

## Draft K

(1 January 1896)

## THE NEUROSES OF DEFENCE

(A Christmas Fairy Tale<sup>1</sup>)

There are four types of these, and many forms. My comparison can only be drawn between hysteria, obsessional neurosis and one form of paranoia. They have a number of things in common. They are pathological aberrations of normal psychical states of affect: of *conflict* (in hysteria), of *self-reproach* (in obsessional neurosis), of *mortification* (in paranoia) and of *grief* (in acute hallucinatory amentia). They differ from these affects in that they do not end by being worked off but in permanent damage to the ego. They are brought about by the same precipitating causes as their affective prototypes, provided that two further conditions are satisfied. The precipitating cause must be of a sexual nature and it must occur at a time before sexual maturity has been reached. (The provisos of *sexuality* and *infantilism*.) I have no fresh knowledge on the subject of *personal* determinants; in general I should say that heredity is an extra determinant in so far as it facilitates and increases the pathological affect—the determinant, that is, which in general 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 inclination towards defence—that is, an aversion to directing psychical energy in such a way that unpleasure results. This inclination, which is related to the most fundamental attributes of the psychical mechanism (the law of constancy),<sup>2</sup> cannot be directed against perceptions, for these are able to compel attention (as is shown by their being conscious); it only comes into operation in regard to memories and thoughts. It is innocuous where it is concerned with ideas to which unpleasure was at one time attached but which are unable to acquire any contemporary unpleasure (other

<sup>1</sup> In the last section of this draft Freud seeks to bring his ideas into connection with those of the "Project" which he partially repeats. The main ideas stated here were used to some extent in *Further Remarks on the Neuro-Psychoses of Defence* 1896 b).

<sup>2</sup> [Cf. the "Project", p. 358]

than remembered unpleasure); in such cases, too, it can be over-ridden by psychical interest.

The inclination towards defence is detrimental, however, if it is directed against ideas which are able, in the form of energy, to release fresh unpleasure—as is the case with sexual ideas. Here, indeed, we have the one possibility of a memory subsequently producing a more powerful release than that produced in the first instance by the corresponding experience itself. Only one further condition must be fulfilled, namely, that puberty should have occurred between the experience and its repetition—an event which very greatly intensifies the effect of the revival. The psychical mechanism seems unprepared for dealing with this exception, and it is consequently a *sine qua non* of being free from defensive neuroses that one should have undergone no considerable sexual irritation before puberty, though it is true that an experience of that kind must have its consequences intensified by hereditary disposition before it can reach a height sufficient to make one fall ill.<sup>1</sup>

(At this point a side issue branches off: how does it come about that analogous conditions sometimes give rise to perversion or simple immorality instead of to neurosis?<sup>2</sup>)

We shall be plunged deep into the riddles of psychology if we enquire into the origin of the unpleasure which is released by premature sexual stimulation and without which the occurrence of a repression cannot be explained. The most plausible answer will recall the fact that shame and morality are the repressing forces and that the neighbourhood in which nature has placed the sexual organs must inevitably arouse disgust at the same time as sexual experiences.<sup>3</sup> Where there is no shame (as in male persons) or no morality (as in the lower classes of society), there too, infantile sexual stimulation will not lead to repression nor, consequently, to neurosis.<sup>4</sup> Nevertheless

<sup>1</sup> See similar arguments in the "Project", p. 409 *sqq.* and Letter 52, (p. 173 *sqq.*)

<sup>2</sup> For further attempts to solve the problem of the choice of neurosis, see Letter 125.

<sup>3</sup> *Inter faeces et urinas nascimur*. Cf. the *Three Essays* (Freud, 1905 d), the case history of "Dora" (Freud, 1905 e), and the arguments in *Civilisation and its Discontents* (1930a) which are partially connected with Bleuler (1913).

<sup>4</sup> These unsatisfactory assertions, which Freud rejects in the next sentence, deserve attention because they show that Freud was already aware of the influence of social circumstances on the development of neurosis; see also Draft A.

