Classics in the History of Psychology

An internet resource developed by
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The Origin and Development of Psychoanalysis.

Sigmund Freud (1910)

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FIRST LECTURE

Ladies and Gentlemen: It is a new and somewhat embarrassing experience for me to appear as lecturer before students of the New World. I assume that I owe this honor to the association of my name with the theme of psychoanalysis, and consequently it is of psychoanalysis that I shall aim to speak. I shall attempt to give you in very brief form an historical survey of the origin and further development of this new method of research and cure.

Granted that it is a merit to have created psychoanalysis, it is not my merit. I was a student, busy with the passing of my last examinations, when another physician of Vienna, Dr. Joseph Breuer, [2] made the first application of, this method to the case of an hysterical girl (1880-82). We must now examine the history of this case and its treatment, which can be found in detail in "Studien über Hysterie," later published by Dr. Breuer and myself.[3]

But first one word. I have noticed, with considerable satisfaction, that the majority of my hearers do not belong to the medical profession. Now do not fear that a medical education is necessary to follow what I shall have to say. We shall now accompany the doctors a little way, but soon we shall take leave of them and follow Dr. Breuer on a way which is quite his own.

Dr. Breuer's patient was a girl of twenty-one, of a high degree of intelligence. She had developed in the course of her two years' illness a series of physical and mental disturbances which well deserved to be taken seriously. She had a severe paralysis of both right extremities, with anasthesia [sic], and at times the same affection of the members of the left side of the body; disturbance of eye-movements, and much impairment of vision; difficulty in maintaining the position of the head, an intense *Tussis nervosa,* nausea when she attempted to take nourishment, and at one time for several weeks a loss of the power to drink, in spite of tormenting thirst. Her power of speech was also diminished, and this progressed so far that she could neither speak nor understand her mother tongue; and, finally, she was subject to states of "absence," of confusion, delirium, alteration of her whole personality. These states will later claim our attention.

When one hears of such a case, one does not need to be a physician to incline to the opinion that we are concerned here with a serious injury, probably of the brain, for which there is little hope of cure and which will probably lead to the early death of the patient. The doctors will tell us,

however, that in one type of cases with just as unfavorable symptoms, another, far more favorable, opinion is justified. When one finds such a series of symptoms in the case of a young girl, whose vital organs (heart, kidneys), are shown by objective tests to be normal, but who has suffered from strong emotional disturbances, and when the symptoms differ in certain finer characteristics from what one might logically expect, in a case like this the doctors are not too much disturbed. They consider that there is present no organic lesion of the brain, but that enigmatical state, known since the time of the Greek physicians as hysteria, which can simulate a whole series of symptoms of various diseases. They consider in such a case that the life of the patient is not in danger and that a restoration to health will probably come about of itself. The differentiation of such an hysteria from a severe organic lesion is not always very easy. But we do not need to know how a differential diagnosis of this kind is made; you may be sure that the case of Breuer's patient was such that no skillful physician could fail to diagnose an hysteria. We may also add a word here from the history of the case. The illness first appeared while the patient was caring for her father, whom she tenderly loved, during the severe illness which led to his death, a task which she was compelled to abandon because she herself fell ill.

So far it has seemed I best to go with the doctors, but we shall soon part company with them. You must not think that the outlook of a patient with regard to medical aid is essentially bettered when the diagnosis points to hysteria rather than to organic disease of the brain. Against the serious brain diseases medical skill is in most cases powerless, but also in the case of hysterical affections the doctor can do nothing. He must leave it to benign nature, when and how his hopeful prognosis will be realized.[4] Accordingly, with the recognition of the disease as hysteria, little is changed in the situation of the patient, but there is a great change in the attitude of the doctor. We can observe that he acts quite differently toward hystericals than toward patients suffering from organic diseases. He will not bring the same interest to the former as to the latter, since their suffering is much less serious and yet seems to set up the claim to be valued just as seriously.

