Chapter XXVI

A SHORT STUDY OF THE DEVELOPMENT OF THE LIBIDO, VIEWED IN THE LIGHT OF MENTAL DISORDERS (1924)[1]

Part I

MANIC-DEPRESSIVE STATES AND THE PRE-GENITAL LEVELS OF THE LIBIDO

Introduction

More than ten years have passed since I first attempted to trace the ætiology of manic-depressive disorders on psycho-analytical lines.[2] I was quite aware at the time of the shortcomings of that attempt and was at pains to make this clear in the title of my paper. But we should do well to remember how very little had been written as yet on any psycho-analytical subject. And in especial there were very few earlier works in existence on the circular insanities. Private psychotherapeutic practice offers little opportunity for the analysis of cases of this kind, so that it was not possible for any single analyst to collect and compare sufficient data on this subject.

Nevertheless, in spite of the shortcomings of that first attempt, its results have proved to be correct in certain not unimportant particulars. Freud's paper, 'Mourning and Melancholia', confirmed my view that melancholia stood in the same relation to normal mourning for a loss as did

[1] [No. 105, A. B.]

[2] See Chapter VI.

morbid anxiety to ordinary fear. And we may now regard as definitely established the psychological affinity between melancholia and obsessional neuroses. Furthermore, these two illnesses show similarities in regard to the process of the disengagement of the libido from the external world. On the other hand, it had not hitherto been possible to discover anything concerning the point of divergence of melancholic and obsessional states; nor indeed had any light been shed as yet on the problem of the specific cause of the circular insanities.

After Freud had established the theory of the pre-genital levels in the organization of the libido I made an attempt to discover this specific cause. Freud had been led by the analysis of obsessional neuroses to postulate a pre-genital phase in the development of the libido which he called the sadistic-anal phase. A little later [1] he gave a detailed description of a still earlier phase, the oral or cannibalistic one. Basing my views on a large and varied collection of empiric material I was able [2] to show that certain psycho-neuroses contain clear traces of that earliest phase in the organization of the libido; and I ventured the suggestion that what we saw in melancholia was the result of a regression of the patient's libido to that same primitive oral level. But my clinical material was not very complete in this respect, and I was not able to bring forward any convincing proofs of my view.

At about the same time Freud approached the problem of melancholia from another angle, and he made the first real step towards the discovery of the mechanism of that illness. He showed that the patient, after having lost his love-object, regains it once more by a process of intro-jection (so that, for instance, the self-reproaches of a melancholiac are really directed towards his lost object).

Subsequent experience has confirmed in my mind the importance of both processes—the regression of the libido to the oral stage and the mechanism of introjection. And more than that, it has shown that there is an intimate

[1] In the third edition of his *Drei Abhandlungen zur Sexualtheorie*.
[2] See Chapter XII.

connection between the two. The analyses on which the present publication is based leave no doubt as to this last point. As I hope to be able to make quite clear, the introjection of the love-object is an incorporation of it, in keeping with the regression of the libido to the cannibalistic level.

Two more discoveries in this field of research must be mentioned, again in connection with Freud's name. In the first place he pointed out that in melancholia the event of underlying importance is the loss of the object which precedes the outbreak of the illness, and that this does not happen in obsessional cases. The obsessional neurotic has, it is true, a markedly ambivalent attitude towards his object and is afraid of losing it; but he does ultimately keep it. The discovery of this difference between the two pathological states is of great consequence, as I hope will become plain in the course of my study. In the second place, Freud has recently given a more definite direction to our investigation of states of manic exaltation.[1] It will become clear to the reader presently what an advance his theories represent over my first uncertain attempts in 1911.

In 1920 I was invited to read a paper on the manic-depressive psychoses at the Sixth Psycho-Analytical Congress. I was obliged to refuse, since I had no fresh data in my possession. Since that time I have had an opportunity of making an almost complete analysis of two marked cases of circular insanity, and of gaining a brief glimpse into the structure of some other cases belonging to this class. The results of those analyses confirm in a surprising way Freud's view of the structure of melancholic and manic disorders. Besides this, they bring forward a number of new points which supplement his theory in one or two important respects.

Motives of discretion impose a great deal of reserve in the publication of my psycho-analytical material. They prevent me, in especial, from giving a consecutive case-history of the two cases which I analysed thoroughly, and I can only bring forward short extracts from each. In order to preclude the possibility of a mistaken diagnosis I may say

[1] Cf. *Group Psychology and the Analysis of the Ego* (1921).

at once that both my patients had repeatedly been put in asylums or sanatoriums where they were under the observation of able psychiatrists, and that they had been examined by eminent mental specialists. The clinical picture was absolutely typical and the circular course of the illness quite characteristic in both cases, so that in point of fact there was never any doubt about the diagnosis.

In one respect my data is insufficient; and I point this fact out at once, although I do not myself attribute very great importance to it. All the manic-depressive patients I have treated, including the two recent cases I analysed completely, were male. I have only had the opportunity of making cursory psycho-analytical observations of female patients of this class, except for a quite recent case in whose analysis I am still engaged.

But I do not think it likely that an analysis of female patients would lead to any fundamentally different conclusions, especially when we consider that the patients of both sexes exhibit an extremely marked bisexuality in their symptoms, so that they doubtless have many points of similarity.

At the time when I read a part of this publication before the Seventh Psycho-Analytical Congress,[1] the interest felt in the subject was clearly shown by the fact that many of the other papers read there dealt with the same questions and arrived at conclusions strikingly similar to mine, although they approached the matter from quite a different standpoint. In especial I may mention the important contribution made by Róheim [2] in which he added a great deal to our knowledge of the psychology of cannibalism.

In the first part of this book I shall briefly examine certain problems concerning manic-depressive states—in particular the problem of the patient's relation to his love-object during his states of depression and mania and during his 'free interval'. In the second part I shall treat those problems in a broader way and shall consider the subject of the development of the libido as a whole.

[1] Held in Berlin in 1922.
[2] 'Nach dem Tode des Urvaters' (1923).

I

Melancholia and Obsessional Neurosis: Two Stages of the Sadistic-Anal Phase of the Libido

In setting out to examine the mental disorder called melancholia we shall still do well to compare it with the obsessional neuroses, since this affection, closely related to melancholia in its psychology, has to some extent been robbed of its mystery by psycho-analysis.

As early as 1911, in mentioning the similarities between the two illnesses, both as regards their clinical picture and their structure, I pointed out that obsessional symptoms were very frequently present in cases of melancholia and that obsessional neurotics were subject to states of depression. I went on to say that in both kinds of illness a high degree of ambivalence was to be found in the patient's instinctual life; and that this was most clearly seen in the want of adjustment between his emotions of love and of hate, and between his homosexual and heterosexual tendencies.

More recent researches have led me to the view that obsessional neurosis and melancholia resemble one another not only in their acute symptoms, but also have important points in common during their periods of quiescence. And therefore in my present study on melancholia I propose to take as my starting-point not the complete clinical picture, but the so-called 'free interval' which is interposed between two periods of illness.

From the point of view of the clinical observer manic-depressive states run an intermittent course, whereas obsessional states are on the whole chronic in character. Nevertheless, the latter do show a clear tendency to have considerable remissions. Indeed, in some obsessional cases the illness comes on in acute attacks which are very similar to the periodic outbreaks of the illness in melancholia. Careful observation spread over a long period of time shows

us that here, as in so many other cases, the one condition shades off into the other, whereas at first we only saw an absolute cleavage between the two.

This view receives fresh confirmation as we advance deeper in our psychological inquiry. For we find that the patient who is liable to periodic fits of depression and exaltation is not really perfectly well during his 'free interval'. If we merely question such patients rather closely we learn that during long intervals of this kind they pass through depressive or hypo-manic states of mind from time to time. But what is specially interesting to the analyst is the fact that in all cycloid illnesses the patient is found to have an abnormal character-formation during his 'free interval'; and that this character-formation coincides in a quite unmistakable way with that of the obsessional neurotic. As far as my experience goes, at any rate, it does not seem possible to make a hard and fast distinction between the melancholic character and the so-called 'obsessional character'. In their 'free interval' patients suffering from circular insanity exhibit the same characteristics as psycho-analysis has made us acquainted with in the obsessional neuroses—the same peculiarities in regard to cleanliness and order; the same tendency to take up an obstinate and defiant attitude alternating with exaggerated docility and an excess of 'goodness'; the same abnormalities of behaviour in relation to money and possessions. These character-traits furnish important evidence that these two pathological conditions have a close psychological relationship with one and the same pre-genital phase of the libido. If we assume the existence of such an extensive agreement in the characterological constitution of persons who incline to melancholia and of those who incline to an obsessional neurosis, it is quite incomprehensible to us why an illness which takes its inception from the same character-formation should be now of the one type, now of the other. It is true that we have come to the conclusion that in melancholia the patient gives up his psycho-sexual relations to his object, whereas the obsessional neurotic does in the end manage to escape that fate. But we are then faced

with the problem why the object-relation is so much more labile in the one class of patients than in the other.

According to the psycho-analytic view, the fixation points that have been formed in the course of the development of the libido will determine to what level of organization the libido of the individual will advance, and to what level it will retreat in the event of a neurotic illness. And the same is true of the relation of the individual to the outer world: inhibitions in development and regressive processes are always found to be determined by earlier fixations in the sphere of the libido. Now in spite of their common relation to the anal-sadistic organization of the libido, melancholia and obsessional neurosis exhibit certain fundamental differences not only in respect of the phase to which the libido regresses at the onset of the illness, but also in respect of the attitude of the individual to his object, since the melancholiac gives it up, while the obsessional patient retains it. If, therefore, it appears that such widely divergent pathological processes can take their inception from the sadistic-anal stage, it follows that *this stage contains heterogeneous elements which we have not been able to separate out hitherto.* In other words, our knowledge of this stage of libidinal development must be insufficient. And moreover, other considerations give us good reason for believing that this is in fact the case.

Up till now we have been acquainted with three stages in the development of the libido, in each of which we were able to observe that one particular erotogenic zone was of preponderant importance. These erotogenic zones are, in order of time, the oral, the anal, and the genital. We found that the libidinal excitations belonging to anal erotism had close and manifold connections in that stage with sadistic impulses. I have already once pointed out in an earlier paper,[1] that since Freud's discovery our clinical observation has confirmed over and over again the close relationship that exists between these two instinctual spheres; and yet we have never inquired into the origin of that especial relationship. We have learnt from the psycho-

[1] See Chapter XXIII.

analysis of neurotic patients that excretory processes are employed for sadistic purposes, and have found this fact confirmed by observation of the psychology of children. We have also seen that a single character-trait—defiance, for instance—proceeds from sadistic as well as from anal sources. But these observations and others like them have not enabled us to understand the reason of that combination of sadistic and anal activities.

We can get a step nearer to the solution of the problem if we take into consideration another piece of well-ascertained psycho-analytic knowledge which I have discussed in my above-mentioned paper.[1] This is, that a complete capacity for love is only achieved when the libido has reached its genital stage. Thus we have on the one hand anal erotic processes combined with sadistic behaviour, in especial with unkind and hostile emotions which are destructive to their object; and on the other, a genital erotism combined with tendencies which are friendly to their object.

But this comparison only serves, as I have said, to bring us a step nearer to our problem, which remains unanswered so long as we do not know why, at a certain level of development, the sadistic impulses exhibit a special affinity precisely for anal erotism and not, for instance, for oral or genital erotism. Here again the empirical data of psycho-analysis may be of use to us. For they show us

1. That anal erotism contains two opposite pleasurable tendencies.

2. That similarly two opposite tendencies exist in the field of sadistic impulses.

The evacuation of the bowels calls forth a pleasurable excitation of the anal zone. To this primitive form of pleasurable experience there is presently added another, based on a reverse process—the retention of the fæces.

Psycho-analytic experience has shown beyond a doubt that in the middle stage of his libidinal development the individual regards the person who is the object of his desire as something over which he exercises ownership, and that

[1] Chapter XXIII.

he consequently treats that person in the same way as he does his earliest piece of private property, *i.e.* the contents of his body, his fæces.[1] Whereas on the genital level 'love' means the transference of his positive feeling on to the object and involves a psycho-sexual adaptation to that object, on the level below it means that he treats his object as though it belonged to him. And since the ambivalence of feelings still exists in full force on this inferior level, he expresses his positive attitude towards his object in the form of retaining his property, and his negative attitude in the form of *rejecting* it. Thus when the obsessional neurotic is threatened with the loss of his object, and when the melancholiac actually does lose his, it signifies to the unconscious mind of each an expulsion of that object in the sense of a physical expulsion of fæces.

I assume that every psycho-analyst will be able to confirm this parallel from his own observation. In my above-mentioned paper[2] I have discussed it in greater detail. I should only like to draw attention in this place to the fact that many neurotic persons react in an anal way to every loss, whether it is the death of a person or the loss of a material object. They will react with constipation or diarrhœa according as the loss is viewed by their unconscious mind—whose attitude, in agreement with the ambivalence of their emotional life, is itself naturally a variable one. Their unconscious denies or affirms the loss by means of the 'organ-speech' with which we are familiar. News of the death of a near relative will often set up in a person a violent pressure in his bowels as if the whole of his intestines were being expelled, or as if something was being torn away inside him and was going to come out through his anus. Without forgetting that a reaction like this is over-determined, I should like in this place to single out this one cause with which we are concerned. We must regard the reaction as an archaic form of mourning which has been conserved in the unconscious; and we can set it side by side with a primitive ritual, described by Róheim,[3] in

[1] Cf. Chapter XXIII. [2] Chapter XXIII.
[3] 'Nach dem Tode des Urvaters' (1923).

which the relatives of the deceased man defæcate on his new-made grave.

It is worth noting that certain forms of speech still preserve distinct traces of this parallel between losing something and emptying the bowels. For instance, the excrement of animals is called '*Losung*'[1] in German, and the connection between this word and 'los'[2] and the English word 'lose' is evident.

As an illustration I should like to relate the following curious ceremonial performed by a neurotic woman. (I have already quoted this example in my above-mentioned paper.) This woman, who presented anal character-traits of an extreme kind, was as a rule unable to throw away disused objects. Nevertheless she felt impelled from time to time to get rid of one or other of them. And so she had invented a way of cheating herself, as it were. She used to go out into the wood close by, and before she left the house she would take the object that was to be thrown away—an old garment, for instance—and tuck a corner of it under her petticoat strings behind. Then she would 'lose' the thing on her walk in the wood. She would come home by another way so as not to come across it again. Thus in order to be able to give up the possession of an object she had to let it drop from the back of her body.

Moreover, nothing is so eloquent in confirmation of our view as the utterances of children. A small Hungarian boy, whose family lived in Buda-Pesth, once threatened his nurse with these words: 'If you make me angry I'll ka-ka you across to Ofen' (a district on the other side of the Danube). According to the child's view the way to get rid of a person one no longer liked was by means of defæcation.

This primitive idea that removing an object or losing it is equivalent to defæcation has become remote to us grown-up people; so remote, indeed, that it is only through a laborious process of psycho-analytic investigation that

[1] ['What has dropped off'. Cf. the English word 'droppings'.—*Trans.*]

[2] [As a suffix='without'. '*Einem loswerden*'='to be rid of someone'.—*Trans.*]

we have been able to recover those traces of primitive thought—and even so the discovery is received by most people with an incredulous shake of the head. Nevertheless, certain psychological products, such as myths, folklore, and usages of speech, enable us to recognize that this habit of thought is the common property of the unconscious mind. Let me only mention one very general expression used by students at the German universities. If a student has been excluded by his comrades from all their official occasions on account of some misdemeanour, that is, if he has been more or less excommunicated, it is commonly said of him that '*Er gerät in Verschiss*'.[1] Here the expulsion of a person is quite openly compared to the physical expulsion of stool.

The component instinct of sadism, as it exists in the infantile libido, also shows us two opposite pleasurable tendencies at work. One of these tendencies is to *destroy* the object (or the external world); the other is to *control* it. I shall later try to show in detail that the tendency to spare the object and to preserve it has grown out of the more primitive, destructive tendency by a process of repression. For the present I shall speak of this process quite in general; but I should like to say at once that psycho-analysis has given us a perfectly sound knowledge of these stages and the succeeding ones in the development of object-love. For the moment we will confine our interest to that sadistic instinct which threatens the existence of its object. And we see that the removal or loss of an object can be regarded by the unconscious either as a sadistic process of destruction or as an anal one of expulsion.

