

OBSESSIONS AND PHOBIAS
THEIR PSYCHICAL MECHANISM AND THEIR
AETIOLOGY

(1895 [1894])

OBSESSIONS ET PHOBIES
Leur mécanisme psychique et leur étiologie

EDITOR'S NOTE

OBSESSIONS ET PHOBIES

(LEUR MÉCANISME PSYCHIQUE ET LEUR ÉTIOLOGIE)

(a) FRENCH EDITIONS:

- 1895 *Rev. neurol.*, 3 (2), 33-8. (January 30.)
1906 *S.K.S.N.*, 1, 86-93. (1911, 2nd ed.; 1920, 3rd ed.; 1922,
4th ed.)
1925 *G.S.*, 1, 334-42.
1952 *G.W.*, 1, 345-53.

(b) ENGLISH TRANSLATION:

'Obsessions and Phobias'

- 1924 *C.P.*, 1, 128-37. (Tr. M. Meyer.)

Included (No. XXX) in Freud's own collection of abstracts of his early works (1897*b*). The original is in French. The present translation is a considerably revised version of the one published in 1924. A German translation, by A. Schiff, under the title 'Zwangsvorstellungen und Phobien', was published in the *Wien. klin. Rundsch.*, 9 (17), 262-3 and (18), 276-8, on April 28 and May 5, 1895.

Though this paper was published a fortnight later than the first paper on anxiety neurosis (1895*b*), it was written earlier; for there is a reference here (p. 81) to the one on anxiety neurosis as something that Freud hopes to write in the future, and in that paper there is a reference back to this one (p. 97 *n.* below).

The earlier part of this paper is little more than a repetition of Section II of the first paper on 'The Neuro-Psychoses of Defence' (1894*a*), dealing with obsessions. The later part, concerned with phobias, is discussed in the Editor's Appendix below (pp. 83-4).

This is one of three papers which Freud wrote in French at

about this period; the first (1893c), dealing with the distinction between organic and hysterical paralyses, will be found in the first volume of the *Standard Edition*, and the remaining one below, on p. 143 ff. In one or two cases the French terms selected by Freud himself as renderings of the German ones are of interest to the English translator. Thus he always translates '*Zwangsvorstellung*' by the French '*obsession*'. This ought to set at rest any uneasy feeling that the proper English version should be 'compulsive idea' or something of the sort.¹ Actually there seems to have been no German equivalent to the French and English word until Krafft-Ebing introduced '*Zwangsvorstellung*' in 1867 (cf. Löwenfeld, 1904, 8). The English '*obsession*' in the sense of a fixed idea, goes back at least to the seventeenth century. Similarly Freud translates '*Zwangneurose*' by the French '*névrose d'obsessions*'. The German '*Angstneurose*' he renders '*névrose d'angoisse*'; in one place at least, however (on p. 75), he renders *Angst* by '*anxiété*', a French word with much the same connotation as the English '*anxiety*'. (See p. 116 f. below.) Another word which Freud uses very frequently indeed in his writings at this period is '*unverträglich*' as applied to the ideas repressed in hysteria or got rid of in other ways in obsessional neurosis. There has been a good deal of unwillingness to accept this word as meaning 'incompatible'. There is another German word with only a single letter fewer, '*unerträglich*', which means 'intolerable'. This latter word appears a few times, probably as a misprint, in the German editions (cf. p. 51, n. 4 above), and 'intolerable' was adopted as the uniform translation in the greater part of the first volume of the *Collected Papers* of 1924. Doubts about the sense intended by Freud seem to be settled by the French equivalent which he has chosen—'*inconciliable*'.

It may be added that in Volume I of the *Gesammelte Werke* (published in 1952), at the beginning of the first of these French papers (which is the one included in Volume I of the *Standard Edition*) the following footnote appears: 'In the three articles in French, the original text has been revised and corrected as regards misprints and errors in French, though strict respect has been paid to the meaning.' The majority of the changes thus

¹ The sense may, of course, sometimes call for the term to be translated 'obsessional idea', and sometimes require the special introduction of the notion of compulsion.

made are purely verbal and have consequently not affected the English translation. In some cases, however, in this paper and in the one below (p. 143 ff.), the changes may perhaps be thought to have gone further, though in two of these (pp. 145 and 153) the 1952 version actually goes back to the one found in the original periodical publication. In reaching a decision in the doubtful cases it has to be borne in mind that Freud himself most probably read through both the 1906 *and* the 1925 reprints, since he added new footnotes to the latter (cf. p. 6 n. above). The 1906 versions are the ones we have usually adopted in the text. In every instance the alternative is given in a footnote.¹

¹ As a further point of interest to the translator, it may be remarked that throughout this paper Freud uses the French '*état émotif*' as a rendering of the German '*Affekt*'. Compare the last paragraph on p. 75 with the first paragraph on p. 52. See also his own abstract of the French paper, p. 250 below.