But there is another motive in this action. The physician, who through his studies has learned so much that is hidden from the laity, can realize in his thought the causes and alterations of the brain disorders in patients suffering from apoplexy or dementia, a representation which must be right up to a certain point, for by it he is enabled to understand the nature of each symptom. But before the details of hysterical symptoms, all his knowledge, his anatomical-physiological and pathological education, desert him. He cannot understand hysteria. He is in the same position before it as the layman. And that is not agreeable to any one, who is in the habit of setting such a high valuation upon his knowledge. Hystericals, accordingly, tend to lose his sympathy; he considers them persons who overstep the laws of his science, as the orthodox regard heretics; he ascribes to them all possible evils, blames them for exaggeration and intentional deceit, "simulation," and be punishes them by withdrawing his interest.

Now Dr. Breuer did not deserve this reproach in this case; he gave his patient sympathy and interest, although at first be did not understand how to help her. Probably this was easier for him on account of those superior qualities of the patient's mind and character, to which he bears witness in his account of the case.

His sympathetic observation soon found the means which made the first help possible. It had been noticed that the patient, in her states of "absence," of psychic alteration, usually mumbled over several words to herself. These seemed to spring from associations with which her thoughts were busy. The doctor, who was able to get these words, put her in a sort of hypnosis and repeated them to her over and over, in order to bring up any associations that they might have. The patient yielded to his suggestion and reproduced for him those psychic creations which controlled her thoughts during her "absences," and which betrayed themselves in these single spoken words. These were fancies, deeply sad, often poetically beautiful, day dreams, we might call them, which commonly took as their starting point the situation of a girl beside the sick-bed of her father. Whenever she had related a number of such fancies, she was, as it were, freed and

restored to her normal mental life. This state of health would last for several hours, and then give place on the next day to a new "absence," which was removed in the same way by relating the newly-created fancies. It was impossible not to get the impression that the psychic alteration which was expressed in the "absence" was a consequence of the excitations originating from these intensely emotional fancy-images. The patient herself, who at this time of her illness strangely enough understood and spoke only English, gave this new kind of treatment the name " talking care," or jokingly designated it as "chimney sweeping."

The doctor soon hit upon the fact that through such cleansing of the soul more could be accomplished than a temporary removal of the constantly recurring mental "clouds." Symptoms of the disease would disappear when in hypnosis the patient could be made to remember the situation and the associative connections under which they first appeared, provided free vent was given to the emotions which they aroused. "There was in the summer a time of intense heat, and the patient had suffered very much from thirst; for, without any apparent reason, she had suddenly become unable to drink. She would take a glass of water in her hand, but as soon as it touched her lips she would push it away as though suffering from hydrophobia. Obviously for these few seconds she was in her absent state. She ate only fruit, melons and the like, in order to relieve this tormenting thirst. When this had been going on about six weeks, she was talking one day in hypnosis about her English governess, whom she disliked, and finally told, with every sign of disgust, how she had come into the room of the governess, and how that lady's little dog, that she abhorred, had drunk out of a glass. Out of respect for the conventions the patient had remained silent. Now, after she had given energetic expression to her restrained anger, she asked for a drink, drank a large quantity of water without trouble, and woke from hypnosis with the glass at her lips. The symptom thereupon vanished permanently.[5]

Permit me to dwell for a moment on this experience. No one had ever cured an hysterical symptom by such means before, or had come so near understanding its cause. This would be a pregnant discovery if the expectation could be confirmed that still other, perhaps the majority of symptoms, originated in this way and could be removed by the same method. Breuer spared no pains to convince himself of this and investigated the pathogenesis of the other more serious symptoms in a more orderly way. Such was indeed the case; almost all the symptoms originated in exactly this way, as remnants, as precipitates, if you like, of affectively-toned experiences, which for that reason we later called "psychic traumata." The nature of the symptoms became clear through their relation to the scene which caused them. They were, to use the technical term, "determined" (*determiniert*) by the scene whose memory traces they embodied, and so could no longer be described as arbitrary or enigmatical functions of the neurosis.

Only one variation from what might be expected must be mentioned. It was not always a single experience which occasioned the symptom, but usually several, perhaps many similar, repeated traumata cooperated in this effect. It was necessary to repeat the whole series of pathogenic memories in chronological sequence, and of course in reverse order, the last first and the first last. It was quite impossible to reach the first and often most essential trauma directly, without first clearing away those coming later.

