spontaneously and through smells, or human toxic emanations would thus be equivalent, and their effects could at any time be brought about by summation.

Thus the swelling of the nasal organs of quantity would be a kind of adaptation of the sense organ resulting from increased internal stimulation, analogous in the case of the true (qualitative) sense organs to opening the eyes wide and focusing them, straining the ears, and so on.

It would not be too hard, perhaps, to transfer this conception to the other sources of migraine and similar conditions, though I cannot yet see how it is to be done. In any case, it is more important to test the idea in relation to the main topic.

In this way a whole number of obscure and ancient medical ideas would acquire life and value.

Enough now! Best wishes for 1896 and let me know very soon how mother and child are. You can imagine how greatly Martha is interested in everything.

Your
Sigmund

Draft K. The Neuroses of Defense (A Christmas Fairy Tale)

[enclosed with letter]

There are four types of these and many forms. I can only make a comparison between hysteria, obsessional neurosis, and one form of paranoia. They have various things in common. They are pathological aberrations of normal psychic affective states: of *conflict* (hysteria), of *self-reproach* (obsessional neurosis), of *mortification* (paranoia), of *mourning* (acute hallucinatory amentia). They differ from these affects in that they do not lead to anything's being settled, but to permanent damage to the ego. They come about subject to the same precipitating causes as their affective prototypes, provided that the cause fulfills two more preconditions — that it is of a sexual kind and that it occurs during the period before sexual maturity (the preconditions of *sexuality and infantilism*). About preconditions applying to the individual concerned I have no fresh knowledge. In general, I should say that heredity is a further precondition, in that it facilitates and increases the pathological effect[1] — the precondition, that is, that principally makes possible the gradations

between the normal and the extreme case. I do not believe that heredity determines the choice of the particular defensive neurosis.

There is a normal trend toward defense — that is, an aversion to directing psychic energy in such a way that unpleasure results. This trend, linked to the most fundamental conditions of the psychic mechanism (the law of constancy), cannot be employed against perceptions, for these are able to compel attention (as is evidenced by their consciousness); it only comes in question against memories and thoughts. It is innocuous where it is a matter of ideas to which unpleasure was at one time attached, but which are unable to acquire any contemporary unpleasure (other than that which is remembered), and in such cases too it can be overridden by psychic interest.

The trend toward defense becomes detrimental, however, if it is directed against ideas which are also able, in the form of memories, to release fresh unpleasure — as is the case with sexual ideas. Here, indeed, is the one possibility realized of a memory's having a greater releasing power than was produced by the experience corresponding to it. Only one thing is necessary for this: that puberty should be interpolated between the experience and its repetition in memory — an event which thus strongly increases the effect of the revival. The psychic mechanism seems unprepared for this exception, and it is for that reason a necessary precondition of freedom from neuroses of defense that no substantial sexual irritation should occur before puberty, though it is true that the effect of such an experience must be increased by hereditary disposition before it can reach a level capable of causing illness.

(Here a subsidiary problem branches off: how then does it come about that under analogous conditions, perversion or simple immorality emerges instead of neurosis?)

We shall be plunged deep into psychological riddles if we inquire into the origin of the unpleasure which seems to be released by premature sexual stimulation and without which, after all, a repression cannot be explained. The most plausible answer will appeal to the fact that shame and morality are the repressing forces and that the neighborhood in which the sexual organs are naturally placed must inevitably arouse disgust during sexual experiences. Where there is no shame (as in a male person), or where no morality comes about (as in the lower classes of society), or where disgust is blunted by the conditions of life (as in the country), there too no repression and therefore no neurosis will result from sexual stimulation in infancy. I fear, nevertheless, that this explanation will not stand up

to deeper examination. I do not think that the release of unpleasure during sexual experiences is the consequence of the chance admixture of certain unpleasurable factors. Everyday experience teaches us that if libido reaches a sufficient height, disgust is not felt and morality is overridden; and I believe that the generation of shame is connected with sexual experience by deeper links. In my opinion there must be an independent source for the release of unpleasure in sexual life: once that source is present, it can activate sensations of disgust, lend force to morality, and so on. I hold to the model of anxiety neurosis in adults, where a quantity deriving from sexual life similarly causes a disturbance in the psychic sphere, though it would ordinarily have found another use in the sexual process. As long as there is no correct theory of the sexual process, the question of the origin of the unpleasure operating in repression remains unanswered.

