Chapter II

THE PSYCHO-SEXUAL DIFFERENCES BETWEEN HYSTERIA AND DEMENTIA PRÆCOX [1] (1908)

The psycho-analytic method has enabled us to recognize important analogies in the structure of hysteria and dementia præcox.[2] It will be sufficient in this paper to mention the most outstanding ones. The symptoms of both diseases originate in repressed sexual complexes. In both cases normal as well as perverse impulses can determine the formation of symptoms. The means of expression employed by both diseases are to a considerable extent the same. (I need only refer to sexual symbolism.)

But that in spite of these common characteristics there exists a fundamental antithesis between the two diseases, all observers agree. Up to the present, however, they have not defined this antithesis satisfactorily. They have only described differences of degree, and these only bring out once more the similarity between the two forms of illness. Seeing that certain important characteristics common to hysteria and dementia præcox are of a psycho-sexual nature, the question arises as to where this analogy ends. And so, in seeking to discover the fundamental differences between the two illnesses, we are again brought back to the psycho-sexual sphere.

Freud's *Drei Abhandlungen zur Sexualtheorie* (1905) offers us a basis for an investigation of this kind, and in

[1] [No. 11, A. B.]

[2] See particularly Jung, *Über die Psychologie der Dementia Præcox* (1907).

particular his views on the sexuality of children, sexual perversions, and the sexual impulse of neurotics. The theoretical considerations that I am about to bring forward concerning the sexuality of chronic mental patients stand or fall by Freud's sexual theories.[1]

The earliest sexual impulses in the child are, according to Freud, connected with a single erotogenic zone—the mouth. During the first years of its life other parts of the body assume the function of erotogenic zones in addition to the oral zone. The earliest expressions of its libido are auto-erotic. At this stage the child knows no sexual object as yet except itself. In the subsequent period of development it turns to object-love. But its object-love does not immediately have a fixed and definite direction towards persons of the opposite sex. There are a number of component-instincts in the child, and in the normal course of events one of these, the heterosexual one, acquires and retains the place of supremacy; whereas the energy derived from the other component-instincts is withdrawn from sexual use and applied to important social aims. This latter process is termed sublimation. It may be said in general that feelings of disgust originate from the sublimation of homosexual components; shame from the sublimation of infantile scopophilia and exhibitionism; and horror, pity and similar feelings from the sublimation of the sadistic and masochistic components.

Learning to transfer its libido to persons of the opposite sex and converting its remaining component-instincts into social feelings are not all the child's psychosexual development. Both sexual transference and sublimation of sexual energy go far beyond these limits; and both processes normally work together in harmony. Artistic,[2] scientific, and to a certain extent many other occupational activities, depend upon sublimatory processes. Persons with un-

[1] In this paper many of the ideas which go some way beyond Freud's published views I owe in the first instance to written and oral communications from Freud himself. And I have also been able to formulate many points more clearly through discussion with Prof. Bleuler and Dr. Jung in the course of my work at the Zürich Psychiatric Clinic.

[2] Cf. Rank, *Der Künstler, Ansätze zu einer Sexualpsychologie* (1907).

gratified libido frequently convert their free sexual energy into feverish activity in their work, or they direct their surplus libido to social activities and find in them their satisfaction. This is the best source from which flows the interest in sick nursing and the care of infants, in public charities, in societies for the protection of animals, etc.

Man's social conduct depends upon his capacity for adaptation. This, however, is a sublimated sexual transference. A positive or negative mental *rapport* develops between people after they have been together for a certain length of time, and it expresses itself in feelings of sympathy or antipathy. It is the basis of sentiments of friendship and mental harmony. The behaviour of a human being in social life is entirely in accord with the way in which he reacts to sexual stimuli. In both cases a given person shows himself easy or difficult of access, coarse or refined in his manner, fastidious or easy-going as to his choice. What we characterize in the behaviour of one person as stiff, awkward, or clumsy, and in another as graceful, adroit, etc., are signs of a lesser or greater capacity for adaptation, *i.e.* capacity for transference.

In psycho-analysis we make use of the transference for therapeutic purposes as we do in all forms of mental treatment.[1] Suggestion, the effects of which are seen in their highest degree in hypnosis, is a very pronounced form of sexual transference.