I fear that this explanation will not stand up to closer examination. I cannot think that the release of unpleasure during sexual experiences is the consequence of a chance admixture of certain unpleasurable factors. Everyday experience teaches us that if libido is sufficiently great, disgust is not felt and morality is overridden; and I believe that the origin of shame is connected with sexual experience by deeper links. In my opinion there must be some independent source for the release of unpleasure in sexual life: if that source is present, it can activate sensations of disgust, lend force to morality, and so on. I cling to the model of anxiety neurosis in adults, where too a quantity deriving from sexual life causes a disturbance in the psyche when it would normally have been employed in some other way in the sexual process. So long as we have no correct theory of the sexual process, the problem of the origin of the unpleasure operating in repression will remain unsolved.

The course of the illness in the defensive neuroses is, generally speaking, always the same. We find

1. a sexual experience (or series of experiences) which is premature and traumatic and has to be repressed;
2. the repression of this experience on some later occasion which recalls it to memory, and the consequent formation of a primary symptom;
3. a stage of successful defence, which resembles health, except for the existence of the primary symptom; and
4. a stage in which the repressed ideas return and in which, during the struggle between them and the ego, fresh symptoms are constructed, which constitute the illness proper: that is, a stage either of coming to terms, or of being overwhelmed, or of recovery accompanied by a malformation.

The main distinctions between the different neuroses are shown in the manner in which the repressed ideas return; other distinctions lie in the mode in which the symptoms are formed and in the course taken by the illness. But the specific character of the different neuroses resides in the way in which repression is accomplished.

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

### Obsessional Neurosis

In this case the primary experience has been accompanied by pleasure. It is either an active one (in boys) or a passive one (in girls), without any admixture of pain or disgust; and this, in general, implies a higher age (about 8) in girls. When this experience is recollected later, it gives rise to a release of unpleasure; and, in particular, what first emerges is a self-reproach which is conscious. Indeed, it appears as though the whole psychological complex—recollection and self-reproach—is conscious at first. Later on, without anything fresh happening, both of them are repressed, and in their place an *anti-thetic symptom* is formed in consciousness: some *nuance of conscientiousness*.

The repression may come about by the pleasurable memory in itself releasing unpleasure when it is reproduced in later years—which we should have to explain in our theory of sexuality. But it may come about in another way. In *all* my cases of obsessional neurosis there had been, at a very early age, years before the pleasurable experience, a *purely passive* experience; and this can scarcely be an accidental fact. If so, we can suppose that it is the later convergence of this passive experience with the pleasurable one that adds the unpleasure to the pleasurable memory and makes repression possible. Thus it would be a necessary clinical condition of obsessional neurosis that the passive experience should occur early enough not to interfere with the spontaneous development of the pleasurable experience. The formula would therefore run:

### Unpleasure—Pleasure—Repression

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

We find that at the stage of the return of the repressed the self-reproach returns unaltered. But it seldom happens that it attracts attention to itself, so that it emerges for a while as a pure sense of guilt without any content. It usually becomes linked to a content which is distorted in two ways, in time and in subject-matter: the former in that it relates to a contemporary or future action, and the

latter in that it relates not to the real experience but to some analogous substitute. Thus the obsession is a product of compromise, correct as regards affect and category, but falsified by chronological displacement and the substitution of something analogous.

The affect of the self-reproach may be transformed by various psychical processes into other affects, which then enter consciousness more distinctly than the affect itself: *e.g.*, into *anxiety* (concerning the consequences of the action to which the self-reproach applies), *hypochondria* (fear of its somatic effects), *delusions of persecution* (fear of its social effects), *shame* (fear of other people knowing about it), and so on.

The conscious ego regards the obsession as something alien to itself: it withholds belief from it, by the help, it seems, of the anti-thetic idea of conscientiousness which had been formed long before. But at this stage the ego may from time to time be overwhelmed by the obsession: if, for instance, the ego is affected by an episodic melancholia. Apart from this, the stage of illness is taken up by the ego's defensive struggle against the obsession; and this may itself produce fresh symptoms—the symptoms of *secondary defence*. The obsession, like any other idea, is subjected to logical criticism, though its compulsive force is unshakable; the secondary symptoms consist in an intensification of conscientiousness, and a compulsion to examine things and to hoard them. Other secondary symptoms arise when the compulsion is transferred to motor impulses directed against the obsession: *e.g.*, to brooding, drinking (*dipsomania*), protective ceremonials, etc. (*folie de doute*).