It is worth noticing in this connection that different languages express the idea of losing something in two different ways, in agreement with the psycho-analytic view put forward. The German word '*verlieren*', the English 'to lose', and the Latin '*amittere*', correspond to the anal idea of letting something go; whereas '*ἀπολλύναι*' in Greek, '*perdere*' in late Latin, and '*perdre*' in French,

[1] ['He has been sent to Coventry.' '*Verschiss*' (literally 'excrement') instead of '*Verruf*' ('bad repute').—*Trans.*]

signify to ruin or destroy a thing. We may also bear in mind Freud's analytic interpretation of losing things as an unconsciously motivated tendency to put the object out of the way. His interpretation is well confirmed by those languages which directly identify losing a thing with destroying it.

Again, certain forms of speech show how closely are united in the unconscious mind anal and sadistic tendencies to abolish an object. The most widely different languages tend to express only by indirect allusion or metaphor behaviour which is based on sadistic impulses. But those metaphors are derived from activities which psycho-analytic experience has taught us to trace back to anal erotic and coprophilic instincts. A good example of this is to be found in the military reports and despatches which appeared on both sides during the late war. In them places were '*gesäubert*' ('cleaned') of the enemy, trenches were '*aufgeräumt*' ('cleared out'); in the French accounts the word used was '*nettoyer*' ('to clean'), and in the English, 'cleaning up' or 'mopping up' was the expression.

The analysis of neurotic patients has taught us that the second, *conserving* set of tendencies that spring from anal and sadistic sources—tendencies to retain and to control the object—combine in many ways and reinforce one another. And in the same way there is a close alliance between the *destructive* tendencies coming from those two sources—tendencies to expel and to destroy the object. The way in which these latter tendencies co-operate will become especially clear in the psychology of states of melancholia. And we shall enter into this point in greater detail later on.

What I should like to do in this place is to discuss briefly the convergent action of anal and sadistic instincts in the obsessional character. We have hitherto accounted for the excessive love of cleanliness shown by such characters as being a reaction formation against coprophilic tendencies, and for their marked love of order as a repressed or sublimated anal erotic instinct. This view, though correct and supported by a great mass of empirical data, is in some

ways one-sided. It does not take sufficiently into consideration the over-determination of psychological phenomena.

For we are able to detect in our patients' compulsive love of order and cleanliness the co-operation of sublimated *sadistic* instincts as well. In my above-mentioned essay I have adduced examples to show that compulsive orderliness is at the same time an expression of the patient's desire for domination. He exerts power over things. He forces them into a rigid and pedantic system. And it not seldom happens that he makes people themselves enter into a system of this kind. We have only to think of the compulsion for cleaning everything from which some housewives suffer. They very often behave in such a way that nothing and no one is left in peace. They turn the whole house upside down and compel other persons to submit to their pathological impulses. In extreme cases of an obsessional character, as it is met with in housewife's neurosis and in neurotic exaggerations of the bureaucratic mind, this craving for domination becomes quite unmistakable. Or again, we need only think of the sadistic elements that go to make up the well-known anal character-trait of obstinacy to realize how anal and sadistic instinctual forces act together.

In order to be able to understand more clearly what takes place at the time of the onset of an obsessional neurosis or of melancholia, we must once more turn our attention to those periods of the patient's life which are relatively free from symptoms. The 'remission' of the obsessional patient and the 'interval' of the manic-depressive appear as periods in which his anal and sadistic instincts have been successfully sublimated. As soon as something special occurs to threaten the 'loss' of their object in the sense already used, both classes of neurotics react with great violence. The patient summons up the whole energy of his positive libidinal fixations to combat the danger that the current of feeling hostile to his object will grow too strong. If the conserving tendencies—those of retaining and controlling his object—are the more powerful, this conflict around the love-object will call forth

phenomena of psychological compulsion. But if the opposing sadistic-anal tendencies are victorious—those which aim at destroying and expelling the object—then the patient will fall into a state of melancholic depression.

We shall not be surprised to find that obsessional symptoms make their appearance in a melancholia and that states of depression occur in an obsessional neurosis. In cases of this sort the destructive or the conserving tendency, as the case may be, has not been able to carry the day completely. As a rule, however, either the one or the other—the tendency to manic-depressive symptoms or the tendency to show signs of obsessional behaviour—occupies the foreground of the clinical picture. But we are not yet in a position to get a deeper insight into the causes of this interplay of the two sets of symptoms.

Psycho-analytic experience and the direct observation of children have established the fact that that set of instincts which aims at the destruction and expulsion of the object is ontogenetically the elder of the two. In the normal development of his psycho-sexual life the individual ends by being capable of loving his object. But the road which he traverses, beginning from the auto-erotism of his infancy and ending with a complete object-love, still needs to be studied more exactly. But this much may be said to be certain: the child's libido is without an object (auto-erotic) to begin with. Later, it takes its ego as its first object; and not till after that does it turn towards external objects. But even then it retains the quality of ambivalence for some time; and it is only at a relatively late period of his childhood that the individual is capable of having a completely friendly attitude towards his object.

When we compare the course taken by the libido in obsessional neurosis and in melancholia, we can see at once that in the obsessional neurotic, in spite of the insecurity of his relations to his object, it has never deviated so far in a regressive direction from the normal goal of its development as it has in the case of the melancholiac. For at the onset of his illness the depressive patient has completely broken off all object-relations.

Psycho-analytic experience has already obliged us to assert the existence of a pre-genital, anal-sadistic stage of libidinal development; and we now find ourselves led to assume that that stage includes two different levels within itself. On the later level the conserving tendencies of retaining and controlling the object predominate, whereas on the earlier level those hostile to their object—those of destroying and losing it—come to the fore. The obsessional neurotic regresses to the later of these two levels, and so he is able to maintain contact with his object. During his quiet periods of remission he is able to a great extent to sublimate his sadistic and anal impulses so that his relation to the external world may even appear normal to the ordinary eye. The same thing may happen in melancholia. Even clinical psychiatry admits that a melancholic may get 'well', *i.e.* recover his mental health. For during the period when his symptoms are absent the manic-depressive patient can transform his instincts in the same way as the obsessional neurotic. But as soon as his ego enters into an acute conflict with his love-object he gives up his relation to that object. And now it becomes evident that the whole of his sublimations and reaction-formations which are so similar to those of the 'obsessional character' are derived from the lower level of the anal-sadistic stage of his libidinal development.

This differentiation of the anal-sadistic stage into a primitive and a later phase seems to be of radical importance. For at the dividing line between those two phases there takes place a decisive change in the attitude of the individual to the external world. Indeed, we may say that this dividing line is where 'object-love' in the narrower sense begins, for it is at this point that the tendency to preserve the object begins to predominate.

Nor is such a differentiation of merely theoretical interest. It not only serves to give us a clear picture of a particular period of the child's psycho-sexual development; it also assists us in getting a deeper insight into the regressive movement of the libido in the psycho-neuroses. We shall see later that the process of regression in melancholia does not stop at the earlier level of the anal-sadistic stage, but goes

steadily back towards still more primitive organizations of the libido. It thus appears as though when once the dividing line between the two anal-sadistic phases has been crossed in a regressive direction the effects are especially unfavourable. Once the libido has relinquished its object-relations it seems to glide rapidly downwards from one level to the next.

In regarding this dividing line as extremely important we find ourselves in agreement with the ordinary medical view. For the division that we psycho-analysts have made on the strength of empirical data coincides in fact with the classification into neurosis and psychosis made by clinical medicine. But analysts, of course, would not attempt to make a rigid separation between neurotic and psychotic affections. They are, on the contrary, aware that the libido of any individual may regress beyond this dividing line between the two anal-sadistic phases, given a suitable exciting cause of illness, and given certain points of fixation in his libidinal development which facilitate a regression of this nature.

II

Object-Loss and Introjection in Normal Mourning and in Abnormal States of Mind

Having taken as the starting-point of our investigations the 'free interval' in periodical depressive and manic states, we may now proceed to inquire into the event which ushers in the actual melancholic illness—that event which Freud has called the 'loss of object'—and into the process, so closely allied to it, of the introjection of the lost love-object.

In his paper, 'Mourning and Melancholia', Freud described in general outlines the psychosexual processes that take place in the melancholic. He was able to obtain an intuitive idea of them from the occasional treatment of depressive patients; but not very much clinical material has

been published up till now in the literature of psychoanalysis in support of this theory. The material which I shall bring forward in this connection is, however, intended not merely to illustrate that theory but to prepare the way for a systematic inquiry into the pathological processes of melancholia and into the phenomena of mourning. As we shall see, the psychology of melancholia and of mourning are not as yet sufficiently understood.[1]

Now and then we come across cases of marked melancholic depression where the processes of object-loss and introjection can be recognized without making any psychoanalysis. But we must not forget that this would not have been possible if Freud had not drawn our attention to the general features of the psychological situation.

Dr. Elekes of Klausenburg has recently communicated to me the following peculiarly instructive case from his psychiatric practice in an asylum. A female patient was brought to the asylum on account of a melancholic depression. She repeatedly accused herself of being a thief. In reality she had never stolen anything. But her father, with whom she lived, and to whom she clung with all an unmarried daughter's love, had been arrested a short while before for a theft. This event, which not only removed her father from her in the literal meaning of the word but also called forth a profound psychological reaction in the sense of estranging her from him, was the beginning of her attack of melancholia. The loss of the loved person was immediately succeeded by an act of introjection; and now it was the patient herself who had committed the theft. This instance once more bears out Freud's view that the self-reproaches of melancholia are in reality reproaches directed against the loved person.

It is easy enough to see in certain cases that object-loss and introjection have taken place. But we must remember that our knowledge of these facts is purely superficial, for we can give no explanation of them whatever. It is only

[1] Medical discretion forbids me to give in full the analytic material of cases at my disposal. I must therefore confine myself to the reproduction of instructive extracts from various cases. This method has the advantage of making the material less difficult to survey.

by means of a regular psycho-analysis that we are able to perceive that there is a relationship between object-loss and tendencies, based on the earlier phase of the anal-sadistic stage, to lose and destroy things; and that the process of introjection has the character of a physical incorporation by way of the mouth. Furthermore, a superficial view of this sort misses the whole of the ambivalence conflict that is inherent in melancholia. The material which I shall bring forward in these pages will, I hope, help to some extent to fill in this gap in our knowledge. I should like to point out at once, however, that our knowledge of what takes place in normal mourning is equally superficial; for psycho-analysis has thrown no light on that mental state in healthy people and in cases of transference-neurosis. True, Freud has made the very significant observation that the serious conflict of ambivalent feelings from which the melancholiac suffers is absent in the normal person. But how exactly the process of mourning is effected in the normal mind we do not at present know. Quite recently, however, I have had a case of this sort which has at last enabled me to gain some knowledge of this till now obscure subject, and which shows that in the normal process of mourning, too, the person reacts to a real object-loss by effecting a temporary introjection of the loved person. The case was as follows:[1]

The wife of one of my analyzands became very seriously ill while he was still under treatment. She was expecting her first child. At last it became necessary to put an end to her pregnancy by a Cæsarian section. My analyzand was hurriedly called to her bedside and arrived after the operation had been performed. But neither his wife nor the prematurely born child could be saved. After some time the husband came back to me and continued his treatment. His analysis, and in especial a dream he had shortly after its resumption, made it quite evident that he had reacted to his painful loss with an act of introjection of an oral-cannibalistic character.

One of the most striking mental phenomena exhibited

[1] The person concerned has authorized me to make use of this observation in view of its scientific value.

by him at this time was a dislike of eating, which lasted for weeks. This feature was in marked contrast to his usual habits, and was reminiscent of the refusal to take nourishment met with in melancholiacs. One day his disinclination for food disappeared, and he ate a good meal in the evening. That night he had a dream in which he was present at the *post-mortem* on his late wife. The dream was divided into two contrasting scenes. In the one, the separate parts of the body grew together again, the dead woman began to show signs of life, and he embraced her with feelings of the liveliest joy. In the other scene the dissecting-room altered its appearance, and the dreamer was reminded of slaughtered animals in a butcher's shop.

The scene of the dissection, twice presented in the dream, was associated with his wife's operation (*sectio Caesaris*). In the one part it turned into the re-animation of the dead body; in the other it was connected with cannibalistic ideas. The dreamer's association to the dream in analysis brought out the remarkable fact that the sight of the dissected body reminded him of his meal of the evening before, and especially of a meat dish he had eaten.

We see here, therefore, that a single event has had two different sequels in the dream, set side by side with one another, as is so often the case when a parallel has to be expressed. Consuming the flesh of the dead wife is made equivalent to restoring her to life. Now Freud has shown that by introjecting the lost object the melancholiac does indeed recall it to life: he sets it up in his ego. In the present case the widowed man had abandoned himself to his grief for a certain period of time as though there were no possible escape from it. His disinclination for food was in part a playing with his own death; it seemed to imply that now that the object of his love was dead life had no more attraction for him. He then began to work off the traumatic effect of his loss by means of an unconscious process of introjection of the loved object. While this was going on he was once more able to take nourishment, and at the same time his dream announced the fact that the work of mourning had succeeded. The process of mourning thus

brings with it the consolation: 'My loved object is not gone, for now I carry it within myself and can never lose it'.

This psychological process is, we see, identical with what occurs in melancholia. I shall try to make it clear later on that melancholia is an archaic form of mourning. But the instance given above leads us to the conclusion that the work of mourning in the healthy individual also assumes an archaic form in the lower strata of his mind.

At the time of writing I find that the fact that introjection takes place in normal mourning has already come near discovery from another quarter. Groddeck[1] cites the case of a patient whose hair went grey at the time of his father's death, and he attributes it to an unconscious tendency on the part of the patient to become like his father, and thus as it were to absorb him in himself and to take his place with his mother.

And here I find myself obliged to contribute an experience out of my own life. When Freud published his 'Mourning and Melancholia', so often quoted in these pages, I noticed that I felt a quite unaccustomed difficulty in following his train of thought. I was aware of an inclination to reject the idea of an introjection of the loved object. I combated this feeling in myself, thinking that the fact that the genius of Freud had made a discovery in a field of interest so much my own had called forth in me an affective 'no'. It was not till later that I realized that this obvious motive was only of secondary importance compared with another. The facts were these:

Towards the end of the previous year my father had died. During the period of mourning which I went through certain things occurred which I was not at the time able to recognize as the consequence of a process of introjection. The most striking event was that my hair rapidly turned very grey and then went black again in a few months' time. At the time I attributed this to the emotional crisis I had been through. But I am now obliged to accept Groddeck's view, quoted above, concerning the deeper connection

[1] In his *Buch vom Es* (1923), p. 24.

between my hair turning grey and my state of mourning. For I had seen my father for the last time a few months before his death, when I was home from the war on a short leave. I had found him very much aged and not at all strong, and I had especially noticed that his hair and his beard were almost white and were longer than usual on account of his having been confined to his bed. My recollection of my last visit to him was closely associated with this impression. Certain other features in the situation, which I am unfortunately unable to describe here, lead me to attribute my temporary symptom of turning grey to a process of introjection. It thus appears that my principal motive in being averse to Freud's theory of the pathological process of melancholia at first was my own tendency to employ the same mechanism during mourning.

Nevertheless, although introjection occurs in mourning in the healthy person and in the neurotic no less than in the melancholiac, we must not overlook the important differences between the process in the one and in the other. In the normal person it is set in motion by real loss (death); and its main purpose is to preserve the person's relations to the dead object, or—what comes to the same thing—to compensate for his loss. Furthermore, his conscious knowledge of his loss will never leave the normal person, as it does the melancholiac. The process of introjection in the melancholiac, moreover, is based on a radical disturbance of his libidinal relations to his object. It rests on a severe conflict of ambivalent feelings, from which he can only escape by turning against himself the hostility he originally felt towards his object.

Recent observations, those of Freud in the first instance, have shown that introjection is a far commoner psychological process than has hitherto been supposed. I should like to refer in particular to a remark of Freud's [1] concerning the psycho-analysis of homosexuality.

He expresses the view (though he does not support it with any clinical material) that we should be able to trace certain cases of homosexuality to the fact that the subject

[1] Cf. his *Group Psychology*, p. 66.

has introjected the parent of the opposite sex. Thus a young man will feel an inclination towards male persons because he has assimilated his mother by means of a psychological process of incorporation and consequently reacts to male objects in the way that she would do. Up till now we have been chiefly acquainted with another ætiology of homosexuality. The analysis of such cases has shown that as a rule the person has had a disappointment in his love for his mother and has left her and gone over to his father, towards whom he henceforward adopts the attitude usually taken by the daughter, identifying himself like her with his mother. A short time ago I had a case in which I was able to establish the presence of both these possible lines of mental development. The patient had a bisexual libidinal attitude, but was in a homosexual phase at the time he came to me for analysis. Twice before—once in early childhood and once during puberty—he had passed through a homosexual phase. It was only the second of these that set in with what must be described as a complete process of introjection. On that occasion the patient's ego was really submerged by the introjected object. I shall give a short abstract of his analysis, for it seems to me that the material is not only important for an understanding of the process of introjection, but also throws light on certain phenomena of mania and melancholia.