You will of course want to hear me speak of other examples of the causation of hysterical symptoms beside this of inability to drink on account of the disgust caused by the dog drinking from the glass. I must, however, if I hold to my programme, limit myself to very few examples. Breuer relates, for instance, that his patient's visual disturbances could be traced back to external causes, in the following way. "The patient, with tears in her eyes, was sitting by the sick-bed when her father suddenly asked her what time it was. She could not see distinctly, strained her eyes to see, brought the watch near her eyes so that the dial seemed very large (macropia and strabismus conv.), or else she tried hard to suppress her tears, so that the sick man might not see them."[6]

All the pathogenic impressions sprang from the time when she shared in the care of her sick

father. "Once she was watching at night in the greatest anxiety for the patient, who was in a high fever, and in suspense, for a surgeon was expected from Vienna, to operate on the patient. Her mother had gone out for a little while, and Anna sat by the sick-bed, her right arm hanging over the back of her chair. She fell into a revery [sic] and saw a black snake emerge, as it were, from the wall and approach the sick man as though to bite him. (It is very probable that several snakes had actually been seen in the meadow behind the house, that she had already been frightened by them, and that these former experiences furnished the material for the hallucination.) She tried to drive off the creature, but was as though paralyzed. Her right arm, which was hanging over the back of the chair, had 'gone to sleep,' become anasthetic [sic] and paretic, and as she was looking at it, the fingers changed into little snakes with deaths-heads. (The nails.) Probably she attempted to drive away the snake with her paralyzed right hand, and so the anasthesia [sic] and paralysis of this member formed associations with the snake hallucination. When this had vanished, she tried in her anguish to speak, but could not. She could not express herself in any language, until finally she thought of the words of an English nursery song, and thereafter she could think and speak only in this language."[7] When the memory of this scene was revived in hypnosis the paralysis of .the right arm, which had existed since the beginning of the illness, was cured and the treatment ended.

When, a number of years later, I began to use Breuer's researches and treatment on my own patients, my experiences completely coincided with his. In the case of a woman of about forty, there was a tic, a peculiar smacking noise which manifested itself whenever she was laboring under any excitement, without any obvious cause. It had its origin in two experiences which had this common element, that she attempted to make no noise, but that by a sort of counter-will this noise broke the stillness. On the first occasion, she had finally after much trouble put her sick child to sleep, and she tried to be very quiet so as not to awaken it. On the second occasion, during a ride with both her children in a thunderstorm the horses took fright, and she carefully avoided any noise for fear of frightening them still more.[8] I give this example instead of many others which are cited in the "Studien über Hysterie."

Ladies and gentlemen, if you will permit me to generalize, as is indispensable in so brief a presentation, we may express our results up to this point in the formula: *Our hysterical patients suffer from reminiscences.* Their symptoms are the remnants and the memory symbols of certain (traumatic) experiences.

A comparison with other memory symbols from other sources will perhaps enable us better to understand this symbolism. The memorials and monuments with which we adorn our great cities, are also such memory symbols. If you walk through London you will find before one of the greatest railway stations of the city a richly decorated Gothic pillar -- "Charing Cross." One of the old Plantagenet kings, in the thirteenth century, caused the body of his beloved queen Eleanor to be borne to Westminster, and had Gothic crosses erected at each of the stations where the coffin was set down. Charing Cross is the last of these monuments, which preserve the memory of this sad journey.[9] In another part of the city, you will see a high pillar of more modern construction, which is merely called "the monument." This is in memory of the great fire which broke out in the neighborhood in the year 1666, and destroyed a great part of the city. These monuments are memory symbols like the hysterical symptoms; so far the comparison seems justified. But what would you say to a Londoner who to-day stood sadly before the monument to the funeral of Queen Eleanor, instead of going about his business with the haste engendered by modern industrial conditions, or rejoicing with the young queen of his own heart? Or to another, who before the "Monument" bemoaned the burning of his loved native city, which long since has arisen again so much more splendid than before?

