



Sigm. Freud

SIGMUND FREUD

1856—1939

SIGMUND¹ FREUD was born of a Jewish family at Freiberg in Moravia on 6 May 1856. At the age of four he was taken to Vienna and that city was his home till 1938, when the Nazi occupation compelled him to leave Austria. He arrived in England in June and lived at Hampstead till he died on 23 September 1939.

Freud records² that he was top of his class at the Gymnasium for seven years, that he enjoyed special privileges and was required to pass scarcely any examinations. His father insisted that in his choice of a profession he should follow his own inclination, but neither at that time nor in later life did he feel any particular predilection for the career of a physician. Rather was he moved by what he describes as 'a sort of curiosity', which was directed more towards human concerns than towards natural objects. At one time, influenced by an older school friend, he wished to study law and to engage in social activities. But he was also strongly attracted by the theories of Darwin, for, as he says, 'they held out hopes of an extraordinary advance in our understanding of the world'. It was hearing Goethe's essay on Nature read aloud just before he left school that decided him to become a medical student.

In 1873 he entered the University of Vienna, and at once found that he was expected to feel himself inferior and an alien because he was a Jew. But he was never able to see why he should be

¹ It appears that Freud's legal first name was 'Sigismund', but he is universally known as 'Sigmund Freud'. He always signed himself 'Sigm. Freud'.

² Most of the biographical information in the earlier part of this notice is taken from Freud's *Selbstdarstellung* translated as *An Autobiographical Study* (Hogarth Press, 1935) and all the quotations are from that work.

ashamed of his race, and he certainly never was. To the experience of 'being put under the ban of the compact majority' he attributes the foundation of his habit of independent judgment. During his first years at the University, he says, he discovered that the peculiarities and limitations of his gifts denied him success in many of the departments of science into which his youthful eagerness had plunged him. 'Vergebens dass ihr ringsum wissenschaftlich schweift, ein jeder lernt nur was er lernen kann' (Mephistopheles in *Faust*, Part I). In Ernst Brücke's physiological laboratory, however, he found 'rest and satisfaction'. Here he met men he could respect and take as his models—Brücke himself, Exner and Fleisch-Marxow—and here he worked with short interruptions from 1876 till 1882. During these years he published researches on the nervous systems of the lamprey and of the freshwater crab and in 1881 took his degree of doctor of medicine—rather belated, for, as he says, he was 'decidedly negligent' in pursuing his medical studies. In 1882 Brücke strongly advised him to abandon pure research because of his need of money and Freud accordingly entered the Allgemeine Krankhaus, where he was soon appointed a junior resident physician, and worked in various departments, among others in the Institute of Cerebral Anatomy, from which he published short papers on the tracts and nuclear origins in the medulla. Brain anatomy, however, was no more a source of income than his work in Brücke's laboratory and with a view to practice he began to study clinical neurology, in which there were at that time very few specialists in Vienna. During the following years Freud published a great deal of work on this subject, and later, from the Kassowitz Institute for children's diseases, several long monographs on cerebral paralyses in children. So late as 1897, long after he had definitely turned to psychotherapy, he contributed a lengthy article on infantile cerebral paralyses to Nothnagel's *Handbuch der allgemeinen und speziellen Therapie*.

In 1884, too, he had made a considerable study of the physiological action of cocaine, then little known. Owing to an interruption, however, he wound up his work prematurely, but

suggested to an ophthalmological friend that cocaine might prove a valuable local anaesthetic in eye operations. Koller soon afterwards made the decisive experiments which opened the way for the important modern use of this alkaloid in minor surgery.

During these years the fame of Freud's diagnoses of organic nervous diseases, while he was still a junior physician at the hospital, brought an influx of American physicians to whom he lectured on the patients 'in a sort of pidgin-English'. From clinical observation alone he was able to localize the site of a lesion in the medulla so accurately that the pathological anatomist had no further information to add at the autopsy. He was capable however of bad mistakes, and he tells this story against himself. 'I understood nothing about the neuroses. On one occasion I introduced to my audience a neurotic suffering from persistent headache as a case of chronic localized meningitis; they quite rightly rose in revolt against me, and my premature activities as a teacher came to an end. By way of excuse I may add that this happened at a time when greater authorities than myself in Vienna were in the habit of diagnosing neurasthenia as cerebral tumour.'

In the spring of 1885 Freud was appointed Lecturer on Neuro-pathology, and soon afterwards, as the result of a warm testimonial from Brücke, he was awarded a very good Travelling Fellowship with which he went to the Salpêtrière in Paris to work under Charcot, who was then at the height of his fame. Freud's sojourn in Paris marked the definite beginning of the line of work which led to his later success. He was greatly impressed by Charcot's investigations on hysteria, some of the experiments being carried out under the eyes of the students. Charcot 'had proved the genuineness of hysterical phenomena, their frequent occurrence in men, the production of hysterical paralyses and contractures by hypnotic suggestion, and the fact that such artificial products showed, down to their smallest details, the same features as spontaneous attacks, which were often brought on traumatically.' But Charcot was scarcely interested in a scheme of Freud's for a comparative study of hysterical and organic

paralyses, nor in penetrating more deeply into the psychology of the neuroses.

In the autumn of 1886 Freud married and began private practice in Vienna as a physician, specializing in nervous diseases. His report to the *Gesellschaft der Aertze*, however, on what he had learned with Charcot, met with a bad reception. The authorities refused to be convinced or even to listen with an open mind, and although Freud, after much obstruction, succeeded in demonstrating a case of classical hysterical hemi-anaesthesia in a man, which was received with applause, he was soon afterwards excluded from the laboratory of cerebral anatomy. He accordingly withdrew from academic life and ceased to attend meetings of the learned societies. This withdrawal necessarily led to a life of almost entirely isolated work and thought, which lasted for nearly twenty years.