OBSESSIONS AND PHOBIAS

THEIR PSYCHICAL MECHANISM AND THEIR AETIOLOGY

I SHALL begin by challenging two assertions which are often found repeated in regard to the syndromes 'obsessions' and 'phobias'. It must be said, first, that they cannot be included under neurasthenia proper, since the patients afflicted with these symptoms are no more often neurasthenics than not; and secondly, that we are not justified in regarding them as the effect of mental degeneracy, because they are found in persons no more degenerate than the majority of neurotics in general, because they sometimes improve, and sometimes, indeed, we even succeed in curing them.¹

Obsessions and phobias are separate neuroses, with a special mechanism and aetiology which I have succeeded in demonstrating in a certain number of cases, and which, I hope, will prove similar in a good number of fresh cases.

As regards classification of the subject, I propose in the first place to exclude a group of intense obsessions which are nothing but memories, unaltered images of important events. As an example, I may cite Pascal's obsession: he always thought he saw an abyss on his left hand 'after he had nearly been thrown into the Seine in his coach'. Such obsessions and phobias, which might be called *traumatic*, are allied to the symptoms of hysteria.

Apart from this group we must distinguish: (a) true obsessions; (b) phobias. The essential difference between them is the following:

Two constituents are found in every obsession: (1) an idea that forces itself upon the patient; (2) an associated emotional state. Now in the group of phobias this emotional state is always one of 'anxiety', while in true obsessions other emotional states, such as doubt, remorse, or anger, may occur just as well

¹ I am very glad to find that the authors of the most recent work on this subject express opinions very similar to mine. Cf. Gélinau (1894), and Hack Tuke (1894).

OBSESSIONS ET PHOBIES

Leur mécanisme psychique et leur étiologie

Je commencerai par contester deux assertions, qui se trouvent souvent répétées sur le compte des syndromes: „obsessions et phobies“. Il faut dire: 1° qu'ils ne se rattachent pas à la neurasthénie propre, puisque les malades atteints de ces symptômes sont aussi souvent des neurasthéniques que non; 2° qu'il n'est pas justifié de les faire dépendre de la dégénération mentale, parce qu'ils se trouvent chez des personnes pas plus dégénérées que la plupart des névrosiques en général, parce qu'ils s'amendent quelquefois et qu'on parvient même quelquefois à les guérir.¹

Les obsessions et les phobies sont des névroses à part, d'un mécanisme spécial et d'une étiologie que j'ai réussi à mettre en lumière dans un certain nombre de cas, et qui, je l'espère, se montreront de même dans bon nombre de cas nouveaux.

Quant à la division du sujet je propose d'abord d'écarter une classe d'obsessions intenses, qui ne sont autre chose que des souvenirs, des images non altérées d'événements importants. Je citerai, par exemple, l'obsession de *Pascal* qui croyait toujours voir un abîme à son côté gauche, „depuis qu'il avait manqué d'être précipité dans la Seine avec son carrosse“. Ces obsessions et phobies, qu'on pourrait nommer *traumatiques*, se rattachent aux symptômes de l'hystérie.

Ce groupe mis à part il faut distinguer: A) les obsessions vraies; B) les phobies. La différence essentielle est la suivante.

Il y a dans toute obsession deux choses: 1° une idée qui s'impose au malade; 2° un état émotif associé. Or, dans la classe des phobies, cet état émotif est toujours *l'angoisse*, pendant que dans les obsessions vraies ce peut être au même titre que l'anxiété un autre état émotif, comme le doute, le remords, la colère.

¹ Je suis très content de trouver que les auteurs les plus récents sur notre sujet expriment des opinions voisines de la mienne. Voir: Gélinau, Des peurs maladives ou phobies, 1894, et Hack Tuke, On imperative ideas, *Brain*, 1894.

as anxiety.¹ I will first attempt to explain the really remarkable psychological mechanism of true obsessions, a mechanism quite different from that of the phobias.