The course taken by the illness in neuroses of repression is in general always the same: (1) the sexual experience (or series of experiences), which is traumatic and premature and is to be repressed; (2) its repression on some later occasion, which arouses a memory of it — at the same time the formation of a primary symptom; (3) a stage of successful defense, which is equivalent to health except for the existence of the primary symptom; (4) the stage in which the repressed ideas return, and in which, during the struggle between them and the ego, new symptoms are formed which are those of the illness proper; (5) a stage of adjustment, of being overwhelmed, or of recovery with a malformation.

The main differences between the various neuroses are shown in the way in which the repressed ideas return; others are seen in the manner in which the symptoms are formed and in the course taken by the illness. But the specific character of a particular neurosis lies in the fashion in which the repression is accomplished.

The course of events in obsessional neurosis is what is clearest to me, because I have come to know it best.

OBSESSIONAL NEUROSIS

Here the primary experience has been accompanied by pleasure. Whether an active one (in boys) or a passive one (in girls), it was without pain or any admixture of disgust; and this in the case of girls implies a comparatively advanced age in general (about 8 years). When this experience is remembered later, it gives rise to a release of unpleasure; and, in particular, there first emerges a self-reproach, which is conscious. It seems, indeed, as though the whole psychic

complex — memory and self-reproach — is conscious to start with. Later, both of them, without anything fresh supervening, are repressed and in their place an *antithetic symptom*, some nuance of *conscientiousness*, is formed in consciousness.

The repression may come about owing to the memory of the pleasure itself releasing unpleasure when it is reproduced in later years; this should be explicable by a theory of sexuality. But things may happen differently as well. In *all* my cases of obsessional neurosis, at a very early age, years before the experience of pleasure, there had been a *purely passive* experience; and this can hardly be accidental. If so, we may suppose that it is the later convergence of this passive experience with the experience of pleasure that adds the unpleasure to the pleasurable memory and makes repression possible. It would then be a necessary clinical precondition of obsessional neurosis that the passive experience happen early enough not to be able to prevent the spontaneous occurrence of the experience of pleasure. The formula would therefore run:

Unpleasure — Pleasure — Repression

The determining factor would be the chronological relations of the two experiences to each other and to the date of sexual maturity.

At the stage of the return of the repressed, it turns out that the *self-reproach* returns unaltered, but rarely in such a way as to draw attention to itself; for a while, therefore, it emerges as a pure sense of guilt without any content. It usually becomes linked with a content that is distorted in two ways — in time and in content: the former insofar as it relates to a contemporary or future action, and the latter insofar as it signifies not the real event but a surrogate chosen from the category of what is analogous — a substitution. An obsessional idea is accordingly a product of compromise, correct with regard to affect and category but false owing to chronological displacement and substitution by analogy.

The affect of the self-reproach may be transformed by various psychic processes into other affects, which then enter consciousness more clearly than the affect itself: for instance, into *anxiety* (fear of the consequences of the action to which the self-reproach applies), *hypochondria* (fear of its bodily effects), *delusions of persecution* (fear of its social effects), *shame* (fear of other people's knowing about the objectionable action), and so on.