The effect of mental isolation is seen in the independence and separateness with which Freud's psychological theories were built up. It may be argued that this separateness entailed a grave drawback by dividing the Freudian work from cognate researches and the general advance in knowledge of both mind and nervous system. But the actual field which he soon began to cultivate was so untouched, and his mode of approach so novel, that it is more than doubtful if any advantage would have been gained by keeping in touch with colleagues whose whole outlook was necessarily entirely different. Freud's approach was soon to become purely psychological, but current academic psychology was of as little use to him as current neurology.

In 1886 his primary job was to make a living, and it was clear that in order to do that he must be able to give his nervous patients some effective help. The only two weapons, he tells us, in his therapeutic arsenal were electrotherapy and hypnotism. The former he soon abandoned, but hypnotism was more promising. He had long been firmly convinced of the 'reality' of hypnotic phenomena, and in Paris he had seen hypnotism freely used to produce symptoms and then remove them. Apart from some other haphazard and unsystematic psychotherapeutic methods,

hypnotic suggestion thus became, for a time, his main instrument, and in fact he abandoned the treatment of organic nervous diseases altogether. In the private practice of a physician working in a large city, he says, the number of patients suffering from *organic* nervous disease was as nothing compared with the crowd of neurotics.

It was only later that he discovered the serious drawbacks of the use of hypnotic suggestion in the treatment of patients. In 1889 he spent some weeks at Nancy in order to improve his hypnotic technique, and there he witnessed Bernheim's astonishing experiments on hospital patients. At this time Freud became profoundly impressed by the possibility of the existence of powerful mental processes hidden from consciousness, but from 1886 to 1891 he was engrossed in establishing his practice and published very little.

As the result of his increasing experience during these and the following years Freud was gradually led to adopt a new technique in the treatment of his neurotic patients, and ultimately to abandon hypnosis altogether. This change of approach was partly due to his experience of questioning his patients under hypnosis about the origin of their symptoms, which in the waking state they could only describe imperfectly or not at all. With the so-called 'widened' (it should rather be 'deepened') hypnotic consciousness they were able to tell him much that was to the point. But the principal cause of Freud's change of direction in treatment was a case that his friend Josef Breuer, a Viennese family physician of considerable scientific attainments, had described to Freud before he went to Paris, and which he had there outlined to Charcot. Since Freud had not succeeded in arousing Charcot's interest, he had allowed the matter to pass from his mind. Later, however, its importance struck him afresh and he obtained many further details from Breuer.

The case was that of a young girl whom Breuer had treated from 1880 to 1882, and who showed a complicated clinical picture of various hysterical paralyses with contractures and inhibitions, accompanied by states of mental confusion. Breuer found that she could be relieved of her clouded mental states if

she was induced to express in words the affective fantasy by which she was at the moment dominated. Breuer accordingly used to put her into deep hypnosis and make her tell him each time what it was that was oppressing her mind. In this way he removed the depressive confusion and then applied the same method to the physical symptoms. In her waking state the patient could discover no link between these and any experiences of her life, but under hypnosis she immediately revealed the missing connexions. All the symptoms turned out to go back to emotional events that occurred while she was nursing her father. In most instances there had been some emotional thought or impulse which she had to suppress by the sick bed, and in place of the suppressed impulse or feeling the symptom had appeared, either at once or soon afterwards. As a rule, however, the symptom was not the result of a single such 'traumatic scene', but of the summation of a number of similar situations. 'When the patient recalled a situation of this kind in a hallucinatory way under hypnosis, and carried through to its conclusion, with a free expression of emotion, the mental act which she had originally suppressed, the symptom was abolished and did not return. By this method Breuer succeeded, after long and painful efforts, in relieving his patient of all her symptoms.' This procedure of Breuer's contains some of the essential elements of the technique of psycho-analysis ultimately developed by Freud without hypnosis.

Breuer's case seemed to Freud to reveal conditions so fundamental that they must be present in every case of hysteria. Accordingly he began to repeat Breuer's technique with his own patients, and eventually, after he had realized the limitations of hypnotic suggestion, he worked at nothing else. Finding that Breuer's results were invariably confirmed in every case of hysteria that was accessible to treatment he persuaded Breuer to publish a joint preliminary paper 'Ueber den psychischen Mechanismus hysterischer Phänomene' (*Neurol. Zentralbl.*, 1893), and later an extended treatment containing details of five case histories, the original one by Breuer and four others by Freud, with a theoretical section by Breuer and a section on the psycho-

therapy of hysteria by Freud. This work, *Studien über Hysterie*, was published separately in 1895, and is the historical foundation stone of psycho-analysis.

Freud has always expressly stated that the original discovery on which psycho-analysis was based was Breuer's, and indeed it is obvious. He also says of the *Studien* that 'all the essentials of their material content must be the product of Breuer's mind': of the theory put forward in the book he says that he himself 'was partly responsible but to an extent no longer possible [in 1925] to determine'. The theory 'did not seek to establish the nature of hysteria but merely to throw light upon the origin of its symptoms . . . it laid stress upon the significance of the life of the emotions and upon the importance of distinguishing between mental acts which are unconscious and those which are conscious (or rather capable of being conscious)': it supposed that a physical hysterical symptom 'arises through the damming-up of an affect . . . and as the product or equivalent of a quantity of energy which would otherwise have been employed in some other way (*conversion*)'. Breuer described the method as *cathartic*, and as intended to provide a means by which 'the accumulated affect used for maintaining the symptom, and which had got on to the wrong lines and had, as it were, become stuck there, should be directed on to the normal path along which it could obtain discharge (*abreaction*)'.

The sexual nature of the affects and experiences described by Freud in the case histories recorded in the *Studien* is obvious enough, but this aspect is not at all stressed in that book. In the course of his continued work with patients, however, Freud became convinced 'that it was not *any* kind of emotional excitation that was in action behind the phenomena of the neurosis but habitually one of a sexual nature, whether it was a current sexual conflict or the effect of earlier sexual experiences'. It was these observations of Freud's that finally led to the breaking off of scientific collaboration with Breuer, and it was of course the publication and extension of Freud's views on the fundamental part played by 'sex' in the causation of psychoneuroses and of

many other psychological phenomena that caused the outbreak of hostility and even virulent abuse of his work which lasted for so many years.

