

## CHAPTER II

### INTROJECTION AND TRANSFERENCE<sup>1</sup>

#### *I. Introjection in the Neuroses*

**T**HE productivity of the neurosis (during a course of psycho-analytic treatment) is far from being extinguished, but exercises itself in the creation of a peculiar sort of thought-formation, mostly unconscious, to which the name 'transferences' may be given.

"These transferences are re-impressions and reproductions of the emotions and phantasies that have to be awakened and brought into consciousness during the progress of the analysis, and are characterised by the replacement of a former person by the physician."

In these sentences Freud announced, in the masterly description of a hysterical case,<sup>2</sup> one of his most significant discoveries.

Whoever since then, following Freud's indications, has tried to investigate psycho-analytically the men-

<sup>1</sup> Published in the *Jahrbuch der Psychoanalyse*, 1909.

<sup>2</sup> "Bruchstück einer Hysterie-analyse," in *Sammlung Kleiner Schriften zur Neurosenlehre*, Bd. II.

tal life of neurotics, must have become convinced of the truth of this observation. The greatest difficulties of such an analysis, indeed, proceed from the remarkable peculiarity of neurotics that "in order to avoid insight into their own unconscious, they transfer to the physician treating them all their affects (hate, love) that have been reinforced from the unconscious." <sup>3</sup>

When, however, one becomes more familiar with the workings of the neurotic mind, one recognises that the psychoneurotic's inclination to transference expresses itself not only in the special case of a psycho-analytic treatment, and not only in regard to the physician, but that *transference is a psychical mechanism that is characteristic of the neurosis altogether, one that is evidenced in all situations of life, and which underlies most of the pathological manifestations.*

With increasing experience one becomes convinced that the apparently motiveless extravagance of affect, the excessive hate, love and sympathy of neurotics, are also nothing else than transferences, by means of which long forgotten psychical experiences are (in the unconscious phantasy) brought into connection with the current occasion, and the current reaction exaggerated by the affect of unconscious ideational complexes. The tendency of hysterical pa-

<sup>3</sup> Ferenczi, "Ueber Aktual-und Psychoneurosen im Sinne Freuds," Wiener klin. Rundschau, 1908, Nr. 48 to 51.

tients to use exaggeration in the expression of their emotions has long been known, and often ridiculed. Freud has shewn us that it is rather we physicians who deserve the ridicule, because failing to understand the symbolism of hysterical symptoms—the language of hysteria, so to speak—we have either looked upon these symptoms as implying simulation, or fancied we had settled them by the use of abstruse physiological terms. It was Freud's *psychological* conception of hysterical symptoms and character traits that first really disclosed the neurotic mind. Thus he found that the inclination of psychoneurotics to *imitation*, and the "*psychical infection*" so frequent among hysterics, are not simple automatisms, but find their explanation in unconscious pretensions and wishes, which the patient does not confess even to himself, and which are incapable of becoming conscious. The patient copies the symptoms or character traits of a person when "on the basis of an identical aetiological claim" he *identifies* himself in his unconscious with him.<sup>4</sup> The well-known impressionability also of many neurotics, their capacity to feel in the most intense way for the experiences of others, to put themselves in the place of a third person, finds its explanation in hysterical identification; and their impulsive philanthropic and magnanimous deeds are only reactions to these unconscious instigations—are therefore in the last

<sup>4</sup> Freud. *Die Traumdeutung*. 2e Aufl., S. 107.

analysis egoistic actions governed by the "unpleasantness (*Unlust*) principle." The fact that every sort of humanitarian or reform movement, the propaganda of abstinence (vegetarianism, anti-alcoholism, abolitionism), revolutionary organisations and sects, conspiracies for or against the religious, political, or moral order, teem with neuropaths is similarly to be explained by the transference of interest from censored egoistic (erotic or violent) tendencies of the unconscious on to fields where they can work themselves out without any self-reproach. The daily occurrences of a simple civic life also, however, offer neurotics the richest opportunity for the displacement on to permissible fields of impulses that are incapable of being conscious. An example of this is the unconscious identification of grossly sexual genital functions with those of the oral organs (eating, kissing), as was first established by Freud. In a number of analyses I have been able to prove that the partiality of hysterics for dainty feeding, their inclination to eat indigestible material (chalk, unripe fruit, etc.), their peculiar search for exotic dishes, their preference or idiosyncrasy in regard to food of a certain form or consistency, that all this was concerned with the displacement of interest from repressed erotic (genital or coprophilic) inclinations, and was an indication of a lack of sexual satisfaction. (The well-known manias of pregnant women also, which, by the way, I have observed with non-

pregnant women as well at the menstrual time, I have many times been able to trace to insufficient satisfactions, relative to the increased "sexual hunger"). Otto Gross and Stekel found a similar cause with hysterical kleptomania.

I am aware that in the examples brought forward I have confounded the expressions *Displacement* and *Transference*. *Transference*, however, is only a special case of the neurotic's inclination to displacement; in order to escape from complexes that are unpleasant, and hence have become unconscious, he is forced to meet the persons and things of the outer world with exaggerated interest (love, hate, passionate manias, idiosyncrasy) on the basis of the most superficial "actiological pretensions" and analogies.

A course of psycho-analytic treatment offers the most favourable conditions for the occurrence of such a transference. The impulses that have been repressed, and are gradually becoming conscious, first meet "*in statu nescendi*" the person of the physician, and seek to link their unsatisfied valencies to his personality. If we pursued this comparison taken from chemistry we might conceive of psycho-analysis, so far as the transference is concerned, as a kind of *catalysis*. The person of the physician has here the effect of a catalytic ferment that temporarily attracts to itself the affects split off by the dissection. In a technically correct psycho-analysis, however, the bond thus formed is only a loose one.

the interest of the patient being led back as soon as possible to its original, covered-over sources and brought into permanent connection with them.

What slight and trivial motives suffice with neurotics for the transference of affects is indicated in the quoted work of Freud. We may add a few characteristic examples. A hysterical patient with very strong sexual repression betrayed first in a dream the transference to the physician. (I, the physician, am operating on her nose, and she is wearing a frisure à la Cléo de Mérode.) Whoever has already analytically interpreted dreams will readily believe that in this dream, as well also as in the unconscious waking thought, I have taken the place of the rhinologist who once made improper advances to the patient; the frisure of the well-known demi-mondaine is too plain a hint of this. Whenever the physician appears in the patient's dreams the analysis discovers with certainty signs of transference. Stekel's book on anxiety states <sup>5</sup> has many pretty examples of this. The case just mentioned, however, is also typical in another way. Patients very often use the opportunity to revive all the sexual excitations they have previously noticed and repressed during medical examinations (in unconscious phantasies about undressing and being percussed, palpated, and "operated on"), and to replace in the unconscious the

<sup>5</sup> Stekel, *Nervöse Angstzustände*, 1908.

previous physicians in question by the person of the present one. One need only be a physician to become the object of this kind of transference; the mystical part played in the sexual phantasy of the child by the doctor, who knows all forbidden things, who may look at and touch everything that is concealed, is an obvious determining factor in unconscious fancying, and therefore also in the transference occurring in a subsequent neurosis.<sup>6</sup>

With the extraordinary significance that attaches (according to Freud's conclusion which is confirmed daily) to the repressed "Oedipus-complex" (hate and love towards the parents) in every case of neurosis, one is not surprised that the "paternal" air, the friendly and indulgent manner, with which the physician has to meet the patient in psycho-analysis gets so frequently used as a bridge to the transference of conscious feelings of sympathy and unconscious erotic phantasies, the original objects of which were the parents. The physician is always one of the "revenants" (Freud) in whom the neurotic patient hopes to find again the vanished figures of childhood. Nevertheless, one less friendly remark, reminding him of a duty or of punctuality, or a tone that is only a *nuance* sharper than usual, on the part of the analysing physician is sufficient to make him incur all

<sup>6</sup> Compare the remark about the "doctor game" in Freud's article on "Infantile Sexualtheorien," *Kleine Schriften*, 2e Folge, S. 171.

the patient's hate and anger that is directed against moralising persons who demand respect (parent, husband).

The ascertaining of such transferences of positive and negative effects is exceedingly important for the analysis, for neurotics are mostly persons who believe themselves incapable either of loving or of hating (often denying to themselves even the most primitive knowledge about sexuality); they are therefore either anaesthetic or else good to a fault, and nothing is more suited to shatter their erroneous belief in their own lack of feeling and angelic goodness than having their contrary feeling-currents detected and exposed *in flagranti*. The transferences are still more important as points of departure for the continuation of the analysis in the direction of the more deeply repressed thought-complexes.