Now hystericals and all neurotics behave like these two unpractical Londoners, not only in that they remember the painful experiences of the distant past, but because they are still strongly affected by them. They cannot escape from the past and neglect present reality in its favor. This fixation of the mental life on the pathogenic traumata is an essential, and practically a most

significant characteristic of the neurosis. I will willingly concede the objection which you are probably formulating, as you think over the history of Breuer's patient. All her traumata originated at the time when she was caring for her sick father, and her symptoms could only be regarded as memory symbols of his sickness and death. They corresponded to mourning, and a fixation on thoughts of the dead so short a time after death is certainly not pathological, but rather corresponds to normal emotional behavior. I concede this: there is nothing abnormal in the fixation of feeling on the trauma shown by Breuer's patient. But in other cases, like that of the tic that I have mentioned, the occasions for which lay ten and fifteen years back, the characteristic of this abnormal clinging to the past is very clear, and Breuer's patient would probably have developed it, if she had not come under the "cathartic treatment" such a short time after the traumatic experiences and the beginning of the disease.

We have so far only explained the relation of the hysterical symptoms to the life history of the patient; now by considering two further moments which Breuer observed, we may get a hint as to the processes of the beginning of the illness and those of the cure. With regard to the first, it is especially to be noted that Breuer's patient in almost all pathogenic situations had to suppress a strong excitement, instead of giving vent to it by appropriate words and deeds. In the little experience with her governess' dog, she suppressed, through regard for the conventions, all manifestations of her very intense disgust. While she was seated by her father's sick bed, she was careful to betray nothing of her anxiety and her painful depression to the patient. When, later, she reproduced the same scene before the physician, the emotion which she had suppressed on the occurrence of the scene burst out with especial strength, as though it had been pent up all along. The symptom which had been caused by that scene reached its greatest intensity while the doctor was striving to revive the memory of the scene, and vanished after it had been fully laid bare. On the other hand, experience shows that if the patient is reproducing the traumatic scene to the physician, the process bas no curative effect if, by some peculiar chance, there is no development of emotion. It is apparently these emotional processes upon which the illness of the patient and the restoration to health are dependent. We feel justified in regarding "emotion" as a quantity which may become increased, derived and displaced. So we are forced to the conclusion that the patient fell ill because the emotion developed in the pathogenic situation was prevented from escaping normally, and that the essence of the sickness lies in the fact that these "imprisoned" *(dingeklemmt)* emotions undergo a series of abnormal changes. In part they are preserved as a lasting charge and as a source of constant disturbance in psycbical life; in part they undergo a change into unusual bodily innervations [sic] and inhibitions, which present themselves as the physical symptoms of the case. We have coined the name "hysterical conversion " for the latter process. Part of our mental energy is, under normal conditions, conducted off by way of physical innervation [sic] and gives what we call "the expression of emotions." Hysterical conversion exaggerates this part of the course of a mental process which is emotionally colored; it corresponds to a far more intense emotional expression, which finds outlet by new paths. If a stream flows in two channels, an overflow of one will take place as soon as the current in the other meets with an obstacle.

You see that we are in a fair way to arrive at a purely psychological theory of hysteria, in which we assign the first rank to the affective processes. A second observation of Breuer compels us to ascribe to the altered condition of consciousness a great part in determining the characteristics of the disease. His patient showed many sorts of mental states, conditions of "absence," confusion and alteration of character, besides her normal state. In her normal state she was entirely ignorant of the pathogenic scenes and of their connection with her symptoms. She had forgotten those scenes, or at any rate had dissociated them from their pathogenic connection. When the patient was hypnotized, it was possible, after considerable difficulty, to recall those scenes to her memory, and by this means of recall the symptoms were removed. It would have been extremely perplexing to know how to interpret this fact, if hypnotic practice and experiments had not pointed out the way. Through the study of hypnotic phenomena, the conception, strange though it was at first, has become familiar, that in one and the same individual several mental groupings