The patient was the younger of two children and had been a spoilt child in every sense of the word in his infancy. His mother had continued to suckle him well on into his second year, and even in his third year she still occasionally gave way to his desire, vehemently urged, to be fed at the breast. She did not wean him till he was three years old. At the same time as he was being weaned—a process which was achieved with great difficulty—a succession of events took place which robbed the spoilt child all at once of the paradise he had lived in. Up till then he had been the darling of his parents, of his sister, who was three years his senior, and of his nurse. Then his sister died. His mother withdrew into an abnormally severe and long period of mourning and thus became still more estranged from him

than the weaning had already made her. The nurse left them. His parents could not bear to go on living in the same house, where they were constantly being reminded of their dead child, and they moved into an hotel and then into a new house. This series of events deprived the patient of all the things he had hitherto enjoyed in the way of maternal solicitude. First his mother had withdrawn the breast from him. Then she had shut herself off from him psychologically in mourning for her other child. His elder sister and his nurse were gone. Finally the house, that important symbol of the mother, was given up. It is not surprising that the small boy should have turned towards his father for love at this point. Besides this, he fixed his inclinations on a friendly neighbour, a woman who lived near their new house, and he made a great show of his preference for her over his mother. The splitting up of his libido—one part going to his father, the other to a woman who was a mother-surrogate—had already become evident. In the years following this period he became attached by a strong erotic interest to boys older than himself who resembled his father in their physical characteristics.

In his later childhood, as his father began to give way to drink more and more, the boy withdrew his libido from him and once more directed it towards his mother. He maintained this position for several years. Then his father died, and he lived alone with his mother, to whom he was devoted. But after a short period of widowhood she married again and went travelling with her husband for quite a long time. In doing this she had once more repulsed her son's love. And at the same time the boy's feelings of hatred were aroused against his step-father.

A new wave of homosexual feeling came over the half-grown boy. But this time he was attracted by a different type of young man, one which closely resembled that of his mother in certain physical qualities. The kind of youth he had loved on the first occasion, and the kind he loved now, exactly represented the contrast between his father and his mother in respect of their determining physical character-

istics. It must be mentioned that the patient was himself entirely of his mother's type. His attitude towards this second type of young man for whom he now had a preference was, in his own words, tender, loving, and full of solicitude, like a mother.

Several years later the patient's mother died. He was with her during her last illness and she died in his arms. The very great effect which this experience had on him was caused by the fact that in a deeper stratum of his mind it represented the complete reversal of that unforgotten situation in which he, as an infant, had lain at his mother's breast and in her arms.

No sooner was his mother dead than he hurried back to the neighbouring town where he lived. His state of feeling, however, was by no means that of a sorrowing son; he felt, on the contrary, elated and blissful. He described to me how he was filled with the feeling that now he carried his mother safely in himself, his own for ever. The only thing that caused him uneasiness was the thought of her burial. It was as if he was disturbed by the knowledge that her body was still visible and lying in the house she had died in. It was not till the funeral was over that he could give himself up to the feeling that he possessed his mother for evermore.

If it were possible for me to publish more details from the analysis of this patient, I could make this process of incorporating the mother still more evident. But enough has been said to make its occurrence quite clear.

In this instance the process of introjecting the loved object began when the patient lost his mother through her second marriage. He was unable to move his libido away on to his father, as he had done in his fourth year; and his step-father was not qualified to attach his libido to himself. The last object of his infantile love that was left—his mother—was also the first. He strove against this heaviest loss that could befall him by employing the mechanism of introjection.

It is astonishing to find that this process of introjection should have resulted in such a feeling of happiness, in

direct contradiction to its effect on the melancholiac upon whose mind it weighs so heavily. But our surprise is lessened when we recollect Freud's explanation of the mechanism of melancholia. We have only to reverse his statement that 'the shadow of the lost love-object falls upon the ego' and say that in this case it was not the shadow but the bright radiance of his loved mother which was shed upon her son. In the normal person, too, feelings of affection easily oust the hostile ones in regard to an object he has (in reality) lost. But it is otherwise in the case of the melancholiac. For here we find so strong a conflict based on libidinal ambivalence that every feeling of love is at once threatened by its opposite emotion. A 'frustration', a disappointment from the side of the loved object, may at any time let loose a mighty wave of hatred which will sweep away his all too weakly-rooted feelings of love. Such a removal of the positive libidinal cathexes will have a most profound effect: it will lead to the giving up of the object. In the above-cited case, which was not one of melancholia, however, the loss *in reality* of the object was the primary event, and the alteration in the libido only a necessary consequence of it.

III

The Process of Introjection in Melancholia: Two Stages of the Oral Phase of the Libido

The following particularly instructive example may serve as a starting-point for further inquiry into the process of introjection.

The patient in question had already had several typical attacks of melancholia when he first came to me, and I began his analysis just as he was recovering from an attack of this kind. It had been a severe one, and had set in under rather curious circumstances. The patient had been fond of a young girl for some time back and had become engaged to her. Certain events, which I will not go into here, had caused his inclinations to give place to a

violent resistance. It had ended in his turning away completely from his love-object—whose identification with his mother became quite evident in his analysis—and succumbing to a depressive condition accompanied by marked delusions. During his convalescence a *rapprochement* took place between him and his fiancée, who had remained constant to him in spite of his having left her. But after some time he had a brief relapse, the onset and termination of which I was able to observe in detail in his analysis.

His resistance to his fiancée re-appeared quite clearly during his relapse, and one of the forms it took was the following transitory symptom: During the time when his state of depression was worse than usual, he had a compulsion to contract his *sphincter ani*. This symptom proved to be over-determined. What is of most interest here is its significance as a convulsive holding fast to the contents of the bowels. As we know, such a retention symbolizes possession, and is its prototype in the unconscious. Thus the patient's transitory symptom stood for a retention, in the physical sense, of the object which he was once more in danger of losing. It had another determinant which I shall briefly notice. This was his passive homosexual attitude towards his father. Whenever he turned away from his mother or from a mother-substitute he was in danger of adopting this attitude; and his symptom was a defence not only against an object-loss but against a move towards homosexuality.

We have followed Freud in assuming that after he has lost his object the melancholiac attempts some kind of restitution of it. In paranoia this restitution is achieved by the specific mechanism of projection. In melancholia the mechanism of introjection is adopted, and the results are different. In the case of my patient the transitory symptom mentioned above, which was formed at the beginning of a brief remission of his illness, was not the end of the matter. A few days later he told me, once more of his own accord, that he had a fresh symptom which had, as it were, stepped into the shoes of the first one. As he

was walking along the street he had had a compulsive phantasy of eating the excrements that were lying about. This phantasy turned out to be the expression of a desire to take back into his body the love-object which he had expelled from it in the form of excrement. We have here, therefore, a literal confirmation of our theory that the unconscious regards the loss of an object as an anal process, and its introjection as an oral one.

The tendency to coprophagia seems to me to contain a symbolism which is typical for melancholia. My own observations on a number of cases have always shown that the patient makes his love-object the target of certain impulses which correspond to the lower level of his anal-sadistic libidinal development. These are the impulses of expelling (in an anal sense) and of destroying (murdering). The product of such a murder—the dead body—becomes identified with the product of expulsion—with excrement. We can now understand that the patient's desire to eat excrement is a cannibalistic impulse to devour the love-object which he has killed. In one of my patients the idea of eating excrement was connected with the idea of being punished for a great sin. Psychologically speaking, he was right. For it was in this way that he had to make up for a certain crime whose identity with the deed of Oedipus we shall presently learn to understand.[1] I should like in this place to mention Róheim's interesting remarks[2] on the subject of necrophagia. What he has said makes it very probable that in their archaic form mourning rites consisted in the eating of the dead person.

The example given above is unusual in the easy and simple way in which it discloses the meaning of melancholic symptoms as an expulsion and a re-incorporation of the love-object. To show to what a degree these impulses can be rendered unrecognizable, I will give a second instance, taken from the psycho-analysis of another patient.

This patient told me one day that he had noticed a

[1] Dr. J. Hárnik has pointed out that in Egypt a prayer is often put on gravestones in which the dead man asks that he may be spared the punishment of having to eat excrement. Cf. Erman, *Religion der Ägypter*.

[2] Communicated to the Psycho-Analytical Congress in 1922.

curious tendency that he had during his states of depression. At the beginning of those states he used to go about with his head lowered, so that his eyes were fixed on the ground rather than on the people about him. He would then begin to look with compulsive interest to see whether any mother-of-pearl buttons were lying in the street. If he found one he would pick it up and put it in his pocket. He rationalized this habit by saying that at the beginning of his depression he had such a feeling of inferiority that he had to feel glad if he even so much as found a button in the street; for he did not know whether he would ever again be capable of earning enough money to buy the least thing for himself. In the wretched condition he was in, he said, even those objects which other people left about must have a considerable value for him.

This explanation was contradicted by the fact that he passed by other objects, especially buttons made of other material, with a certain feeling of contempt. His free associations gradually led us to the deeper motives of his strange inclination. They showed that he connected the mother-of-pearl of which the buttons were made with the idea of brightness and cleanness, and then of special worth. We had thus arrived at his repressed coprophilic interests. I may remind my readers of Ferenczi's excellent paper on this subject.[1] In it he shows how the child first takes pleasure in substance that is soft and yielding, then in hard and granular material, and finally in small, solid objects with a clean and shining surface. In the unconscious these objects all remain equivalent to excrement.

The mother-of-pearl buttons stood, then, for excrement. Having to pick them up from the road reminds us of the obsessional impulse in the case described before, in which there was a direct compulsion to pick up excrement from the street and eat it. A further point of similarity between the two may be noted, namely, that people lose buttons off clothes just as they let fæces drop.[2] In both instances,

[1] 'On the Ontogenesis of an Interest in Money' (1914).

[2] Regarding this assimilation of ideas, cf. the case described in Section I. of this chapter.

therefore, the action is concerned with taking up and keeping a lost object.

In one of his next analytic hours the patient resumed this theme and said that what he had told me was not the only strange impulse he had had in his states of depression. During his first attack of this kind he had gone to Professor Y.'s nursing home at X. One day two relatives of his had come to take him out for a walk. They had shown him the public gardens and buildings and other things, but he had been utterly uninterested in them. But on his way back he had stopped in front of a shop-window in which he saw some pieces of Johannis bread.[1] He felt a strong desire to buy some of it, and had done so.

The patient at once had an association to this story, which was as follows: In the little town in which he lived as a child there was a small shop opposite his house. The shop was owned by a widow, whose son was a play-mate of his. He recollected that this woman used to give him Johannis bread. At that time he had already had the fateful experience which was the origin of his later illness—a profound disappointment in his love-relations from the side of his mother. In his childhood memories this woman across the road was set up as a model and contrasted with his 'wicked' mother. His automatic impulse to buy Johannis bread in a shop and to eat it had as its immediate significance his desire for maternal love and care. That he should have selected precisely Johannis bread as a symbol for this was because its long shape and brown colour reminded him of fæces. Thus we once more meet with the impulse to eat excrement as an expression of the desire for a lost love-object.

The patient had another association that went back to his childhood days. A road was being constructed in his native town and the workmen had dug up some shells. One side of them was covered with earth and looked dirty, but the other side glistened like mother-of-pearl. Here again the patient's associations took him back to his native place, which

[1] [A fancy bread.—*Trans.*]

he undoubtedly identified with his mother. These shells were the precursors of the mother-of-pearl buttons about which he had his obsession. The idea of mother-of-pearl shells, moreover, proved in analysis to be a means of representing his ambivalent attitude towards his mother. The word ' mother-of-pearl ' expressed his high esteem for his mother as a ' pearl '. But the smooth, shining surface was deceptive—the other side was not so beautiful. In likening this other side, which was covered with dirt (excrement) to his ' wicked ' mother, from whom he had had to withdraw his libido, he was abusing her and holding her up to scorn.[1]

The instances given above may suffice for the present. They help us to understand psycho-analytically the course run by melancholia in its two phases—the loss and the re-incorporation of the love-object. Each of these phases, however, calls for further examination.

We have already said that the tendency to give up the love-object has its source in the fixation of the libido on the earlier phase of the anal-sadistic level. But if we find that the melancholiac is inclined to give up that position in favour of a yet more primitive one, namely, the oral level, then we must suppose that there are also certain fixation points in his libidinal development which date back to the time when his instinctual life was still mainly centred in the oral zone. And psycho-analytic observations bear out this supposition fully. A few examples may serve as an illustration.

In dealing with melancholic cases I have repeatedly come across strong perverse cravings which consisted in using the mouth in place of the genitals. The patients satisfied these cravings in part by practising *cunnilinctus*.

[1] Before leaving this subject I should like to add that the shell is a universal female symbol.

We learn from Róheim that in many places shells are employed as money. This use of them is once more connected with them as a symbol of the female genitals. It is worth noting that they are never used in this way in the place in which they are found. Only shells coming from a distance can be used as money. This fact seems to be the expression of a widely extended fear of incest, and parallel to the law of exogamy. A woman belonging to the same tribe or a shell found on the shore near by both represent the forbidden genitals of the mother.

Moreover, shells are also likened to excrement, since they are cast up by the sea as are sea-amber and other substances. (These notes are taken in part from a discussion that took place at a meeting of the Berlin Psycho-Analytical Society.)

But they chiefly used to indulge in very vivid phantasies based on cannibalistic impulses. They used to phantasy about biting into every possible part of the body of their love-object—breast, penis, arm, buttocks, and so on. In their free associations they would very frequently have the idea of devouring the loved person or of biting pieces off his body; or they would occupy themselves with necrophagic images. They sometimes produced these various phantasies in an uninhibited and infantile way, sometimes concealed them behind feelings of disgust and terror. They also often exhibited a violent resistance against using their teeth. One of them used to speak of a 'chewing laziness' as one of the phenomena of his melancholic depression. It even appears that the consequent disuse of the teeth can actually cause them to become diseased. I showed some years ago (in 1917), in cases of melancholia where the patient absolutely declines to take nourishment, that his refusal represents a self-punishment for his cannibalistic impulses. At a recent meeting of the British Psycho-Analytical Society, Dr. James Glover spoke about a case of periodic melancholia which exhibited cannibalistic impulses of this kind; and he gave in especial an analytic account of the way in which those impulses became transformed into suicidal tendencies.[1]

In their pathological symptoms, their phantasies and their dreams, melancholic patients supply us with a great number and variety of oral-sadistic tendencies both conscious and repressed. These tendencies are one of the main sources of the mental suffering of depressive patients, especially in the case where they are turned against the subject's ego in the shape of a tendency to self-punishment. It is to be noticed that this situation is in contrast to some neurotic conditions of mind in which particular symptoms can be seen to be substitutive forms of gratification of the oral zone. I have described cases of this type in my paper

[1] One of my patients had made a deep cut in his throat and nearly succeeded in killing himself. His attempted suicide was really an attack on his introjected love-object, combined with an impulse to punish himself. In his analysis he produced phantasies connected with the sacrifice of Isaac, the theme of which is, of course, the father at the altar about to slay his own son with his knife.

on the earliest pre-genital level of the libido.[1] And there are besides certain perversions in which oral erotism provides a considerable amount of pleasure. Even taking into account the masochistic pleasure-value of its symptoms, we must nevertheless lay stress upon the fact that melancholia brings with it a very high degree of displeasure compared to other mental illnesses. If we observe attentively the depressive patient's chain of associations we shall discover that the excessive amount of displeasure he feels is allied to that stage of libidinal development to which he has regressed after he has lost his object. For we shall notice that he has a peculiar longing to use his mouth in a manner quite at variance with the biting and eating phantasies mentioned above. I will give an instance.