I

In many true obsessions it is quite plain that the emotional state is the principal thing, since that state persists unchanged while the idea associated with it varies. The girl in Case 1 quoted below, for example, felt remorse in some degree for all sorts of reasons—for having stolen, for having ill-treated her sisters, for having made counterfeit money, etc. People who doubt have many doubts at the same time or in succession. It is the emotional state which remains constant in them; the idea changes. In other cases the idea, too, seems fixated, as in Case 4, of the girl who pursued the servants in the house with an incomprehensible hatred, though constantly changing the individual object.

Now a careful psychological analysis² of these cases shows that *the emotional state, as such, is always justified*. The girl in Case 1, who suffered from remorse, had good reasons for it; the women in Case 3 who doubted their powers of resistance to temptation knew very well why. The girl in Case 4, who detested servants, had good reasons for complaining, etc. Only, and it is in these two characteristics that the pathological mark lies, (1) *the emotional state persists indefinitely*, and (2) *the associated idea is no longer the appropriate original one, related to the aetiology of the obsession, but is one which replaces it, a substitute for it*.

The proof of this is the fact that we can always find in the previous history of the patient, *at the beginning of the obsession*, the original idea that has been replaced. The replaced ideas all have common attributes; they correspond to really distressing experiences in the subject's sexual life which he is striving to forget. He succeeds merely in replacing the incompatible idea by another ill-adapted for being associated with the emotional state, which for its part remains unchanged. It is this *mésalliance*³ between the emotional state and the associated idea that accounts for the absurdity so characteristic of obsessions.

¹ [The first 'anxiety' in this sentence stands for 'angoisse' in the original, and the second for 'anxieté'.] * [Cf. p. 47, n. 1.]

³ [Elsewhere Freud uses the term 'false connection'. Cf. above, p. 52.]

Je tâcherai d'abord d'expliquer le mécanisme psychologique vraiment remarquable des obsessions vraies, qui est bien différent de celui des phobies.

I

Dans beaucoup d'obsessions vraies, il est bien évident que l'état émotif est la chose principale, puisque cet état persiste inaltéré pendant que l'idée associée est variée. Par exemple, la fille de l'observation II avait des remords, un peu en raison de tout, d'avoir volé, maltraité ses soeurs, fait de la fausse monnaie, etc. Les personnes qui doutent, doutent de beaucoup de choses à la fois ou successivement. C'est l'état émotif qui, dans ces cas, reste le même: l'idée change. En d'autres cas l'idée aussi semble fixée, comme chez la fille de l'observation IV, qui poursuivait d'une haine incompréhensible les servantes de la maison en changeant pourtant de personne.

Eh bien, une analyse psychologique scrupuleuse de ces cas montre que *l'état émotif, comme tel, est toujours justifié*. La fille I, qui a des remords, a de bonnes raisons; les femmes de l'observation III, qui doutaient de leur résistance contre des tentations, savaient bien pourquoi, la fille de l'observation IV, qui détestait les servantes, avait bien le droit de se plaindre, etc. Seulement, et c'est dans ces deux caractères que consiste l'empreinte pathologique: 1) *l'état émotif s'est éternisé*, 2) *l'idée associée n'est plus l'idée juste, l'idée originale, en rapport avec l'étiologie de l'obsession, elle en est un remplaçant, une substitution*.

La preuve en est qu'on peut toujours trouver dans les antécédents du malade, *à l'origine de l'obsession*, l'idée originale, substituée. Les idées substituées ont des caractères communs, elles correspondent à des impressions vraiment pénibles de la vie sexuelle de l'individu que celui-ci s'est efforcé d'oublier. Il a réussi seulement à remplacer l'idée *inconciliable* par une autre idée mal appropriée à s'associer à l'état émotif, qui de son côté est resté le même. C'est cette *mésalliance* de l'état émotif et de l'idée associée qui rend compte du caractère d'absurdité propre aux obsessions.

I will now bring forward my observations and conclude with an attempt at a theoretical explanation.

Case 1. A girl reproached herself for things which she knew were absurd: for having stolen, for having made counterfeit money, for being involved in a conspiracy, etc., according to what she happened to have been reading during the day.