are possible, which may remain relatively independent of each other, "know nothing" of each other, and which may cause a splitting of consciousness along lines which they lay down. Cases of such a sort, known as "double personality" ("*double conscience*"), occasionally appear spontaneously. If in such a division of personality consciousness remains constantly bound up with one of the two states, this is called the *conscious* mental state, and the other the *unconscious*. In the well-known phenomena of so-called post hypnotic suggestion, in which a command given in hypnosis is later executed in the normal state as though by an imperative suggestion, we have an excellent basis for understanding how the unconscious state can influence the conscious, although the latter is ignorant of the existence of the former. In the same way it is quite possible to explain the facts in hysterical cases. Breuer came to the conclusion that the hysterical symptoms originated in such peculiar mental states, which he called "hypnoidal states." (*hypnoide Zustände*.) Experiences of an emotional nature, which occur during such hypnoidal states easily become pathogenic, since such states do not present the conditions for a normal draining off of the emotion of the exciting processes. And as a result there arises a peculiar product of this exciting process, that is, the symptom, and this is projected like a foreign body into the normal state. The latter has, then, no conception of the significance of the hypnoidal pathogenic situation. Where a symptom arises, we also find an amnesia, a memory gap, and the filling of this gap includes the removal of the conditions under which the symptom originated.

I am afraid that this portion of my treatment will not seem very clear, but you must remember that we are dealing here with new and difficult views, which perhaps could not be made much clearer. This all goes to show that our knowledge in this field is not yet very far advanced. Breuer's idea of the hypnoidal states has, moreover, been shown to be superfluous and a hindrance to further investigation, and has been dropped from present conceptions of psychoanalysis. Later I shall at least suggest what other influences and processes have been disclosed besides that of the hypnoidal states, to which Breuer limited the causal moment.

You have probably also felt, and rightly, that Breuer's investigations gave you only a very incomplete theory and insufficient explanation of the phenomena which we have observed. But complete theories do not fall from Heaven, and you would have had still greater reason to be distrustful, had any one offered you at the beginning of his observations a well-rounded theory, without any gaps; such a theory could only be the child of his speculations and not the fruit of an unprejudiced investigation of the facts.

SECOND LECTURE

Ladies and Gentlemen: At about the same time that Breuer was using the "talking-cure" with his patient, M. Cbarcot began in Paris, with the hystericals of the Salpetrière, those researches which were to lead to a new understanding of the disease. These results were, however, not yet known in Vienna. But when about ten vears later Breuer and I published our preliminary communication on the psychic mechanism of hysterical phenomena, which grew out of the cathartic treatment of Breuer's first patient, we were both of us under the spell of Charcot's investigations. We made the pathogenic experiences of our patients, which acted as psychic traumata, equivalent to those physical traumata whose influence on hysterical paralyses Charcot had determined; and Breuer's hypothesis of hypnoidal states is itself only an echo of the fact that Charcot had artificially reproduced those traumatic paralyses in hypnosis.

The great French observer, whose student I was during the years 1885-86, had no natural bent for creating psychological theories. His student, P. Janet, was the first to attempt to penetrate more deeply into the psychic processes of hysteria, and we followed his example, when we made the

mental splitting and the dissociation of personality the central points of our theory, Janet propounds a theory of hysteria which draws upon the principal theories of heredity and degeneration which are current in France. According to his view hysteria is a form of degenerative alteration of the nervous system, manifesting itself in a congenital " weakness " of the function of psychic synthesis. The hysterical patient is from the start incapable of correlating and unifying the manifold of his mental processes, and so there arises the tendency to mental dissociation. If you will permit me to use a banal but clear illustration, Janet's hysterical reminds one of a weak woman who has been shopping, and is now on her way home, laden with packages and bundles of every description. She cannot manage the whole lot with her two arms and her ten fingers, and soon she drops one. When she stoops to pick this up, another breaks loose, and so it goes on.