Ridiculously slight resemblances also: the colour of the hair, facial traits, a gesture of the physician, the way in which he holds a cigarette or a pen, the identity or the similarity in sound of the Christian name with that of some person who has been significant to the patient; even such distant analogies as these are sufficient to establish the transference. The fact that a transference on the ground of such petty analogies strikes us as ridiculous reminds me that Freud in a category of wit shewed the "presentation by means of a detail" to be the agent that sets free the pleasure, *i. e.* reinforces it from the un-



conscious; in all dreams also we find similar allusions to things, persons, and events by the help of minimal details. The poetical figure "pars pro toto" is thus quite current in the language of the unconscious.

The sex of the physician is in itself a much-used bridge for the transference. Female patients very often attach their unconscious heterosexual phantasies to the fact that the physician is a man; this gives them the possibility of reviving the repressed complexes that are associated with the idea of masculinity. Still the homosexual component that is hidden in everyone sees to it that men also seek to transfer to the physician their "sympathy" and friendship—or the contrary. It is enough, however, that something in the physician seems to the patient to be "feminine" for women to bring their homosexual, and men their heterosexual interests, or their aversion that is related to this, into connection with the person of the physician.

In a number of cases I succeeded in demonstrating that the relaxation of the ethical censor in the physician's consulting room was partly determined by the lessened feeling of responsibility on the patient's part. The consciousness that the physician is responsible for everything that happens (in his own room) favours the emergence of day-dreams, first unconscious, later becoming conscious, which very often have as their subject a violent sexual

assault on the part of the physician and then mostly end with the exemplary punishment of such a villain (his being sentenced, publicly degraded through newspaper articles, shot in a duel, etc.). It is just in this sort of moral disguise that the repressed wishes of people can become conscious. As another motive lessening the feeling of responsibility I recognised in a patient the idea that "the doctor can do everything," by which she understood the operative removal of any possible consequence of a *liaison*.

In the analysis the patients have to communicate all these lewd plans, just as everything else that occurs to them. In the non-analytic treatment of neurotics all this remains unknown to the physician, and as a result the phantasies sometimes attain an almost hallucinatory character and may end in a public or legal calumny.

The circumstance that other persons also are being treated psychotherapeutically allows the patients to indulge without any, or with very little, self-reproach the affects of jealousy, envy, hate, and violence that are hidden in their unconscious. Naturally the patient has then in the analysis to detach these "inadequate,"<sup>7</sup> feeling-impulses also from the current inciting cause, and associate them with much more significant personalities and situations. The same holds good for the more or less conscious thought-processes and feeling-impulses that have

<sup>7</sup> (*I. e.* disproportionate, misplaced, or inappropriate. Transl.)

their starting-point in the financial contract between the patient and physician. In this way many "magnanimous," "generous" people have to see and admit in the analysis that the feelings of avarice, of ruthless selfishness, and of ignoble covetousness are not quite so foreign to them as they had previously liked to believe. (Freud is accustomed to say, "People treat money questions with the same mendacity as they do sexual ones. In the analysis both have to be discussed with the same frankness.") That the money complex, transferred to the treatment, is often only the cover for much more deeply hidden impulses Freud has established in a masterly characterological study ("Charakter und Analerotik").

When we bear in mind these different varieties of the transference to the physician, we become decidedly strengthened in our assumption that this is only one manifestation, although in a practical way the most important one, of the general neurotic *passion for transference*. This passion, or mania, we may regard as the most fundamental peculiarity of the neuroses, and also that which goes most to explain their conversion and substitution symptoms. All neurotics suffer from *flight from their complexes*; they take flight into illness, as Freud says, from the pleasure that has become disagreeable; that is to say, they withdraw the "sexual hunger" from certain ideational complexes that were formerly charged with pleasantness. When the withdrawal of "sexual

hunger" is less complete, the interest for what formerly was loved or hated disappears, being succeeded by indifference; if the detachment of the "sexual hunger" is more complete, then the censor does not let pass even the slight degree of interest necessary for the exercising of attention—the complex becomes "repressed," "forgotten," and incapable of being conscious. It would seem, however, as though the mind did not easily tolerate "sexual hunger" that has been released from its complex, and is thus "free-floating." In the anxiety neurosis, as Freud has shewn, the deviation of the somatic sexual excitation from the psychical field converts the pleasure into anxiety. In the psychoneuroses we have to presuppose a similar alteration; here *the deviation of the psychosexual hunger from certain ideational complexes causes a sort of lasting unrest*, which the patient tries to mitigate as much as possible. He *manages also to neutralise a greater or less part by the way of conversion (hysteria) or of substitution (obsessional neurosis)*. It seems, however, as if this bond were scarcely ever an absolute one, so that a variable amount of free-floating and complex-escaping excitation remains over, which *seeks satisfaction from external objects*. The idea of this excitation could be used to explain the neurotic passion for transference, and be made responsible for the "manias" of the neurotic. (In the *petite hystérie*

these manias seem to constitute the essence of the disease.)

To understand better the fundamental character of neurotics one has to compare their behaviour with that of patients suffering from dementia praecox and paranoia. The dement completely detaches his interest from the outer world and becomes auto-erotic (Jung,<sup>8</sup> Abraham<sup>9</sup>). The paranoiac, as Freud has pointed out, would like to do the same, but cannot, and so projects on to the outer world the interest that has become a burden to him. The neurosis stands in this respect in a diametrical contrast to paranoia. Whereas the paranoiac expels from his ego the impulses that have become unpleasant, the neurotic helps himself by taking into the ego as large as possible a part of the outer world, making it the object of unconscious phantasies. This is a kind of diluting process, by means of which he tries to mitigate the poignancy of free-floating, unsatisfied, and unsatisfiable, unconscious wish-impulses. One might give to this process, in contrast to projection, the name of *Introjection*.

The neurotic is constantly seeking for objects with

<sup>8</sup> Jung, *Zur Psychologie der Dementia Praecox*, 1907. ("Lack of pleasant rapport in dementia praecox.")

<sup>9</sup> Abraham, "Die psychosexuellen Differenzen der Hysterie und der Dementia praecox," *Zentralbl. f. Nervenheilk. u. Psych.*, 1908. ("The contrast between dementia praecox and hysteria lies in the auto-erotism of the former. Turning away of 'sexual hunger' in the former, excessive investment of the object in the latter.")

whom he can identify himself, to whom he can transfer feelings, whom he can thus draw into his circle of interest, *i. e.* introject. We see the paranoiac on a similar search for objects who might be suitable for the projection of "sexual hunger" that is creating unpleasant feeling. So finally there appear the opposite characters of the large-hearted, impressionable, excitable neurotic, easily flaming up with love of all the world or provoked to hate of all the world, and that of the narrow-souled, suspicious paranoiac, who thinks he is being observed, persecuted, or loved by the whole world. The psychoneurotic suffers from a widening, the paranoiac from a shrinking of his ego.

When we revise the ontogenesis of the ego-consciousness on the basis of the new knowledge, we come to the conclusion that the paranoiac projection and the neurotic introjection are merely extreme cases of psychical processes the primary forms of which are to be demonstrated in every normal being.

We may suppose that to the new-born child everything perceived by the senses appears unitary, so to speak monistic. Only later does he learn to distinguish from his ego the malicious things, forming an outer world, that do not obey his will. That would be the first projection process, the primordial projection, and the later paranoiac probably makes use of the path thus traced out, in order to expel still more of his ego into the outer world.

A part of the outer world, however, greater or less, is not so easily cast off from the ego, but continually obtrudes itself again on the latter, challenging it, so to speak; "Fight with me or be my friend" (Wagner, *Götterdämmerung*, Act I). If the individual has unsettled affects at his disposal, and these he soon has, he accepts this challenge by extending his "interest" from the ego on to the part of the outer world. The first loving and hating is a transference of auto-erotic pleasant and unpleasant feelings on to the objects that evoke those feelings. The first "object-love" and the first "object-hate" are, so to speak, the primordial transferences, the roots of every future introjection.