At a time when he was recovering from his depression a patient told me about his day-dreams. In these he was at times impelled to imagine that he had a female body. He would employ all sorts of devices to create in himself the illusion that he had a woman's breasts, and would take special pleasure in the phantasy that he was suckling an infant. Although he played the part of the mother in this phantasy, he would sometimes exchange his rôle for that of the child at her breast. His fixation on the mother's breast found expression in two ways—in a great number of symptoms connected with the oral zone, and in a very marked desire to lean his head against something soft like a woman's breast. Thus, for instance, he used to behave in a very curious way with the cushion on the sofa during analysis. Instead of leaving it where it was and laying his head on it, he used to take it up and put it over his face. His associations showed that the cushion represented the breast being brought close to his head from above. The scene with the cushion repeated a pleasurable situation in his infancy. He had, moreover, seen his younger brother in this position later on and had connected feelings of intense jealousy with that spectacle.

Another melancholic patient I had said that during his deepest fits of depression he had the feeling that a woman

[1] Cf. Chapter XII.

might free him from his suffering if she expended on him a special maternal love and solicitude. The same type of conative idea was present here. I have repeatedly been able to analyse the meaning of an idea like this, and I can remember a case in point which I described in an earlier paper. A young man suffering from depression—though not a melancholic one—used to feel himself almost miraculously soothed by drinking a glass of milk which his mother handed to him. The milk gave him a sensation of something warm, soft, and sweet, and reminded him of something he had known long ago. In this instance the patient's longing for the breast was unmistakable.

All my psycho-analytic observations up till now lead me to the conclusion that the melancholiac is trying to escape from his oral-sadistic impulses. Beneath these impulses, whose manifestations colour the clinical picture, there lurks the desire for a pleasurable, sucking activity.

We are thus obliged to assume that there is a differentiation within the oral phase of the libido, just as there is within the anal-sadistic phase. On the primary level of that phase the libido of the infant is attached to the act of sucking. This act is one of incorporation, but one which does not put an end to the existence of the object. The child is not yet able to distinguish between its own self and the external object. Ego and object are concepts which are incompatible with that level of development. There is as yet no differentiation made between the sucking child and the suckling breast. Moreover, the child has as yet neither feelings of hatred nor of love. Its mental state is consequently free from all manifestations of ambivalence in this stage.

The secondary level of this phase differs from the first in that the child exchanges its sucking activity for a biting one. In this place I should like to mention a private communication made to me by van Ophuijsen, which supplies an important addition to our knowledge of the mechanism of melancholia.[1] Psycho-analytic observation has led him

[1] In the same way, in his paper, 'On the Origin of the Feeling of Persecution' (1920), van Ophuijsen has thrown light on the relations of paranoia to the anal-sadistic phase.

to believe that certain neurotic phenomena are due to a regression to the age when the teeth were being formed, and furthermore that biting represents the original form taken by the sadistic impulses. Undoubtedly the teeth are the first instruments with which the child can do damage to the outer world. For they are already effective at a time when the hands can at most only assist their activity by seizing and keeping hold of the object. Federn [1] has derived sadism from genital sensations, and no doubt the observations on which he bases his view are correct. Nevertheless phenomena connected with the genital zone cannot be as primary as those connected with the oral zone. The fact is, that what we call the sadistic impulses spring from a number of different sources, among which we may mention in especial the excremental ones. We must also bear in mind the close association of sadism with the muscular system. But there is no doubt that in small children far and away the most powerful muscles of the body are the jaw muscles. And, besides, the teeth are the only organs they possess that are sufficiently hard to be able to injure objects around them.

In the biting stage of the oral phase the individual incorporates the object in himself and in so doing destroys it. One has only to look at children to see how intense the impulse to bite is—an impulse in which the eating instinct and the libido still co-operate. This is the stage in which cannibalistic impulses predominate. As soon as the child is attracted by an object, it is liable, indeed bound, to attempt its destruction. It is in this stage that the ambivalent attitude of the ego to its object begins to grow up. We may say, therefore, that in the child's libidinal development the second stage of the oral-sadistic phase marks the beginning of its ambivalence conflict; whereas the first (sucking) stage should still be regarded as pre-ambivalent.

The libidinal level, therefore, to which the melancholiac regresses after the loss of his object contains in itself a conflict of ambivalent feelings in its most primitive and therefore most unmodified form. On that level the indi-

[1] 'Beiträge zur Analyse des Sadismus und Masochismus' (1913).

vidual threatens to destroy his libidinal object by devouring it. It is only gradually that the ambivalence conflict assumes a milder aspect and that the libido consequently adopts a less violent attitude towards its object. Nevertheless this ambivalent attitude remains inherent in the tendencies of the libido during the subsequent phases of its development. We have already discussed its importance in the anal-sadistic phase. But even in the structure of neuroses based on the genital phase we meet this ambivalence everywhere in the patient's emotional life. It is only the normal person—the person who is relatively far removed from the infantile forms of sexuality—who is in the main without ambivalence. His libido has, as it were, reached a post-ambivalent stage and has thus achieved a full capacity for adapting itself to the external world.

It now becomes evident that we ought also to distinguish two stages within the genital phase of the libido, just as we did within its two pre-genital phases. And this leads us to a result which seems to coincide perfectly with Freud's recently published view [1] that there exists an early stage of the genital phase—what he calls a 'phallic' stage. Thus it would seem that the libido passes through six stages of development in all. But I should like to state explicitly that I do not consider the above classification either as final or exhaustive. It only presents a general picture of the continuous evolution of the libido in so far as our present-day psycho-analytic knowledge has been able to throw light on that slow and laborious process. Nevertheless in my opinion the transition from the earlier stage to the later one within each of the three main developmental phases of the libido is by no means a process of minor importance. We have long since become acquainted with the significance that the change from one preponderating erotogenic zone to another has for the normal psychosexual development of the individual and for the formation of his character. We now see that within each of those three main periods a process takes place which is of great importance for the gradual attainment by the individual of complete object-

[1] 'The Infantile Genital Organization of the Libido' (1923).

love. Within the first—the oral—period, the child exchanges its pre-ambivalent libidinal attitude, which is free from conflict, for one which is ambivalent and preponderantly hostile towards its object. Within the second—the anal-sadistic—period, the transition from the earlier to the later stage means that the individual has begun to spare his object from destruction. Finally, within the third—the genital—period, he overcomes his ambivalent attitude and his libido attains to its full capacity both from a sexual and a social point of view.

The above account does not by any means cover the whole of the changes that take place in the relations between the individual and the external world. Those changes will have to form the subject of a thorough investigation in a later part of my study.

IV

Notes on the Psychogenesis of Melancholia

We are now in a position to understand why it is that the ambivalence of his instinctual life involves the melancholiac in quite especially grave conflicts which strike at the roots of his relation to his love-objects. The act of turning away from that original object round whom his whole emotional life revolved does not end there. It extends to other people; first to those in his immediate vicinity, then to a wider circle, and finally to every human being. And the withdrawal of his libido goes even further. It affects everything which had formerly interested him. His profession, his hobbies, his pursuits, scientific and otherwise, the whole field of nature—everything has lost its attraction for him. We find an equally extensive detachment of the libido from the external world in another illness, namely, dementia præcox or schizophrenia; but in this case the individual accepts his complete loss of interest with a dull indifference, whereas the melancholiac complains of that loss, and indeed tends to connect his feelings of inferiority with it.

When we penetrate more deeply into the mental life of the melancholiac, however, we find that that very person who, in his state of depression, lamented the loss of all his interests, was all along predisposed to such a loss by the unusually high degree of ambivalence of his emotional life. Long before the first onset of his illness he had been carrying on his profession, his mental interests, and so on, in a forced and spasmodic manner, and this involved a danger that he might suddenly give them up. But these are not the only effects of ambivalence in melancholia. When the libidinal cathexis has been withdrawn from the object, it is directed, as we know, to the ego, while at the same time the object is introjected into the ego. The ego must now bear all the consequences of this process; henceforward it is mercilessly exposed to the ambivalence of the libidinal impulses. It is only a superficial observation that leads us to believe that the melancholiac is exclusively filled with a tormenting self-contempt and a craving to belittle himself. An attentive examination will show that we may equally truly say the opposite of him. As we shall see presently, the interchangeability of depressive and manic states in the melancholic patient hinges on this ambivalent attitude of his libido towards his ego. At present, however, our task is to establish the existence of such an ambivalence towards the ego and to show how it manifests itself during the depressive phase. It is only in this way that we can hope to gain an understanding of the symptoms of melancholia.

As far as I know, orthodox clinical psychiatry has failed to notice this important characteristic of melancholia. Freud, however, recognized it.[1] Speaking of these patients he says: 'Moreover, they are far from evincing towards those around them the attitude of humility and submission that alone would befit such worthless persons; on the contrary, they give a great deal of trouble, perpetually taking offence and behaving as if they had been treated with great injustice'. But, as we shall see, the facts warrant us in going even further than this.

[1] 'Mourning and Melancholia' (1917).

Naturally the characteristics under discussion are much more noticeable in some cases than in others. But speaking generally we may say that the melancholiac has a feeling of superiority which is observable even during his free interval. He has this feeling towards his family, his friends, his fellow-workers, and the world at large. And the analyst who treats him gets a good share of it. One of my patients used always to walk into my room with an air of lofty condescension in his look and carriage. Patients like these are especially fond of displaying a superior scepticism about the discoveries of psycho-analysis. In another patient this attitude used to alternate with an exaggerated attitude of humility. In this second state of mind he would, for instance, have the phantasy of falling down in front of me, embracing my knees, and imploring me to help him.

We all know how inaccessible melancholic patients are to any criticism on the part of the analyst of their ways of thought; and of course their delusional ideas are especially resistant to any such interference. A patient once said to me that whenever his physician had tried to make him see how unfounded his self-reproaches were, he ' had not even heard him '. What makes of a phantasy a delusional idea, and what prevents that delusion from being open to correction, is the purely narcissistic character of the train of thought. Besides this, there is another factor which determines the behaviour of the melancholiac, and that is his contempt for other people who apply the standards of reality to his ideas.

One of the most marked defects of clinical psychiatry is its predilection for characterizing the pathological ideas of melancholiacs as ' delusions of inferiority ', when in fact those ideas include a great deal of self-appreciation on the part of the sufferer, especially in regard to the importance and effect of his own thoughts, feelings, and behaviour. A good example of this is the idea not uncommonly met with in melancholiacs that they are the greatest sinners of all, that they are guilty of every sin committed since the beginning of the world. Every delusion of this kind contains, besides the introjected reproach aimed at the love-object, a tendency on the part of the melancholiac to represent his

feelings of hatred as enormously powerful and himself as a monster of wickedness.

Thus melancholia presents a picture in which there stand in immediate juxtaposition yet absolutely opposed to one another self-love and self-hatred, an overestimation of the ego and an underestimation of it—the manifestations, that is, of *a positive and a negative narcissism*. We have already learned to understand in a quite general way this striking relation of the libido to the ego. But we must now go a step further and look for the factors in the life of the melancholiac that have caused so grave a deviation from the psychological norm. We must endeavour to ascertain how that psychological process which Freud was able to discover is actually carried out in the patient's unconscious and what were the events which directed his libido into those channels. In other words, we must deal with the problem of the choice of neurosis, and we have to ask ourselves why it is that these persons have not become hysterics or obsessional neurotics but manic-depressive patients. To expect to find a complete solution of the problem would be to under-estimate its difficulty. But we may perhaps hope to approach that distant goal a little nearer.

There can be no doubt that an attack of melancholic depression is ushered in by a disappointment in love. In analysing patients who have been through several periods of depression we find that each fresh attack was immediately preceded by an experience of this sort. I need hardly say that I do not use the expression ' disappointment in love ' in the ordinary sense of an unhappy love affair only. The events which culminate in the person's loss of object are often a great deal more obscure. Only a thorough analysis can discover the causal connections between the event and the illness. Such an analysis invariably shows that that event had a pathogenic effect because the patient was able to regard it in his unconscious as a repetition of an original infantile traumatic experience and to treat it as such. In no other form of neurosis, it seems to me, does the compulsive tendency to repeat an experience operate so strongly as in manic-depressive illnesses. How powerful this repetition-

compulsion in melancholiacs becomes is evident when we consider to what frequent recurrences of their manic-depressive states they are exposed.

It is no part of my intention in this essay, based as it is on a very limited number of psycho-analyses, to make a general and final pronouncement about the psychogenesis of the circular insanities. Nevertheless I believe that the material at our disposal does warrant us in making certain statements of whose provisional and incomplete character I am fully aware. I think it is permissible to point out a number of ætiological factors in this disease. But I should like to make it quite clear that it is only when those factors are all present together that a melancholic depression with its specific symptoms will result. Each one taken by itself could enter into the ætiology of some other psycho-neurosis.

The factors are these:

1. A constitutional factor.—In accordance with my experience in clinical psychiatry, and more especially in psycho-analysis, I should say that there is no direct inheritance of a tendency to develop manic-depressive states as such. This only happens in a small proportion of melancholic cases. Among those of my patients who suffered from manic-depressive states according to the strict clinical diagnosis I did not have a single one in whose family there was another member who was subject to any grave disorder of the same kind. On the other hand, neuroses of other kinds abounded. I am therefore much more inclined to think that what really is constitutional and inherited is an over-accentuation of oral erotism, in the same way that in certain families anal erotism seems to be a preponderant factor from the very beginning. An inherited pre-disposition of this kind would help to bring the next factor into operation, namely:

2. A special fixation of the libido on the oral level.—People with a constitutional intensification of this sort of their oral erotism are very exacting in their demands to have their special erotogenic zone gratified, and react with great displeasure to every frustration in this connection. The excessive pleasure they derive from sucking persists

in many forms throughout life. They get abnormal pleasure from eating, and especially from the use of the jaws. One of my patients described to me quite spontaneously what a great pleasure he got from opening his mouth wide. Others speak of the contraction of the muscles of the jaw as being especially pleasurable. People like these are insatiable in their demands for exchanges of affection of an oral nature. As a child one of my patients had been so vehement in this method of demonstrating his love that at last his mother had been able to bear it no longer and had checked him on the rather ill-chosen pretext that she did not like that kind of thing. Shortly after, the child's observant eye had caught her exchanging the same tokens of love with his father. This observation, together with others, had had the effect of arousing and fostering in him an abnormally large amount of hostile feeling. Another patient said that whenever he thought of his childhood he had a stale kind of taste in his mouth that reminded him of a gruel soup which he used to be given and which he disliked very much. His analysis showed that this sensation was an expression of his jealousy of his younger brother, whom he used to see being suckled by his mother at a time when he had to drink soup and slops. In the depths of his heart he envied his brother that intimate relation with his mother which he himself no longer enjoyed. In his depressive states he would be overcome by longing for his mother's breast, a longing that was indescribably powerful and different from anything else. If the libido still remains fixated on this point when the individual is grown up, then one of the most important conditions for the appearance of a melancholic depression is fulfilled.

3. A severe injury to infantile narcissism brought about by successive disappointments in love.—We are accustomed to hear of events in the childhood of the neurotic which caused him to be disappointed in his desire for love, although of course experiences of this sort are not in themselves sufficient to provide the basis for a melancholia. As regards this factor several of my melancholic cases disclosed a remarkable similarity in the scheme of significant events.

The child had felt that he was his mother's favourite and had been secure of her love. He had then suffered a disappointment at her hands and had with difficulty recovered from its shattering effect. Later on, he had had fresh experiences of the same sort which had made him feel that his loss was an irreparable one, especially as there had been no suitable female person on to whom he could carry over his libido. Furthermore, his attempt to direct it towards his father had failed, either straight away or after some time. Thus as a child he had got the impression of being completely deserted. And it was this feeling that had given rise to his first attacks of depression. A dream-analysis which I shall give later on will leave no doubt possible as to this. The constantly repeated attempts of the melancholiac to gain love from a person of the opposite sex are intimately bound up with this early disappointment from both sides.

4. The occurrence of the first important disappointment in love before the Oedipus-wishes have been overcome.—It has invariably been my experience that the boy is most deeply and permanently affected by the great disappointment in love which he receives from his mother if it comes at a time when his libido has not adequately overcome the narcissistic stage. In this stage his incestuous desires have awakened and his revolt against his father is in full activity. But the repressive forces have as yet gained no control over his Oedipus impulses. If the child is suddenly subjected to a mental trauma such as we have described just as he is making his first important step towards object-love, the consequences are especially serious. And since at that date his oral-sadistic instincts are still in force, a permanent association will be established between his Oedipus complex and the cannibalistic stage of his libido. This will facilitate a subsequent introjection of both his love-objects—that is, his mother in the first place and in the second place his father.

5. The repetition of the primary disappointment in later life.—This is the exciting cause of the onset of a melancholic depression.