Accordingly three species of symptoms may be formed:

- a. the primary defensive symptom—*conscientiousness*;
- b. the compromise symptoms of the illness—*obsessions or obsessive affects*;
- c. the secondary defensive symptoms—*obsessive brooding, compulsion to hoard things, dipsomania, obsessive ceremonials*.

Cases in which the content of the memory has not become admissible to consciousness owing to substitution, but in which the affect of self-reproach has become admissible owing to transformation, give one the impression of a displacement having occurred along a chain of inferences: I reproach myself on account of some

event—I am afraid of other people knowing about it—consequently I feel ashamed in the presence of other people. The first link in this chain having been repressed, the compulsion jumps on to the second or third link, and the outcome is delusions of reference of two forms, which, however, are in fact part of the obsessional neurosis. The defensive struggle is brought to a conclusion in a generalized doubting mania or by the adoption of a life of eccentricity with an indefinite number of secondary defensive symptoms—that is, if it is brought to a conclusion at all.

It further remains an open question whether the repressed ideas can return of themselves, without the help of any contemporary psychical force, or whether they require such help at every fresh recurrence. My experience points to the latter alternative. It seems as though states of contemporary unsatisfied libido use the force of their unpleasure in awakening the repressed self-reproach. Once this awakening has taken place and a symptom has arisen owing to the impact of the repressed material upon the ego, that material no doubt continues to operate on its own account; but the oscillations in its quantitative power always remain dependent on the amount of libidinal tension present at the moment. Sexual tension which has no time to turn into unpleasure because it is satisfied does no harm. Obsessional neurotics are people who are subject to the danger that eventually the whole of the sexual tension which is daily generated in them may turn into self-reproaches or the symptoms that follow from them—though at the present time they would not admit 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 to be judged afresh. In the course of doing this we have to work through an incredible number of intermediate or compromise ideas which become obsessions temporarily. From this we gain the liveliest conviction that it is impossible for the ego to direct on to the repressed material the part of psychical energy which is attached to conscious thinking. The repressed ideas—so we must believe—enter without inhibition into the most rational trains of thought; and the memory of them is aroused, too, by the barest

allusion. Our suspicion that "morality" is put forward as the repressing force merely as an excuse is confirmed by the experience that resistance during therapeutic work makes use of every possible motive for defence.<sup>1</sup>

### Paranoia

Here the determining clinical conditions and the chronological relations of pleasure and unpleasure in the primary experience are still unknown to me. What I have found is the fact of repression, the primary symptom and the stage of illness as something 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 recollection of it has released unpleasure—I do not know how. No self-reproach, however, is formed and afterwards repressed; but the developing unpleasure is turned upon the patient's fellow-men according to the psychical formula of projection. The primary symptom which is formed is *distrust* (over-sensitiveness to other people). In this process belief is being withheld from a self-reproach.

We can suspect 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 too what returns may be either the distressing affect alone or the memory as well. In the latter case, which is the only one with which I have a fairly close acquaintance, the content of the experience returns either as the occurrence of a thought or as a visual or sensory hallucination. The repressed affect seems invariably to return in hallucinations of voices heard.

The returning portions of the memory are distorted by being replaced by analogous images from contemporary life; thus they are distorted only in one way—by chronological shifting but not by the formation of a substitute. The voices, just as in the case of obsessions, present the self-reproach in the form of a compromise symptom; they are, firstly, distorted in their wording to the point of becoming

<sup>1</sup> In "Further Remarks on the Neuro-Psychoses of Defence" (1896 b) Freud adds a good deal to these considerations and deletes some unessential points.

indefinite and are transformed into a threat, and, secondly, relate not to the primary *experience* but to the distrust—that is, to the primary *symptom*.