Freud's discoveries in the field of psychopathology of everyday life convince us that the capacity for projection and displacement is present also in normal human beings, and often overshoots the mark. Further, the way in which civilised man adjusts his ego to the world, his philosophic and religious metaphysics, is according to Freud only metapsychology, for the most part a projection of feeling-impulses into the outer world. Probably, however, besides projection introjection is significant for man's view of the world. The extensive part played in mythology by the anthropomorphising of lifeless objects seems to speak in favour of this idea. Kleinpaul's able work on the development of speech,<sup>10</sup> to the

<sup>10</sup> Kleinpaul, *Das Stromgebiet der Sprache*, 1893.

psychological significance of which Abraham<sup>11</sup> has called attention, shews convincingly how man succeeds in representing the whole audible and inaudible environment by means of the ego, no form of projection and introjection remaining untried thereby. The way in which in the formation of speech a series of human sounds and noises gets identified with an object on the ground of the most superficial acoustic analogy, and of the slightest "aetiological claim," reminds one strongly of the neurotic transference-bridges mentioned above.

*The neurotic thus makes use of a path that is much frequented by the normal as well when he seeks to mollify the free-floating affects by extension of his circle of interest, i. e. by introjection, and when, so as to be able to keep unconscious various affective connections with certain objects that concern him nearly, he lavishes his affects on all possible objects that do not concern him.*

In analysing a neurotic one often succeeds in tracing out historically this extension of the circle of interest. Thus I had a patient who was reminded of sexual events of childhood by reading a novel and thereupon produced a phobia of novels, which later extended to books altogether, and finally to everything in print. The flight from a tendency to masturbate caused in one of my obsessional patients a phobia of privies (where he used to indulge this

<sup>11</sup> Abraham. Traum und Mythos, 1909.



tendency); later there developed from this a claustrophobia, fear of being alone in any closed space. I have been able to shew that psychical impotence in very many cases is conditioned by the transference to all women of the respect for the mother or sister.<sup>12</sup> With a painter the pleasure in gazing at objects, and with this the choice of his profession, proved to be a "replacement" for objects that as a child he might not look at.

In the association investigations carried out by Jung<sup>13</sup> we can find the experimental confirmation of this inclination of neurotics to introjection. What is characteristic for the neurosis Jung designates as the relatively high number of "complex-reactions": the stimulus-words are interpreted by the neurotic "in terms of his complex." The healthy person responds quickly with an indifferent reaction-word that is associated by either the content or the sound. With the neurotic the unsatisfied affects seize on the stimulus-word and seek to exploit it in their own sense, for which the most indirect association is good enough. *Thus it is not that the stimulus-words evoke the complicated reaction, but that the stimulus-hungry affects of neurotics come to meet them.* Applying the newly coined word, one may say that *the neurotic "introjects" the stimulus-words of the experiment.*

<sup>12</sup> See Chapter I. (Impotence.)

<sup>13</sup> Jung, Diagnostische Assoziationsstudien, 1906

The objection will be raised that extension of the circle of interest, identifying of oneself with many people—indeed with the whole human race—, and sensitiveness for the stimuli of the outer world, are attributes with which normal persons also, and especially the most distinguished representatives of the race, are endowed; that one cannot, therefore, designate introjection as the psychical mechanism that is typical and characteristic of the neuroses. Against this objection must be brought the knowledge that the fundamental differences, assumed before Freud's time, between normal and psychoneurotic do not exist. Freud shewed us that "the neuroses have no special psychical content that is peculiar to them and occurs only in them," and according to Jung's statement, neurotics suffer from complexes with which we all fight. The difference between the two is only quantitative and of practical import. The healthy person transfers his affects and identifies himself on the basis of "aetiological claims" that have a much better motive than in the case of the neurotic, and thus does not dissipate his psychical energies so foolishly as the latter does.

Another difference, to the cardinal importance of which Freud has called attention, is that the healthy person is conscious of the greater part of his introjection, whereas with the neurotic this remains for the most part repressed, finds expression in *unconscious* phantasies, and becomes manifest to the expert

only indirectly, symbolically. It very often appears in the form of "reaction-formations," as an excessive accentuation in consciousness of a current of feeling that is the opposite of the unconscious one.

The fact that the pre-Freudian literature contained nothing of all these matters, of transferences to the physician, of introjections—*ça ne les empêchait pas d'exister*. With this remark I consider answered also those critics who repudiate the positive results of psycho-analysis as not even worthy of being re-examined, but who readily accept our estimate, on which we insist, of the difficulties of this method of investigation, and use it as a weapon against the new movement. Thus I have come across among others the curious objection that psycho-analysis is dangerous because it brings about transferences to the physician, where significantly enough there was never any talk of the negative transferences,<sup>14</sup> but always of the erotic ones.

If, however, transference is dangerous, then, to be consistent, all neurologists, including the opponents of Freud, must give up having anything to do with neurotics, for we get more and more convinced that in the non-analytic and non-psychotherapeutic methods of treating the neuroses also

<sup>14</sup>The practical significance and the exceptional position of the kind of introjections that have as their object the person of the physician, and which are discovered in analysis, make it desirable that the term "transferences" given to them by Freud be retained. The designation "introjection" would be applicable for all other cases of the same psychical mechanism.

transference plays the greatest, and probably the sole important part, only that in these methods of treatment—as Freud rightly points out—merely the positive feelings towards the physician come to expression, for when unfriendly transferences make their appearance the patient leaves the “antipathetic doctor.” The positive transferences, however, are overlooked by the physician, who surmises nothing, and the curative effect is attributed to the physical measures or to an obscurely conceived idea of “suggestion.”

The transference shews itself most clearly in treatment by *hypnotism* and *suggestion*, as I shall try to demonstrate in detail in the following chapter of this work.

Since I have known something about transferences, the behaviour of the hysteric who after the end of a suggestion treatment asked for my photograph, in order—so she said—to be reminded of my words by looking at it, appears to me in its true light. She simply wanted to have a memento of me, as I had given so many pleasant quarters of an hour to her conflict-tortured soul by stroking her forehead, by friendly, gentle talk, and by letting her fancies have free rein in a darkened room. Another patient, with a washing mania, even confessed to me once that to please a sympathetic doctor she could often suppress her obsessive act.

These are not exceptional cases, but are typical, and they help to explain not only the hypnotism and suggestion "cures" of psychoneurotics, but also all the others by means of electrotherapy, mechanotherapy, hydrotherapy and massage.

It is not intended to deny that more reasonable conditions of living improve the nutrition and the general sense of well-being, and in this way can to some extent help to subdue psychoneurotic symptoms, but the main curative agency with all these methods of treatment is the unconscious transference, in which the disguised satisfaction of libidinous tendencies (in mechanotherapy the vibration, in hydrotherapy and massage the rubbing of the skin) certainly plays a part.

Freud summarises these considerations in the saying that *we may treat a neurotic any way we like, he always treats himself psychotherapeutically, that is to say, with transferences*. What we describe as introjections and other symptoms of the disease are really—in Freud's opinion, with which I fully agree—self-taught attempts on the patient's part to cure himself. He lets the same mechanism function, however, when he meets a physician that wants to cure him: he tries—as a rule quite unconsciously—to "transfer," and when this is successful the improvement of the condition is the result.

The plea may be raised that when the non-analytic

methods of treatment follow—although unconsciously—the path automatically laid down by the sick mind they are in the right. The transference therapy would thus be, so to speak, a natural way of healing, psycho-analysis on the other hand something artificial, imposed on nature. This objection might be irrefutable. The patient does in fact “heal” his mental conflicts through repression, displacement, and transference of disagreeable complexes; unfortunately what is repressed compensates itself by creating “costly replacement-formations” (Freud), so that we have to regard neuroses as “healing attempts that have miscarried” (Freud), where really “*medicina peior morbo.*” It would be very wrong to want to imitate Nature slavishly even here, and to follow her along a road where in the case in question she has shewn her incapacity. Psycho-analysis wishes to individualise, while Nature disdains this; analysis aims at making capable for life and action persons who have been ruined by the summary repression-procedure of that Nature who does not concern herself with the weakly individual being. It is not enough here to displace the repressed complexes a little further by the help of transference to the physician, to discharge a little of their affective tension, and so to achieve a temporary improvement. If one wants seriously to help the patient one must lead him by means of analysis to overcome—opposing the unpleasantness-principle

—the *resistances* (Freud) that hinder him from gazing at his own naked mental physiognomy.

