— Mechanism of the different neuroses in relation to their sexual etiology. — Affects and neuroses.

G. Parallel between the Neuroses of Sexuality and Hunger

H. Summary of the Theory of Constancy and the Theory of Sexuality and the Neuroses

Place of the neuroses in pathology; factors to which they are subject; laws governing their combination. — Psychical inadequacy, development, degeneration, and the like.

Draft E. How Anxiety Originates

[undated; envelope of June 6, 1894, may belong to it]

With an unerring hand you have raised the question at the point I feel is the weak one. All I know about it is this: It quickly became clear to me that the anxiety of my neurotic patients had a great deal to do with sexuality; and in particular it struck me with what certainty coitus interruptus practiced on a woman leads to anxiety neurosis. Now, at first I followed various false tracks. I thought that the anxiety from which the patients suffer should be looked on as a continuation of the anxiety felt during the sexual act — that is to say, that it actually was a *hysterical* symptom. Indeed, the connections between anxiety neurosis and hysteria are obvious enough. Two things might give rise to the feeling of anxiety in coitus interruptus: in the woman, a fear of becoming pregnant; in the man, worry that his [preventive] device might fail. I then convinced myself from various cases that anxiety neurosis also appeared where there was no question of these two factors, where it was basically of no importance to these people whether they had a baby. Thus the anxiety of anxiety neurosis was not a continued, recollected, *hysterical* one.

A second extremely important point became established for me from the following observation: anxiety neurosis affects women who are anesthetic in coitus just as much as sensitive ones. This is most peculiar, but it can only mean that the source of the anxiety is not to be looked for in the psychic sphere. It must accordingly lie in the physical sphere: it is a physical factor in sexual life that produces anxiety. But what factor?

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To this end I brought together the cases in which I found anxiety arising from a sexual cause. They seemed at first to be quite heterogeneous:

(1) Anxiety in *virginal* people (sexual observations and information, inklings of sexual life); confirmed by numerous instances in both sexes, predominantly female. Not infrequently there is a hint at an intermediate link — a sensation like an erection arising in the genitals.

(2) Anxiety in *intentionally abstinent* people, *prudes* (a type of neuropath), men and women characterized by pedantry and a passion for cleanliness, who regard everything sexual as horrible. The same people tend to convert their anxiety into phobias, compulsions, *folie de doute.*

(3) Anxiety of *necessarily abstinent* people, women who are neglected by their husbands or are not satisfied on account of lack of potency. This form of anxiety neurosis can certainly be acquired and owing to subsidiary circumstances is often combined with neurasthenia.

(4) Anxiety of women living with coitus interruptus, or, what is similar, of women whose husbands suffer from ejaculatio praecox — of people, therefore, who do not obtain satisfaction by physical stimulation.

(5) Anxiety of men practicing coitus interruptus, even more of men who excite themselves in various ways and do not employ their erection for coitus.

(6) Anxiety of men *who go beyond their desire or strength*, older people whose potency is diminishing, but who nevertheless forcibly bring about coitus.

(7) Anxiety of men who abstain on occasion: of youngish men who have married older women, by whom they are in fact disgusted, or of *neurasthenics* who have been diverted from masturbation by intellectual occupation without making up for it by coitus, or of men whose potency is beginning to grow weak and who abstain in marriage on account of sensations *post coitum.*

In the remaining cases the connection between anxiety and sexual life was not obvious. (It could be established theoretically.)

How are all these separate cases to be brought together? What recurs in them most frequently is abstinence. Informed by the fact that even anesthetic women are subject to anxiety after coitus interruptus, one is inclined to say that it is a question of a physical accumulation of excitation — that is, *an accumulation of physical sexual tension.* The accumulation is the consequence of prevented discharge. Thus anxiety neurosis is a neurosis of damming up, like

hysteria; hence their similarity. And since no anxiety at all is contained in what is accumulated, the fact can also be accounted for by [saying] that *anxiety* has arisen by *transformation* out of the accumulated sexual tension.