Increasing experience gave rise to grave doubts in Freud's mind as to the advisability of using hypnotism even as a means to catharsis. He found that the most brilliant results of his treatment were liable to disappear if his personal relation with his patient became disturbed, and were only re-established if a reconciliation could be effected. This emotional personal relation between patient and physician (which Freud afterwards called the 'transference') was apt to cause incidents embarrassing to both when it was liberated by hypnosis; and since it was a factor that was capable of nullifying the cathartic process and escaped every effort at control, Freud decided that in order to exclude it, or at all events to isolate it, hypnotism would have to be abandoned and the patient treated in a fully conscious state. A conspicuous phenomenon of the hypnotic trance is that on waking the subject appears to have lost all memory of what has occurred under hypnosis. Bernheim, however, had maintained that the subject 'knew' it all the time but was unable to bring the material to his waking consciousness spontaneously. If the hypnotist insisted on the subject remembering, at the same time placing his hand on the subject's forehead, then the forgotten memories used in fact to return, hesitatingly at first, but eventually in a flood and with complete clarity. Freud argued that his own patients must in fact 'know' all the things that hitherto had only been accessible in hypnosis and that it might be possible to find another means of inducing their disclosure. Accordingly he abandoned hypnosis, and eventually also the touch on the forehead, but still required the patient to lie on a couch, while he sat behind, where he could see the patient but not be seen. This arrangement has remained part of the standard technique of psycho-analysis.

The question then arose of *why* patients 'forgot' so many facts of their internal and external lives, but could nevertheless remember them under certain conditions. It soon became clear

that everything thus forgotten had been in some way *painful*, either alarming, disagreeable, or shameful according to the patient's standards. Freud conceived the pathogenic process in a hysterical patient as follows. A mental conflict arises between a strong natural impulse and some other powerful tendency in the subject's mind, such as fear, or shame at the consciousness of transgression of a moral standard. If the latter tendency at once prevails, the 'energy charge' (or *cathexis* as it is now called) of the conflicting impulse is withdrawn in full consciousness and the conflict comes to an end. But if this does not happen the 'ego' meets the force of the impulse with a corresponding counter-charge (*anti-cathexis*), blocking the translation of the impulse into motor activity and eventually pushing it out of consciousness, or rather away from the possibility of spontaneous access to consciousness, but without diminishing its energy. This 'psychic energy', with which the impulse is invested, and regarded by Freud as primarily psycho-sexual energy, he called *libido*, and his theory of its behaviour (*libido theory*) is the essence of psycho-analytic doctrine. Psychic energy or *libido* must be thought of quantitatively, though we have no means of actually measuring it. The blocked energy then finds circuitous routes of at least partial discharge, and these appear as hysterical 'symptoms', either physical, as in conversion hysteria, or purely psychical, or often a mixture of the two. Some of these symptoms appear as substitute gratifications of the original impulse.

Freud called this treatment of the impulse by the mind *repression*, and the task of therapy thus became not so much to release affect along normal rather than perverted lines as in the original cathartic treatment, though this was still clearly one aspect of the process, but rather to 'uncover repressions and replace them by acts of judgment which might result either in the acceptance or in the rejection of what had formerly been repudiated'. With this change of primary aim Freud introduced the term *psycho-analysis* to describe his treatment, and applied the name also to the theory of mental structure and working which he gradually built up. The efforts of the patient

to prevent the uncovering of his repressions because of the painful nature of the repressed material were called his *resistances*, and these it was the object of the physician to overcome.

The essentially mechanistic picture of the mind thus arrived at by Freud during the last decade of last century, with its physical metaphors but no relation to brain physiology, is thoroughly characteristic of his work, and was later elaborated in many respects. His approach is purely psychological, but it is an entirely new psychology, with its own concepts of psychical structure and function.

Another important change in technique was the abandonment of the attempt to overcome the patient's resistances by pressing and encouraging him: this had proved too much of a strain on both sides, and was also open to the serious criticism that the physician was likely to suggest to the patient what he should say. Instead, Freud asked him to abandon himself to so-called *free association*, that is, to refrain from any conscious direction of his thoughts and say whatever came into his head. No critical objection to the expression of whatever occurred to the mind was to be admitted, everything had to be spoken of as soon as it arrived in consciousness. The fruitfulness of 'free association', leading eventually to the uncovering of repressed material, depends in the first place upon the psychological fact that mental presentations which suggest one another always have a real mental bond, either purely formal (verbal), logical, or affective, and in psycho-analysis usually the last. The patient under analysis is dominated by his situation, and, as Freud says, 'we shall be justified in assuming that nothing will occur to him that has not some reference to that situation'. Thus the course of the analysis is never divorced from the current situation because it is left entirely to the patient. The resistances to disclosure of the repressed (unconscious) material are shown by the fact that the material itself does not arise in consciousness, but only allusions to it, more or less indirect and obscure. The strength of the resistance is measured by the degree of obscurity of the allusion. Direct questioning, deliberate concentration on particular topics,

and any pressure to overcome the resistances are equally eschewed by the psycho-analyst. All this, of course, involved very great lengthening of the therapeutic process, which may occupy hundreds of hours' sessions before all the resistances are overcome.

