have afterwards provided irrefutable evidence that these occurrences which we had inferred really did take place. This, of course, has not happened often, but when it has it has made an overwhelming impression. The correct reconstruction, you must know, of such forgotten experiences of childhood always has a great therapeutic effect, whether they permit of objective confirmation or not.¹ These events owe their importance, of course, to their having occurred at such an early age, at a time when they could still produce a traumatic effect on the feeble ego.

'And what sort of events can these be, that have to be discovered by analysis?'

Various sorts. In the first place, impressions capable of permanently influencing the child's budding sexual life—such as observations of sexual activities between adults, or sexual experiences of his own with an adult or another child (no rare events); or, again, overhearing conversations, understood either at the time or retrospectively, from which the child thought it could draw conclusions about mysterious or uncanny matters; or again, remarks or actions by the child himself which give evidence of significant attitudes of affection or enmity towards other people. It is of special importance in an analysis to induce a memory of the patient's own forgotten sexual activity as a child and also of the intervention by the adults which brought it to an end.

'That gives me an opportunity of bringing up a question that I have long wanted to ask. What, then, is the nature of this "sexual activity" of children at an early age, which, as you say, was overlooked before the days of analysis?'

It is an odd thing that the regular and essential part of this

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¹ [Cf. Freud's later paper on this subject (**1937d**).]

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sexual activity was *not* overlooked. Or rather, it is by no means odd; for it was impossible to overlook it. Children's sexual impulses find their main expressions in self-gratification by friction of their own genitals, or, more precisely, of the male portion of them. The extraordinarily wide distribution of this form of childish 'naughtiness' was always known to adults, and it was regarded as a grave sin and severely punished. But please do not ask me how people could reconcile these observations of the immoral inclinations of children—for children do it, as they themselves say, because it gives them pleasure—with the theory of their innate purity and non-sensuality. You must get our opponents to solve this riddle. *We* have a more important problem before us. What attitude should we adopt towards the sexual activity of early childhood? We know the responsibility we are incurring if we suppress it; but we do not venture to let it take its course without restriction. Among races at a low level of civilization, and among the lower strata of

civilized races, the sexuality of children seems to be given free rein. This probably provides a powerful protection against the subsequent development of neuroses in the individual. But does it not at the same time involve an extraordinary loss of the aptitude for cultural achievements? There is a good deal to suggest that here we are faced by a new Scylla and Charybdis.

But whether the interests which are stimulated by the study of the sexual life of neurotics create an atmosphere favourable to the encouragement of lasciviousness—*that* is a question which I venture to leave to your own judgement.

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‘I BELIEVE I understand your purpose. You want to show me what kind of knowledge is needed in order to practise analysis, so that I may be able to judge whether only doctors should have a right to do so. Well, so far very little to do with medicine has turned up: a great deal of psychology and a little biology or sexual science. But perhaps we have not got to the end?’

Decidedly not. There are still gaps to be filled. May I make a request? Will you describe how you now picture an analytic treatment?—just as though you had to undertake one yourself.

‘A fine idea, to be sure! No, I have not the least intention of settling our controversy by an experiment of that sort. But just to oblige, I will do what you ask—the responsibility will be yours. Very well. I will suppose that the patient comes to me and complains of his troubles. I promise him recovery or improvement if he will follow my directions. I call on him to tell me with perfect candour everything that he knows and that occurs to him, and not to be deterred from that intention even if some things are disagreeable to say. Have I taken in the rule properly?’

Yes. You should add: ‘even if what occurs to him seems unimportant or senseless.’

‘I will add that. Thereupon he begins to talk and I listen. And what then? I infer from what he tells me the kind of impressions, experiences and wishes which he has repressed because he came across them at a time when his ego was still feeble and was afraid of them instead of dealing with them. When he has learnt this from me, he puts himself back in the old situations and with my help he manages better. The limitations to which his ego was tied then disappear, and he is cured. Is that right?’

Bravo! bravo! I see that once again people will be able to accuse me of having made an analyst of someone who is not a doctor. You have mastered it all admirably.

‘I have done no more than repeat what I have heard from you—as though it was something I had learnt by heart. All the same, I cannot form any picture of how I should do it, and I am quite at a loss to understand why a job like that should

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take an hour a day for so many months. After all, an ordinary person has not as a rule experienced such a lot, and what was repressed in childhood is probably in every case the same.’