Knowledge acquired simultaneously about the mechanism of melancholia can be interpolated here. Quite particularly often, melancholics have been anesthetic. They have no desire for coitus (and no sensation in connection with it), but they have a great longing for love in its psychic form — one might say, psychic erotic tension; where this accumulates and remains unsatisfied, melancholia develops. This, then, would be the counterpart to anxiety neurosis.

Where physical sexual tension accumulates — anxiety neurosis.

Where psychic sexual tension accumulates — melancholia.

But why this transformation into anxiety when there is an accumulation? At this point one ought to consider the normal mechanism for dealing with accumulated tension. What we are concerned with here is the second case — the case of endogenous excitation. Things are simpler in the case of exogenous excitation. The source of excitation is outside and sends into the psyche an accretion of excitation that is dealt with according to its quantity. For that purpose any reaction suffices that diminishes the inner psychic excitation by the same quantum.

But it is otherwise with endogenous tension, the source of which lies in one's own body (hunger, thirst, the sexual drive). In this case only *specific* reactions are of use — reactions which prevent the further occurrence of the excitation in the end organs concerned, whether those reactions are attainable with a large or small expenditure [of energy]. Here we may picture the endogenous tension as growing either continuously or discontinuously, but in any case as only being noticed when it has reached a certain *threshold*. It is only above this threshold that it is deployed *psychically*, that it enters into relation with certain groups of ideas, which then set about producing the specific remedies. Thus physical sexual tension above a certain value arouses psychic libido, which then leads to coitus, and so forth. If the specific reaction fails to ensue, the physicopsychic tension (the sexual affect) increases immeasurably; it becomes disturbing, but there is still no ground for its transformation. In anxiety neurosis, however, such a transformation does occur and this suggests the idea that there things go wrong in the following way. The physical tension increases, reaches the threshold value at which it can arouse psychic affect; but for several reasons the psychic linkage offered to it remains insufficient: a *sexual affect*

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cannot be formed, because there is something lacking in the psychic determinants. Accordingly, the physical tension, not being psychically bound, is transformed into — anxiety.

If one accepts the theory so far, one has to insist that in anxiety neurosis there must be a deficit to be noted in sexual affect, in *psychic libido.* And this is confirmed by observation. If this connection is put before women patients, they are always indignant and declare that on the contrary they now have no desire whatever, and similar statements. Men often confirm the observation that since suffering from anxiety they have felt no sexual desire.

We will now test whether this mechanism fits in with the different cases enumerated above.

(1) *Virginal anxiety.* Here the array of ideas that ought to take up the physical tension is not yet present, or is only insufficiently present; and there is in addition a psychic refusal, which is a secular[1] result of education. This fits in very well.

(2) *Anxiety of prudes.* Here what we have is defense — outright psychic refusal, which makes any working over of the sexual tension impossible. Here too we have the case of the numerous obsessions. This fits in very well.

(3) *Anxiety due to enforced abstinence* is essentially the same, for women of this kind mostly create a psychic refusal so as to avoid temptation. Here the refusal is a contingent one; in (2) it is a fundamental matter.

(4) *Anxiety in women from coitus interruptus.* Here the mechanism is simpler. It is a question of endogenous excitation which does not originate [spontaneously] but is induced, but not in an amount sufficient to be able to arouse psychic affect. An alienation is artificially brought about between the physicosexual act and its psychic working over. If the endogenous tension then increases further on its own account, it cannot be worked over and generates anxiety. Here libido can be present, but not at the same time as anxiety. Thus here *psychic refusal* is followed by *psychic alienation;* tension of endogenous origin is followed by induced tension.

(5) *Anxiety in men from coitus interruptus or reservatus.* The case of coitus reservatus is the clearer; coitus interruptus may in part be regarded as subsumed under it. It is a question once again of psychic diversion, for attention is directed to another aim and is kept away from the working over of physical tension.

The explanation of coitus interruptus, however, probably stands in need of improvement.

(6) *Anxiety in diminishing potency or insufficient libido.* Insofar

as this is not the transformation of physical tension into anxiety owing to *senility*, it is to be explained by the fact that insufficient psychic desire can be summoned up for the particular act.