What then are the means by which, in successful analyses, the resistances are eventually overcome? Freud found that the mainspring of progress in the work of analysis was the emotional relation (*transference*) unwittingly established between patient and physician, and so called because it derives from the original relation of the patient to his parents and is 'transferred' to the physician. So far from being able to exclude or isolate this emotional relation, as Freud had originally hoped when he decided to abandon hypnotism, he now found that its establishment and maintenance throughout the analysis was an indispensable condition of success. Primarily the transference is represented by a feeling of affection for and dependence upon the physician, who is thought of as a friendly and authoritative figure, doing his best to relieve the patient's sufferings. This is called *positive transference*, and is not of course peculiar to psycho-analysis, but is normally established with every physician who undertakes the treatment of serious illness; and indeed it is upon this emotional relation that medical influence and success are largely based. A similar attitude may occur in the relation of pupil to teacher, of soldier to officer, and in all comparable relations of human life. In psycho-analysis, however, the psychical relation between physician and patient, divorced as it is from all physical treatment, is peculiarly intimate and powerful. So long as the transference remains positive and moderate, good progress is made in diminishing resistances and uncovering repressed material, with corresponding alleviation or disappearance of symptoms; but there are two conditions in which the transference becomes, on the contrary, the principal tool of resistance and stops all progress. The first is when the positive transference rises to the pitch of passion, and the second when it is replaced by so-called *negative transference*, in which the attitude of the patient becomes one of defiance and hatred of

the physician. An important part of the physician's task is to explain to the patient the nature of these various manifestations, to make clear that the whole range of transference phenomena has no basis in the real conditions of the patient's current life outside the analysis, but is primarily a 're-experiencing', a 'transference' to the physician, of his earliest emotional attachments to his parents; though it is, of course, true that the physician's care for exactness and his endeavour to be just and objective in the presence of emotional disturbances, do independently exercise a beneficial therapeutic effect. When the patient becomes convinced, towards the end of the analysis, of the origin of his feeling for the physician, the transference is said to be 'resolved'. The proper handling of the transference is at once the most difficult and the most essential part of the therapeutic task. In order to isolate the transference as far as possible from extraneous influences no intercourse between patient and physician is allowed outside the analytic sessions.

One of the commonest medical criticisms of psycho-analytic therapy is the allegation that it is merely a variant of the 'suggestion therapy' practised by hypnotists, that the analyst uses his influence over the patient to make him accept the truth of the analytic interpretations of his symptoms. Though patients are much more susceptible to every kind of suggestion in the hypnotic trance than when they are treated in the normally conscious state, Freud does not deny that the analytic patient is highly 'suggestible', as in fact are almost all patients of trusted doctors who undertake the task of relieving serious suffering, either physical or mental. On the contrary, he expressly affirms that the analyst cannot escape from using his suggestive power, but he contends that any acceptance by the patient of analytic interpretations *as the result of specific suggestions by the physician* can have no *permanent* effect in abolishing symptoms or altering the patient's mental dispositions. And this is the universal experience of other analysts. Freud insists on the crucial difference between analysis and suggestive therapy, that in analysis suggestion 'is not allowed to play the decisive part in deter-

mining the therapeutic results. It is used instead to induce the patient to perform a piece of mental work—the overcoming of his transference resistances—which involves a permanent alteration in his mental economy'. Thus the transference is not used to produce a direct therapeutic effect on the patient, but primarily as the main instrument of the process of research, which is here identical with the therapeutic process. It is used to discover to both patient and clinician what is previously unknown to either.

An important part of the work of analysis is the demonstration to the patient of the unexpected connexions between free associations arising at different times, and of these with the symptoms and with their underlying unconscious causes. In the course of this work Freud found that the patient is constantly producing material—largely visual images—which are symbolized representations of his unconscious 'thoughts'. Some of these are obvious enough, others more obscure. It is important to refrain from explaining their meaning prematurely, to abstain from forcing interpretations on the patient; it is necessary to wait till he can almost see them for himself and to allow him to make his own interpretations wherever he can. The patient should always be induced to do as much as possible of the mental work of the analysis himself. In this way, in a successful analysis, the whole mental structure of his neurosis gradually becomes plain to him, and with that it disappears.

In the first few years of his analytic work Freud's patients often spontaneously recounted their dreams, and he soon found that the images of a dream had much in common with neurotic symptoms and symbols, and were susceptible of just the same treatment by free association and interpretation of the individual images. In this way the underlying 'dream thoughts' or 'latent content' of the dream, as distinct from the 'manifest content', the dream story as remembered by the dreamer, could be discovered. The changes by which the former found expression by the latter were exactly comparable with the changes by which the causative impulse giving rise to a neurosis finds expression in the symptoms. In both cases the 'ego', exercising

a repression or 'censorship' on the free expression of the impulse, forces on the impulse a modified and distorted expression. But the dream censorship is not nearly so strong as the censorship in waking life, so that the dreams of a neurotic often easily reveal, on analysis, unconscious motive forces that are more difficult to discover by analysis of material produced by the waking consciousness.

In 1900 Freud published *Die Traumdeutung*, a large volume in which he discussed very fully the nature of the work performed by the dreaming mind, not only in neurotics but in normal people, and constructed a scheme of the psychic 'systems' involved, distinguishing clearly for the first time between the 'preconscious' region of the mind containing material normally accessible to consciousness and the 'unconscious' to which such access is unobtainable, except indirectly by special methods, but whose contents lie at the root of all affective psychical activity, and thus constantly determine conscious thought, feeling, and behaviour. The great importance of Freud's work on dreams lies in the fact that in it he was able to demonstrate for the first time the principles and mechanisms he had discovered in neurotic minds at work also in a perfectly normal activity of the healthy mind. This led the way to psychological constructions of universal validity. In 1904, in *Zur Psychopathologie des Alltagslebens*, he showed that slips and mistakes in speech and slight abnormalities in behaviour, with which we are all familiar in otherwise 'normal' people, can be interpreted in exactly the same way, by recourse to the principle of repression.

From 1894 to 1896 Freud published several important papers on the neuroses and their sexual etiology. He separated what he called the 'actual' neuroses, due to actual abuses of the sexual function, from those which had a psychogenic (though still sexual) origin ('defence neuroses'), and among the 'actual' neuroses he separated *anxiety neurosis*, due to a specific type of abuse, from the rather vague mass of nervous disorders previously lumped under the general name of neurasthenia. Besides dealing with hysteria he extended his work to obsessions and phobias, in

which he found the same fundamental mechanisms of repression and symbolism, but expressed in a different kind of symptom. He also traced back the origin of all adult neuroses to early childhood, and arrived at the startling conclusion that the root neurosis was never acquired later than the sixth year of life. In 1896 he thought that they had their origin in the 'seduction' of young children, but was later disconcerted by the discovery that most of the stories of infantile seduction told him by his patients were actually false—the 'seductions' had not, in fact, occurred. His endeavour to explain the psychological fact that these stories were nevertheless believed by the patients who recounted them led to the discovery of the enormous extent and importance of infantile fantasy, abundantly confirmed by his own subsequent clinical work and that of other analysts.