We have been led to assume that the psychogenesis of melancholia is closely bound up with disappointments in the

patient's early life or after; and we ought consequently to expect to find in him extremely strong hostile feelings towards all those persons who have so fatally thwarted his narcissistic desire for love. But since all his subsequent disappointments derive their importance from being repetitions of his original one, the whole sum of his anger is ultimately directed against one single person—against the person, that is, whom he had been most fond of as a child and who had then ceased to occupy this position in his life. Freud has already shown that the self-reproaches of the melancholiac are in reality aimed at the love-object he has relinquished. And we shall therefore be prepared to discover that his self-criticisms, and more especially his delusions, are complaints directed against that former object.

In this connection we may consider a characteristic of melancholia which would seem to put it in a place apart from the other neuroses. My analyses showed that the ambivalent attitude of the male patients, with its hostile, cannibalistic impulses, was mainly directed against the mother, whereas we know that in other neurotic conditions the father is pre-eminently the object of the patient's hostile tendencies. The disappointment which the melancholiac has suffered as a child at the hands of his mother while he was still in a markedly ambivalent state of feeling has affected him in such a permanent way and made him so hostile to her that even his hatred and jealousy of his father has become of minor importance. In every male melancholiac I have hitherto analysed I have been able to satisfy myself that the patient's castration complex was quite predominantly connected with his mother, whereas in other kinds of patients it is usually much more in evidence in relation to the father. Nevertheless I was able to discover that its connection with the mother was a secondary one and the result of a tendency to invert the Oedipus situation. When thoroughly analysed the hostility of the melancholiac towards his mother is seen to have roots in the Oedipus complex. In fact, his ambivalence really applies to both parents alike. And his father is also the object of a process of introjection. Many

melancholic symptoms, as, for instance, certain self-reproaches, show their original relation to both parents quite clearly. What I have just said does not invalidate my previous statement that in melancholia the whole psychological process centres *in the main* round the mother; it only seeks to emphasize the fact that the process has more than one determinant.

A careful analysis of the self-criticisms and self-reproaches—especially those of a delusional nature—uttered by melancholic patients will show that the process of introjection takes two forms:

1. The patient has introjected his original love-object upon which he had built his ego ideal; so that that object has taken over the rôle of conscience for him, although, it is true, a pathologically formed one. Our material goes to show that the pathological self-criticism of the melancholiac emanates from this introjected object.[1] One of my patients used to be continually taking himself to task and repeating the same reproaches against himself; and in doing this he copied exactly the tone of voice and actual expressions that he had often heard his mother use when she had scolded him as a little boy.

2. The content of those self-reproaches is ultimately a merciless criticism of the introjected object. A patient of mine used to pass judgement on himself in the following words: 'My whole existence is based on deceit'. This reproach turned out to be determined by certain elements in the relationship of his mother and father.

I will give an example to illustrate the way in which these two forms of introjection work in with one another. The patient I have just spoken about used to say that he was utterly incapable and could never lead a useful life. Analysis showed that this complaint was an exaggerated criticism of his father's quiet and inactive character, in contrast to whom his mother was for him the ideal of practical efficiency. He felt that he himself took after his father.

[1] Freud's *The Ego and the Id* appeared shortly after I had written this part of my book. In it he gives such a lucid account of the process that I need only refer the reader to its pages. To give a résumé of it would only be to render it less clear.

His criticism of himself therefore stood for an unfavourable judgement passed by his introjected mother on his introjected father. We have here a very instructive instance of a twofold process of introjection.

If we take this view we are able to understand another symptom this patient had—a delusional self-reproach. During his last period of depression he had been put in an asylum. One day he declared that he had introduced lice into the place. He grew more and more agitated and bewailed the enormity of his act, saying that he had infected the whole house with lice. He tried to demonstrate the presence of the lice to the house-physician. He saw them in every particle of dust and in every shred of material. The analysis of this delusion brought to light the special symbolic importance of lice to him. In dream-symbolism and all other forms of phantasy small animals represent children. A house which is full of lice thus means a house (his father's and mother's house) which is full of children. As a child the patient had been deprived of his mother's love because a great many younger brothers and sisters had been born. One of the determinants of his introjected complaint had been the thought, 'My wicked mother, who once pretended to love me so much, has filled the whole house with children'. Furthermore, if we consider that the house is a symbol of the mother, we can see that he is also blaming his father for having procreated the children. Thus in this example also the patient's accusations against both his parents have been condensed into a single accusation directed against himself.

I should like to remark in this place that the complaints of the melancholiac against his love-object are not all of them uttered in this introjected form. Apart from that form, which is specific for his illness, he has other means of expression at his disposal; and he makes use of these in his free intervals as well. I will give an instance.

Just before the onset of his first severe depression one of my patients was seized with an obsessive interest in prostitutes. He used to spend many hours of the night watching the women in the streets, but he never entered

into closer relations with them. Analysis showed that he was repeating in a compulsive way certain observations he had made as a child. Prostitutes represented his mother in a derogatory sense—his mother who had let his father understand her sexual desires by means of certain looks and gestures. In comparing her to a prostitute he was revenging himself for having been disappointed by her. His reproach was meant to say, 'You are only a sensual woman, not a loving mother'. On the other hand, his nocturnal perambulation of the streets represented an identification with the prostitutes (his mother). Here we have once more the mechanism of introjection.

Another patient depicted his mother as unloving and cruel in his phantasies. In this case the patient's association of his castration complex with the female—that is, with his mother—was especially noticeable. For instance, in his phantasies he likened the vagina to the jaws of a crocodile. This was an unambiguous symbol of castration by biting.

If we want to realize the full strength of the melancholiac's hostility towards his mother, and to understand the particular character of his castration complex, we must keep in mind Stärcke's theory that the withdrawal of the mother's breast is a 'primal castration'.[1] As the analysis of many of his symptoms shows, the melancholiac wants to revenge himself on his mother for this by castrating her in his turn, either taking away her breasts or her imaginary penis. In his imagination he always chooses biting as the means of doing it, as I have already shown in some of the phantasies produced by such patients. I should like once more to lay stress on the ambivalent character of those phantasies. They involve on the one hand a total or partial incorporation of the mother, that is, an act of positive desire; and on the other, her castration or death, that is, a negative desire tending to her destruction.

Up till now we have been examining the process of introjection and some of its effects, and we may shortly sum up our conclusions as follows: When melancholic persons suffer an unbearable disappointment from their

[1] 'The Castration Complex' (1921).

love-object they tend to expel that object as though it were fæces and to destroy it. They thereupon accomplish the act of introjecting and devouring it—an act which is a specifically melancholic form of narcissistic identification. Their sadistic thirst for vengeance now finds its satisfaction in tormenting the ego—an activity which is in part pleasurable. We have reason to suppose that that period of self-torment lasts until lapse of time and the gradual appeasement of sadistic desires have removed the love-object from the danger of being destroyed. When this has happened the object can, as it were, come out of its hiding-place in the ego. The melancholiac can restore it to its place in the outer world.

It seems to me to be of no little psychological interest to be able to establish the fact that in his unconscious the melancholiac regards this liberation from his object as once more an act of evacuation. During the time when his depression was clearly beginning to diminish, one of my cases had a dream in which he expelled with the greatest sensation of relief a stopper that was sticking in his anus.[1] This act of expulsion concludes the process of that archaic form of mourning which we must consider melancholia to be. We may truly say that during the course of an attack of melancholia the love-object goes through a process of psychological metabolism within the patient.

V

The Infantile Prototype of Melancholic Depression

An examination of the material before us has led us to the view that in the last resort melancholic depression is derived from disagreeable experiences in the childhood of the patient. It is therefore natural that we should be particularly interested in the original emotional reactions of the child to such traumatic experiences. We may justifiably assume that those experiences caused feelings of an unhappy character,

[1] The over-determination of this symbol—its passive homosexual significance—need not occupy us here.

but we have not up till now got any direct idea, any living picture, of the child's actual state of mind at the time. Owing to special circumstances, as will be seen, I was able in one case to get some very instructive information on this subject. After going through a depressive attack my patient had had a free interval which had lasted some time. He had become attached to a young girl, when certain events awoke in him the causeless fear that he was once more in danger of losing what he loved. At this time he dreamt several times about losing a tooth—a very obvious symbolic occurrence which typified both his fear of castration and of an object-loss (evacuation). One night this dream was succeeded by another, which I give here:

'I was in some place with Herr Z.'s wife. In the course of the dream I somehow got mixed up in some theft of books. The dream was a long one. I remember the painful feeling in it better than its content.'

Herr Z. was an acquaintance of the dreamer and a periodic drinker. He caused his wife a great deal of unhappiness, and on the day before his dream my patient had got to hear of another instance of this. His dream was connected with his waking life at this point. Stealing books symbolized stealing his mother, whom he thus took away from his father who tormented her. But it also represented castrating his father. We have here a straightforward Oedipus dream, only interesting to us because the theme of theft is the active complement to that of the loss of a tooth in the first dream of the same night. The importance of the dream in the patient's analysis lay not so much in the things that happened in it as in the aforesaid feeling which accompanied it. For my patient told me that when he had woken up it had struck him that that feeling was familiar to him. He knew it in connection with a particular dream which he had repeatedly dreamt when he was about five years old. He said that up till now he had never thought of that dream in the whole course of his long analysis. But now he remembered it quite plainly, and what he especially noticed about it was this dreadful, tormenting feeling which his recent dream had also had. He told me it as follows:

'I was standing in front of my parents' house, where I was born. A line of carts came up the street. The street was otherwise quite still and deserted. Each waggon had two horses in front of it. A driver walked beside the horses and beat them with his whip. The cart had tall sides so that I could not see what was inside. There was something mysterious about it. Underneath it there hung a man, tied up and dragged along by a rope. There was a rope round his neck, and he could only manage to draw a little breath with great difficulty and at long intervals. The sight of this man who could neither go on living nor die affected me very much. Then I saw to my horror that two more carts followed the first one and each presented the same terrible spectacle.'

The analysis of this dream proceeded in the face of unusually strong resistances and took up the whole of our time for several weeks. During this part of the analytic work the patient was dominated by what he described as the 'tormenting' feeling-tone of the dream, which he once very significantly called a 'scene in Hell'.

The dream-analysis first led us to recognize the driver as his father, whom he had always spoken of as a hard and repellent man. On this superficial level the beating of the horses referred to the frequent corporal punishment his father had administered to him. According to him, the patient wanted to protest in the dream against the horses being beaten, and against the horrible way in which the bound man was being treated, but he felt too much intimidated. His feelings of pity betrayed the fact that he identified himself with the unfortunate man. It was evident that the dreamer was represented in at least three different figures: as the onlooker, as the horse, and as the bound man.

At this point the work of interpretation ceased for the time being, since a fresh dream engaged our attention in the following hour. This new dream was concerned with the young girl we have already mentioned, and whom we will call E. It was this:

'I saw a part of E.'s naked body, only the middle part. Her breasts and her genitals were covered. This part of

the body formed a flat surface and had no navel. Where the navel ought to have been something suddenly grew out like a male organ. I touched it and asked E. whether it was sensitive. It now began to swell a little, and I got frightened and woke up.'

In this dream, the analysis of which proceeded with some interruptions, the female body was endowed with male attributes, and the dreamer was frightened at seeing the female penis swelling up. Another determinant was the dreamer's interest in the breasts (the body with its swelling protuberance). The whole female body was represented as a breast. The meaning of the dream becomes still more evident when we know that E. was for the patient the ideal of motherhood. So that we have once more the intense longing of the melancholiac for the happy state when he was still at his mother's breast. I pass over certain other determinants of the dream in this place.

Going back to his childhood dream, the patient compared the impression the scene made on him with the petrifying sight of the Gorgon's head.[1] He had the same feeling of terror in his old dream as in the recent one we have just interpreted in outline.

The patient's associations led us through a succession of impressions of childhood—among them the sight of a hanged man—to certain infantile observations of his parents' married life that had already come into his analysis. It became evident that the driver who was using the whip stood for his father having coitus with his mother ('beating' in its typical symbolic sense). Then, however, it turned out that the hanging man was a man who was in the position of succubus and being crushed during copulation (his difficulty in breathing). It was clear that this was an inversion of the man's position as actually observed by the child.

During the following days of analysis the patient was often in a depressed state of mind, rather as he had been in his early dream. Without having referred to that dream, he one day said that he felt like a 'five-year-old boy who

[1] Cf. Freud's analysis of this myth in 'The Infantile Genital Organization of the Libido' (1923).

had somehow lost his way '—and as if he was in need of protection but could not find any. Immediately afterwards he called his depression 'infernal', just as he had said that his early dream was a 'scene in Hell'. The words he used, however, did not merely serve to express the excess of his sufferings; it also had reference to a particular circumstance associated with the onset of his last severe attack of depression. It had begun immediately after he had been reading a book, the *Enfer* ('Hell') of Barbusse, about which all that need be said here is that it contains a description of certain intimate scenes whose action is observed from an adjoining room. This gave a clue to the situation which had excited such stormy feelings in him in his early childhood. A trifling incident that took place at that time showed how greatly subject he had been to the recurrence of that impression of childhood terror. On one occasion he had heard his parents say something softly to one another, and he had become frightened and had 'automatically' made an effort to force out of his mind a rising recollection of 'something terrible'. He noticed that he had a similar strong feeling of repugnance whenever he thought of the bound man in the dream. During the next few days his analysis brought to light a number of such repressed observations; and his affect became less violent, in especial his horror at the sight of the bound man. At the same time he began to get a clear general view of that decisive period of his childhood. He said: 'Even as a child I was always mourning for something. I was always grave and reserved. In the photographs of myself as a small child I already look thoughtful and sad.'

I shall omit many details of the dream-analysis and only add the following remarks: Going back to the 'hanging man', the patient said one day, 'his head was tied somewhere near the navel', meaning near the middle of the cart. A number of associations now made it evident that in his unconscious he had an infantile sexual theory that the imaginary penis of the female was concealed in her navel. And now we were able to return to the analysis of his dream about a female body without a navel out of which a penis

grew. The principal motive of the early dream was the following wish: 'My mother is to pay my father back for what he has done to her (in copulating with her) and to me (in beating me). She is to throw herself on top of him, as he did on her, and she is to use her concealed penis to strangle him as he lies underneath her.'

During the next few days the patient happened to see a relative of his who for certain reasons had the significance of a father for him. He suddenly found himself having the phantasy that he might push this man into some dark doorway and strangle him with his hands. This act clearly represented the Oedipus act and was at the same time an allusion to the theme of suffocation in the dream. It may be worth adding that in his most recent depressive attack the patient had made serious preparations for hanging himself with a rope.

The above extract from the analysis of a dream has thus enabled us to reconstruct a vivid picture of the patient's state of feeling at the early age of five. I should be inclined to speak of a 'primal parathymia' ensuing from the boy's Oedipus complex. We see with impressive clearness how much the child longed to gain his mother as an ally in his struggle against his father, and his disappointment at having his own advances repulsed combined with the violent emotions aroused in him by what he had observed going on in his parents' bedroom. He nursed terrible plans of revenge in his breast, and yet the ambivalence of his feelings prevented his ever putting them into practice. Unable either to achieve a complete love or an unyielding hatred, he succumbed to a feeling of hopelessness. In the years that followed he made repeated attempts to attain a successful object-love; and every failure to do so brought with it a state of mind that was an exact replica of his primal parathymia. It is this state of mind that we call melancholia.

An instance may show how ready the melancholiac is even during his free intervals to be disappointed, betrayed, or abandoned by his love-object. A patient who had married a considerable time after a depressive attack was

constantly looking forward, without the slightest cause, to his wife's infidelity as to a self-evident occurrence. Once, as he was talking about a man, somewhat younger than himself, who was living in the same building, his first association was ' My wife will have an affair with him and betray me '. His analysis showed that his mother had been ' unfaithful ' to him and had transferred her ' favours ' to his younger brother—*i.e.* she had nursed him at the breast. This brother occupied for him the position of father in his Oedipus complex. In each symptom of his various depressive periods he faithfully repeated all those feelings of hatred, rage, and resignation, of being abandoned and without hope, which had gone to colour the primal parathymia of his early childhood.

VI

Mania

In our discussion so far I have dealt with the melancholic phase of the circular insanities and have neglected the manic phase. This is partly due to the nature of the material that has presented itself to me for observation; and partly to the fact that psycho-analysis has enabled us to understand the psychological processes of melancholia irrespective of any closer knowledge of those involved in mania, whilst this latter phase would remain a mystery to us did we not already possess the key to it in virtue of our analytic knowledge of depression. It is for these reasons, no doubt, that Freud, in investigating this illness, has penetrated so much more deeply into the nature of the depressive states than into that of the manic ones. I should like to say at once that I am able to add to the knowledge gained by Freud on this subject only in a very slight degree and in but few respects.