Present-day neurology, however, will not hear of complexes, resistances, and introjections, and quite unconsciously makes use of a psychotherapeutic measure that in many cases is really effective, namely transference; it cures, so to speak, “unconsciously,” and even designates as dangerous the really effective principle of all methods of healing the psychoneuroses.

The critics who look on these transferences as dangerous should condemn the non-analytic modes of treatment more severely than the psycho-analytic method, since the former really intensify the transferences, while the latter strives to uncover and to resolve them as soon as possible.

I deny, however, that transference is harmful, and surmise rather that—at least in the pathology of the neuroses—the ancient belief, which strikes its roots deep in the mind of the people, will be confirmed, that diseases are to be cured by “sympathy.” Those who scornfully reproach us with explaining and wanting to cure “everything from one point” are still far too much influenced by that ascetic-religious view of life, with its depreciation of everything sexual, which for nearly two thousand years has prevented the attainment of insight into the great significance that “sexual hunger” has for the mental life of the normal and pathological.

*II. The Part played by Transference in Hypnotism and Suggestion.*

The Paris neurological school (Charcot's school) regarded stimuli acting peripherally and centrally on the nervous system (optical fixation of objects, stroking the skin of the head, etc.), as the main factors in hypnotic phenomena. The Nancy school (Bernheim's school), on the contrary, sees in these and similar stimuli only vehicles for the "administering" of ideas, and in hypnotism in particular the vehicle for introducing the idea of going to sleep. The successful administration of the sleep idea is then supposed to be able to evoke a kind of "dissociation condition of the brain" in which one is accessible with special ease to further suggestions, *i. e.* hypnosis. This was an enormous progress, the first attempt at a purely psychological explanation, freed from unjustifiable physiological phrases, of the phenomena of hypnosis and suggestion, though even this did not quite satisfy our causality criteria. It was *a priori* unlikely that fixing the eye on a shining object could be the main cause of such radical changes in the mental life as those brought about by hypnosis. It is not much more plausible, however, to assume that an idea "administered" to a waking person, the idea of sleeping, could cause such changes without the indispensable assistance of much more potent psychical forces. Everything speaks much



more in favour of the view that in hypnotism and suggestion the chief work is performed not by the hypnotist and suggestor, but by the person himself, who till now has been looked upon merely as the "object" of the administering procedure. The existence of auto-suggestion and auto-hypnosis on the one hand, and the limits of producible phenomena residing in the individuality of the "medium" on the other hand, are striking proofs of what a subordinate part in the causality chain of these phenomena is really played by the intrusion of the experimentalist. In spite of this knowledge, however, the conditions of the intrapsychical elaboration of the suggestion influence remained wrapped in obscurity.

It was the psycho-analytic investigation of nervous patients by Freud's method that first yielded glimpses into the mental processes that go on in suggestion and hypnosis. Psycho-analysis allowed us to establish with certainty the fact that the hypnotist is relieved of the effort of evoking that "dissociation condition" (which effort, by the way, he would scarcely be equal to), for he finds dissociation ready, *i. e.* the existence of different layers of the mind by the side of one another (Freud's "localities," "ways of working") also in persons who are awake. Besides the certain establishment of this fact, however, psycho-analysis gives previously un-surmised information also about the content of the ideational complexes and the direction of the affects

that go to make up the unconscious layer of the mind which is operative during hypnosis and suggestion. It has been found that in the "unconscious" (in Freud's sense) all the impulses are pent up that have been repressed in the course of the individual cultural development, and that their unsatisfied, stimulus-hungry affects are constantly ready to "transfer" on to the persons and objects of the outer world, to bring these unconsciously into connection with the ego, to "introject." If we now imagine from this aspect the psychical state of a person to whom something is to be suggested, we note a displacement of the earlier point of view, a displacement that is of cardinal importance. The unconscious mental forces of the "medium" appear as the real active agent, whereas the hypnotist, previously pictured as all-powerful, has to content himself with the part of an object used by the unconscious of the apparently unresisting "medium" according to the latter's individual and temporary disposition.

Among the psychical complexes that, fixed in the course of childhood, remain of extraordinarily high significance for the whole fashioning of life later on, the "parental complexes" rank foremost. Freud's experience that these complexes furnish the basis for the psychoneurotic symptoms of adults is confirmed by all who have seriously occupied themselves with these problems. My efforts to investigate analyti-

cally the causes of psychosexual impotence led to the conclusion that this condition also is in a very large number of cases due to "incestuous fixation" of "sexual hunger" (Freud), *i. e.* to the formation of a too firm—though quite unconscious—bond between sexual wishes and the images of the nearest relatives, especially the parents; this confirms similar observations of Steiner and Stekel. We owe to Jung<sup>15</sup> and Abraham<sup>16</sup> a considerable enrichment of our knowledge concerning the lasting after-effect of parental influences. The former has shewn that psychoneuroses mostly arise from a conflict between the (unconscious) parental constellation and the striving towards personal independence, and the latter has unmasked as a symptom of the same psychical constellation the inclination to stay unmarried, or to marry near relatives; Sadger<sup>17</sup> also has rendered service in making these connections clear.

As psycho-analysts see things, however, it may be considered as settled that there are only quantitative differences between "normal" and "psychoneurotic" mental processes, and that the results of mental investigation of psychoneurotics are also applicable to the psychology of the normal. It is thus *a priori*

<sup>15</sup> Jung, "Die Bedeutung des Vaters für das Schicksal des einzelnen," *Jahrb.*, Bd. 1.

<sup>16</sup> Abraham, "Die Stellung der Verwandtenehen in der Psychologie der Neurosen," *Jahrb.*, Bd. 1.

<sup>17</sup> Sadger, "Psychiatrisch-Neurologisches in psychoanalytischer Beleuchtung," *Zentralbl. f. das Gesamtgebiet d. Medizin*, 1908, Nr. 7 and 8.

likely that the suggestions which one person "gives" to another set into movement the same complexes as those seen to be active in the neuroses. I have, however, to lay stress on the fact that in reality it was not this *a priori* expectation, but actual experiences in psycho-analysis that led me to perceive this.

Freud was the first to notice how in the analysis one sometimes meets with great resistances that seem to make the continuation of the work impossible, and which in fact check it until one manages to make perfectly clear to the patient that this counter-striving is a reaction to unconscious feelings of sympathy which really refer to other persons, but which at the moment have been brought into connection with the personality of the analyst.

On other occasions one observes in the patient an enthusiasm for the physician bordering on adoration, and this—like everything else—has to be submitted to analysis. It turns out here also that the physician has served as a "cover-person" for the indulgence of affects, mostly of a sexual nature, which really refer to other personalities much more significant to the patient. The analysis is very often, however, disagreeably disturbed by motiveless hate, fear and apprehension in regard to the physician, which in the unconscious relate not to him, but to persons of whom the patient is not at the time thinking. When now we go through with the patient the list of personalities whom these positive and negative

affects concern, we often come across in the first place some who have played a part in the patient's immediate past (*e. g.* husband or sweetheart), then come undischarged affects from the period of youth (friends, teachers, hero fancies), and finally we arrive, mostly after the overcoming of great resistances, at repressed thoughts of sexuality, violence, and apprehension that relate to the nearest relatives, especially the parents. It thus becomes manifest that the child with its desire for love, and the dread that goes with this, lives on literally in every human being, and that all later loving, hating, and fearing are only transferences, or, as Freud terms them, "new editions" of currents of feeling that were acquired in the earliest childhood (before the end of the fourth year) and later repressed.

With this knowledge it was not making a too venturesome step further to assume that the curious authority with which we as hypnotists dispose of all the psychical and nervous forces of the "medium" is nothing else but the expression of repressed, infantile impulses of the hypnotised person. I found this explanation much more satisfying than the assumption of a capacity on the part of an idea to provoke dissociation, which would make one feel apprehensive at one's resemblance to a god.

An obvious objection to these considerations would be that it has long been known how greatly sympathy and respect favour the bringing about of a suggesti-

ble state; this fact could not escape the competent observers and experimenters in this field. What has not been known, however, and what could only be known through the help of psycho-analysis, is first that these unconscious affects play the chief part in bringing about the action of suggestion and secondly that in the last analysis they are shewn to be manifestations of libidinous impulses, which for the most part are transferred from the ideational complexes bearing on the relation between parent and child to the relation between physician and patient.