Now it does not agree very well, with this assumed mental weakness of hystericals, that there can be observed in hysterical cases, besides the phenomena of lessened functioning, examples of a partial increase of functional capacity, as a sort of compensation. At the time when Breuer's patient had forgotten her mother-tongue and all other languages save English, her control of English attained such a level that if a German book was put before her she could give a fluent, perfect translation of its contents at sight. When later I undertook to continue on my own account the investigations begun by Breuer, I soon came to another view of the origin of hysterical dissociation (or splitting of consciousness). It was inevitable that my views should diverge widely and radically, for my point of departure was not, like that of Janet, laboratory researches, but attempts at therapy. Above everything else, it was practical needs that urged me on. The cathartic treatment, as Breuer had made use of it, presupposed that the patient should be put in deep hypnosis, for only in hypnosis was available the knowledge of his pathogenic associations, which were unknown to him in his normal state. Now hypnosis, as a fanciful, and so to speak, mystical, aid, I soon came to dislike; and when I discovered that, in spite of all my efforts, I could not hypnotize by any means all of my patients, I resolved to give up hypnotism and to make the cathartic method independent of it.

Since I could not alter the psychic state of most of my patients at my wish, I directed my efforts to working with them in their normal state. This seems at first sight to be a particularly senseless and aimless undertaking. The problem was this: to find out something from the patient that the doctor did not know and the patient himself did not know. How could one hope to make such a method succeed? The memory of a very noteworthy and instructive proceeding came to my aid, which I had seen in Bernheim's clinic at Nancy. Bernheim showed us that persons put in a condition of hypnotic somnambulism, and subjected to all sorts of experiences, had only apparently lost the memory of those somnambulic experiences, and that their memory of them could be awakened even in the normal state. If he asked them about their experiences during somnambulism, they said at first that they did not remember, but if he persisted, urged, assured them that they did know, then every time the forgotten memory came back.

Accordingly I did this with my patients. When I had reached in my procedure with them a point at which they declared that they knew nothing more, I would assure them that they did know, that they must just tell it out, and I would venture the assertion that the memory which would emerge at the moment that I laid my hand on the patient's forehead would be the right one. In this way I succeeded, without hypnosis, in learning from the patient all that was necessary for a construction of the connection between the forgotten pathogenic scenes and the symptoms which they had left behind. This was a troublesome and in its length an exhausting proceeding, and did not lend itself to a finished technique. But I did not give it up without drawing definite conclusions from the data which I had gained. I had substantiated the fact that the forgotten memories were not lost. They were in the possession of the patient, ready to emerge and form associations with his other mental content, but hindered from becoming conscious, and forced to remain in the unconscious by some sort of a force. The existence of this force could be assumed with certainty, for in attempting to drag up the unconscious memories into the consciousness of

the patient, in opposition to this force, one got the sensation of his own personal effort striving to overcome it. One could get an idea of this force, which maintained the pathological situation, from the resistance of the patient.

It is on this idea of *resistance* that I based my theory of the psychic processes of hystericals. It had been found that in order to cure the patient it was necessary that this force should be overcome. Now with the mechanism of the cure as a starting point, quite a definite theory could be constructed. These same forces, which in the present situation as resistances opposed the emergence of the forgotten ideas into consciousness, must themselves have caused the forgetting, and repressed from consciousness the pathogenic experiences. I called this hypothetical process "repression" (*Verdrängung*), and considered that it was proved by the undeniable existence of resistance.

But now the question arose: what were those forces, and what were the conditions of this repression, in which we were now able to recognize the pathogenic mechanism of hysteria? A comparative study of the pathogenic situations, which the cathartic treatment has made possible, allows us to answer this question. In all those experiences, it had happened that a wish had been aroused, which was in sharp opposition to the other desires of the individual, and was not capable of being reconciled with the ethical, aesthetic and personal pretensions of the patient's personality. There had been a short conflict, and the end of this inner struggle was the repression of the idea which presented itself to consciousness as the bearer' of this irreconcilable wish. This was, then, repressed from consciousness and forgotten. The incompatibility of the idea in question with the "ego" of the patient was the motive of the repression, the ethical and other pretensions of the individual were the repressing forces. The presence of the incompatible wish, or the duration of the conflict, had given rise to a high degree of mental pain; this pain was avoided by the repression. This latter process is evidently in such a case a device for the protection of the personality.