Reinstatement of the replaced idea: She reproached herself with the masturbation she had been practising in secret without being able to renounce it. She was cured by careful surveillance which prevented her from masturbating.¹

Case 2. A young man, a medical student, suffered from an analogous obsession. He reproached himself for all sorts of immoral acts: for having killed his cousin, for having violated his sister, for having set fire to a house, etc. He got to the point of having to turn round in the street to see whether he had not killed the last passer-by.

Reinstatement: He had been much affected by reading in a quasi-medical book that masturbation, to which he was addicted, destroyed one's morale.

Case 3. Several women complained of an obsessional impulse to throw themselves out of the window, to stab their children with knives, scissors, etc.

Reinstatement: Obsessions based on typical temptations. These were women who, not being at all satisfied in marriage, had to struggle against the desires and voluptuous ideas that constantly troubled them at the sight of other men.

Case 4. A girl who was perfectly sane and very intelligent displayed an uncontrollable hatred against the servants in the house. It had been started in connection with an impertinent servant, and had been transferred from servant to servant, to an extent that made housekeeping impossible. The feeling was a mixture of hate and disgust. She gave as a reason for it that the coarseness of these girls spoilt her idea of love.

Reinstatement: This girl had been an involuntary witness of a love-scene in which her mother had taken part. She had hidden her face, had stopped up her ears, and had done her utmost to forget it, as it disgusted her and would have made it impossible

¹ [Freud had reported this case at greater length in his first paper on 'The Neuro-Psychoses of Defence' (1894a), pp. 55-6 above.]

Je veux rapporter mes observations, et donner une tentative d'explication théorique comme conclusion.

Obs. I. — Une fille qui se faisait des reproches, qu'elle savait absurdes, d'avoir volé, fait de la fausse monnaie, de s'être conjurée, etc., selon sa lecture journalière.

Redressement de la substitution. — Elle se reprochait l'onanisme qu'elle pratiquait en secret sans pouvoir y renoncer.

Elle fut guérie par une observation scrupuleuse qui l'empêcha de se masturber.

Obs. II. — Jeune homme, étudiant en médecine, qui souffrait d'une obsession analogue. Il se reprochait toutes les actions immorales: d'avoir tué sa cousine, défloré sa soeur, incendié une maison, etc. Il en vint à la nécessité de se retourner dans la rue pour voir s'il n'avait pas encore tué le dernier passant.

Redressement de la substitution. — Il avait lu, dans un livre quasi-médical, que l'onanisme, auquel il était sujet, abîmait la morale, et il s'en était ému.

Obs. III. — Plusieurs femmes qui se plaignaient de l'obsession de se jeter par la fenêtre, de blesser leurs enfants avec des couteaux, ciseaux, etc.

Redressement. — Obsessions de tentations typiques. C'étaient des femmes qui, pas du tout satisfaites dans le mariage, se débattaient contre les désirs et les idées voluptueuses qui les hantaient à la vue d'autres hommes.

Obs. IV. — Une fille qui, parfaitement saine d'esprit et très intelligente montrait une haine incontrôlable contre les servantes de la maison, qui s'était éveillée à l'occasion d'une servante effrontée, et s'était transmise depuis de fille en fille, jusqu'à rendre le ménage impossible. C'était un sentiment mêlé de haine et de dégoût. Elle donnait comme motif que les saletés de ces filles lui gâtaient son idée de l'amour.

Redressement. — Cette fille avait été témoin involontaire d'un rendez-vous amoureux de sa mère. Elle s'était caché le visage, bouché les oreilles et s'était donné la plus grande peine pour oublier la scène, qui la dégoûtait et l'aurait mise dans l'impossibilité

for her to remain with her mother, whom she loved tenderly. She succeeded in her efforts; but her anger at her idea of love having been defiled persisted within her, and this emotional state soon linked itself to the idea of a person who could take her mother's place.

Case 5. A girl had become almost completely isolated on account of an obsessional fear of incontinence of urine. She could no longer leave her room or receive visitors without having urinated a number of times. When she was at home or entirely alone the fear did not trouble her.