Man transfers his libido not only to animate but also to inanimate objects. He has a personal relation to almost all the objects of his environment, and this relation originates in his sexuality. In my monograph, *Traum und Mythus*,[2] I have discussed this question in detail, and I will only mention here a few essential considerations on this point. Our German language gives a gender to inanimate objects, because it compares them with male and female by reason of definite characteristics. 'The human being sexualizes

[1] Cf. Freud, 'Fragment of an Analysis of a Case of Hysteria' (1905). Also Sadger, 'Die Bedeutung der psychoanalytischen Methode nach Freud' (1907).

[2] [No. 14, A. B.]

the universe', says Kleinpaul.[1] The sexual symbolism of language which we meet again in dreams and mental disorders originates in the same source. To objects we have grown to like through use or because of their æsthetic value we obviously have a personal relationship which is quite analogous to sexual attraction. The direction taken by our taste in the choice of objects completely conforms to our sexual object-choice. There are many different degrees of this kind of object-love. Many persons have almost no needs in this respect, while others are completely under the dominion of their passion for certain objects. With a delicate perception of these psychological connections the German language terms a man who shrinks from no sacrifice in the attainment of a desired object a '*Liebhaber*' ['lover'], thus likening him to a man who is in love with a woman. The most pronounced type of such a '*Liebhaber*' is the collector. The excessive value he places on the object he collects corresponds completely to the lover's over-estimation of his sexual object. A passion for collecting is frequently a direct surrogate for a sexual desire; and in that case a delicate symbolism is often concealed behind the choice of objects collected. A bachelor's keenness for collecting often diminishes after he has married; and it is well known that interest in collecting varies in different periods of life.

The sexual impulse of the neurotic is distinguishable in the first place from that of the normal person by the excessive strength of his desire. Furthermore, the neurotic lacks internal harmony. His component-instincts are only incompletely subjected to his heterosexual one; and there exists on the other hand a tendency to repress this latter instinct. Ideas associated with normal sexual activities occasion repugnance and disgust in him. Throughout his life one component-instinct is opposing another, and excessive desire for a thing wars with an extreme rejection of it. From this conflict the neurotic takes flight into illness. With the outbreak of his neurosis, repressed material comes into his consciousness and is converted into hysterical

[1] Kleinpaul, *Stromgebiet der Sprache*, S. 468.

symptoms. The conversion serves as a discharge for repressed impulses which may be normal but are more especially of a perverse kind. The symptoms are themselves abnormal sexual activities. Apart from periods of illness in the strict sense the neurotic libido manifests itself in an intensified transference. It cathects its objects in an abnormally high degree; and it shows more than the average tendency towards sublimation.

In the light of this knowledge we may go on to compare the psychosexual conduct of persons suffering from dementia præcox with that of healthy persons and of neurotics. For this purpose we will select a few types from that large group of chronic mental cases which, in accordance with Kraepelin, we classify as dementia præcox.

Let us suppose ourselves in a mental hospital. We see before us a patient suffering from a severe form of the illness and in an advanced stage of it. He is standing in a corner of a room or running about restlessly. He stares vacantly before him, hallucinates, whispers a couple of words, and gesticulates in a strange manner. He speaks to nobody and avoids everyone. He has no desire to occupy himself, neglects his appearance, eats noisily, is dirty, smears himself with excrement and masturbates openly without shame. It is as though his surroundings did not exist for him.

We come to a less severe case who yet exhibits fundamentally the same behaviour, though not in such an extreme degree. He, too, is unsocial and reserved and has persecutory and grandiose ideas. His conduct and manner of speech are peculiar, affected, and unnatural. He complains bitterly about his internment, but he utters these complaints, like all others, without adequate affect. He takes cognizance of events in the external world but has no real interest in them. He will do a little mechanical work, but it gives him no satisfaction.

Here is another patient whose illness does not show any very marked symptoms and who need not necessarily be certified. He easily feels himself injured by others,

does not get on with his relatives, makes no friends, and does not want any. He feels no need for human relationships, and is devoid of tact and finer feelings. We cannot get into friendly relations with him. He may perhaps possess more than average intelligence, but everything he does is as a rule without value. His intellectual productions are generally peculiar and unnatural, violating the laws of good taste and being quite devoid of normal feeling.