The conscious ego regards the obsession as something alien to itself: it withholds belief from it, with the help, it seems, of the antithetic idea of conscientiousness formed long before. But at this stage it may at times happen that the ego is overwhelmed by the

obsession — for instance, if the ego is affected by an episodic melancholia. Apart from this, the stage of illness is occupied by the defensive struggle of the ego against the obsession; and this may itself produce new symptoms — those of the *secondary defense*. The obsessional idea, like any other, is attacked by logic, though its compulsive force is unshakable. The secondary symptoms are an intensification of conscientiousness, and a compulsion to examine things and to hoard them. Other secondary symptoms arise if the compulsion is transferred to motor impulses against the obsession — for instance, to brooding, drinking (dipsomania), protective ceremonials, *folie de doute*, and so on.

We arrive, then, at the formation of three kinds of symptoms:

(a) The primary symptom of defense — *conscientiousness*,

(b) The compromise symptoms of the illness — *obsessional ideas* or *obsessional affects*,

(c) The secondary symptoms of defense — *obsessional brooding, obsessional hoarding, dipsomania, obsessional ceremonials*.

Those cases in which the content of the memory has not become admissible to consciousness through substitution, but in which the affect of self-reproach has become admissible through transformation, give one the impression of a displacement's having occurred along a chain of inferences: I reproach myself on account of an event — I am afraid other people know about it — therefore I feel ashamed in front of other people. As soon as the first link in this chain is repressed, the obsession jumps onto the second or third link, and leads to two forms of delusions of reference, which, however, are in fact part of the obsessional neurosis. The defensive struggle terminates in general doubting mania or in the development of the life of an eccentric with an indefinite number of secondary defensive symptoms — if such a termination is reached at all.

It further remains an open question whether the repressed ideas return of their own accord, without the assistance of any contemporary psychic force, or whether they need this kind of assistance at every fresh wave of their return. My experiences indicate the latter alternative. It seems that it is the states of contemporary unsatisfied libido that employ the force of their unpleasure to arouse the repressed self-reproach. Once this arousal has occurred and symptoms have arisen through the impact of the repressed on the ego, the repressed ideational material continues to operate on its own account; but in the oscillations of its quantitative power it always remains dependent on the quota of libidinal tension present at the moment. Sexual tension which, because it is satisfied, has no time to

turn into unpleasure remains harmless. Obsessional neurotics are people who are subject to the danger that eventually the whole of the sexual tension generated in them daily may turn into self-reproach or rather into the symptoms resulting from it, although at the present time they would not recognize afresh the primary self-reproach.

Obsessional neurosis can be cured if we undo all the substitutions and affective transformations that have taken place, till the primary self-reproach and the experience belonging to it can be laid bare and placed before the conscious ego for judging anew. In doing this we have to work through an incredible number of intermediate or compromise ideas which become obsessional ideas temporarily. We gain the strongest conviction that it is impossible for the ego to direct onto the repressed material the part of the psychic energy to which conscious thought is linked. The repressed ideas — so we must believe — are present in and enter without inhibition into the most rational trains of thought; and the memory of them is aroused too by the merest allusions. The suspicion that "morality" is put forward as the repressing force only as a pretext is confirmed by the experience that resistance during therapeutic work avails itself of every possible motive of defense.

PARANOIA

The clinical determinants and chronological relations of pleasure and unpleasure in the primary experience are still unknown to me. What I have distinguished is the fact of repression, the primary symptom, and the stage of illness as determined by the return of the repressed ideas.

The primary experience seems to be of a nature similar to that in obsessional neurosis; repression occurs after the memory of it has released unpleasure — how is unknown. No self-reproach, however, is formed and afterward repressed; but the unpleasure generated is referred to the patient's fellow men in accordance with the psychic formula of projection. The primary symptom formed is *distrust* (sensitiveness to other people). This permits the avoidance of self-reproach.

We may anticipate the existence of different forms, according to whether only the affect is repressed by projection or the content of the experience too, along with it. So, again, what returns may be merely the distressing affect or it may be the memory as well. In the second case, with which I am more familiar, the content of the experience returns as a thought that occurs to the patient or as a

visual or sensory hallucination. The repressed affect seems invariably to return in hallucinations of voices.