That sympathy or antipathy between hypnotist and medium greatly influences the success of the experiment was also previously recognised. It was not known, however, that the feelings of "sympathy" and "antipathy" are highly complex psychical organisations capable of still further analysis, and of dissection into their elements, by Freuds' method. When this is done one finds in them the primary, unconscious, libidinous impulses as the substratum, and over this an unconscious and preconscious superstructure.

In the deepest layers of the mind the crude "unpleasantness-principle" still rules, as at the beginning of psychical developments in other words, the impulsion towards immediate motor satisfaction of "sexual hunger;" this is, according to Freud, the layer, or stage, of auto-erotism. This region in the stratification of the adult mind can no longer as a

rule be directly reproduced, and has to be inferred from its symptoms. What can be reproduced already belongs for the most part to the layer (or stage) of "object-love" (Freud), and the first objects of love are the parents.

*Everything points to the conclusion that an unconscious sexual element is at the basis of every sympathetic emotion, and that when two people meet, whether of the same or the opposite sex, the unconscious always makes an effort towards transference. ("In the unconscious No does not exist." . . . "The unconscious can do nothing except wish," Freud writes.)* When the unconscious succeeds in making this transference acceptable to the conscious mind, whether it is in a pure sexual (erotic) or in a sublimated form (respect, gratitude, friendship, aesthetic admiration, etc.) a bond of "sympathy" is formed between the two persons. When consciousness refuses to accept the positive unconscious desire, then we get, according to the degree of intensity in each case, antipathy of various degrees up to loathing.<sup>18</sup>

<sup>18</sup> That the feeling of antipathy, of disgust, is made up of pleasantness and unpleasantness, of liking and disliking, I found to be especially well illustrated in a case of paranoid delusion of jealousy occurring in a woman of the educated classes; the case was also investigated by Professor Freud. The original cause of her disorder was discovered to be infantile homosexuality, which had been transferred from the mother to nurses, later to young friends, and which had been allowed to function extensively. The disappointments of married life had as a result the flowing back of the "sexual hunger" into "infantile channels," but in the meantime this kind of sexual pleasure had become intolerable to her. She pro-

As a classical witness for the reality of the "sexual attitude" towards all people I might cite Freud's patient Dora (in the *Bruchstück einer Hysterie-analyse*). In the course of the analysis, incomplete as this was, it turned out that her sexuality had not remained indifferent to a single person in her environment. The husband and wife of the family K, the governess, the brother, the mother, the father: all excited her "sexual hunger." With all this she was consciously—like most neurotics—rather prudish and negativistic than otherwise, and had no idea that sexual wishes were concealed behind her gushing friendships, her sympathies and antipathies.

Dora, however, is not exceptional, but typical. As her analysed mind stands before us she gives a true picture of the inner man in general, for if we go deep enough into the mental life of any human being (whether "normal" or neurotic) we can find again,

jected it, therefore, on to her husband (whom she had previously loved), and accused him of infidelity. Curiously enough she suspected him only in regard to quite young females, twelve or thirteen years old, or else elderly ugly ones, mostly servants, whom she found "antipathetic" or even "repulsive." Wherever she could admit her fondness to herself in a sublimated form (aesthetic liking, friendship), *e. g.* with pretty women of her own class, she could feel keen sympathy, and she also expressed no delusions in regard to them. The fact that we find a mixture of sweet and bitter "disgusting" probably has similar psychological causes, just as also the idiosyncrasy towards food and drink of a certain colour and consistence is a reaction against infantile, repressed wish-impulses, mostly of a coprophilic and urophilic nature. The impulse to spit or vomit at the sight of "disgusting" things is only the reaction to the unconscious desire to take these things into the mouth.



apart from quantitative differences, the same phenomena.

*The capacity to be hypnotised and influenced by suggestion depends on the possibility of transference taking place, or, more openly expressed, on the positive, although unconscious, sexual attitude that the person being hypnotised adopts in regard to the hypnotist; the transference, however, like every "object-love," has its deepest roots in the repressed parental complexes.<sup>19</sup>*

Further circumstantial evidence for the correctness of this conception is obtained when one takes into consideration practical experience concerning the conditions under which a person may be hypnotised or made to receive suggestions.

It is striking how greatly the percentage for successful hypnosis differs with individual authors. One achieves a positive success in only 50 per cent, another in 80-90, or even 96 per cent of the cases. According to the unanimous conviction of experienced hypnotists, suitability for this profession presupposes a number of external, and internal attributes (really only external, for the "internal" ones also must manifest themselves in movements of expression that can be noted from without and in the nature and content of speech, all of which a the-

<sup>19</sup> Being convinced of the correctness of Berheim's view, that hypnosis is only a form of suggestion (suggested sleep), I attach no importance to the sharp differentiation of the two terms, and often use here the one for both.

atrical talent can imitate without having any feeling of conviction). Hypnosis is facilitated by an imposing appearance on the part of the hypnotist; one often thinks of an "imposing" man, further, as having a long, and if possible black beard (Sven-gali); a notable stature, thick eyebrows, a penetrating glance, and a stern expression of countenance—though one that arouses confidence—can compensate for the lack of these manly attributes. It is generally recognised that a self-confident manner, the reputation of previous successes, the high esteem attaching to a celebrated man of science, help in the successful effect of suggestion, even when employed also by his assistants. Such effect is also promoted by the hypnotist being of a higher social rank. During my military service I witnessed how an infantryman instantaneously fell asleep at his lieutenant's command; it was a "*coup de foundre*". My first attempts at hypnotism, undertaken in my student days with the apprentices in my father's publishing business, succeeded without exception; later on I had nothing like such a high percentage of successes, but then I had lost the absolute self-confidence that only ignorance can give.

The commands in hypnosis must be given with such decision and sureness that contradiction should appear to the patient as quite impossible. The "being-startled hypnosis" may count as a borderland instance of this kind of hypnosis, where in ad-

dition to a stern tone grimaces and clenched fists may be of use. Being startled—just as at the sight of the Medusa head—may be followed in a predisposed person by his being paralysed with fright, or by catalepsy.

There is quite another method, however, for sending someone to sleep, the requisites being: a darkened room, absolute stillness, gentle, friendly address in a monotonous, slightly melodic tone (on which great stress is laid by those experienced in the matter); light stroking of the hair, forehead, and hands may serve as adjuvant measures.

In general, therefore, it may be said that there are two ways and means at our disposal in hypnotising, or giving suggestion to, others, *i. e.*, in compelling them to (relatively) helpless obedience and blind belief: *dread and love*. The professional hypnotists of the pre-scientific era of this therapeutic method, the real inventors of the procedures, seem, however, to have chosen instinctively with regard to every detail, for their purpose of sending to sleep, and rendering pliant, just those ways of frightening and being tender, the efficacy of which has been proved for thousands of years in the relations of parent to child.

The hypnotist with the imposing exterior, who works by frightening and startling, has certainly a great similarity to the picture impressed on the child of the stern, all-powerful father, to believe in, to

obey, to imitate whom, is the highest ambition of every child.<sup>20</sup> And the gentle stroking hand, the pleasant, monotonous words that talk one to sleep: are they not a re-impression of scenes that may have been enacted many hundred times at the child's bed by the tender mother, singing lullabies or telling fairy-tales?

I lay no great stress on this distinction between paternal and maternal hypnosis, for it happens often enough that the father and mother change their parts. I only call attention to the way in which the situation during hypnosis tends to favour a conscious and unconscious imaginary return to childhood, and to awaken reminiscences, hidden away in everyone, that date from the time of child-like obedience.

The measures also for sending to sleep that are said to work by means of external stimulation, *e. g.*, holding up a shining object, laying a ticking watch to the ear, are the same that first succeeded in fastening the attention of the child in his cradle, and are thus very effective means for awakening infantile memories and feeling-impulses.

That customs and rituals preserved since childhood also play a large part in the usual sponta-

<sup>20</sup>The *giant motive* that ever recurs in myths, sagas, and fairy-tales, and the universal interest in these colossal figures, has the same infantile roots, and is a symptom of the undying father-complex. This respect for "giants" appears in Nietzsche in a quite sublimated form as the demand for a "pathos of distance."

neous going to sleep, and that there are auto-suggestive elements concerned in going to sleep, has recently been admitted by many, some of whom are hostile to psycho-analysis. All these considerations force one to the supposition that a preliminary condition of every successful suggestion (hypnosis) is that the hypnotist shall figure as "grown up" to the hypnotised subject; i. e. the former must be able to arouse in the latter the same feelings of love or fear, the same conviction of infallibility, as those with which his parents inspired him as a child.