All these forms of the disease [1] have in common the same anomalies in regard to the patient's emotional life. (For the differences are only a matter of degree: a slight form can turn into a severe one, and a severe one can show considerable remissions.) Whereas the ideas of healthy persons are accompanied by adequate feeling, such an association of feeling is lacking in these patients. But since we have traced back all transference of feeling to sexuality we must come to the conclusion that dementia præcox destroys the person's capacity for sexual transference, *i.e.* for object-love.

The child's first unconscious sexual inclination is towards its parents, and particularly towards the one of the opposite sex. A lively transference also occurs between brothers and sisters in the same family. At the same time, however, feelings of rebellion and hate are present, especially between members of the same sex. These feelings succumb to the influence of education and other exogenous factors of repression. Under normal conditions there exists between parents and children an affectionate relationship and a feeling of unity. In hysterics we often find this affection morbidly increased towards one person, and changed into violent aversion towards another. Such family affection is usually lacking in dementia præcox patients; and we find in its place indifference or pronounced hostility passing into delusions of persecution.

An educated patient, whose mother had never ceased

[1] In using the words 'slight' and 'severe' nothing is implied about the morbid process of the disease, but only about its practical (social) effects.

her tender care for him during his long illness in spite of his coldness towards her, reacted to the news of her death with the remark, 'Is that the latest?' In the same way it is an every-day experience that in dementia præcox parents leave off having any feelings for their children.

I had under my observation a young man in whom this mental trouble had developed very early. In early childhood he had such a marked transference towards his mother that at three years old he once exclaimed: 'Mother, if you die I shall hit my head with a stone and then I shall be dead too'. He would not allow his mother to be with his father for a single moment. He used to insist on being taken walks by her alone, watched over her jealously, and was spiteful towards his brother. He had shown an abnormal tendency to contradiction from infancy. His mother said of him that even at that time he was 'the spirit that always denies'.[1] He had not associated with other boys, but had clung to his mother alone. When he was thirteen years old he had become so uncontrollable at home that his parents had had to entrust him to other hands. From the moment that his mother had taken him to his new home and had gone away he had changed completely. The excessive love and tenderness for his mother changed into feelings of absolute coldness. He wrote stiff, formal letters in which he never mentioned her. He gradually developed a severe hallucinatory psychosis in which the process of decay of his affective life became more and more apparent.

Psycho-analytic investigation has shown that in mental patients excessive affection often turns to violent hostility. This revulsion of the libido from an object upon which it was at one time transferred with particular intensity is an irrevocable one in dementia præcox.

In the anamnesis of cases of dementia præcox we are very frequently told that the patient had always been quiet and inclined to brood, had never associated with anyone, had avoided company and amusements, and had never

[1] 'Der Geist der stets verneint.' [This is said of Mephistopheles in Goethe's *Faust*, Pt. I.]

been really gay like other people. These persons have in fact never had a proper capacity for transferring their libido to the external world. It is they who form the unsocial element in asylums. Their words are without affective content. They speak of the most sacred things and the merest trivialities in the same tone of voice and with the same gestures. It is only if the conversation touches on a complex that an affective reaction, sometimes a very violent one, may occur.

Dementia præcox patients are in a certain sense very suggestible, and this may seem to contradict the idea of a weak sexual transference. Their suggestibility, however, is quite different to that of hysteria. It seems to me to consist simply in this, that they do not struggle against this or that influence, because at the moment they are too indifferent to oppose it (Kraepelin's 'automatic obedience'). The disturbance in their capacity for attention is certainly of great significance here in this connection. It seems to me therefore that this suggestibility is simply an absence of resistance. But it very easily changes into resistance. The negativism of dementia præcox is the most complete antithesis to transference. In contrast to hysteria, these patients are only in a very slight degree accessible to hypnosis. In attempting to psycho-analyse them we notice the absence of transference again. Hence psycho-analysis hardly comes into consideration as a therapeutic procedure in this kind of illness.