Freud's immense activity during the middle and later 'nineties, in detailed clinical work, in the formulation of his discoveries, and in the construction of new concepts by which they could be resumed and which could form a basis for further advances, thus resulted in theses which have formed the foundations of psycho-analytic theory: the sexual etiology of the neuroses; the reality of infantile sexuality culminating in the 'Oedipus situation' (first described in *Die Traumdeutung*); the origin of adult neuroses in infancy when the Oedipus situation is not successfully resolved; the period of relative sexual latency from the fifth or sixth year up to puberty; the occurrence in the dreams of 'normal' minds, and to a less extent during waking life, of exactly the same mental mechanisms that are found in neuroses, and hence the justification for asserting the general validity of these mechanisms.

It was not till 1905 that Freud brought together the pieces of the novel theory of psycho-sexuality which he had been gradually elaborating during the previous decade in his *Drei Abhandlungen zur Sexualtheorie*, and it is this work, together with *Die Traumdeutung* and the pre-analytic *Studien über Hysterie*, which contains the most fundamental elements of psycho-analytic theory. The three essays of the *Sexualtheorie* deal respectively with the

perversions, infantile sexuality, and the changes at puberty, and provide a convincing view of the psychogenetic factors and mechanisms concerned in the development of human sexuality as it is represented in the adult mind, both normal and abnormal. This book is of special interest to the biologist, because it closely connects the psychical with the physiological processes at work in the protracted human ontogeny, though, of course, without the light thrown on these problems by much later researches on the physiology of sex. Freud's insistence on the fundamental 'bisexuality' of the human being, reflected in the human psyche, is strikingly confirmed by current investigations on the occurrence and effects of the sex hormones. His bringing together of the sexual manifestations of infancy, the perversions, and the complex structure of adult sexuality, with the regressions and dissociations of psychoneurosis is a masterly piece of synthesis.

The *Sexualtheorie*, like the *Traumdeutung*, was largely ignored by contemporary science. Such notices as appeared were mostly marked by derision, disgust, or moral indignation. Though scarcely creditable to the scientific men of that time this reaction was to be expected in the light of Freud's own theories. It is interesting to contemplate the complete change of opinion between then and now in the domain of infantile sexuality, where the phenomena alleged by Freud can be directly observed, though, in fact, they had been consistently ignored. What was then regarded as monstrous and revolting is now taken by increasingly wide circles as matters of common knowledge.

Since his separation from Breuer up to about 1904, Freud had been working entirely alone. 'In Vienna I was shunned,' he writes, 'abroad I was ignored.' But now the isolation was coming to an end. A small group of pupils began to gather round him in Vienna, and in 1907 a private society was formed, which held its meetings at Freud's house, to discuss the problems of analysis. In 1907, too, Freud got into personal touch with members of the staff of the Burghölzli, the psychiatric clinic in Zürich, who had for some years been interested in Freud's

published accounts of psycho-analysis, and had used it in their work. This was the first 'official' recognition that the subject obtained, and it had far-reaching results. The so-called 'association experiments' originating in the school of Wundt, were interpreted by C. G. Jung in the Freudian sense, and shown to be capable of use in diagnosis. E. Bleuler, the head of the Zürich clinic, showed that many psychoses present just the same mechanisms as the neuroses, often indeed on the surface, though they are usually inaccessible to treatment, his later great work on schizophrenia (1911) demonstrating this very completely; and Jung interpreted the obscure phenomena of dementia praecox (1907) in the same manner. It was Jung, too, who introduced the conception of a mental 'complex', which attained such great popularity—a conception in which Freud himself found little value. The successful application of the Freudian neurotic mechanisms, on the one hand to the normal, and on the other to the psychotic mind, enormously strengthened belief in their general validity.

On Jung's suggestion the first International Psycho-analytical Congress met at Salzburg in 1908 as a small group of enthusiasts, and it was decided to hold regular congresses every other year, and to begin the publication of a journal (*Jahrbuch für psychopathologische und psychoanalytische Forschungen*) under the direction of Bleuler and Freud. The *Jahrbuch* and two or three other journals devoted to the subject which shortly followed suffered various vicissitudes and some of them ceased publication, but to-day there are a considerable number of psycho-analytic journals in various languages all over the world.

In Germany considerable notice of psycho-analysis now began to be taken, but the German criticism published was almost universally ill-informed, arrogant and ill-mannered. The bitter and largely emotional opposition naturally drove the psycho-analysts closer together, and at the second congress at Nuremberg in 1910 it was decided to form an International Psycho-analytical Association, with local affiliated societies under a common president. In the thirty years that have followed these societies

have multiplied and spread all over the world, though they cannot continue to function in places subject to Nazi domination.

In 1909 Freud and Jung were invited to Clark University at Worcester, Massachusetts, to deliver lectures on psycho-analysis and receive honorary degrees, while Putnam and Brill in the United States and Ernest Jones in Canada were spreading a knowledge of Freud's work. In England Havelock Ellis, Wilfred Trotter, Jones himself before he went to Canada, and Bernard Hart did the same thing, and Jones, after he returned to England in 1912, effectively established and continuously developed the subject in this country, where the British society was founded, and *The International Journal of Psycho-analysis* (now in its 21st annual volume) began to be published after the war. In France this development occurred much later, but eventually a flourishing French school was established under the leadership of Laforegue, De Saussure and Marie Bonaparte (Princess George of Greece), with a corresponding society and journal.