I will not multiply examples, but will give you the history of a single one of my cases, in which the conditions and the utility of the repression process stand out clearly enough. Of course for my purpose I must abridge the history of the case and omit many valuable theoretical considerations. It is that of a young girl, who was deeply attached to her father, who had died a short time before, and in whose care she had shared -- a situation analogous to that of Breuer's patient. When her older sister married, the girl grew to feel a peculiar sympathy for her new brother-in-law, which easily passed with her for family tenderness. This sister soon fell ill and died, while the patient and her mother were away. The absent ones were hastily recalled, without being told fully of the painful situation. As the girl stood by the bedside of her dead sister, for one short moment there surged up in her mind an idea, which might be framed in these words: "Now he is free and can marry me." We may be sure that this idea, which betrayed to her consciousness her intense love for her brother-in-law, of which she had not been conscious, was the next moment consigned to repression by her revolted feelings. The girl fell ill with severe hysterical symptoms, and, when I came to treat the case, it appeared that she had entirely forgotten that scene at her sister's bedside and the unnatural, egoistic desire which had arisen in her. She remembered it during the treatment, reproduced the pathogenic moment with every sign of intense emotional excitement, and was cured by this treatment.[10]

Perhaps I can make the process of repression and its necessary relation to the resistance of the patient, more concrete by a rough illustration, which I will derive from our present situation.

Suppose that here in this hall and in this audience, whose exemplary stillness and attention I cannot sufficiently commend, there is an individual who is creating a disturbance, and, by his ill-bred laughing, talking, by scraping his feet, distracts my attention from my task. I explain that I cannot go on with my lecture under these conditions, and thereupon several strong men among you get up, and, after a short struggle, eject the disturber of the peace from the hall. He is now "repressed," and I can continue my lecture. But in order that the disturbance may not be repeated,

in case the man who has just been thrown out attempts to force his way back into the room, the gentlemen who have executed my suggestion take their chairs to the door and establish themselves there as a "resistance," to keep up the repression. Now, if you transfer both locations to the psyche, calling this "consciousness," and the outside the "unconscious," you have a tolerably good illustration of the process of repression.

We can see now the difference between our theory and that of Janet. We do not derive the psychic fission from a congenital lack of capacity on the part of the mental apparatus to synthesize its experiences, but we explain it dynamically by the conflict of opposing mental forces, we recognize in it the result of an active striving of each mental complex against the other.

New questions at once arise in great number from our theory. The situation of psychic conflict is a very frequent one; an attempt of the ego to defend itself from painful memories can be observed everywhere, and yet the result is not a mental fission. We cannot avoid the assumption that still other conditions are necessary, if the conflict is to result in dissociation. I willingly concede that with the assumption of "repression" we stand, not at the end, but at the very beginning of a psychological theory. But we can advance only one step at a time, and the completion of our knowledge must await further and more thorough work.

Now do not attempt to bring the case of Breuer's patient under the point of view of repression. This history cannot be subjected to such an attempt, for it was gained with the help of hypnotic influence. Only when hypnosis is excluded can you see the resistances and repressions and get a correct idea of the pathogenic process. Hypnosis conceals the resistances and so makes a certain part of the mental field freely accessible. By this same process the resistances on the borders of this field are heaped up into a rampart, which makes all beyond inaccessible. '

The most valuable things that we have learned from Breuer's observations were his conclusions as to the connection of the symptoms with the pathogenic experiences or psychic traumata, and we must not neglect to evaluate this result properly from the standpoint of the repression-theory. It is not at first evident how we can get from the repression to the creation of the symptoms Instead of giving a complicated theoretical derivation, I will return at, this point to the illustration which I used to typify repression.