We can notice the failure of transference in these patients in many ways. We never see them really happy. They have no sense of humour; their laughter is unreal or convulsive, or grossly erotic, but never hearty. And it often means, not that they are in good spirits but that a complex has been touched. This is the case, for example, in the stereotyped laughter of the patient who is hallucinating, for his hallucinations are always concerned with his complex. The demeanour of such patients is clumsy and stiff; it shows very clearly their lack of adaption to their environment. Kraepelin speaks very significantly of a 'loss of gracefulness' in them. They have lost the need

to make their environment comfortable and cheerful. Their attachment to their activities and occupation disappears in the same manner as their attachment to people. They readily become absorbed in themselves; and, what seems to me especially characteristic, they do not know what boredom is. It is true that most of these patients in institutions can be educated to do quite useful work by making a constant suggestion in this direction; but they take no pleasure in what they do, and as soon as the suggestion ceases they give it up. An apparent exception is seen in those patients who work from early morning till late at night without needing any rest or recreation. Such indefatigable industry invariably springs from a complex. One patient I know, for instance, is exceedingly active on the asylum farm because he regards the entire grounds as his own property. Another, a very old man, works untiringly in the scullery of his section and will not allow anyone else to help him. This is because he hears elves speaking out of the water in the sink, and they once prophesied to him that he should come to them if he washed 100,000 more pieces of crockery before his death. This octogenarian takes no interest in anything else but this work, which he performs to the accompaniment of secret ceremonies.

These patients no longer take any real interest in objects, or in their property; and nothing that surrounds them has any attraction for them. It is true that they often express intense longing for some object, but if they get it it has no effect on them. It is also true that they take great care of certain things, but occasion will show that they have no real feeling for them. A certain patient collected a large quantity of common stones; he said they were precious stones, and set an enormous value upon them. The drawer in which he kept them finally broke in consequence of their weight. When the stones were taken away the patient protested against this interference with his rights; but he did not grieve after his lost treasures, but collected fresh stones. They did just as well as symbols of his supposed riches. The very frequent destructive

mania of patients undoubtedly springs in part from their lack of pleasure in objects.

In very many cases the mental disturbance affects not only those finer social sublimations which are gradually evolved in the course of the person's whole life, but also those which originated in his early childhood, such as shame, disgust, moral feelings, pity, etc. Careful investigation would probably show that these feelings are, at any rate to some extent, obliterated in every case of dementia præcox; and in all severe cases it is quite evident that this is so. The most pronounced manifestations of such a process are smearing with excreta, drinking urine, dirtiness, etc., all of which point to the loss of feelings of disgust; while obtrusive erotic conduct, such as exhibiting, implies a loss of feelings of shame. We are reminded of the behaviour of infants who have as yet no disgust of excreta, and no feelings of shame at nakedness. Other manifestations are the freedom with which many patients speak of the intimacies of their former life. They reject memories only when they have lost value or interest for them. Their attitude in regard to cruel acts committed by themselves shows most clearly of all that they have lost all sentiment of pity. I once saw a patient a few hours after he had shot an innocent neighbour dead and severely injured his wife. He was talking quite calmly about the motive of the deed and about the deed itself, and at the same time contentedly eating the meal that had been put before him.

So far we can recognize two groups of phenomena in dementia præcox: one in which the libido of the patient is turned away from animate and inanimate objects, and the other in which he has lost those feelings which arise through sublimation. Thus we see that this illness involves a cessation of object-love[1] and of sublimation. Only one similar sexual condition is known to us, namely, that of early childhood; we term it, with Freud, 'auto-erotism'. In this period, too, interest in objects and sublimation is lacking. The psychosexual characteristic of dementia præcox is the

[1] A patient whom I was observing addressed himself as 'you' in his numerous writings; for he himself was the only object in which he was interested.

return of the patient to auto-erotism, and the symptoms of his illness are a form of auto-erotic sexual activity.