When one really practises analysis one learns all kinds of things besides. For instance: you would not find it at all such a simple matter to deduce from what the patient tells you the experiences he has forgotten and the instinctual impulses he has repressed. He says something to you which at first means as little to you as it does to him. You will have to make up your mind to look at the material which he delivers to you in obedience to the rule in a quite special way: as though it were ore, perhaps, from which its content of precious metal has to be extracted by a particular process. You will be prepared, too, to work over many tons of ore which may contain but little of the valuable material you are in search of. Here we should have a first reason for the prolonged character of the treatment.

‘But how does one work over this raw material—to keep to your simile?’

By assuming that the patient's remarks and associations are only distortions of what you are looking for—allusions, as it were, from which you have to guess what is hidden behind them. In a word, this material, whether it consists of memories, associations or dreams, has first to be *interpreted*. You will do this, of course, with an eye to the expectations you have formed as you listened, thanks to your special knowledge.

“‘Interpret!’” A nasty word! I dislike the sound of it; it robs me of all certainty. If everything depends on my interpretation who can guarantee that I interpret right? So after all everything *is* left to my caprice.’

Just a moment! Things are not quite as bad as that. Why do you choose to except your own mental processes from the rule of law which you recognize in other people's? When you have attained some degree of self-discipline and have certain knowledge at your disposal, your interpretations will be independent of your personal characteristics and will hit the mark. I am not saying that the analyst's personality is a matter of indifference for this portion of his task. A kind of sharpness of hearing for what is unconscious and

repressed, which is not possessed equally by everyone, has a part to play. And here, above all,

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we are brought to the analyst's obligation to make himself capable, by a deep-going analysis of his own, of the unprejudiced reception of the analytic material. Something, it is true, still remains over: something comparable to the 'personal equation' in astronomical observations. This individual factor will always play a larger part in psycho-analysis than elsewhere. An abnormal person can become an accurate physicist; as an analyst he will be hampered by his own abnormality from seeing the pictures of mental life undistorted. Since it is impossible to demonstrate to anyone his own abnormality, general agreement in matters of depth-psychology will be particularly hard to reach. Some psychologists, indeed, think it is quite impossible and that every fool has an equal right to give out his folly as wisdom. I confess that I am more of an optimist about this. After all, our experiences show that fairly satisfactory agreements can be reached even in psychology. Every field of research has its particular difficulty which we must try to eliminate. And, moreover, even in the interpretative art of analysis there is much that can be learnt like any other material of study: for instance, in connection with the peculiar method of indirect representation through symbols.

'Well, I no longer have any desire to undertake an analytic treatment even in my imagination. Who can say what other surprises I might meet with?'

You are quite right to give up the notion. You see how much more training and practice would be needed. When you have found the right interpretation, another task lies ahead. You must wait for the right moment at which you can communicate your interpretation to the patient with some prospect of success.

'How can one always tell the right moment?'

That is a question of tact, which can become more refined with experience. You will be making a bad mistake if, in an effort, perhaps, at shortening the analysis, you throw your interpretations at the patient's head as soon as you have found them. In that way you will draw expressions of resistance, rejection and indignation from him; but you will not enable his ego to master his repressed material. The formula is: to wait till he has come so near to the repressed material that he has only a few more steps to take under the lead of the interpretation you propose.

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'I believe I should never learn to do that. And if I carry out these precautions in making my interpretation, what next?'

It will then be your fate to make a discovery for which you were not prepared.

'And what may that be?'

That you have been deceived in your patient; that you cannot count in the slightest on his collaboration and compliance; that he is ready to place every possible difficulty in the way of your common work—in a word, that he has no wish whatever to be cured.

'Well! that is the craziest thing you have told me yet. And I do not believe it either. The patient who is suffering so much, who complains so movingly about his troubles, who is making so great a sacrifice for the treatment—you say he has no wish to be cured! But of course you do not mean what you say.'

Calm yourself! I *do* mean it. What I said was the truth—not the whole truth, no doubt, but a very noteworthy part of it. The patient wants to be cured—but he also wants not to be. His ego has lost its unity, and for that reason his will has no unity either. If that were not so, he would be no neurotic.