In clinical psychiatry the manic state has always been likened to a state of intoxication in which all existing inhibitions are swept away. Freud, in one of his most

recent publications,[1] has put forward a view of it which at at any rate renders its relation to melancholic depression more comprehensible. We know that one of the principal respects in which the two conditions differ from one another is in the relation of the individual to his super-ego. According to Freud's view, the child forms its super-ego by introjecting the objects of its libido into its ego, of which they henceforward form an organic part. The super-ego takes on those functions of criticizing the behaviour of the ego which form the individual into a social being. Of those functions, the one we call *conscience* interests us most at present. The super-ego instructs the ego by means of that function as to what it may or may not do, in the same way as the persons in authority over it used formerly to do.

In melancholia we see the super-ego exercising this function of criticism with an excessive severity. In mania, on the other hand, we see it use no such harsh criticism of the ego. On the contrary, the individual has a sense of self-importance and power instead of those feelings and delusions of inferiority that characterized his depressive state. One of my patients believed during his states of depression that he was utterly devoid of every intellectual capacity and could not perform even the simplest practical action; but when a phase of reactive hypo-mania set in he became all of a sudden a great inventor in his own opinion. We see that the manic patient has thrown off the yoke of his super-ego, which now no longer takes up a critical attitude towards the ego, but has become merged in it. The difference between ego and super-ego has now disappeared. For this reason Freud takes the view that in the manic condition the patient is celebrating a triumph over the object he once loved and then gave up and introjected. The 'shadow of the object' which had fallen on his ego has passed away. He is able to breathe freely once more, and he gives himself up to his sense of regained freedom with a kind of frenzy. We are reminded of our earlier observation that the circular type of patient has a very highly ambivalent attitude towards his ego. And we may

[1] *Group Psychology* (1921).

add to Freud's statement and say that the withdrawal of his super-ego allows his narcissism to enter upon a positive, pleasurable phase.

Now that his ego is no longer being consumed by the introjected object, the individual turns his libido to the outer world with an excess of eagerness. This change of attitude gives rise to many symptoms, all of them based on an increase in the person's oral desires. A patient of mine once called it a 'gobbling mania'. This appetite is not confined to the taking of nourishment alone. The patient 'devours' everything that comes his way. We are all familiar with the strength of the erotic cravings of the manic patient. But he shows the same greed in seizing on new impressions from which, in his melancholic state, he had cut himself off. Whereas in his depressive phase he had felt that he was dispossessed and cast out from the world of external objects, in his manic phase he as it were proclaims his power of assimilating all his objects into himself. But it is characteristic that this pleasurable act of taking in new impressions is correlated to an equally pleasurable act of ejecting them almost as soon as they have been received. Anyone who has listened to the associations of a manic patient will recognize that his flight of ideas, expressed in a stream of words, represents a swift and agitated process of receiving and expelling fresh impressions. In melancholia we saw that there was some particular introjected object which was treated as a piece of food that had been incorporated and which was eventually got rid of. In mania, *all* objects are regarded as material to be passed through the patient's 'psychosexual metabolism' at a rapid rate. And it is not difficult to see from the associations of the manic patient that he identifies his uttered thoughts with excrement.

Freud has pointed out and discussed the psychological relationship of melancholia and normal mourning; but he does not find anything in the normal mind which is analogous to the reversal from melancholia to mania. I believe we are now in a position to point to such an analogy. It is an occurrence which is observable in normal mourning, and

has, I suspect, a general application, although I cannot at present be sure of this. We find, namely, that when the mourning person has gradually detached his libido from his dead object by means of the 'work of mourning' he is aware of an increase in his sexual desires. He manifests this in sublimated forms as well, such as showing greater enterprise, enlarging his circle of intellectual interests, and so on. Such an increase of libidinal desire after a loss of object will set in at an interval of time which varies with the course that the 'work of mourning' runs in each case.

At the Psycho-Analytical Congress of 1922, at which I put forward this view, Róheim also read his paper [1] on primitive mourning ceremonies, in which he showed conclusively that in primitive man the period of mourning is followed by an outbreak of the libido, which is brought to an end by yet another symbolic killing and eating of the dead person, this time performed with evident and undisguised pleasure—is ended, in other words, by a repetition of the Oedipus act. Now the manic phase which follows upon pathological mourning (melancholia) contains the same impulse once more to incorporate and expel the love-object, in the same way as Róheim has shown to be the case in primitive mourning rites. So that the increase in libidinal activities which set in at the end of normal mourning, as described above, shows like a faint replica of archaic mourning customs.

I had a patient in whom certain events brought on a parathymic condition when he was already well forward in his analysis. It passed off much more lightly than his earlier attacks of depression had done, and resembled in some of its main features an obsessional condition.[2] This state was followed by a very slight deviation in the direction of mania. It passed over after a few days, and then the patient told me that during that short period he had felt the desire to indulge in some form of excess. He said: 'I had the feeling that I must eat a great deal of meat—that I must

[1] 'Nach dem Tode des Urvaters' (1923).

[2] The next section contains one or two further remarks concerning this kind of modification of the symptoms.

go on eating till I was absolutely glutted '. He had thought of it as a yielding to a kind of intoxication or orgy.

In this instance it was quite evident that the patient's manic state was ultimately nothing else than an orgy of a cannibalistic character. His words, quoted above, are convincing evidence of the correctness of Freud's view that in mania the ego is celebrating the festival of its liberation. That celebration takes the form in phantasy of a wild excess in eating flesh, as to whose cannibalistic significance enough has already been said, I trust, to leave no room for doubt.

Like melancholia, the reactive manic parathymia takes a certain length of time in which to work itself off. Gradually the narcissistic requirements of the ego diminish and larger quantities of libido are set free and can be transferred to external objects. Thus, after both phases of the illness have passed off, the libido is able to attain a relatively real relation to its objects. That this relation remains incomplete has already been fully shown in the chapter dealing with the fixation of the libido in the anal-sadistic phase.

In this phase we must consider a point which has already been discussed in connection with melancholia. Freud has drawn a very instructive parallel between mania and the celebration of a festival by the ego; and he has associated that festival with the totem-feast of primitive people, that is, with man's ' primal crime ', which consisted in killing and eating the primal father. What I must here point out is that the criminal phantasies of the manic patient are for the most part directed against his mother. A striking illustration of this was given by one of my patients who had a delusion during his manic excitement that he was the emperor Nero. He afterwards accounted for this by the fact that Nero had killed his own mother, and had also had the idea of burning the city of Rome (as a mother-symbol). Let me once more add that those emotions directed towards the mother are of a secondary kind; they were in the first instance aimed at the father, as became quite evident in the course of the analysis referred to above.

We are now, therefore, able to some extent to understand the reactive state of exaltation following upon melan-

cholia as a pleasurable emancipation on the part of the individual from the painful relation in which he has hitherto been to his introjected object of love. But we know that an attack of mania can come on without having been preceded by a melancholia. However, if we remember what has been said in the previous chapter, we shall not be quite at a loss to account for this fact. In that chapter we showed that certain definite psychological traumas in the early childhood of the patient caused a state of mind in him which we called the ' primal parathymia '. In ' pure ' mania, which is frequently of periodic occurrence, the patient seems to me to be shaking off that primal parathymia without having had any attack of melancholia in the clinical sense. But lack of suitable data forbids me to make any definite statements in this connection.

This paper took as its starting-point a comparison of melancholia with obsessional neuroses. Returning to this comparison, we are now able to explain the difference in the course run by the two illnesses and to say that manic-depressive states, which set in in an acute form and are intermittent and liable to relapses, represent an expulsion of the love-object repeated at certain intervals of time; whereas obsessional states, which have a more chronic character and allow of remissions, correspond to a dominant tendency to keep possession of the object.

If we follow the lines of thought of Freud and Róheim, we may say that each of the two illnesses presents a different attitude of the individual towards that primal crime which he has not enacted in reality. In melancholia and mania he carries out that crime from time to time on a psychological plane, just as primitive people perform it in a ceremonial way at their totem-feasts. In the obsessional neurosis he carries on a constant struggle against its commission. His morbid anxiety bears witness on the one hand to his impulse to do that deed, and on the other, to the yet more powerful inhibition of his criminal impulses.

What has been said has not, I know, presented a complete answer to the problems of mania and melancholia. The empirical material of psycho-analysis is not as yet

sufficient to enable us to find any such answer. But I should like to remind the reader that this paper does not profess to deal in the first instance with the psychological aspect of those two mental disorders. Its principal aim is to show that certain things which we discover in manic-depressive patients find their place in the sexual theory of psycho-analysis. But I should not like to close this section without once more acknowledging that the problem of the choice of neurosis in the circular insanities still awaits its final solution.

VII

The Psycho-Analytic Therapy of Manic-Depressive States

After what has been said in the foregoing section it is not difficult to understand what the aim of a treatment of melancholia should ideally be. It should be to do away with the regressive libidinal impulses of the individual and to effect a progression of his libido until it reaches the stage of genital organization and complete object-love. The question is, Can that aim be in any way brought nearer by psycho-analysis? In this section I should like to try to answer that question, basing my views exclusively on the facts so far collected. For it would be as inadvisable to incline to a premature optimism as regards psycho-analysis as to adopt the traditional attitude of nihilism maintained by clinical psychiatry. As far back as 1911 I pointed out that in certain stages of his illness, and especially during his free interval, the melancholiac is capable of establishing a sufficient amount of the transference necessary for therapeutic results to justify us in attempting to treat him. And on Freud's advice I have recently started psycho-analysing melancholiacs at a time when they were just coming out of a depressive state and entering upon a free interval. I need hardly add that I would not in these circumstances attribute any continued improvement on the patient's part to the treatment he has begun to receive. An improvement

of this sort will take place of itself in every case, but it never enables the patient to attain to that complete object-love which is the touchstone of real mental health. Moreover, this is not, in my opinion, what a psycho-analytic treatment is aiming at fundamentally. What its aim really is I have already briefly outlined above. It ought, in the first place, to do more for the patient than merely remove his symptoms, and it ought furthermore to safeguard him from a return of his illness. If this first requisite is satisfied we shall see many changes take place in his whole mental life such as did not use to occur spontaneously during his free interval. Here, therefore, we shall have an objective criterion of the success of the treatment. But so far as the second requisite is concerned a long period of time and continuous and careful observation will be necessary before we can say whether or no the danger of a fresh onset of the illness has been successfully averted.

The psycho-analyses of melancholic cases which I have recently been carrying on are none of them completely finished, so that there is no question of making any prophecy about the lasting nature of analytic treatment. All I can do is to place on record those changes which it undeniably did bring about. They are these:

1. The patient's capacity for transference is sometimes quite visibly increased immediately after some piece of analytic work has been accomplished. In the case of the patient whose childhood dream we have discussed[1] his whole attitude to the analyst changed under the influence of this part of the analysis. And, as we know, important changes cannot be effected in the patient until he succeeds in establishing a transference on to his analyst.

2. The patient's narcissistic and negative attitude towards certain persons or towards his whole environment and his high degree of irritability in regard to them are diminished in a way which never happened before during his free interval.

3. In one instance the patient's attitude towards the female sex was greatly modified. His obsessive interest in

[1] Cf. Section V.

prostitutes disappeared, and he gradually became able to direct his libido on to one particular person in a quite normal way. This was the patient's first successful attempt to do this after a great number of failures.

4. The same patient used to harp upon his own inferiority in a self-tormenting manner even during his interval. But after we had succeeded in analysing the process of introjection in him a good way, he suddenly told me that he felt very much relieved. As he said, he no longer regarded himself as a ' monstrosity '. And this new outlook, which began nine months ago, has been maintained up till the present time.

5. The most important criterion seems to me to be the formation of transitory symptoms. As has already been said, patients often exhibit mild parathymias in their free interval, which, slight as they are, bear all the essential marks of true melancholia or mania. It happened that two of my patients, both of whom I had been treating for over a year and a half, were exposed to a series of severe emotional shocks due to external events. Before their analysis and in the beginning part of it they had invariably reacted to disturbances of this sort with marked melancholic symptoms. But later on I observed that the new symptoms which the patients produced on such occasions bore a different stamp. And the regularity with which this happened precluded the possibility of chance. On such occasions something in the patient seemed to urge him towards a renewed attack of depression. If, for instance, he was obliged to make an important decision concerning his practical life, he would show an inclination to take refuge once again in his illness. But he did not actually make the first and essential step towards melancholia; he did not give up his object. He did form a fresh symptom, it is true, but it was an obsessional one or a phobia or a hysterical conversion. I could not avoid having the impression that the patient no longer produced a genuine melancholic depression. That a psychoneurosis should have ascended from a melancholic to a hysterical level seems to me a significant and noteworthy achievement.

And the fact that the patient's object-love has shown itself more resistant than before to external influences is undoubtedly of the greatest practical consequence.[1]

I pass over many of the minor improvements that were observable in my patients because they seem to me to have no very great theoretical importance. Nevertheless I should like to point out once more that I had to deal with especially severe cases that had had repeated relapses. I got the decided impression that younger patients who have not had a great many attacks of illness, and have not, in consequence, withdrawn so much from the real world, would very probably respond more rapidly and effectively to treatment. Later on I shall have a few more things to say about the cases I have had for treatment.

Since I myself do not possess sufficient experience to make any judgement about the lasting effects of analytic therapy in melancholic cases, I am all the more happy to be able to quote an opinion from an authoritative quarter. In a private communication Professor Freud has told me that he has had two cases of this kind in which the cure has been permanent. One of these has had no relapse now for over ten years.

I feel I cannot leave this question of therapeutic results without bringing up for consideration the subjective value which psycho-analytic treatment has for depressive patients in especial. The mental relief which it brings them is often quite astonishing, and the patients themselves lay much stress on it. Nor should we forget that it is precisely this class of person who is as a rule the most inaccessible to any outside influence. It therefore seems to me that, while maintaining a due reserve in the evaluation of its therapeutic results in this field, we cannot deny that psycho-analysis does exercise an effect on patients suffering from the circular insanities. Nor do I believe that we are in danger of overestimating the extent of our results. For the method of psycho-analysis itself, which discloses to us

[1] In the second part of this paper, which deals with the development of object-love, I discuss this question in greater detail, and adduce examples from actual cases.

in all their strength the resistances of the patients, and which in each individual case obliges us to conduct a wearisome and difficult technical procedure of many months' duration, offers the best guarantee against entertaining too great hopes in regard to the success of our therapeutic endeavours.

PART II

ORIGINS AND GROWTH OF OBJECT-LOVE

In the first part of this study I have attempted to throw light on the psychology of certain pathological states of mind and to add something to our knowledge of the sexual life of the individual. But in doing this I have confined myself to the theory of the pregenital levels of the libido. That part of sexual theory deals with the transformations which the individual undergoes in regard to his sexual aim during the course of his psychosexual development. Since Freud's classical work on this subject [1] we are accustomed to distinguish the sexual *aims* of the individual from those processes which concern his relations to his sexual *object*. What we have so far said about the ontogenesis of object-love does not sufficiently cover the field of facts. This is especially so in those pathological states which, in accordance with Freud, we group together under the name of the 'narcissistic neuroses'. In analysing them we meet with a number of psychosexual phenomena which our theory must take account of. And I propose in the following section to attempt to do this.

In thus tracing separately the development of the relation of the individual to his love-object we shall not overlook the close and manifold psychological connections which exist between it and the subject of our earlier investigations. Those connections will, on the contrary, become much more evident in this way than before. And

[1] *Drei Abhandlungen zur Sexualtheorie* (1905).

just as in the previous section we were led to discuss at some length certain important aspects of object-relations, such, for instance, as ambivalence in man's instinctual life, so now there can be no question of treating particular subjects as isolated problems. And indeed we shall most easily be able to see in what respects the history of the development of object-love requires amplification if we begin by giving a short summary of the theory of the stages of libidinal organization.