This of course does not mean that every sexual impulse in these patients is purely auto-erotic. But it does mean that every attraction to another person is, as it were, sicklied o'er with the pale cast of auto-erotism. When a female patient seems to have very intense feelings of love and expresses them with great violence, her singular lack of shame in showing them surprises us at the same time. The loss of feelings of shame, which are an effect of sublimation, is a step in the direction of auto-erotism. Moreover, we see such patients falling in love with some one quite suddenly and indiscriminately, and then as quickly exchanging that person for another. In every asylum there are always some women who are in love with whoever is their physician at the time; and each of them soon has the delusion of being engaged or married to him, imagines herself with child by him, and sees a sign of love in every word he utters. If the physician leaves, his successor very quickly takes his place in the emotional life of those patients. They are therefore still able to direct their sexual desire on to a person, but are no longer capable of any steady attachment to him. Other patients cherish for years an imaginary love, which only exists in their minds; and they have probably never even seen their sexual object. In real life they keep away from any human contact. In short, there is always some evidence of their auto-erotic attitude. In those cases which on account of an extensive remission of symptoms give the impression of a cure, the deficient capacity for a continued interest in the external world is, as a rule, the morbid trait which is most clearly visible.

The patient whose libido has turned away from objects has set himself against the world. He is alone, and faces a world which is hostile to him. It seems as though his ideas of persecution [1] were directed especially against that person upon whom he had at one time transferred his libido

[1] The turning away of the libido from the external world is the basis for the formation of delusions of persecution in general. I cannot in this place go into the further factors which come into consideration in this connection.

in a marked degree. In many cases, therefore, the persecutor would be his original sexual object.

The auto-erotism of dementia præcox is the source not only of delusions of persecution but of megalomania. Under normal conditions, when two persons have transferred their libido on to one another each over-estimates the value of the other whom he loves (Freud calls this 'sexual over-estimation'). The mental patient transfers on to himself alone as his only sexual object the whole of the libido which the healthy person turns upon all living and inanimate objects in his environment, and accordingly his sexual over-estimation is directed towards himself alone and assumes enormous dimensions. For he is his whole world. The origin of megalomania in dementia præcox is thus a reflected or auto-erotic sexual over-estimation—an over-estimation which is turned back on to the ego.[1] Delusions of persecution and megalomania are therefore closely connected with each other. Every delusion of persecution in dementia præcox is accompanied by megalomania.

The patient's auto-erotic isolation from the external world not only affects his reactive behaviour but also his receptive attitude. He shuts himself off from the sense-perceptions of reality that flow towards him. His unconscious produces sense-perceptions of a hallucinatory nature, and these correspond to repressed wishes. He thus carries his self-isolation so far that in a certain measure he boycotts the external world. He no longer gives it anything, or accepts anything from it. He grants himself a monopoly for the supply of sense-impressions.

The patient who has no interest in the external world, who vegetates in complete absorption in himself, and whose apathetic expression gives an appearance of utter insensibility, seems to ordinary observation to be devoid of mental or emotional activity. It is customary to use the term 'dementia' for this condition. But the same expression is used for the condition that follows on other psychoses, on

[1] I regard auto-erotic sexual over-estimation as the source of megalomania *in general* in dementia præcox. The special idea in which it may take shape is determined by a definite repressed wish in this connection.

epileptic, paralytic, and senile dementia. The two conditions are in reality of quite a different nature, and it is only their *effect*—the diminution of intellectual capacity—which is the same in both, and even so only up to a certain point. In using the term 'dementia', therefore, we should bear this fact in mind. Above all, we should be careful not to fall into the common error of calling delusions 'feeble-minded' because they are absurd; if so, we should have to call the deeply significant absurdities that occur in dreams 'feeble-minded'. Both paralytic and senile dementia utterly destroy the patient's intellectual powers, and cause gross symptoms of mental deterioration in him; while epileptic dementia leads to an extraordinarily impoverished and monotonous ideational life, and an increased difficulty in comprehension. These diseases may become stationary for a time, but in general they are progressive. In dementia præcox, on the other hand, the dementia is based on a 'blocking' of feeling. The patient retains his intellectual capacities—at any rate, although the reverse has frequently been asserted it has never been proved. But in consequence of this auto-erotic 'blocking', the patient does not receive any new impressions, and reacts to the external world either in an abnormal manner or not at all. But remissions may take place at any time, and even go so far that hardly any suspicion of a mental defect is left.

The 'dementia' of dementia præcox is an auto-erotic phenomenon in which the patient is without normal affective reactions to the external world. Epileptic or organic dements, on the other hand, react with very lively feelings in so far as they are capable of comprehending what is taking place. The epileptic never behaves with indifference; he shows a superabundance of affect, both in loving and hating. He transfers his libido on to people and objects in an extraordinary degree, and shows both affection and gratitude towards his relatives. He takes pleasure in his work and clings to his property with great tenacity, carefully preserving every scrap of paper and never ceasing to contemplate his treasures with great satisfaction.