“‘Were I sagacious, I should not be Tell!’ ‘1

The derivatives of what is repressed have broken into his ego and established themselves there; and the ego has as little control over trends from that source as it has over what is actually repressed, and as a rule it knows nothing about them. These patients, indeed, are of a peculiar nature and raise difficulties with which we are not accustomed to reckon. All our social institutions are framed for people with a united and normal ego, which one can classify as good or bad, which either fulfils its function or is altogether eliminated by an overpowering influence. Hence the juridical alternative: responsible or irresponsible. None of these distinctions apply to neurotics. It must be admitted that there is difficulty in adapting social demands to their psychological condition. This was experienced on a large scale during the last war. Were the neurotics who evaded service malingerers or not? They were both. If they were treated as malingerers and if their illness was made highly uncomfortable, they recovered; if after being ostensibly restored

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¹ [‘Wär’ ich besonnen, hiess ich nicht der Tell.’ Schiller, *Wilhelm Tell*, Act III, Scene 3.]

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they were sent back into service, they promptly took flight once more into illness. Nothing could be done with them. And the same is true of neurotics in civil life. They complain of their illness but exploit it with all their strength; and if someone tries to take it away from them they defend it like the proverbial lioness with her young. Yet there would be no sense in reproaching them for this contradiction.

‘But would not the best plan be not to give these difficult people any treatment at all, but to leave them to themselves? I cannot think it is worth while to expend such great efforts over each of them as you lead me to suppose that you make.’

I cannot approve of your suggestion. It is undoubtedly a more proper line to accept the complications of life rather than struggle against them. It may be true that not every neurotic whom we treat is worth the expenditure of an analysis; but there are some very valuable individuals among them as well. We must set ourselves the goal of bringing it about that as few human beings as possible enter civilized life with such a defective mental equipment. And for that purpose we must collect much experience and learn to understand many things. Every analysis can be instructive and bring us a yield of new understanding quite apart from the personal value of the individual patient.

‘But if a volitional impulse has been formed in the patient's ego which wishes to retain the illness, it too must have its reasons and motives and be able in some way to justify itself. But it is impossible to see why anyone should want to be ill or what he can get out of it.’

Oh, that is not so hard to understand. Think of the war neurotics, who do not have to serve, precisely because they are ill. In civil life illness can be used as a screen to gloss over incompetence in one's profession or in competition with other people; while in the family it can serve as a means for sacrificing the other members and extorting proofs of their love or for imposing one's will upon them. All of this lies fairly near the surface; we sum it up in the term ‘gain from illness’. It is curious, however, that the patient—that is, his ego—nevertheless knows nothing of the whole concatenation of these motives and the actions which they involve. One combats the influence of these trends by compelling the ego to take cognizance of them. But there are other motives, that lie still deeper, for

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holding on to being ill, which are not so easily dealt with. But these cannot be understood without a fresh journey into psychological theory.

‘Please go on. A little more theory will make no odds now.’

When I described the relation between the ego and the id to you, I suppressed an important part of the theory of the mental apparatus. For we have been obliged to assume that within the ego itself a particular agency has become differentiated, which we name the super-ego. This super-ego occupies a special position between the ego and the id. It belongs to the ego and shares its high degree of psychological organization; but it has a particularly intimate connection with the id. It is in fact a precipitate of the first object-cathexes of the id and is the heir to the Oedipus complex after its demise. This super-ego can confront the ego and treat it like an object; and it often treats it very harshly. It is as important for the ego to remain on good terms with the super-ego as with the id. Estrangements between the ego and the super-ego are of great significance in mental life. You will already have guessed that the superego is the vehicle of the phenomenon that we call conscience. Mental health very much depends on the super-ego's being normally developed—that is, on its having become sufficiently impersonal. And that is precisely what it is not in neurotics, whose Oedipus complex has not passed through the correct process of transformation. Their super-ego still confronts their ego as a strict father confronts a child; and their morality operates in a primitive fashion in that the ego gets itself punished by the super-ego. Illness is employed as an instrument for this ‘self-punishment’, and neurotics have to behave as though they were governed by a sense of guilt which, in order to be satisfied, needs to be punished by illness.

‘That really sounds most mysterious. The strangest thing about it is that apparently even this mighty force of the patient's conscience does not reach his consciousness.’