Reinstatement: It was an obsession based on temptation or mistrust. She did not mistrust her bladder, but her resistance to erotic impulses. The origin of the obsession shows this clearly. Once, at the theatre, on seeing a man who attracted her, she had felt an erotic desire, accompanied (as spontaneous pollutions in women always are) by a desire to urinate. She was obliged to leave the theatre, and from that moment on she was a prey to the fear of having the same sensation, but the desire to urinate had replaced the erotic one. She was completely cured.¹

Although the cases I have enumerated show varying degrees of complexity, they have this in common: the original (incompatible) idea has been replaced by another idea, the substituted idea. In the cases which I now append, the original idea has been replaced, but not by another idea; it has been replaced by acts or impulses which originally served as measures of *relief* or as *protective* procedures, and are now grotesquely associated with an emotional state which does not fit them, but which has persisted unchanged, and which has remained as justifiable as it was at its origin.

Case 6. Obsessional arithomania.—A woman found herself obliged to count the boards in the floor, the steps in the staircase, etc.—acts which she performed in a ridiculous state of anxiety.

Reinstatement: She had begun the counting in order to distract her mind from obsessional ideas (of temptation). She had

¹ [This case, too, was reported in the earlier paper (p. 56 above), but in somewhat different terms.]

de rester avec sa mère qu'elle aimait tendrement. Elle y réussit, mais la colère, de ce qu'on lui avait souillé l'image de l'amour, persista en elle, et à cet état émotif ne tarda pas à s'associer l'idée d'une personne pouvant remplacer la mère.

Obs. V. — Une jeune fille s'était presque complètement isolée en conséquence de la peur obsédante de l'incontinence des urines. Elle ne pouvait plus quitter sa chambre ou recevoir une visite sans avoir uriné nombre de fois.

Chez elle et en repos complet la peur n'existait pas.

Redressement. — C'était une obsession de *tentation* ou de *méfiance*. Elle ne se méfiait pas de sa vessie mais de sa résistance contre une impulsion amoureuse. L'origine de l'obsession le montrait bien. Une fois, au théâtre, elle avait senti à la vue d'un homme qui lui plaisait une envie amoureuse accompagnée (comme toujours dans la pollution spontanée des femmes) de l'envie d'uriner. Elle fut obligée à quitter le théâtre, et de ce moment elle était en proie à la peur d'avoir la même sensation, mais l'envie d'uriner s'était substituée à l'envie amoureuse. Elle guérit complètement.

Les observations énumérées, bien qu'elles montrent un degré variable de complexité, ont ceci de commun, qu'à l'idée originale (inconciliable) s'est substitué une autre idée, idée remplaçante. Dans les observations qui vont suivre maintenant, l'idée originale est aussi remplacée mais non par une autre idée; elle se trouve remplacée par des actes ou impulsions qui ont servi à l'origine comme *soulagements* ou *procédés protecteurs*, et qui maintenant se trouvent en association grotesque avec un état émotif qui ne leur convient pas, mais qui est resté le même, et aussi justifié qu'à l'origine.

Obs. VI. — *Obsession d'arithomanie.* — Une femme avait contracté le besoin de compter toujours les planches du parquet, les marches de l'escalier, etc., ce qu'elle faisait dans un état d'angoisse ridicule.

Redressement. — Elle avait commencé à compter pour se distraire de ses idées obsédantes (de tentation). Elle y avait

succeeded in doing so, but the impulse to count had replaced the original obsession.

Case 7. Obsessional brooding and speculating.—A woman suffered from attacks of this obsession which ceased only when she was ill, and then gave place to hypochondriacal fears. The theme of her worry was always a part or function of her body; for example, respiration: 'Why must I breathe? Suppose I didn't want to breathe?' etc.

Reinstatement: At the very beginning she had suffered from the fear of becoming insane, a hypochondriacal phobia common enough among women who are not satisfied by their husbands, as she was not. *To assure herself that she was not going mad*, that she was still in possession of her mental faculties, she had begun to ask herself questions and concern herself with serious problems. This calmed her at first, but with time the habit of speculation replaced the phobia. For more than fifteen years, periods of fear (pathophobia) and of obsessive speculating had alternated in her.

Case 8. Folie du doute.—Several cases showed the typical symptoms of this obsession but were explained very simply. These persons had suffered or were still suffering from various obsessions, and the knowledge that the obsessions had disturbed all their acts and had many times interrupted their train of thought provoked a legitimate doubt about the reliability of their memory. The confidence of each one of us is shaken, and we all of us have to re-read a letter or repeat a calculation if our attention has been distracted several times during the performance of the act. Doubt is a quite logical result when obsessions are present.