Auto-erotism is also the feature which distinguishes dementia præcox from hysteria. In the one case the libido is withdrawn from objects, in the other it cathects objects in an excessive degree. On the one hand there is loss of the capacity for sublimation, and on the other increased capacity for it.

Whereas we can often already recognize the psychosexual characteristics of hysteria in children, the severer pathological symptoms usually only develop much later. Nevertheless some of these cases do show outspoken signs of illness even in childhood. We conclude from this that the psychosexual constitution of hysteria is congenital. The same conclusion is true of dementia præcox. We very frequently find in the anamnesis that the patients were always peculiar and dreamy, and never associated with anyone. Long before the actual outbreak of the illness they were unable to transfer their libido, and therefore carried out all their love adventures in the realm of phantasy. In all probability there is hardly a case which does not exhibit these characteristics. Such persons are also especially prone to onanism. They have therefore never completely overcome their infantile auto-erotism. Object-love has not fully developed in them, and when the disease becomes manifest they turn to auto-erotism once more. The psychosexual constitution of dementia præcox is based, therefore, on an inhibition in development. The few cases which show psychotic phenomena in a gross form in childhood corroborate this view in a striking manner; for they clearly show a pathological persistence in auto-erotism. One of my patients had shown a pronounced negativism at the early age of three. When he was being washed he would close his fist and not allow his fingers to be dried. He showed the same behaviour as a fifth-form boy at school. In his third year the same patient could not be induced to empty his bowels for months at a time, and his mother had to ask him every day to give up this habit. This example shows an abnormal fixation to an erotogenic zone—a typical auto-erotic phenomenon. The young patient previously mentioned, who suddenly withdrew his libido from his mother

when he was thirteen years old, had also behaved in a negativistic manner in earliest childhood.

Inhibition of a person's psychosexual development is not only expressed in his failure to overcome his auto-erotism completely, but also in an abnormal persistence of his component-instincts. This characteristic, which deserves a separate and detailed investigation, can only be illustrated in this place by a single instance taken from the patient about whose negativistic and auto-erotic behaviour I have already spoken. When he was twenty-seven years old his physician had once had to feed him through a stomach-tube because he refused to eat anything. He conceived this measure as a pederastic act, and from that time regarded the physician as his homosexual persecutor. This example brings to light the homosexual component-instinct with displacement from the anal zone to another erotogenic zone ('displacement from below upwards', Freud), and shows us at the same time the erotogenic origin of an idea of persecution.

An abnormal persistence of the component-instincts is also characteristic of the neuroses, and shows that they too have undergone inhibitions in development. But in them the auto-erotic tendency is absent. In dementia præcox the disturbance is much more deeply rooted; a person who has never completely passed out of the primary stage of his psychosexual development is thrown back more and more into the auto-erotic stage as the disease progresses.

A great part of the pathological manifestations of dementia præcox would, it seems to me, be explicable if we assumed that the patient has an abnormal psychosexual constitution in the direction of auto-erotism. Such an assumption would render the recently discussed toxin theory unnecessary.

It is naturally impossible to deal in a short paper with all the numerous phenomena of the disease that can be traced back to such an inhibition in development; and even a much longer work could not do this, for analysis of the psychoses on the basis of Freudian theories is still in its

infancy. And yet Freud's method will, I think, give us some knowledge which is not obtainable in any other way. What I have chiefly had in view in this paper has been to find a differential diagnosis between dementia præcox, hysteria, and the obsessional neuroses. It furthermore seems to me that psycho-analytic research will be able to tackle the problem of the genesis of the various forms of delusions. Perhaps the method will also help to elucidate the intellectual disturbances seen in the clinical picture of dementia præcox—disturbances which we are still far from understanding at present.

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MARESFIELD LIBRARY
LONDON

Reprinted 1988

British Library Information
C.I.P. Catalogue Record for this book is available
from the British Library

Printed in Great Britain by BPC Wheatons Ltd, Exeter

ISBN 978 0 946439 59 1