We have recognized the presence of two different pleasurable tendencies in the anal-sadistic phase: a more primitive one of expelling the object (evacuation) and destroying it, and a later one of retaining and controlling it. Thus we have been led on empirical grounds to believe that there is a differentiation within the anal-sadistic phase which before had been supposed to be homogeneous. We have come to the conclusion that the melancholic patient regresses to the lower level of that phase but does not make a halt there. His libido tends towards a still earlier phase—the cannibalistic phase—in which his instinctual aim is to incorporate the object in himself. In his unconscious he identifies the love-object he has lost and abandoned with the most important product of bodily evacuation—with his fæces—and re-incorporates it in his ego by means of the process we have called introjection. But he cannot, even by regressing so far, escape from the conflict of his ambivalent feelings. That conflict, on the contrary, increases in strength, until there begins to arise in him a tendency to regress to a still more primitive stage of libidinal development whose sexual aim is that of sucking. This stage we have considered as *pre-ambivalent*. Thus we have been led to distinguish two levels in the oral phase as well as in the anal one. Finally we have been able to observe a similar differentiation within the later, genital phase. And it is only the most recent of those two levels that we have been able to regard as free from ambivalence, or *post-ambivalent*.

By assuming that each of the three main phases of the libido is differentiated into two stages we have been able, so far at least, to account satisfactorily for the observed facts

concerning the changes undergone by the individual in regard to his sexual aim. And we have also been able to find a more definite genetic connection between certain kinds of illness and certain levels of the libido than has hitherto been possible. But we will not try to conceal the very considerable gaps that still exist in our knowledge in this respect. For instance, we have up till now not succeeded in finding a connection of this sort for paranoic conditions. This is a point to which we shall return later.

Up till now much less has been known about the development of object-love. Just as we have hitherto been accustomed to distinguish three phases in the development of the libido, so we have recognized three phases in the relationship of the individual to his object. And here once more it is to Freud that we owe the first discoveries of importance. He grouped the development of that relationship into an auto-erotic phase belonging to earliest infancy in which the individual has no object, a narcissistic phase in which the individual is his own love-object, and a phase in which there is object-love in the true sense of the word. In the following discussion I shall try to show how far we are able to add new knowledge to this part of our sexual theory.

The new contributions which I hope to be able to make are derived from a particular field of psycho-analytic empiricism, namely, from the study of the 'narcissistic neuroses' and of certain neuroses belonging to those levels of object-love which are closely related to the narcissistic neuroses in a certain respect.

The manic-depressive cases whose analysis formed the groundwork of the first part of this study are of considerable assistance in helping us to solve our present problem also. At the time that I was analysing those cases it happened that I was also having two female patients under long treatment of whose neurotic condition I should like to give a brief account in these pages. The clinical picture they presented was quite different from melancholia, but it will soon become evident why I have placed them side by side with the latter.

The first of these patients, whom I shall call X, presented a very complicated clinical picture, and I shall only reproduce the most outstanding features of it. Foremost of these was a marked *pseudologia phantastica* dating back to her sixth year. Besides this, she had severe impulses of kleptomania going back to the same time. And lastly, she suffered from attacks of despair which could be occasioned by the slightest thing and which found utterance in uncontrollable fits of weeping of many hours' duration. This compulsive weeping had two main determinants. It was, in the first place, derived from her castration complex, and represented the loss of her masculinity with all that this involved, such as envy of her more favoured younger brother, and so on. During menstruation, which used to excite her castration complex in a typical way, she scarcely ever stopped crying.[1] The second determinant of her crying fits was connected with her relation to her father whose loss she was mourning, not in a real sense because he was dead, but in a psychological one. It was in connection with this psychological loss of him that the earliest symptoms of her neurosis had appeared. As a child she had early developed an especially strong transference-love towards her father, but, as her analysis showed, it had suffered a sudden check in the first half of her sixth year. At that time she had been convalescing from an illness and had shared her parents' bedroom. There she had had an opportunity of seeing her mother and father having sexual intercourse, and of observing her father's body. This increased her scoptophilic tendencies greatly, until they were overtaken by an intense repression. I should like to mention one especial consequence which those experiences had in her case in addition to those familiar to all analysts. This was that she complained of having lost all emotional contact with her father, and indeed of being unable to form any kind of mental image of him. She was conscious neither of affectionate feelings nor of sensual ones towards him. But we were able to infer from a quantity of neurotic material that she

[1] It may be mentioned in passing that this copious flow of tears represented her unconscious wish to urinate like a man.

had a quite specialized compulsive interest in one particular part of his body, namely, his penis. He had ceased to exist for her as a whole person; only one part of him had remained, and this formed the object of her compulsive looking.[1] Besides this, she unconsciously identified herself now with him, now with his genitals, which had become for her his representative. Her kleptomanic impulses were in a great measure derived from her active castration tendency directed against her father. The unconscious aim of her thefts was to rob him of his envied possession so as to have it herself or to identify herself with it. That those thefts were connected with the person of her father was made evident in many ways. For instance, she had on one occasion taken an enema tube out of his room and had used it —as a substitute for his male member—for anal-erotic purposes. She used to 'castrate' him in other ways, by taking money [*Vermögen*] [2] out of his purse, and by stealing his pens, pencils, and other male symbols, as is so common in cases of kleptomania.

The patient's castration complex also proved to be an important motive of her *pseudologia*. Just as her kleptomanic impulses expressed the idea, 'I seize by force or fraud what has been withheld from me or taken away from me', we might formulate one of the main determinants of her lying in this way: 'I do possess that desired part of the body, and so I am equal to my father'. It is particularly interesting to learn from the patient that telling these imaginary facts gave her strong sexual excitement and a sensation as if something was growing and swelling out of her abdomen. This sensation was connected with a feeling of physical strength and activity; and in the same way the act of lying made her feel mentally powerful and superior to others.

Her relation to her father, as I have roughly sketched it, was in keeping with her attitude to the rest of her environment. She had no real mental contact whatever with

[1] This took the form of looking for the outline of his genitals underneath his clothes.

[2] [='means', is also used in the sense of 'capacity', and thus comes to stand for 'sexual potency' in German.—*Trans.*]

anyone. Telling lies had for many years represented for her her sole mental relation with the external world.

As we have said, she had arrived at this position, so far removed from a regular and complete object-love, through a regression from such an object-love. She did nevertheless maintain some kind of relation to her objects, and she clung to them with the utmost tenacity. Further analysis of her kleptomania, together with analysis of one or two other cases, threw light on the nature of her peculiar and incomplete form of object-love. Her dreams and day-dreams contained ever-recurring images of castration by means of biting. The aim of her phantasies was not to incorporate her love-object as a whole but to bite off and swallow a part of it and then to identify herself with the part. Such a partial incorporation of the object seems to occur in other cases of kleptomania as well. I will give another example.

A female patient whom I shall call Y was suffering from a grave neurosis whose most marked symptom was severe hysterical vomiting. In addition she exhibited very strong kleptomanic tendencies which in her case too were found to be determined by her castration complex. Her habit of stealing had grown up around an incorrigible inclination she had had in childhood to pull everything out with her hands, especially flowers and hair. But this impulse was itself a modification of a desire to bite off everything that 'stuck out'. Even when she was grown up she had phantasies of this kind. As soon as she got to know a man she had a compulsive idea of biting off his penis. Her neurotic vomiting was closely related to these oral-sadistic impulses. In her case, too, her father had lost all value for her as a person. Her libidinal interest was focussed on his penis alone. And when he had died she too had been unable to feel any sorrow. But she had had a vivid phantasy of stealing his penis by biting it off, and of keeping it. In her day-dreams she used to have a great many phantasies of copulating with a penis 'without any man belonging to it'.

Another similarity between these two patients was that in each case the mother also was represented by only one part

of her body, namely, her breasts. They had obviously been identified in the child's mind with the supposed penis of the female. She was alternatively represented by her buttocks, which in their turn stood for her breasts. The relation of this image to oral erotism (pleasure in biting) was more than evident, and could be supported by many examples, one of which I shall give. X once dreamed as follows: 'I was eating away at a piece of meat, tearing it with my teeth. At last I swallowed it. Suddenly I noticed that the piece of meat was the back part of a fur coat belonging to Frau N.'.

It is not difficult to understand the 'back part' as a displacement from before backwards. In the same way we can understand the frequent symbolic use made of fur as an allusion to the female genital. Frau N.'s surname was in fact the name of an animal, and of an animal which frequently symbolized her mother in this patient's dreams.

'Displacement backwards' was a process that constantly occurred in the mental images of both patients. Both had a feeling of disgust at their mother, and in their phantasies and certain symptoms both likened her to the essence of all that is most disgusting, namely, excrement. Thus the mother was represented in imagination by a piece of the body that had left it, *i.e.* a penis, and fæces.

In both cases the libido had undergone a considerable degree of narcissistic regression, though by no means a complete one. What had happened was that—until analysis set this right—its capacity for object-love had been imperfectly developed in a certain respect or had regressed to a stage of imperfect development. The stage in question must have lain somewhere between narcissism and object-love. Another fact which was to be noticed about both cases, and which I later on observed in other persons, pointed in the same direction. This was that the libido was in an unmistakable state of ambivalence towards its object and showed a strong tendency to inflict injuries on it. Nevertheless, that destructive tendency had already been subjected to limitations. At this stage the sexual aim of the individual must have been to deprive his object

of a part of its body, *i.e.* to attack its integrity without destroying its existence. We are put in mind of a child which catches a fly and, having pulled off a leg, lets it go again. We must once more emphasize the fact that the pleasure in biting is very markedly associated with this form of object-relation which had hitherto escaped our notice.

I have been able to ascertain the presence of similar psychological processes in the two manic-depressive patients about whom I have spoken in greater detail in the first part of this study. But the really valuable evidence for this only appeared when their gravest symptoms were beginning to pass off. So long as these were present the cannibalistic, destructive tendencies of the libido manifested themselves in many ways. During the period of recovery one of the patients used very often to have a phantasy of biting off the nose, or the lobe of the ear or the breast, of a young girl whom he was very fond of. At other times he used to play with the idea of biting off his father's finger. And once, when he believed that I was not going to continue his analysis, he all of a sudden had the same thought about me. This idea of biting off a finger was found to have a great number of determinants besides its obvious significance of castration. What chiefly interests us here is the ambivalence expressed in the phantasy. For although in it the patient's physician—as the substitute of his father—was to be maimed by having a piece of his body bitten off, we must not see the hostile side of the phantasy only and overlook its friendly tendency which was expressed in the patient's desire to spare the existence of the object except for one part, and again in his desire to keep that part as his own property for ever. We may thus speak of an impulse of *partial incorporation* of the object. The patient just referred to once said that he would like to 'eat up' the young girl in question (whom he identified with his mother) 'mouthful by mouthful'. And the following incident will show how greatly occupied his mind was in this stage of his analysis with the idea of biting off things. On one occasion he was speaking about a man under whom he was working who

represented both his father and his mother in his unconscious and towards whom he had an extremely ambivalent attitude. As often happened with him his free associations flowed over into phantasies of a markedly concrete kind, which would at times be interrupted by an affective 'blocking'. A 'blocking' of this nature occurred as he was speaking about his superior. In accounting for that stoppage in his associations he said, 'Now [*i.e.* in the phantasied situation] I must first tear out his beard with my teeth; I can't get any further till I've done that'. The patient was thus himself saying that there was no possible way of avoiding the intrusion of those phantasies which belonged unmistakably to the class of partial cannibalism.

Complete and unrestricted cannibalism is only possible on the basis of unrestricted narcissism. On such a level all that the individual considers is his own desire for pleasure. He pays no attention whatever to the interests of his object, and destroys that object without the least hesitation.[1] On the level of partial cannibalism we can still detect the signs of its descent from total cannibalism, yet nevertheless the distinction between the two is sharply marked. On that later level the individual shows the first signs of having some care for his object. We may also regard such a care, incomplete as it is, as the first beginnings of object-love in a stricter sense, since it implies that the individual has begun to conquer his narcissism. But we must add that on this level of development the individual is far from recognizing the existence of another individual as such and from 'loving' him in his entirety, whether in a physical or a mental way. His desire is still directed towards removing a part of the body of his object and incorporating it. This, on the other hand, implies that he has resigned the purely narcissistic aim of practising complete cannibalism.

Now that we have become alive to certain occurrences relating to infantile development, there will not be wanting confirmatory evidence obtained from the direct observation

[1] The cannibalism of primitive people after which we have named this phase of the infantile libido cannot be said to be unrestricted in this way. It is not at all the case that any one person can kill and eat any other. The selection of the victim has a strict affective determination.

of the child. Our inquiries have, moreover, led us a certain distance forward into unknown country, and we are glad to come upon some traces of earlier exploration. Several years ago two psycho-analysts, whose reliability as observers is not open to question, have each independently added to our knowledge of the psychology of paranoic delusions of persecution. Both van Ophuijsen [1] and Stärcke [2] discovered during the course of their psycho-analytic practice that in paranoia the 'persecutor' can be traced back to the patient's unconscious image of the fæces in his intestines which he identifies with the penis of the 'persecutor', *i.e.* the person of his own sex whom he originally loved. Thus in paranoia the patient represents his persecutor by a part of his body, and believes that he is carrying it within himself. He would like to get rid of that foreign body but cannot.

I must admit that I did not at the time recognize the full importance of van Ophuijsen's and Stärcke's discovery. It was an isolated one, and did not fit easily into the general body of known facts, although the relations between paranoia and anal-erotism had already been recognized by Ferenczi. Now, however, it finds its place in a wider scheme and is thus seen to possess a very great significance.

When the paranoiac has lost his libidinal relations to his object and to all objects in general, he tries as far as he can to compensate for the loss which to him amounts to a destruction of the world. As we know since Freud's analysis of the case of Schreber, he proceeds to reconstruct his lost object. We may now add that in this process of reconstruction the paranoiac incorporates a part of his object. In doing this he undergoes much the same fate as the melancholiac who has introjected the whole of his object by a process of incorporation. Nor can he, either, escape his ambivalence in this way. Like the melancholiac, therefore, he tries to get rid of that part of his object which he has taken into himself. And on the psychosexual developmental level on which he is this can only be an anal process for him. To a paranoiac, therefore, the love-object is

[1] 'On the Origin of the Feeling of Persecution' (1920).
[2] 'The Reversal of the Libido-Sign in Delusions of Persecution' (1919).

equivalent to fæces which he cannot get rid of. The introjected part of his love-object will not leave him, just as in the case of the melancholiac the object, which has been introjected *in toto*, continues to exercise its despotic power from within.

We have thus come to the conclusion that the melancholiac incorporates his abandoned love-object as a whole, whereas the paranoiac only introjects a part of his. In the latter case there is another alternative to be considered, namely, that this partial introjection need not be effected in an oral way but can be thought of as an anal process. Pending a more complete understanding of the situation we may put forward the view—though with all due hesitation—that in respect of its sexual aim the libido of the paranoiac regresses to the earlier of the two sadistic-anal stages, while in respect of its attitude towards its object it goes back to the stage of partial introjection. Whether that introjection takes place in an oral or an anal way must be left an open question. We meet with a similar state of affairs in melancholiacs during their period of convalescence. Nor can we as yet say why it is that in the latter case regular paranoic delusions are not formed. This difference may be due to the different effects of introjection according as it is total or partial in its extent, and oral or anal in its means. We shall have no certainty on this subject until we know more about the part played by the ego in those two forms of illness.

Another point to be noted in regard to the part of the body that has been introjected is that the penis is regularly assimilated to the female breast, and that other parts of the body, such as the finger, the foot, hair, fæces, and buttocks, can be made to stand for those two organs in a secondary way, as has already been shown.[1] If we suppose that there is such a stage of 'partial love' as we have depicted in the development of object-love, further facts are opened to us and we begin to understand a certain peculiarity of sexual

[1] A remarkable parallel to this 'partial love' is seen in the 'partial identification' of the individual with his love-object, as Freud has briefly outlined it in his *Group Psychology* (p. 64).

perversions to which Sachs has recently drawn our attention once again:[1] I refer to the pervert's concentration of interest on certain bodily parts of his object, the choice of which often seems very curious to us. This peculiarity is most strikingly exhibited in the fetishist. To him the whole person is often only an accidental appendage to one particular part of his body which alone exercises an irresistible attraction over him. Many years ago, as I was attempting for the first time to investigate a case of foot and corset fetishism[2] by means of psycho-analysis, Freud suggested to me that I should introduce the idea of a partial repression so as to account for the phenomena in question. In the light of our present knowledge this psychological process, by means of which the greater part of the object is reduced to insignificance and excessive value is attached to the remaining part, is seen to be the consequence of a regression of the libido to this supposed stage of 'partial love'; and it ceases to be an isolated event found in a certain kind of illness, and falls into place among a large number of allied psychological phenomena. It is not the intention of this study to go more deeply into the symptoms of fetishism. But it may be useful to point out that those parts of the body on which the fetishist tends to concentrate his inclinations are the same as those we meet with as the objects of 'partial love'.