Remember that with the ejection of the rowdy and the establishment of the watchers before the door, the affair is not necessarily ended. It may very well happen that the ejected man, now embittered and quite careless of consequences, gives us more to do. He is no longer among us, we are free from his presence, his scornful laugh, his half-audible remarks, but in a certain sense the repression has miscarried, for he makes a terrible uproar outside, and by his outcries and by hammering on the door with his fists interferes with my lecture more than before. Under these circumstances it would be hailed with delight if possibly our honored president, Dr. Stanley Hall, should take upon himself the role of peacemaker and mediator. He would speak with the rowdy on the outside, and then turn to us with the recommendation that we let him in again, provided he would guarantee to behave himself better. On Dr. Hall's authority we decide to stop the repression, and now quiet and peace reign again. This is in fact a fairly good presentation of the task devolving upon the physician in the psychoanalytic therapy of neuroses To say the same thing more directly: we come to the conclusion, from working with hysterical patients and other neurotics, that they have not fully succeeded in repressing the idea to which the incompatible wish is attached. They have, indeed, driven it out of consciousness and out of memory, and apparently saved themselves a great amount of psychic pain, *but in the unconscious the suppressed wish still exists,* only waiting for its chance to become active, and finally succeeds in sending into consciousness, instead of the repressed idea, a disguised and unrecognizable surrogate-creation (*Ersatzbildung*), to which the same painful sensations associate themselves that the patient thought he was rid of through his repression. This surrogate of the suppressed idea -- the symptom -- is secure against further attacks from the defences of the ego, and instead

of a short conflict there originates now a permanent suffering. We can observe in the symptom, besides the tokens of its disguise, a remnant of traceable similarity with the originally repressed idea; the way in which the surrogate is built up can be discovered during the psychoanalytic treatment of the patient, and for his cure the symptom must be traced back over the same route to the repressed idea. If this repressed material is once more made part of the conscious mental functions -- a process which supposes the overcoming of considerable resistance -- the psychic conflict which then arises, the same which the patient wished to avoid, is made capable of a happier termination, under the guidance of the physician, than is offered by repression. There are several possible suitable decisions which can bring conflict and neurosis to a happy end; in particular cases the attempt may be made to combine several of these. Either the personality of the patient may be convinced that he has been wrong in rejecting the pathogenic wish, and he may be made to accept it either wholly or in part; or this wish may itself be directed to a higher goal which is free from objection, by what is called sublimation (*Sublimierung*); or the rejection may be recognized as rightly motivated, and the automatic and therefore insufficient mechanism of repression be reinforced by the higher, more characteristically human mental faculties: one succeeds in mastering his wishes by conscious thought.

Forgive me if I have not been able to present more clearly these main points of the treatment which is to-day known as "psychoanalysis." The difficulties do not lie merely in the newness of the subject.

Regarding the nature of the unacceptable wishes, which succeed in making their influence felt out of the unconscious, in spite of repression; and regarding the question of what subjective and constitutional factors must be present for such a failure of repression and such a surrogate or symptom creation to take place, we will speak in later remarks.

THIRD LECTURE

Ladies and Gentlemen: It is not always easy to tell the truth, especially when one must be brief, and so to-day I must correct an incorrect statement that I made in my last lecture.

I told you how when I gave up using hypnosis I pressed my patients to tell me what came into their minds that had to do with the problem we were working on, I told them that they would remember what they had apparently forgotten, and that the thought which irrupted into consciousness (*Einfall*) would surely embody the memory for which we were seeking. I claimed that I substantiated the fact that the first idea of my patients brought the right clue and could be shown to be the forgotten continuation of the memory. Now this is not always so; I represented it as being so simple only for purposes of abbreviation. In fact, it would only happen the first times that the right forgotten material would emerge through simple pressure on my part. If the experience was continued, ideas emerged in every case which could not be the right ones, for they were not to the purpose, and the patients themselves rejected them as incorrect. Pressure was of no further service here, and one could only regret again having given up hypnosis. In this state of perplexity I clung to a prejudice which years later was proved by my friend C. G. Jung of the University of Zürich, and his pupils to have a scientific justification. I must confess that it is often of great advantage to have prejudices. I put a high value on the strength of the determination of mental processes, and I could not believe that any idea which occurred to the patient, which originated in a state of concentrated attention, could be quite arbitrary and out of all relation to the forgotten idea that we were seeking. That it was not identical with the latter, could be satisfactorily explained by the hypothetical psychological situation. In the patients whom I treated there were two opposing forces: on the one hand the conscious striving to drag up into consciousness the forgotten experience which was present in the unconscious; and on the other hand the resistance which we have seen, which set itself against the emergence of the