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

At this point, with the return of the repressed in a distorted form, the defence has failed; and the delusions of assimilation cannot be regarded as secondary defensive symptoms but must be interpreted as the beginning of a *modification of the ego*, an expression of the fact of its being overwhelmed. The process reaches its conclusion either in melancholia (a sense of the littleness of the ego), which, in a secondary manner, attaches to the distortions the belief which has been withheld from the primary process, or—what is more frequent and more serious—it ends in the formation of *protective delusions* (megalomania), until the ego has been completely remodelled.<sup>1</sup>

The determining element in paranoia is the mechanism of projection accompanied by the refusal to believe the self-reproach. Hence follow the general characteristics of the neurosis: the significance attached to the voices, as being the means by which other people affect us, and also to gestures, which reveal other people's mental processes to us; and the importance of the *tone* of their remarks and their allusions—since any direct reference to the repressed memory in the *content* of the remarks 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 an age later than in obsessional neurosis and hysteria. The underlying basis of the repression is no doubt the same in all three cases. It remains an open question whether the mechanism of projection is entirely a matter of individual disposition, or whether it is picked out by particular temporal and accidental factors.

<sup>1</sup> These considerations reappear, but in altered form, only in Freud's later works.

There are four species of symptoms:

- a. primary defensive symptoms;
- b. the return [of the repressed] with the characteristic of a compromise;
- c. secondary defensive symptoms;
- d. symptoms of the overwhelming of the ego.

### Hysteria

Hysteria necessarily presupposes a primary unpleasurable experience—that is, one of a passive kind. The natural sexual passivity of women accounts for their being more inclined to hysteria. Where I have found hysteria in men, I have been able to trace a large amount of sexual passivity in their anamnesis. A further condition of hysteria is that the primary unpleasurable experience shall not occur at too early a time, while the release of unpleasure is still too slight; for if so, pleasurable events can of course follow later independently, and the result will only be the formation of obsessions. For this reason we often find a combination of the two neuroses in men or the replacement of an initial hysteria by a later obsessional neurosis. Hysteria begins with the overwhelming of the ego, which is the end of paranoia. The increase of tension is so great in the primary unpleasurable experience that the ego does not resist it and constructs no psychical symptom, but is obliged to allow a manifestation of discharge to occur—usually an excessive expression of excitation. This first stage of hysteria may be described as “fright hysteria”; its primary symptom is a *manifestation of fright* accompanied by a *gap* in the psyche. It is still unknown up to how late an age this first hysterical overwhelming of the ego can take place.

Repression and the formation of defensive symptoms only occur afterwards, in connection with the memory; and thenceforward *defence* and *overwhelming* (that is, the formation of symptoms and the onset 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 processes of

thought.<sup>1</sup> It may be termed a “boundary idea” because on the one hand it belongs to the conscious ego and on the other hand forms an undistorted portion of the traumatic memory. Thus, as in the other neuroses, it is the result of a compromise; but this compromise is not manifested in a substitution based upon any similarity of subject-matter but in a displacement of attention along a series of ideas that are connected by having occurred simultaneously. If the traumatic experience found a vent in some motor manifestation it will be this that becomes the frontier 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 there being a *gap in the psyche*.

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Vienna, 6. 2. 96.

Dear Wilhelm,

There has been an unconscionable break in our correspondence. I know you have been occupied with Robert Wilhelm, neglecting nose and sex on his account, and I hope he has rewarded you by thriving. I have been slaving away in one of my bouts of writing, and used it to produce three short articles for Mendel and a general one for the *Revue Neurologique*.<sup>2</sup> It was all sent off yesterday and now I am blowing my own trumpet for lack of anyone else to blow it for me and have decided to rest on my self-awarded laurels and to start writing to you immediately.

I have spared you the draft of my school essay, as it is the same as part of what I sent you as a Christmas story.<sup>3</sup> I am dreadfully sorry that these latest novelties (the real aetiology of hysteria—the nature of obsessional neurosis—insight into

<sup>1</sup> The conception of a “boundary idea” found no place in Freud’s published works. The part of “Further Remarks on the Neuro-Psychoses of Defence” (1896 b) which deals with hysteria is far superior to the material here, and rests on a far richer clinical foundation.

<sup>2</sup> The three short articles were “Further Remarks on the Neuro-Psychoses of Defence” (1896 b); the longer “general” one was “Heredity and the Actiology of the Neuroses” (1896 a).

<sup>3</sup> See p. 146 *sqq.*