To avoid any misunderstanding it must be pointed out with emphasis that not only is suggestibility (i. e. receptivity for ideas, with the inclination to blind belief and obedience,) here conceived as being genetically connected with analogous psychical peculiarities of childhood, but, further, it is our opinion that in hypnosis and suggestion "the child that is dormant in the unconscious of the adult" (Freud) is, so to speak, re-awakened. The existence of this second personality betrays itself not only in hypnosis; it is manifested at night in all our dreams, which—as we know since Freud's work—have always to do with childhood reminiscences, and by day we discover the infantile tendencies and modes of functioning of our mind in certain "erroneous performances"<sup>21</sup> and in all expressions of wit.<sup>22</sup> In our

<sup>21</sup> Freud. Zur Psychopathologie des Alltagslebens.

<sup>22</sup> Freud. Der Witz und seine Beziehungen zum Unbewussten.

innermost soul we are still children, and we remain so throughout life. *Grattez l'adulte et vous y trouverez l'enfant.*

Whoever wants properly to appreciate this way of looking at things has, of course, fundamentally to change his accustomed views about "forgetting." Analytical experience convinces us more and more that a forgetting, a disappearing without leaving a trace, occurs as little in the mental life as does an annihilation of energy or matter in the physical world. Psychological processes seem to possess a very great capacity for persistence and, even after being forgotten for decades, can be revived as unchanged, related complexes, or can be reconstructed from their elements.

A favourable opportunity puts me in a position to support, by psycho-analytical experiences with patients that I had previously hypnotised, the view that unconditional subordination to an external will is to be explained as simply the unconscious transference to the physician of affects (love, respect) originating in childhood, and erotically tinged.

1. Five years ago I successfully hypnotised a patient who had fallen ill with an anxiety-hysteria after the proved infidelity of her fiancé. About six months ago, after the death of a nephew she had been fond of, she came to me with a recurrence of her suffering, and was submitted to psycho-analysis. The characteristic signs of transference soon shewed

themselves, and when I pointed them out to the patient she supplemented my observations with the confession that already on the previous occasion, during the hypnotic treatment, she had indulged in conscious erotic phantasies concerning the physician and had followed my suggestions "out of love."

The analysis, therefore, discloses, as Freud says, the transference that created the hypnosis. It thus seems that I had formerly cured the patient in hypnosis through offering her, in my friendliness, sympathy and words of consolation, a replacement for the unhappy love-affair that evoked her first illness. The inclination to the faithless lover was itself only a surrogate for the love of an elder sister, lost through the latter's marriage, with whom she had lived in childhood in the closest intimacy, indulging for years in mutual masturbation. Her greatest grief, however, had been an early estrangement from her mother, who before then used to idolise and pamper her to an incredible extent, and indeed all her later essays at loving seemed to have been only surrogates of this first, infantile, but thoroughly erotic inclination to the mother. After the end of the hypnotic treatment her "sexual hunger," in a way that was quite sublimated, but which in the analysis proved to be erotic, seized on a little eight-year-old nephew, whose sudden death evoked the recurrence of the hysterical symptoms. The hypnotic docility was here the result of the

transference, and the original love-object, never fully replaced, was with my patient undoubtedly the mother.

II. An official, aged twenty-eight, came to me for the first time about two years ago with a severe anxiety-hysteria. I was already occupied with psycho-analysis, but for external reasons decided on hypnotism, and achieved with simple talking ("mother-hypnosis") a splendid temporary improvement in his emotional state. The patient soon returned, however, with a recurrence of the anxiety, and I repeated the hypnosis from time to time with the same, but always only a passing, success. As I finally decided on analysis I had the greatest difficulties with the transference, certainly increased through the hypnoses. These difficulties were only resolved when it became evident that he had identified me with his "dear mother," on the ground of superficial analogies. As a child he had felt himself drawn to the mother in an extraordinary degree, her caresses were a necessity to him, and he also admitted having experienced at that time great curiosity concerning the sexual relations of the parents; he was jealous of his father, fancied himself playing the father's part, and so on. For a time the analysis passed off quite smoothly, but when I once dismissed a remark of his a little impatiently he got a severe anxiety attack, and the course of the analysis began to be disturbed. After we had finally talked over



the incident that had excited him, the analysis went deeper into the memories of similar occurrences, and now—after despatching friendships tinged with homosexuality and masochism, and painful scenes with teachers and seniors—the father-complex appeared. He saw in front of him in the flesh the “frightful, grimacing, puckered countenance of his wrathful father,” and he trembled at it like an aspen leaf. At the same time, however, a flood of memories also came that shewed how fond he was of his father, and how proud of the latter’s strength and size.

These are only episodes in the analysis of a complicated case, but they shew clearly that with the hypnosis it was only his mother-complex, of which he was then still unaware, that enabled me to influence his condition. In this case, however, I should probably have been able to achieve just the same success with the other method of suggestion: intimidating, impressing, *i. e.* appealing to the father-complex.

III. The third case that I can bring forward is that of a tailor, aged twenty-six, who came for help on account of epileptic attacks, which, however, I considered were hysterical after hearing the description of them. His forlorn, submissive, and resigned appearance absolutely cried out for suggestion, and in fact he obeyed all my commands like a tractable child; he developed anaesthesias, paralyses, etc., quite at my will. I did not omit to carry out an

analysis of his condition, although an incomplete one. In this I found that for years he had been somnambulist; he used to get up at night, sit at a sewing machine, and work at an hallucinated material until he was waked. This "impulsive" occupation dated from the time when he was an apprentice to a strict master-tailor, who often hit him, and whose high demands he had tried to satisfy at any cost. This was of course only a cover-memory for his respected and feared father. His present attacks also began with an impulse to occupation. He believed he heard an inner voice saying "Get up," and then he would sit up, take off his night-shirt, and make sewing movements, which ended in general convulsions; he could not recall afterwards the motor phenomena, knowing of them only from his wife. His father had called him every morning with the cry "Get up," and the poor fellow seemed still to be always carrying out commands that he had received as a child from his father and as an apprentice from his chief. Freud writes <sup>23</sup> "These subsequent effects of orders and threats in childhood may be observed in cases where the interval is as great or greater than here (1¼ decades);" he terms this occurrence "subsequent obedience."

I surmise now that this kind of "subsequentness" in the psychoneuroses in general has much in common with the *post-hypnotic command-automatisms*.

<sup>23</sup> Freud. Jahrb. Bd., I., S. 23.

In both cases actions are performed the motives of which cannot be explained, or only inadequately, since the patient is following out with them either (in the neurosis) a command repressed long ago or (in the hypnosis) a suggestion concerning which amnesia has been induced.

That children should willingly, and indeed cheerfully, obey their parents is really not at all obvious. One might have expected that the demands made by parents on the behaviour and conduct of children would be felt to be an external compulsion, and as something unpleasant. This is really the case in the very first years of life, so long as the child knows only auto-erotic satisfactions, but with the beginning of "object-love" it becomes different. The loved objects are introjected, taken into the ego. The child loves his parents, that is to say, he identifies himself with them in thought. Usually one identifies oneself as a child with the parent of the same sex, and fancies oneself into all his situations. Under such circumstances obedience is not unpleasant; the expressions of the all-powerfulness of the father even flatter the boy, who in his fancy embodies in himself all the power of the father, and only obeys himself, so to speak, when he bows to his father's will. This willing obedience obviously only goes to a certain limit, varying with the individual; if this is overstepped by the parents in their demands, if the bitter pill of compulsion is not

sugared with love, a precocious severing of the "sexual hunger" from the parents results, and generally there is an important disturbance of psychological development, as especially Jung has established (in his work on the part played by the father).

In Mereschkovszky's charming book, "*Peter der Grosse und Alexei*" (1905) the relationship is very characteristically depicted between a cruel, tyrannical father, who regrets every impulse of sentiment, and the son, helplessly submissive to him, who through his father-complex, compounded of love and hate, is incapable of energetic revolt. The poetic historian makes the picture of the father appear very often in the reveries of the Crown Prince. At one time he sees himself as a little child, with his father before his cot. "He stretches out his arms to his father with a fond, sleepy smile, and cries out 'Papa, Papa, my darling.' Then he jumps up and flings himself round his father's neck. Peter embraces him so tightly as to hurt the child, presses him to himself, kisses his face, his neck, his bare legs, and his whole warm, sleepy body." The Czar, however, had later used frightfully stern educational measures when his son was growing up. His pedagogy culminated in the following (historical) sentence: "Give the boy no power when he is young; break his ribs so long as he is growing; when you hit him with a stick, he won't die, but will only get stronger."