(7) *Anxiety in men from disgust, or in abstinent neurasthenics.* The former calls for no fresh explanation; the latter is perhaps a specially attenuated form of anxiety neurosis, for a rule this occurs properly[2] only in potent men. It may be that the neurasthenic nervous system cannot tolerate an accumulation of physical tension, since masturbation involves becoming accustomed to frequent and complete absence of tension.

On the whole the agreement is not so bad. Where there is an abundant development of physical sexual tension, but this cannot be turned into affect by psychic working over — because of insufficient development of psychic sexuality or because of the attempted suppression of the latter (defense), or of its falling into decay, or because of habitual alienation between physical and psychic sexuality — the sexual tension is transformed into *anxiety*. Thus a part is played in this by the accumulation of physical tension and the prevention of discharge in the psychic direction.

But why does the transformation take place specifically into anxiety? Anxiety is the sensation of the accumulation of another endogenous stimulus, the stimulus to breathing, a stimulus incapable of being worked over psychically apart from this; anxiety might therefore be employed for accumulated physical tension in general. Furthermore, if the symptoms of anxiety neurosis are examined more closely, one finds in the neurosis disjointed pieces of a major anxiety attack: namely, mere dyspnea, mere palpitations, mere feeling of anxiety, and a combination of these. Looked at more precisely, these are the paths of innervation that the physical sexual tension ordinarily traverses even when it is about to be worked over psychically. The dyspnea and palpitations belong to coitus; and while ordinarily they are employed only as subsidiary paths of discharge here they serve, so to speak, as the only outlets for the excitation. This is once again a kind of *conversion* in anxiety neurosis, just as occurs in hysteria (another instance of their similarity); but in hysteria it is *psychic* excitation that takes a wrong path exclusively into the somatic field, whereas here it is a *physical* tension, which cannot enter the psychic field and therefore remains on the physical path. The two are very often combined.

That is as far as I have got today. The gaps badly need filling. I think it is incomplete, I lack something; but I believe the foundation is right. Of course it is absolutely not developed enough for

publication. Suggest
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Cordial greetings

Your
Sigm. Freud

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publication. Suggestions, amplifications, indeed refutations and explanations will be received *most* gratefully.

Cordial greetings.

Your
Sigm. Freud

1. The manuscript reads *sekular*, not *sekundares* (secondary) as in *Anfänge*.

2. The German, *da diese sonst nur bei Potenten ordentlich ausfällt*, is not entirely clear, since *ausfallen* can mean both "to succeed" and "to be lacking." *Diese* probably refers to *Angstneurose*. The question then becomes whether a potent man would or would not suffer from an anxiety neurosis. In his 1895 paper "Über die Berechtigung, von der Neurasthenie einen bestimmten Symptomen-Komplex als 'Angstneurose' abzutrennen" Freud speaks of the *frustrane Erregung* (unconsummated excitation) that a man feels when he is not able to have full intercourse. Here, clearly, the man is potent. More generally, a man who is not potent might well fear the obligations of coitus and develop an anxiety neurosis. Freud would probably regard the latter as a psychoneurosis (a hysteria), hence *not* as a form of anxiety neurosis.

Vienna, June 22, 1894

Dearest friend,

Your letter, which I have just read, reminds me of the debt which in any case I intended to pay soon. Today I withdrew from my meager practice in order to draft something, but instead I shall write you a rather long letter about "Theory and Life."

I am pleased with your opinion that the anxiety story is not yet quite right; it echoes my own. The essay, for example, has not been seen by anyone else. I will leave it until things become clearer. I have not yet gotten any further, however, and must wait until light dawns upon me from somewhere. I should like to launch a preliminary communication on the justification for differentiating anxiety neurosis from neurasthenia, but there I would have to go into theory and etiology and therefore I would rather not do it. I have further worked out the conversion theory and illuminated its relation to autosuggestion, but this, too, is not complete; I am letting it lie. The book I am doing with Breuer will contain five case histories; an essay by him, from which I wholly disassociate myself, on the theories of hysteria (summarizing and critical); and one by me on therapy, which I have not yet begun.

I am sending you the last case history today; from its style you will notice that I have been ill. The confession of my long-concealed symptoms appears between pages 4 and 5. The material itself is really very instructive; for me, it was decisive.