Striking as was the spread of interest and the multiplication of psycho-analytic work after 1908, the movement was by no means free from disruptive influences. Jung and Alfred Adler, who had been among Freud's most talented co-workers, each broke away from the main tenets of the Freudian teaching—particularly from his libido theory—and each founded a school of his own, based on different principles that seemed to Freud of subordinate importance or seriously misleading. Both of these schools have had a certain therapeutic success, and of recent years Adler's teachings especially have been turned to useful account by several psychotherapists in this country. Into the causes and nature of these developments this is not the place to enter, but it may be said with complete certainty that there is nothing of positive value in either Jung's or Adler's work that could ever have been elaborated if it had not been for Freud's original discoveries.

Freud's reactions to these schisms were marked by deep disappointment and some bitterness, though his published comments were objective enough. He has been reproached for

desiring autocratic rule of the development of psycho-analysis and with violating the scientific spirit by objecting to modifications of his theory based on independent work. But such criticisms ignore the crucial point as Freud saw it. He believed that the abandonment of his central doctrine could only lead to the fatal weakening and ultimate loss in all value of 'deep psychology', and that sound scientific advance in the subject was only possible on the basis of his own theoretical construction, which, after all, was the result of many years of continuous and patient clinical work. The relative position and influence of the 'rival' schools, and the enormous preponderance of clinical work carried out by psycho-analysts who adhere to the Freudian tenets furnish the best evidence of the soundness of Freud's conviction. Freud also objected to the name 'psycho-analysis' being applied to the doctrines and practices of those who disagreed with him in fundamental points. The public could scarcely be expected to understand the distinctions and were naturally ready to call any one a psycho-analyst who professed to 'analyse' the mind. Adler, however, eventually named his doctrine 'individual psychology', and the term psycho-analysis is now increasingly identified exclusively with Freudian theory and practice.

During these critical years Freud was producing a constant stream of papers on clinical and theoretical topics. Of his publications on psycho-analytic theory the most important were the papers on anal erotism (1908), and on narcissism (1910). In the last-named he extended the concept of libido-cathexis to the ego itself, with far-reaching results. At the same time he was extending the applications of psycho-analysis beyond the medical sphere. *The Psychopathology of Everyday Life*, already referred to, was followed in 1905 by *Der Witz und seine Beziehung zum Unbewussten*, an analysis of fictional delusion and dream in a novel (1907), a paper on the antithetical meaning of 'primal words' (1910), and in 1913 by *Totem und Tabu*, a speculative excursion into the field of primitive sociology which has been much criticized by anthropologists, but which, at the least,

contains suggestions of great value. Many anthropologists and sociologists are, in fact, now using to an increasing extent Freud's conception (1921) of the psychological identification between those who recognize a common 'ego-ideal' personalized in a single leader, identified with the primitive father. During this period, too, some of Freud's colleagues and pupils, such as Rank and Sachs, published valuable psycho-analytic studies of myth, folklore and poetry, intended to demonstrate the universality of the primitive impulses, motives and symbols discovered by Freud in neurotic fantasy and in the dreaming mind; and Freud himself, in several different papers, discussed the unconscious motivations of numerous characters in fiction.

The war of 1914-1918 actually helped the progress of psycho-analysis by opening the eyes of the medical profession to the importance of psychogenesis in neurotic disturbances, and some of the early Freudian formulations such as 'the flight into illness' suddenly became popular. The old cathartic method was used in the treatment of a great number of cases of so-called 'shell shock' and with considerable success. It is true that many psychotherapists who rejected the libido theory proclaimed that the war neuroses proved sexual factors to be unnecessary in the etiology of neurotic disorders, but they ignored the fact that Freud had always given the word sex a far wider meaning than the common one, and had included 'self love' (narcissism) in the activity of the libido. Furthermore the cathartic treatment applied to the vast majority of war neuroses was necessarily superficial, and those few cases which were submitted to thorough analysis were found to present just the same essential features as the neuroses of civil life, the psychic traumata of war merely serving as shock stimuli exciting to activity a more or less dormant neurotic condition. In any case, the forcing of attention on to psychogenic factors and the great increase in psychotherapy of every kind was bound to work, as it did work, in the long run to the advantage of valid theory.

Although Freud's clinical publications were less frequent during the last twenty years of his life, one of them, *Hemmung*,

Symptom und Angst (1926), is of great importance, and he never lost interest in, or touch with, detailed clinical work. His books and papers of this period deal largely, and often by way of frank speculation, with the nature and classification of 'instincts', with the general structure and working of the psyche, and with various topics of wide human interest. Among these last were *Die Zukunft einer Illusion* in 1927, *Das Unbehagen in der Kultur* (1930) and *Moses and Monotheism* (1939). The most important of his later works on the nature and working of the instinctive and emotional side of the human mind, on the psychical basis of social behaviour, and on the structure of the mind, are *Jenseits des Lustprinzips* (1920), *Massenpsychologie und Ichanalyse* (1921), and *Das Ich und das Es* (1923). The first contains a great deal of interesting speculation, some of it, however, of very doubtful validity, especially where it touches on the border region between psychology and biology. In spite of the brilliance of his earlier *Sexualtheorie*, in later life Freud's contacts with modern biology were inadequate, and no one has yet succeeded in producing a satisfactory classification of the 'instincts', probably because the problem of instinct is misconceived. But all three works, nevertheless, contain valuable considerations, conceptions and formulations, which clarify and develop the psycho-analytic theory of the human mind. Particularly the threefold division of the mind in *Das Ich und das Es*, simple as it is, and even crude as it may appear at first sight, has proved of enormous use in subsequent clinical work.

Freud's scientific life after his 30th year was so entirely devoted to the development of therapy which culminated in psycho-analytic theory that any account of it is necessarily an account of the history of the subject. For the same reason no just estimate of his peculiar genius can be formed without some detailed knowledge of how his ideas took origin and developed, and of the ways in which he handled them. Thus it has seemed desirable in this notice to give a much closer account of the material involved, particularly during the formative years at the end of

last century and the beginning of this, than is usual in these obituaries.