And in spite of all this the Czarevitch's face

glowed with bashful joy when he "gazed at the familiar, horrible and dear face, with the full, almost bloated cheeks, with the curled, pointed moustache . . . with the cordial smile on the dainty, almost womanly tender lips; he looked into the large, dark, clear eyes, which were as frightful as they were gentle, and of which he had once dreamed as does a youth in love of a beautiful woman's eyes; he took in the odour known to him from childhood, a mixture of strong tobacco, spirits, sweat, and another, strong, but not unpleasant smell of the barracks, one that pervaded his father's working-rooms and office; he felt the touch, also known to him from childhood, of the not very smoothly shaven chin with the little cleft in the middle that formed such a curious exception, almost comical, in the gloomy countenance." Such descriptions of the father, or similar ones, are in psycho-analysis typical. The author wants to make us understand through this characterisation of the bond between father and son how it came about that the Crown Prince in his safe Italian hiding-place gave up all resistance on getting a letter from his father calling him back, and helplessly yielded himself to that cruel being (who then whipped him to death with his own hands). The Czarevitch's suggestibility is here quite correctly ascribed to his strongly marked father-complex. Mereschovszky seems likewise to have divined "transferences" when he writes: "He (the Czarevitch)

transferred on to the priestly father (the confessor Jacob Ignatiew) all the love that he could not bestow on his actual father. It was a jealous, tender, passionate friendship, as though between lovers."

The feeling of awe for the parents, and the tendency to obey them, normally disappear as the child grows up, but the need to be subject to someone remains; only the part of the father is transferred to teachers, superiors, impressive personalities; the submissive loyalty to rulers that is so wide-spread is also a transference of this sort. In Alexci's case the father-complex could not fade even when he grew up, for his father really was the terrible and mighty despot that in childhood we think our fathers to be.

That the union in the father's person of parental power with the dignity attaching to a respected position can fix immovably any incestuous inclination I was able to observe with two female patients who were pupils of their own father. Passionate transference in the one and neurotic negativism in the other caused almost insuperable difficulties for the psycho-analysis. The limitless obedience in the one case and the defiant rejection of all medical efforts in the other were both determined by the same psychical complexes, by the fusion of the father and teacher complexes.

These striking cases, as well as all the other observations brought forward above, confirm Freud's view that the *hypnotic credulity and pliancy take*

*their root in the masochistic component of the sexual instinct.*<sup>24</sup> Masochism, however, is pleasurably obeying, and this one learns in childhood from one's parents.

In the case of the timid and obedient tailor we saw how the parental commands go on acting long after the years of childhood, in the manner of a post-hypnotic suggestion. I have also been able to demonstrate the neurotic analogy to the so-called "dated suggestions" (*suggestion à échéance*) in a case of morbid anxiety (the twenty-eight year old official mentioned above). He got ill on a quite trivial ground, and it was striking that he had familiarised himself rather too readily with the thought of retiring on his pension at such an early age. The analysis brought out that he had entered on this career exactly ten years before the illness, and very unwillingly, for he considered himself to have artistic gifts. At that time he had only yielded to the pressure brought to bear by his father, making up his mind, however, to get himself pensioned under the pretext of illness the moment he had served the time (ten years) that entitled him to a pension; (the inclination to malingering dated from childhood, when he had obtained in this way much tenderness from his mother and some consideration from his father). In the meantime, however, he completely

<sup>24</sup> Freud. *Drei Abhandlungen sur Sexualtheorie*, S. 18. Anm. 9.

forgot his resolve; he got a rather better income, and, although the conflict continued between his antipathy toward his office work and his preference for his artistic activities—which he had successfully pursued in the meanwhile,—the pusillanimity that had been instilled into him prevented him from even thinking of giving up a part of his income, a loss which his retirement would have entailed. The plan resolved on ten years ago seems to have lain dormant in his unconscious throughout the whole time, to have become mature after the given interval had elapsed, and to have cooperated “auto-suggestively,” so to speak, as one of the evoking causes of his neurosis. The fact, however, that the idea of dates and periods of time was able to play such a significant part in the life of this patient was at bottom a symptom of unconscious phantasies connected with infantile ponderings on the menstruation and gravidity time periods with his mother, and, amongst others, on the idea of his own situation in the womb and at birth.<sup>25</sup>

This case—like all others—confirms Jung’s statement that “the magic binding children to their parents” is really “the sexuality on both sides.”

<sup>25</sup> The unconscious birth-fancy was the final explanation of the following lines that he wrote in his diary during an anxiety attack, and which turned out to possess symbolic meaning: “Hypochondria surrounds my soul like a fine mist, or rather like a cobweb, just as a fungus covers a swamp. I have the feeling as though I were sticking in a bog, as though I had to stretch out my head so as to be able to breathe. I want to tear the cobweb, to tear it. But no, I can’t do it! The web is fastened somewhere—the props would have to be



Such far-reaching points of agreement between the mechanism of the psychoneuroses revealed analytically and the phenomena that can be produced by means of hypnosis and suggestion absolutely compel us to revise the judgment that has been passed in scientific circles on Charcot's conception of hypnosis as "artificial hysteria." Many scientists believe they have already reduced this idea to absurdity in that they are able to hypnotise ninety per cent of healthy people, considering such an extension of the "hysteria" concept as unthinkable. Psycho-analysis has led, nevertheless, to the discovery that healthy people fight with the same complexes as those from which the neurotic fall ill (Jung), that thus some hysterical predisposition exists in every human being, which can also manifest itself under unfavourable circumstances that inflict an undue burden on the mind. The fact that so many normal people may be hypnotised can by no means be taken as an irrefragible proof of the impossibility of Charcot's conception. If, however, one is once free from this prejudice, and compares the pathological manifestations of the psychoneuroses with the phenomena of hypnosis and suggestion, one becomes convinced that the hypnotist can really shew nothing more, and nothing else, than pulled out on which it hangs. If that can't be done, one would have slowly to work one's way through the net in order to get air. Man surely is not here to be veiled in such a cobweb, suffocated, and robbed of the light of the sun." All these feelings and thoughts were symbolic representations of phantasies concerning intra-uterine and birth events.

that which the neurosis spontaneously produces: the same psychical, the same paralysis and stimulation phenomena. The impression of a far-reaching analogy between hypnosis and neurosis becomes strengthened to the point of a conviction of their inherent sameness as soon as one reflects that in both states unconscious ideational complexes determine the phenomena, and that among these ideational complexes in both cases the infantile and sexual, especially those concerned with the parents, play the greatest part. It will be the task of future investigations to see if these points of agreement extend to the details as well; our experience up to the present justifies the expectation that this will be shewn to be the case.

The certainty of this expectation is essentially supported by the undeniable existence of the so-called auto-hypnoses and auto-suggestion. These are states in which unconscious ideas, without any intended external influence, bring about all the neuro-psychic phenomena of deliberate suggestion and hypnosis. It is perhaps not too daring to assume that a far-reaching analogy must exist between the psychical mechanism of these auto-suggestions and that of psychoneurotic symptoms, which after all are the realisations of unconscious ideas. This relationship, however, must be assumed with just the same right between neurosis and foreign suggestion, since according to our conception *there is no such thing as a "hypnotising," a "giving of ideas" in the sense of*

*psychical incorporating of something quite foreign from without, but only procedures that are able to set going unconscious, pre-existing, auto-suggestive mechanisms.* The activity of the person suggesting may then be very well compared with the action of the evoking cause of a psychoneurosis. We do not, of course, mean to deny that, in addition to this extensive resemblance, there may also exist differences between being neurotic and being hypnotised; to make these differences clear is indeed an important task for the future. I only wanted here to *point out that the high percentage of normal people that may be hypnotised can, according to the experience gained by psycho-analysis, be cited as an argument rather for the universality of the predisposition to suffer from a psychoneurosis than against the essential sameness of hypnosis and neurosis.*

Even after this discussion, which must at first produce a displeasing impression from its very novelty, the statement will probably sound paradoxical, that the *resistance* against being hypnotised or affected by suggestion is a reaction to the same psychical complexes that in other cases make transference, hypnosis, or suggestion possible; and yet Freud divined this already in his first work on psycho-analytic technique,<sup>26</sup> and was able to strengthen it by means of examples.