The returning portions of the memory are distorted by being replaced by analogous images from the present — that is, they are simply distorted by a chronological replacement and not by the formation of a surrogate. The voices, too, bring back the self-reproach as a compromise symptom, and they do so, first, distorted in its wording to the point of being indefinite and changed into a threat; and, second, related not to the primary experience but precisely to the distrust — that is, to the primary symptom.

Since belief has been withheld from the primary self-reproach, it is at the unrestricted command of the compromise symptoms. The ego does not regard them as alien to itself but is incited by them to make attempts at explaining them, which may be described as *assimilatory delusions.*

The defense failed instantly upon the return of the repressed in distorted form; and the assimilatory delusions can be interpreted only as the beginning of the alteration of the ego, as a statement of defeat, not as a symptom of secondary defense. The process terminates either in melancholia (a sense of ego smallness), which in a secondary manner grants to the distortion that belief which was denied to the primary reproach, or, which happens more frequently and more seriously, it terminates in protective delusions (megalomania) until the ego has been completely transformed.

The determining element of paranoia is the mechanism of projection involving the refusal of belief in the self-reproach. Hence the common characteristic features of the neurosis: the significance of the voices as the means by which other people affect us, and also of gestures, which reveal other people's emotional life to us; and the importance of the tone of remarks and allusions in them — since a direct reference from the content of remarks to the repressed memory is inadmissible to consciousness.

In paranoia repression takes place after a complicated conscious process of thought (the withholding of belief). This may perhaps be an indication that it first sets in at a later age than in obsessional neurosis and hysteria. The preconditions of repression are no doubt the same. It remains a completely open question whether the mechanism of projection is entirely a matter of individual disposition or whether it is selected by particular temporal and accidental factors.

Four kinds of symptoms:

(a) Primary symptoms of defense,

(b) Compromise symptoms of the return,

(c) Secondary symptoms of defense,

(d) Symptoms of the overwhelming of the ego

HYSTERIA

Hysteria necessarily presupposes a primary experience of unpleasure — that is, of a passive nature. The natural sexual passivity of women explains their being more inclined to hysteria. Where I have found hysteria in men, I have been able to prove the presence of abundant sexual passivity in their anamneses. A further condition of hysteria is that the primary experience of unpleasure does not occur at too early a time, at which the release of unpleasure is still too slight and at which, of course, pleasurable events may still follow independently. Otherwise what will follow will be only the formation of obsessions. For this reason we often find in men a combination of the two neuroses or the replacement of an initial hysteria by a later obsessional neurosis. Hysteria begins with the overwhelming of the ego, which is what paranoia leads to. The raising of tension at the primary experience of unpleasure is so great that the ego does not resist it and forms no psychic symptom but is obliged to allow a manifestation of discharge — usually an excessive expression of excitation. This first stage of hysteria may be described as "fright hysteria"; its primary symptom is the *manifestation of fright* accompanied by a *gap* in the psyche. To what age this first hysterical overwhelming of the ego can occur is still unknown.

Repression and the formation of defensive symptoms only occur subsequently, in connection with the memory; and after that *defense* and *overwhelming* (that is, the formation of symptoms and the outbreak of attacks) may be combined to any extent in hysteria.

Repression does not take place by the construction of an excessively strong antithetic idea but by the intensification of a boundary idea, which thereafter represents the repressed memory in the passage of thought. It may be called a *boundary idea* because, on the one hand, it belongs to the ego and, on the other hand, it forms an undistorted portion of the traumatic memory. So, once again, it is the result of a compromise; this, however, is not manifested in a replacement on the basis of some category governed by logic, but by a displacement of attention along a series of ideas linked by temporal simultaneity. Should the traumatic event find an outlet for itself in a motor manifestation, it will be this that becomes the boundary idea and the first symbol of the repressed material. There is thus no need to assume that some idea is being suppressed at each repetition of the primary attack; it is a question in the first instance of a *gap in the psyche.*

1. The German text printed in *Anfange* has *Affekt*, but the original manuscript clearly reads *Effekt*.