It has often been said, by way of destructive criticism, though less commonly now than a few years ago, that Freudian theory is the product of Freud's imagination. But when it is added that his imagination was wild, extravagant or fantastic, the only reply is that such an assertion is directly contrary to the facts. All far-reaching scientific theories are the products of their authors' imaginations. The crucial points which distinguish good theories from bad are how close they keep to observed phenomena, and how far they are capable of explaining fresh phenomena that are afterwards discovered. It should be clear that Freud began his work as a physician without preconceived bias, that from 1886 onwards he was occupied day after day with the closest possible clinical observation, and that he was gradually led to form new concepts to explain the phenomena he observed. The story is that of a hard-working, conscientious scientific investigator continuously examining his material, altering and adjusting his technique in the light of experience, finally adopting as a standard the technique he found most satisfactory, and forming concepts suggested by his repeated observations of a wide range of complicated phenomena in which the same patterns recurred again and again. These concepts he modified and added to as experience accumulated, and, finally, there emerged a new picture—novel and startling enough, but with every detail based on observation—of the structure and working of the human mind or psyche.

The revolutionary nature of Freud's conclusions becomes intelligible when we remember that he was investigating an entirely unexplored field, a region of the human mind into which no one had penetrated before, and whose overt manifestations had been regarded as inexplicable or as degenerative aberrations, or had been ignored because they lay under the strongest human taboos. The very existence of this field was unrecognized. Freud was forced to assume the reality of an unconscious region of the mind, and then to attempt to explore

it, by the apparent discontinuities in the chains of conscious mental events. By postulating the existence of unconscious mental processes, and ultimately by taking the view that all mental activity is *primarily* unconscious, though some of its results can become conscious, he was able to show that the gaps in the chains of mental causation can be bridged, and thus to construct a self-consistent psychology entirely on the mental plane, avoiding the illegitimate and useless recourse to physiological 'causes' in the psychological sphere. Freud held that psycho-analytic theory 'is in reality but a superstructure, which will have to be set on its organic foundation at some time or other; but this foundation is still unknown to us', but attempts to 'mix' physiological and psychological causation are worse than useless, because we are entirely unable to 'think' from one to the other.

On the assumption of their real existence, Freud was able to show that the unconscious mental processes together with their overt and conscious manifestations were orderly and constant like other natural phenomena, though determined by an entirely unfamiliar and extremely bizarre type of psychical activity. This discovery, unexpected as it was, might have been accepted and even welcomed as an extension of natural law to a new field, if it had not been for the fact that it reveals fundamental human motives profoundly unwelcome to the human consciousness of medical men and scientists no less than to that of the lay public. We owe the extensive, though not yet universal, change in attitude not only to the inherent power of scientific truth in eventually carrying conviction, but to Freud's high intellectual and moral courage in the face of hostile public opinion, and to his steadfastness in refusing to compromise his hardly-won conclusions.

There are many who would deny that psycho-analysis can be a science, and some who would say the same of psychology at large, though this Society has taken neither view. What is called experimental psychology can, to a limited extent, use controlled experiment and quantitative methods, but it can only

deal with relatively superficial mental phenomena. If we try to penetrate more deeply into the human mind the difficulty is to make any sort of objective observation. Some new kind of technique is clearly required, and no one before Freud had found it. Psycho-analysis claims to provide a technique of observation, and concepts obtained through its use, from which real and substantial knowledge of the fundamental constitution of the mind can be derived by essentially scientific methods. The scientific disabilities of the psycho-analyst are obvious enough and severe enough. The phenomena he deals with are obscure and elusive. Their elements are difficult to isolate, and controlled experiment is out of the question. The analyst cannot exhibit his methods and results directly to other observers, since he and the analysand must be alone together, because success in the work depends on the establishment of an intimate personal relation between them. Finally the presence and the interventions of the analyst continually modify the reactions of the analysand, *i.e.* they necessarily alter the material with which the analyst is dealing. The soundness of postulated psychical mechanisms can, therefore, only be tested by repeated applications to successive cases and the various psychical processes at work thus gradually sifted out. Slow and uncertain at first as the steps may be, the same reactions to the same or similar situations constantly recur, and the concepts formed to resume them ultimately justify themselves by fitting the psychical facts over a wider and wider range of experience.

Psycho-analysis as a scientific technique must ultimately be judged by the concordance of its results over the widest fields of application and by the general agreement they can obtain. It is useless to condemn it, as a technique, because of its strangeness: the material with which it professes to deal—the workings of the unconscious mind—is entirely strange to conscious modes of thought. Nor can a sceptic condemn its results as fantastic if he has no personal experience of the method: as well might he refuse to accept the results of a histologist while refusing to look through the microscope.

Though psycho-analysis began as an endeavour to find a satisfactory therapy for hysteria, it is not by its success or failure in that field that it is to be judged. It has been well said that therapeutic results are a deceptive criterion of scientific truth. There are many psycho-therapeutic methods, almost any of which may show, in different cases, greater or lesser degrees of success, owing to the susceptibility of the human mind to suggestion coming from an 'authoritative' source. And neurotics, like other invalids, may get well spontaneously—the organism may regain its equilibrium without the help of a physician. Psycho-analysis, like other modes of therapy, has its failures as well as its successes. Judged merely by these it might be regarded as just one empirical type of therapy among many. It does, however, as therapy, make a specific claim. That all the best physician can do is to put the sick body in the way of curing itself has become almost a medical commonplace. Psycho-analysis claims to do this for the mind by unveiling unconscious mental processes the interactions of which with one another and with the external world are the causes of neurosis. It thus stands in marked contrast with 'forceful' methods of therapy such as hypnotic suggestion, and also with such methods as rational explanation, encouragement and persuasion, which do not touch the unconscious. The failures of psycho-analytic therapy are partly due no doubt to faulty analysis, but very largely to hereditary pathogenic constitution which prevents the mental organism from ever reaching a healthy equilibrium.