Our clinical observations have long since made us acquainted with a stage in the development of object-love in which the individual already spares his object in a great measure; and we meet with it again in the neuroses as a regressive phenomenon belonging to the sexual life of obsessional patients. In this stage the individual is not yet able to love anyone in the full sense of the word. His libido is still attached to a part of its object. But he has given up his tendency to incorporate that part. Instead, he desires to rule and possess it. Distant as the libido still is at this stage from the ultimate goal of its development,

[1] 'Zur Genese der Perversionen' (1923).

[2] Cf. my earlier essay, 'Notes on the Analysis of a Case of Foot and Corset Fetishism', on p. 125 of this book.

it has yet made an important step forward in so far as such a proprietorship is, as it were, *exteriorized*. Property no longer means that which the individual has incorporated by devouring. It is situated outside his body now. In this way its existence is recognized and safeguarded. This implies that the individual has accomplished an important piece of adaptation to the external world. Such a change has the greatest practical significance in a social sense. It makes possible for the first time joint ownership of an object; whereas the method of devouring the object could only secure it for one person alone.

This position of the libido in respect of its object has left traces in the forms of speech of various languages, as in the German word *besitzen*,[1] for instance, and in the Latin *possidere*. A person is thought of as *sitting on* his property, and thus as still keeping in close contact with it. This attitude can easily be observed in children. We often notice how a child will take an object that is specially dear to him to bed with him at night and will lie on top of it. In animals, too, and especially in dogs, the same thing can be seen. They will endeavour to place an object in security by covering it with their bodies. I have noticed this in my own dog. As soon as a stranger came to stay in the house he would fetch his muzzle—an object, that is, that belonged exclusively to him—and would lie down upon it.[2]

Further psycho-analytic study of the obsessional neuroses will, no doubt, furnish us with more information concerning this stage of object-love. The especially intense nature of active and passive castration-images in obsessional patients and their peculiar attitude to questions of possession make it seem very probable that there is a connection between that illness and the stage of partial love.

Psycho-analysis has taught us that the unconscious of the adult person contains many traces of the earlier stages of his psychosexual life. In the healthy person we come across such traces chiefly in his dreams. In the same

[1] ['To possess.' *Sitzen*=to sit.—*Trans.*]

[2] We may compare with this the phantasies of little Hans (Freud, 'Analysis of a Phobia in a Five-year-old Boy', 1909), in which he takes the giraffe, who represents his mother, away from his father and then sits down upon it.

way the stage of partial love leaves traces behind in the unconscious.

An example of this is seen in the familiar dreams about a tooth dropping out. Every analyst is aware of the manifold symbolic meaning of such a dream. The tooth that drops out symbolizes on the one hand castration, and on the other some person whom the dreamer knows and whose death he desires in the dream. Thus a near friend or relative is made equivalent to a part of the body which has to be expelled. We see at once the resemblance with the psychology of delusions of persecution. We should particularly note the ambivalence of the subject's feelings which is manifested in his identification of a person with a part of his own body. To compare another person with a part of one's own body which is the object of a specially high narcissistic estimation is without doubt a proof of exceptional love. In German we often call a loved person ' my heart ' (*mein Herz*); and we say of a mother that she loves her child as the ' apple of her eye '. When a man likens someone to his tooth, as so often occurs in dreams, it is as much as to say that although he is loth to lose a part of himself he nevertheless can do without it since he possesses plenty more. Indeed, the dreamer often observes that the loss of his tooth or its extraction is quite painless; from which it may be inferred that the loss of that person would not be so very painful to him after all. Furthermore, we must not forget that underlying symbolic castration there is an unconscious wish for the loss of that part of the body upon which the narcissism of man is as a rule centred. The hostile significance of the comparison, however, is most clearly seen where the part employed as the equivalent of the person is excrement.

Thus it is clear that the stage of partial love has left traces behind it even in the mind of the healthy person. He represents the love-object that is cathected with his ambivalent feelings by a single part of its body, which he has introjected into his own.

As my two female patients, X and Y, whose case I have described, gradually approached a normal condition of

object-love under the influence of psycho-analysis, they passed through a stage of development that seemed to be the next modification of the stage we have been discussing. As will be remembered, the patient X had been dominated by an idea which had constantly recurred in varying forms in her dreams and phantasies, and which was concerned with the acquisition of her father's penis; and we recollect that she had identified the whole of herself with that part of his body. At a certain point in her recovery, when she had pretty well overcome her kleptomanic impulses and her *pseudologia*, her phantasies took another form. As a particularly clear example of this later form, I may mention a dream she had in which she saw her father's body and noticed the absence of the pubic hair (a part of his body which had always stood for his genitals in a number of earlier dreams). Now, therefore, she was dreaming of her father as an entire person *except* for one part of his body. We are struck by the contrast between this and certain expressions of her neurosis that have been mentioned earlier. Before, when she had had a compulsion to stare at her father's genitals, her love-interest had been turned away from all the rest of him. Now she was repressing what had then exercised a compulsive power in her consciousness.

I have come across dreams like the one above in other people. One patient, a woman, who had a strongly ambivalent attitude towards me, expressed her transference in a dream in which she represented me without any genitals. The hostile tendency—the desire to castrate her object—is obvious. But the dream had another determinant, which was to be found in her likening me to her father whom she was allowed to love but not to desire in a genital sense. She could only love her analyst, as her father's substitute, so long as the genital aspect was excluded. And the dream-censorship took means accordingly to prevent her from over-stepping the incest-barrier.

Such a positive erotic attitude towards the object, but with the exclusion of the genitals, seems to be a typically hysterical expression of the incest-prohibition. As early as in the first edition of his *Drei Abhandlungen zur Sexual-*

theorie, Freud pointed out that hysterics reject the normal, genital sexual aim, and put in its place other, 'perverse' aims. We shall remain in agreement with his view in proposing to set up a stage of object-love with the exclusion of the genitals.[1] The rejection of the genital zone applies to the subject's own body as well as to that of his object. This situation is to a great extent responsible for two very general and, from a practical point of view, important symptoms—impotence in men and frigidity in women. In it the individual cannot love his object completely because of the presence of its genitals.

We know from the psycho-analysis of neurotics that such an inhibition of the libido in both sexes proceeds from the castration complex. In the man, anxiety about his own male organ and horror at the absence of any such organ in the female bring about the same result as is effected in the woman by her still unmastered pain at having been deprived of her genitals and by her castration-desires directed against the male. We must not forget, too, that the genitals are more intensely cathected by narcissistic love than any other part of the subject's own body. Thus everything else in the object can be loved sooner than the genitals. On the level of the 'phallic' organization of the libido, as Freud calls it, the last great step in its development has obviously not yet been made. It is not made until the highest level of the libido—that which alone should be called the genital level—is attained. Thus we see that the attainment of the highest level of the organization of the libido goes hand in hand with the final step in the evolution of object-love.

The table appended below is intended to facilitate a survey of the various stages of sexual organization and of object-love which the individual traverses. I should like to make it quite clear that it is of a purely provisional nature and that it by no means implies that those stages are only six in number. We can compare it to a time-table of

[1] Such a stage of object-love with genital exclusion seems to coincide in time with Freud's 'phallic stage' in the psychosexual development of the individual, and moreover to have close internal relations with it. We may look upon hysterical symptoms as the obverse of those libidinal impulses which belong to object-love with genital exclusion and to the phallic organization.

express trains in which only the larger stations at which they stop are given. The halting-places that lie between cannot be marked in a summary of this kind. I should also like to say that the stages placed on the same horizontal level in each column do not necessarily coincide in time.

Stages of Libidinal Organization.	Stages of Object-love.	
VI. Final Genital Stage	Object-love	(Post-ambivalent)
V. Earlier Genital Stage (phallic)	Object-love with exclusion of genitals	
IV. Later Anal-sadistic Stage	Partial love	
III. Earlier Anal-sadistic Stage	Partial love with incorporation	(Ambivalent)
II. Later Oral Stage (cannibalistic)	Narcissism (total incorporation of object)	
I. Earlier Oral Stage (sucking)	Auto-erotism (without object)	(Pre-ambivalent)

The table gives a brief survey of the psychosexual development of man in two respects. It considers the movement of his libido in respect of his sexual aim and of his sexual object. Among other important phenomena belonging to this process of development there is one in especial that I have omitted to deal with, and that is the formation of the inhibitions of the instincts. I should therefore like to add a few short remarks on this subject.

We regard the earliest, auto-erotic stage of the individual as being still exempt from instinctual inhibitions, in accordance with the absence of any real object relations. In the stage of narcissism with a cannibalistic sexual aim the first evidence of an instinctual inhibition appears in the shape of morbid anxiety. The process of overcoming the cannibalistic impulses is intimately associated with a sense of guilt which comes into the foreground as a typical inhibitory phenomenon belonging to the third stage. The third stage, whose sexual aim is the incorporating of a part of the object, is left behind when feelings of pity and disgust arise in the individual and cut off this form of libidinal activity. In the next stage—that of object-love with the exclusion of the genitals—inhibition takes the form of feelings of shame. Finally, in the stage of real object-love we find social feelings of a superior kind regulating the instinctual life of the

individual. This brief and generalized outline will serve to show that a further inquiry is needed into the origin of the inhibitions of the libido, but that psycho-analysis can doubtless give us the key to the solution of this problem as well.

I should only like to say a few more words about one event in that complicated process. In the stage of 'partial love with incorporation', as we have seen, the love-object is represented by one part of itself. The small child has an ambivalent attitude towards that part (penis, breast, excrement, etc.); that is, he desires it and rejects it at the same time. It is not until he has completely given up his tendency to incorporate objects—a change which, according to our scheme, does not happen until the fourth stage—that he adopts a contemptuous attitude towards those parts, and especially towards excrement. In this stage excrement becomes for him the representative of everything that he does not want to keep; so that he identifies the person whom he rejects with disgust with fæces (as in the case of X and Y). And the mere idea of putting excrement into the mouth is now the very essence of all that is disgusting. In certain illnesses we can observe a serious process of regression taking place in which the individual once more has as his sexual aim the eating of fæces. For in our unconscious we retain our original narcissistic estimation of the value of excrement.

I have already attempted in an earlier paper [1] to give some coherent account of the relation between the various forms of psychoneurosis and the different levels of libidinal development, as far as the state of our knowledge then permitted. My attempt was a very imperfect one and far from being a final explanation of the facts. Even at the present day we know almost as little as we did then; and we can only hope to have made an addition to our knowledge in two points, and that with every reserve.

In the first place we may assume that in melancholia the subject's capacity for object-love is especially poorly developed, so that if he falls ill his tendency to incorporate

[1] See Chapter XVIII.

his object in a cannibalistic way gets the better of him—an occurrence which would coincide with a regression of his libido to the second stage as tabulated above. In the second place, it would seem that in paranoic states the libido has stopped in its regressive movement at the stage of partial incorporation (the third stage). This also seems to be true of kleptomanic conditions. And perhaps the main difference between the wish contained in each of those illnesses is that the kleptomaniac has taken as his sexual aim an *oral* incorporation of his object, while the paranoiac has made his its *anal* incorporation.

Only steady and persistent psycho-analytical work, especially in regard to the narcissistic psychoneuroses, can gradually give us a more complete view of man's psycho-sexual development. Meanwhile, until we have collected a greater number of thorough analyses to confirm and amplify the theoretic assumptions made in this paper, it may not be superfluous to consider the *prima facie* arguments in favour of those assumptions.

To begin with, we must remember that the results of our examination have been obtained by strictly empirical methods. I do not think that I have anywhere allowed myself to abandon the ground of empirical fact for that of speculative reasoning. At any rate I can say that I have never attempted to produce a complete and a well-rounded-off theory, but that on the contrary I have myself drawn attention to faults and shortcomings in my own suggestions.

In the next place, I should like to point out the simplicity of that process of development whose existence we have assumed. It follows along the same lines as the processes involved in organic growth: what was at first a *part* grows into a *whole*, and what was at first a *whole* shrinks to a *part* and finally loses all value or continues its existence as a mere rudiment.

But we can carry this parallel with biological processes further still. We have long since learned to apply the biogenetic principle of organic life to the mental (psycho-sexual) development of man. Psycho-analysis is constantly

finding confirmation of the fact that the individual recapitulates the history of his species in its psychological aspects as well. A great quantity of empirical data, however, warrants us in laying down yet another law concerning man's psychosexual development. This is that it lags a long way behind his somatic development, like a late version or repetition of that process. The biological model upon which the developmental processes discussed in this paper are based takes place in the earliest embryonic period of the individual, whereas the psychosexual processes extend over a number of years of his extra-uterine life, namely, from his first year to the period of puberty.

If we turn to the field of embryology we can without difficulty recognize that there is an extensive similarity between the gradual development of man's psychosexual life, as we have examined it in this paper, and the organic development of his early embryonic life. In the first period of his extra-uterine life his libido is, according to our view, predominantly attached to the mouth as an erotogenic zone. The first vital relation of the infant to external objects consists in sucking up into its mouth a substance that is suitable for it and accessible to it. In its embryonic life, the first organ that is formed in connection with the earliest simple process of cell-division is the so-called blastopore, an organ which is permanently retained and keeps its function in low forms of the animal world such as the Cœlenterata.

It is a long time before the sexual organs (in the narrower sense of the word) of the child take over the leading part in its sexual life. Before this state is reached the intestinal canal, and especially the apertures at either end, becomes possessed of an important erotogenic significance, and sends out strong stimuli to the nervous system. This state also has its prototype in the embryo. For a time there exists an open connection between the intestinal canal (rectum) and the caudal part of the neural canal (*canalis neurentericus*). The path along which stimuli may be transmitted from the intestinal canal to

the nervous system might thus be said to be marked out organically.

But what is most clearly visible is the biological prototype of the child's oral-sadistic (cannibalistic) and anal-sadistic phases. Freud [1] has already alluded to this fact; and I will quote the passage here: 'The sadistic-anal organization can easily be regarded as a continuation and development of the oral one. The violent muscular activity, directed upon the object, by which it is characterized, is to be explained as an action preparatory to eating. The eating then ceases to be a sexual aim and the preparatory action becomes a sufficient aim in itself. The essential novelty, as compared with the previous stage, is that the receptive passive function becomes disengaged from the oral zone and attached to the anal zone.' He goes on to speak of parallel processes in the field of biology but does not specify which they are. In this connection I should like to lay particular stress on a striking parallel between the organic and the psychosexual development of the individual.

At first the blastopore is situated at the anterior end (cephalic end) of the primitive streak. In the embryos of certain animals we can observe that the original mouth-opening closes up at the anterior end and becomes enlarged at the posterior end. In this way it gradually approaches the tail, which is in process of formation, and finally comes to rest there as the anus. This direct derivation of the anus from the blastopore appears as the biological prototype of that psychosexual process which Freud has described and which occurs somewhere about the second year of the life of the individual.

At about the same time as the anus is being formed in the embryo we can observe the muscular system of the body developing. In this process the jaw muscles are far in advance of the limb muscles. The development of the anus and of the jaws is closely connected. We may also remark that in extra-uterine life the jaw muscles are able to perform powerful and effective movements much earlier

[1] Cf. 'From the History of an Infantile Neurosis' (1918).

than other muscles, such as the muscles of the trunk or of the limbs.

We recognized as the fourth stage of the psychosexual development of the individual that in which he has as his sexual aim the retention and control of his object. Its correlate in biological ontogenesis is to be found in the formation of the intestinal mechanisms for retaining what has been taken into the body. These consist in constrictions and enlargements, annular contractures, branching passages, divagations ending blindly, manifold convolutions, and finally the voluntary and involuntary sphincter muscles of the anus itself. At the time that this complicated arrangement for the retention of objects is being formed there is as yet no sign of the appearance of the uro-genital apparatus.

We have seen that the genital organization of the libido falls into two stages which correspond to two stages in the development of object-love. Here once more the organic development of the individual supplies the model. The genital organs are at first 'indifferent', and it is only later on that they become differentiated into 'male' and 'female'. This applies to the generative glands as well as to the organs of copulation. In the same way we have detected a gradual process of differentiation in the psychosexual life of the individual.

Until a wider and more profound psycho-analytic knowledge shall have enabled us to come to valid conclusions concerning psychosexual development, I trust that the above instances of parallelism with biological processes may lend a certain support to my endeavour to give an account of the evolution of object-love in the human individual.

SELECTED PAPERS OF KARL ABRAHAM M.D.

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