<sup>26</sup> Freud, "Zur Psychotherapie der Hysterie," IV Abschnitt in Breuer und Freud, Studien über Hysterie, 1895.

According to Freud's conception, which later experience has confirmed in all respects, an inability to be hypnotised signifies an unconscious refusal to be hypnotised. The fact that many neurotics cannot be hypnotised, or only with difficulty, is very often due to their not really wanting to be cured. They have, so to speak, come to terms with their suffering, since it yields them libidinous pleasure<sup>27</sup>, although by a highly unpractical and costly route, still without self-reproach, and frequently also brings other considerable advantages (termed by Freud "the secondary function of the neuroses").

The cause of a second kind of resistance lies in the relations between the hypnotist and the person to be hypnotised, in the "antipathy" to the physician. It has already been pointed out that this obstacle also is mostly created by the unconscious infantile complexes.

It may be assumed with considerable probability that the other resistances which can be demonstrated in the psycho-analytic treatment of patients similarly exert influence in attempts at hypnosis and suggestion. There are some sympathies that are unendurable. The reason for hypnosis miscarrying is in many cases, as Freud has shewn, the fear "of getting too used to the physician's personality, of losing one's independence in regard to him, or

<sup>27</sup> Freud, *Kleine Schriften*, Bd. II, 1909, S. 142: "The hysterical symptom serves sexual gratification and represents a part of the person's sexual life."

even of becoming sexually dependent on him." That with one patient an unrestrained inclination to transference comes to expression, in another a flight from every idea of external influence, can ultimately, I believe, be similarly traced to the parental complex, and especially to the way in which the "sexual hunger" became detached from the parents.<sup>28</sup>

IV. Not long ago a patient aged thirty-three, the wife of a land-proprietor, consulted me: her case may serve to illustrate these resistances. Her husband was several times awakened in the middle of the night by her moaning, and saw her restlessly turning about in every direction; "she was making sounds as if something that she was vainly trying to swallow was sticking in her throat" ran the husband's description. Finally, choking and straining movements came on, at which the patient would wake up, calmly going to sleep again soon after. The patient was the absolute opposite of a "good medium." She was one of those refractory persons who are always lying in wait for inconsistencies in the physician's remarks, who are very particular about everything he does and says, and who altogether behave in a very stubborn and almost negativistic manner. Sharpened by bad experiences with

<sup>28</sup> *Infantile (incestuous) fixation and capacity for transference seem in fact to be reciprocal quantities.* Every psychoanalyst can entirely confirm Jung's observations on this point, but I believe that this sentence is also valid for the form of affective transference that we call suggestion.

such patients, I did not even make any attempt at hypnosis or suggestion, but immediately undertook an analysis. To describe the winding ways by which I arrived at the solution of her symptom-complex would lead me too far from the subject. In the present connection I will confine myself to the explanation of her stubborn behaviour, which shewed to me especially at the beginning of the analysis, and long before that—on the most trivial occasions—to her husband, with whom she often exchanged not a word for days. Her illness came on after a social gathering, at which she had interpreted as insulting the behaviour of an older lady when the latter wanted to reproach her with improperly taking the first place at the table. The appearance of inadequacy in her feeling-reaction, however, disappeared as the analysis progressed. When she was a young girl she had really improperly taken the first place at table for a short time at home, after her mother's death. The father had been left with a number of children, and after the burial a touching scene took place between him and his daughter; he promised never to marry again, at which she gave her solemn word not to marry for ten years, and to take her mother's place with the poor orphans. It happened otherwise, however. Scarcely a year had passed before her father began to insinuate that she ought to get married. She guessed what that meant, and obstinately kept every suitor at a distance.

True enough, the father soon after took a young wife, and a bitter fight began between the daughter, who was displaced from every position, and her step-mother; in this fight the father openly took sides against the daughter, and the only weapon against them both that remained to her was stubbornness, which she used to the best of her powers. Up to this point the whole thing sounded like a touching story of the wicked step-mother and the faithless father; but soon came the turn of the "infantile" and the "sexual." As sign of a beginning transference I began to play a part in her dreams, and curiously enough in the not very flattering figure of a composite person put together of myself and—a horse. The association to "horse" led to disagreeable topics; she recollected being taken by her nurse as a quite small child to a stud-farm in the barracks, and seeing many horses there (also copulation scenes between stallion and mare). She confessed further that when she was a girl she had been unusually interested in the size of the male genitals, and that she had been disappointed at the relative smallness of this organ in her husband, with whom she remained frigid. Even as a girl she persuaded a friend to agree that they would measure the dimensions of their future husbands' genital organs and tell each other. She kept her promise, but the friend didn't.

The strange circumstance that in one dream the

horse appeared in a night-shirt led to the reproduction of much older childhood memories, among which, as is often the case, the overhearing of sexual acts between the parents, and especially the observation of the father's micturition, were the most important. She remembered now how often she used to fancy herself in her mother's place, how fond she used to be of playing father and mother with her dolls and friends, on one occasion going through an imaginary pregnancy with the help of a pillow stuffed under her petticoats. It turned out finally that the patient had even in childhood suffered for years from minor anxiety-hysteria: often she was not able to go to sleep till late at night from the fear that her stern father might come to her and shoot her dead with the revolver that he kept in his night-commode. The choking and straining movements in her attacks were signs of repression "from below upwards" (Freud); for a long period she was (like Freud's patient, Dora) passionately fond of sucking various objects, a large number of perverse phantasies cooperating with a strongly developed erogenous mouth-zone.

This anamnesis, although only very imperfectly reproduced, is instructive in two respects. In the first place, it shews that here stubbornness, the rejection of any idea of being influenced, which stood in the way of any attempt at treatment by suggestion, turned out in the analysis to be resistance



against the father. In the second place, the case teaches one that this resistance was a derivative of a strongly fixed parental complex, an Oedipus-complex *feminini generis*, and that her parental complexes were interspersed with infantile sexuality. (The horse dreams of this patient also form a striking analogy with the phobia of horses in the five-year-old "little Hans" [Jahrbuch I.] that Freud was similarly able to trace to identification of the father with a horse.)

What I desired to establish by the facts brought forward is the view that the "medium" is really in love with the hypnotist, and has brought his tendency with her from the nursery. I will merely add that the usual state of being in love may also evince psychological phenomena that remind one of hypnosis. A man blinded with the passion of love almost helplessly does things suggested to him by his sweetheart, even if they are crimes. In the celebrated Czynsky trial the most learned experts could not decide whether the actions of the baroness concerned were determined by her being in love or by ideas "suggested" to her.

Most of the homosexuals who have told me their story stated that they had been hypnotised, or at least submitted to the influence of suggestion, by the first man with whom they had had relations. In the analysis of such a case it becomes evident, of course,

that these phantasies of being hypnotised are only apologetic attempts at projection.

I will content myself with these hints, and will not continue the analogy between the state of being in love and hypnosis, lest the incorrect impression be aroused that it is here only a question of deductively expatiating on a banal resemblance. That is not at all the case. The basis on which this hypothesis is built consists of laborious individual-psychological investigations, such as we have been able to carry out since Freud's work, and if they end in a commonplace, that is in no sense an argument against their correctness.

An undeniable weakness of these considerations, it is true, is that they are based on a relatively small number of observed cases. It lies in the nature of psycho-analytic work, however, that the observation of large numbers and the statistical method are not applicable.

Nevertheless I believe I have brought together, through thorough investigation of the cases—even though these are not many—, through the fundamental agreement in all the cases, and lastly through the extent to which these observations fit in with the rest of psycho-analytic knowledge, sufficient material to support a conception of hypnosis and suggestion that differs from the previous ones.

*According to this conception, the application of suggestion and hypnosis consists in the deliberate*

*establishment of conditions under which the tendency to blind belief and uncritical obedience present in everyone, but usually kept repressed by the censor (remains of the infantile-erotic loving and fearing of the parents), may unconsciously be transferred to the person hypnotising or suggesting.<sup>29</sup>*

<sup>29</sup> (This chapter may be read in conjunction with that entitled "The Action of Suggestion in Psychotherapy" in the Translator's "Papers on Psycho-Analysis.")