Freud's claim to enduring fame does not rest on the therapeutic use of psycho-analysis, but on his discovery and exploration of the unconscious mind. If that be fantasy his scientific achievement amounts to very little. But the extension of his doctrines far beyond the study of the neurotic mind, the light that they throw on the occurrences of daily life and on the widest spheres of human behaviour, their constantly increasing effect on modern thought, all point to the conclusion that Freud, like Darwin before him, has made a major contribution to 'the improvement of natural knowledge'.

Freud's mind and character showed an array of qualities very rarely combined in one man. Joined with his questing intelligence and his dominant passion for knowledge and truth was profound natural psychological insight. His intuitive judgments of men and their motives were exceedingly shrewd and very seldom at fault, and his remarkable self-knowledge enabled him to recognize his own motives with the same sureness as those of others. These gifts were the foundations of his success in penetrating to and analysing the deeper causes of human behaviour. Allied with them were his inveterate scepticism of current 'explanations' which did not explain and his unvarying insistence on independent judgment of all the relevant facts, including psychological facts such as the images and fantasies produced by the neurotic and the normal mind, previously ignored or dismissed as unworthy of the psychologist's attention. Lastly there was his power of hard and continuous application to daily clinical work and his simultaneous unfailing interest in and constant consideration of every human activity that could throw light on the workings of the human mind. And he exercised all these powers after a training of ten years' work and research in physiology, neurology and neuropathology, so that his approach to the complicated and elusive problems of 'deep' psychology adhered, as we have seen, to the essential method of natural science.

Freud's tenacity in maintaining his own conclusions and his indifference to the hostile opinion of colleagues and the public have already been mentioned, and to these qualities, no less than to the merits of his work, is due the gradual conversion of wider and wider circles to recognition of his achievements. It would have been so easy to compromise, to modify his statements, or to express them in more abstract terms, less offensive to popular prejudices, as some of his colleagues did. But this he always refused, believing not only that any departure of the kind would fatally weaken the strength and coherence of his teaching, but that it would be dishonest to use any language but that which he felt most closely represented the facts he had observed.

Though not very systematic in exposition, and sometimes guilty of an obscurity, an ambiguous phrase or an inconsistency, Freud wrote a prose style which is very attractive, fluent, lucid and graceful, singularly pleasant to read and with every sentence full of meaning. In talk he was a delightful companion, full of attractive ironic humour and with a very pungent wit. Profoundly humane in his outlook on life he was exceedingly penetrating in his comments on men and affairs, and this went with his Jewish shrewdness in worldly matters. His great hobby was classical archaeology and he had a fine collection of Greek and Roman antiques.

It may safely be said that no man has ever been freer than Freud from illusions about human nature. Romain Rolland once inscribed a book to him, *Au destructeur des illusions*. But the suggestion that Freud was a 'pessimist' is quite misleading. No one recognized goodness and nobility, where he met them, more gladly and freely, and no one could appreciate and savour more fully the good and beautiful things of life, both great and small. Freud was an uncomprising realist, but no pessimist. He was indeed in love with life, though he did not fear death, and he was thus able to keep his inner serenity and courage to the end in spite of the suffering and misfortune he had to endure. Ernest Jones, a friend and colleague of more than thirty years' standing, has written of him, 'I have seen him grave and helpless in the face of injustice and cruelty that he could not avert. I have seen him in acute and hopeless physical misery. But I never saw him inwardly depressed'.

In 1923 Freud had to have his superior maxilla excised, and in subsequent years there were several supplementary operations for recurrence of the cancer. Till the end of his life he was never free from pain or discomfort: speaking and eating were always troublesome, and there were periods of acute suffering. But like Darwin through his severe dyspepsia Freud continued his work during the whole time with unimpaired energy and interest, and his output scarcely suffered. In 1938, when he was in his 82nd year, he was insulted and robbed of a large sum

of money by the Nazi invaders of Austria, and the contents of his publishing house were destroyed. At the instance of Ernest Jones, Sir Samuel Hoare, then Home Secretary, offered asylum in England to Freud, his family, and some of his colleagues, and he was thus able to spend his last year of life in peace and security. Jones records that when he saw the pleasant garden at Hampstead where he would be able to sit, and where he actually enjoyed many happy hours, he smiled and exclaimed 'Heil Hitler!' The courtesy and consideration shown by the officers in taking the Society's Charter Book to his house for signature were deeply appreciated by his English friends, as had been Council's recognition in 1936 that Freud was among 'men of the greatest eminence for their scientific discoveries and attainments', by electing him to the Foreign Membership. Freud himself was deeply touched by these tributes and acts of kindness. Though he had only visited England once before he always held it in the highest esteem. I remember once, when we were talking of the reputations in the world of different nations and of their attitudes to one another, I remarked on the common Continental condemnation of English 'hypocrisy' and wondered if it had not some justification. Freud looked at me in surprise. 'But surely,' he said, 'you cannot doubt that England is rightly held to be morally pre-eminent.' I felt that this was real praise of my country, for he was the last man in the world to pretend, out of politeness, what he did not believe, and he used the word moral in no narrow sense.

Freud's own moral qualities were outstanding. Along with his stark realism and avoidance of all illusion went intense dislike of every subterfuge, deceit and dishonesty. It is difficult to avoid applying to him the common *cliché* that he was incapable of a mean or petty thought or action. On the positive side he was actively benevolent in the best sense, always ready to help others in any way that could be effective. In his domestic life, though he suffered more than one painful bereavement, he was singularly fortunate and happy. His dislike of pretence and artificiality made him shun formal and conventional social

intercourse, but his friendship was a great possession, and he had many friends in many countries in whom he inspired deep devotion. He was not demonstrative and the expression of his feelings was always restrained, but his affectionateness and tenderness were unmistakable. The dominant impression of his personality was the harmonious blend of sweetness, gentleness, sincerity, and strength, above all, of that psychical integrity which it was the aim of his therapy to establish in others.

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