Yes, we are only beginning to appreciate the significance of all these important circumstances. That is why my description was bound to turn out so obscure. But now I can proceed. We describe all the forces that oppose the work of recovery as the patient's ‘resistances’. The gain from illness is one such

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resistance. The 'unconscious sense of guilt' represents the superego's resistance; it is the most powerful factor, and the one most dreaded by us. We meet with still other resistances during the treatment. If the ego during the early period has set up a repression out of fear, then the fear still persists and manifests itself as a resistance if the ego approaches the repressed material. And finally, as you can imagine, there are likely to be difficulties if an instinctual process which has been going along a particular path for whole decades is suddenly expected to take a new path that has just been made open for it. That might be called the id's resistance. The struggle against all these resistances is our main work during an analytic treatment; the task of making interpretations is nothing compared to it. But as a result of this struggle and of the overcoming of the resistances, the patient's ego is so much altered and strengthened that we can look forward calmly to his future behaviour when the treatment is over. On the other hand, you can understand now why we need such long treatments. The length of the path of development and the wealth of the material are not the decisive factors. It is more a question of whether the path is clear. An army can be held up for weeks on a stretch of country which in peace time an express train crosses in a couple of hours—if the army has to overcome the enemy's resistance there. Such battles call for time in mental life too. I am unfortunately obliged to tell you that every effort to hasten analytic treatment appreciably has hitherto failed. The best way of shortening it seems to be to carry it out according to the rules.

'If I ever felt any desire to poach on your preserves and try my hand at analysing someone else, what you tell me about the resistances would have cured me of it. But how about the special personal influence that you yourself have after all admitted? Does not that come into action against the resistances?'

It is a good thing you have asked me about that. This personal influence is our most powerful dynamic weapon. It is the new element which we introduce into the situation and by means of which we make it fluid. The intellectual content of our explanations cannot do it, for the patient, who shares all the prejudices of the world around him, need believe us as little as our scientific critics do. The neurotic sets to work because he has faith in the analyst, and he believes him because

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he acquires a special emotional attitude towards the figure of the analyst. Children, too, only believe people they are attached to. I have already told you [p. **190**] what use we make of this particularly large 'suggestive' influence. Not for suppressing the symptoms—this distinguishes the analytic method from other psychotherapeutic procedures—but as a motive force to induce the patient to overcome his resistances.

'Well, and if that succeeds, does not everything then go smoothly?'

Yes, it ought to. But there turns out to be an unexpected complication. It was perhaps the greatest of the analyst's surprises to find that the emotional relation which the patient adopts towards him is of a quite peculiar nature. The very first doctor who attempted an analysis—it was not myself—came up against this phenomenon and did not know what to make of it. For this emotional relation is, to put it plainly, in the nature of falling in love. Strange, is it not? Especially when you take into account that the analyst does nothing to provoke it but on the contrary rather keeps at a distance from the patient, speaking humanly, and surrounds himself with some degree of reserve—when you learn besides that this odd love-relationship disregards anything else that is really propitious and every variation in personal attraction, age, sex or class. This love is of a positively compulsive kind. Not that that characteristic need be absent from spontaneous falling in love. As you know, the contrary is often the case. But in the analytic situation it makes its appearance with complete regularity without there being any rational explanation for it. One would have thought that the patient's relation to the analyst called for no more than a certain amount of respect, trust, gratitude and human sympathy. Instead, there is this falling in love, which itself gives the impression of being a pathological phenomenon.

'I should have thought all the same that it would be favourable for your analytic purposes. If someone is in love, he is amenable, and he will do anything in the world for the sake of the other person.'

Yes. It *is* favourable to start with. But when this falling in love has grown deeper, its whole nature comes to light, much of which is incompatible with the task of analysis. The patient's love is not satisfied with being obedient; it grows exacting, calls

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for affectionate and sensual satisfactions, it demands exclusiveness, it develops jealousy, and it shows more and more clearly its reverse side, its readiness to become hostile and revengeful if it cannot obtain its ends. At the same time, like all falling in love, it drives away all other mental material; it extinguishes interest in the treatment and in recovery—in short, there can be no doubt that it has taken the place of the neurosis and that our work has had the result of driving out one form of illness with another.

'That does sound hopeless! What can be done about it? The analysis would have to be given up. But if, as you say, the same thing happens in every case, it would be impossible to carry through any analyses at all.'

happens in every case, it would be impossible to carry through any analyses at all.

We will begin by using the situation in order to learn something from it. What we learn may then perhaps help us to master it. Is it not an extremely noteworthy fact that we succeed in transforming every neurosis, whatever its content, into a condition of pathological love?

Our conviction that a portion of erotic life that has been abnormally employed lies at the basis of neuroses must be unshakeably strengthened by this experience. With this discovery we are once more on a firm footing and can venture to make this love itself the object of analysis. And we can make another observation. Analytic love is not manifested in every case as clearly and blatantly as I have tried to depict it. Why not? We can soon see. In proportion as the purely sensual and the hostile sides of his love try to show themselves, the patient's opposition to them is aroused. He struggles against them and tries to repress them before our very eyes. And now we understand what is happening. The patient is *repeating* in the form of falling in love with the analyst mental experiences which he has already been through once before; he has *transferred* on to the analyst mental attitudes that were lying ready in him and were intimately connected with his neurosis. He is also repeating before our eyes his old defensive actions; he would like best to repeat in his relation to the analyst *all* the history of that forgotten period of his life. So what he is showing us is the kernel of his intimate life history: *he is reproducing it tangibly, as though it were actually happening, instead of remembering it*. In this way the riddle of the transference-love is solved and the analysis can

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proceed on its way—with the *help* of the new situation which had seemed such a menace to it.

‘That is very cunning. And is the patient so easy to convince that he is not in love but only obliged to stage a revival of an old piece?’

Everything now depends on that. And the whole skill in handling the ‘transference’ is devoted to bringing it about. As you see, the requirements of analytic technique reach their maximum at this point. Here the gravest mistakes can be made or the greatest successes be registered. It would be folly to attempt to evade the difficulties by suppressing or neglecting the transference; whatever else had been done in the treatment, it would not deserve the name of an analysis. To send the patient away as soon as the inconveniences of his transference-neurosis make their appearance would be no more sensible, and would moreover be cowardly. It would be as though one had conjured up spirits and run away from them as soon as they appeared. Sometimes, it is true, nothing else is possible. There are cases in which one cannot master the unleashed transference and the analysis has to be broken off; but one must at least have struggled with the evil spirits to the best of one's strength. To yield to the demands of the transference, to fulfil the patient's wishes for affectionate and sensual satisfaction, is not only justly forbidden by moral considerations but is also completely ineffective as a technical method for attaining the purpose of the analysis. A neurotic cannot be cured by being enabled to reproduce uncorrected an unconscious stereotype plate that is ready to hand in him. If one engages in compromises with him by offering him partial satisfactions in exchange for his further collaboration in the analysis, one must beware of falling into the ridiculous situation of the cleric who was supposed to convert a sick insurance agent. The sick man remained unconverted but the cleric took his leave insured. The only possible way out of the transference situation is to trace it back to the patient's past, as he really experienced it or as he pictured it through the wish-fulfilling activity of his imagination. And this demands from the analyst much skill, patience, calm and self-abnegation.

‘And where do you suppose the neurotic experienced the prototype of his transference-love?’

In his childhood: as a rule in his relation with one of his

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parents. You will remember what importance we had to attribute to these earliest emotional ties. So here the circle closes.

‘Have you finished at last? I am feeling just a little bewildered with all I have heard from you. Only tell me one thing more: how and where can one learn what is necessary for practising analysis?’

There are at the moment two Institutes at which instruction in psycho-analysis is given. The first has been founded in Berlin by Dr. Max Eitingon, who is a member of the Society there. The second is maintained by the Vienna Psycho-Analytical Society at its own expense and at considerable sacrifice. The part played by the authorities is at present limited to the many difficulties which they put in the way of the young undertaking. A third training Institute is at this moment being opened in London by the Society there, under the direction of Dr. Ernest Jones. At these Institutes the candidates themselves are taken into analysis, receive theoretical instruction by lectures on all the subjects that are important for them, and enjoy the supervision of older and more experienced analysts when they are allowed to make their first trials with comparatively slight cases. A period of some two years is calculated for this training. Even after this period, of course, the candidate is only a beginner and not yet a master. What is still needed must be acquired by practice

and by an exchange of ideas in the psycho-analytical societies in which young and old members meet together. Preparation for analytic activity is by no means so easy and simple. The work is hard, the responsibility great. But anyone who has passed through such a course of instruction, who has been analysed himself, who has mastered what can be taught to-day of the psychology of the unconscious, who is at home in the science of sexual life, who has learnt the delicate technique of psycho-analysis, the art of interpretation, of fighting resistances and of handling the transference—anyone who has accomplished all this *is no longer a layman in the field of psycho-analysis*. He is capable of undertaking the treatment of neurotic disorders, and will be able in time to achieve in that field whatever can be required from this form of therapy.¹

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¹ [Much of the material in this chapter is derived, in some passages almost word for word, from Freud's earlier papers on technique (*Standard Ed.*, 12).]

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