Case 9. Folie du doute. (Hésitation.)—The girl in Case 4 had become extremely slow in the performance of all her everyday actions, particularly in her toilet. She took hours to tie her shoelaces or to clean her finger-nails. By way of explanation she said she could not make her toilet while the obsessional ideas were occupying her, nor immediately afterwards. As a result, she had become accustomed to wait a definite length of time after each return of the obsessional idea.

Case 10. Folie du doute. (Fear of scraps of paper.)—A young woman had suffered from scruples after having written a letter; at the same time she collected all the pieces of paper she saw.

réussi, mais l'impulsion de compter s'était substituée à l'obsession primitive.

Obs. VII. — Obsession de „Grübeln“ (folie de spéculation). Une femme souffrait d'attaques de cette obsession, qui ne cessaient qu'aux temps de maladie, pour faire place à des peurs hypochondriaques. Le sujet de l'attaque était ou une partie du corps ou une fonction, par exemple, la respiration: Pourquoi faut-il respirer? Si je ne voulais pas respirer? etc.

Redressement. — Tout d'abord elle avait souffert de la peur de devenir folle, phobie hypochondriaque assez commune chez les femmes non satisfaites par leur mari, comme elle l'était. Pour s'assurer qu'elle n'allait pas devenir folle, qu'elle jouissait encore de son intelligence, elle avait commencé à se poser des questions, à s'occuper de problèmes sérieux. Cela la tranquillisait d'abord, mais avec le temps cette habitude de la spéculation se substituait à la phobie. Depuis plus de quinze ans des périodes de peur (pathophobie) et de folie de spéculation alternaient chez elle.

Obs. VIII. — *Folie du doute.* — Plusieurs cas, qui montraient les symptômes typiques de cette obsession, mais qui s'expliquaient bien simplement. Ces personnes avaient souffert ou souffraient encore d'obsessions diverses, et la conscience de ce que l'obsession les avait dérangées dans toutes leurs actions et interrompu maintes fois le cours de leurs pensées provoquait un doute légitime de la fidélité de leur mémoire. Chacun de nous verra chanceler son assurance et sera obligé de relire une lettre ou de refaire un compte si son attention a été distraite plusieurs fois pendant l'exécution de l'acte. Le doute est une conséquence bien logique de la présence des obsessions.

Obs. IX. — *Folie du doute (hésitation).* — La fille de l'obs. IV était devenue extrêmement lente dans toutes les actions de la vie ordinaire, particulièrement dans sa toilette. Il lui fallait des heures pour nouer les cordons de ses souliers ou pour se nettoyer les ongles des mains. Elle donnait comme explication qu'elle ne pouvait faire sa toilette ni pendant que les pensées obsédantes la préoccupaient, ni immédiatement après de sorte qu'elle s'était accoutumée à attendre un temps déterminé après chaque retour de l'idée obsédante.

Obs. X. — *Folie du doute, crainte des papiers.* — Une jeune femme, qui avait souffert des scrupules après avoir écrit une lettre, et qui dans ce même temps ramassait tous les papiers qu'elle voyait,

She explained this by confessing to a love which she had formerly refused to admit. As a result of constantly repeating her lover's name, she was seized with a fear that the name might have slipped off the end of her pen, that she might have written it upon some scrap of paper in a pensive moment.¹

Case 11. Mysophobia. [Fear of dirt.]—A woman kept washing her hands constantly and touched door-handles only with her elbow.

Reinstatement: It was the case of Lady Macbeth. The washing was symbolic, designed to replace by physical purity the moral purity which she regretted having lost. She tormented herself with remorse for conjugal infidelity, the memory of which she had resolved to banish from her mind.² In addition, she used to wash her genitals.

As regards the theory of this process of substitution, I will content myself with answering three questions that arise here.

(1) How can the substitution come about?

It seems to be the expression of a special inherited mental disposition. At any rate, 'similar heredity'³ is often enough found in obsessional cases, as in hysteria. Thus the patient in Case 2 told me that his father had suffered from similar symptoms. He once introduced me to a first cousin who had obsessions and a *tic convulsif*, and to his sister's daughter, aged eleven, who already gave evidence of obsessions (probably of remorse).

(2) What is the motive for the substitution?

I think it may be regarded as an act of defence (*Abwehr*) of the ego against the incompatible idea. Among my patients there are some who remember a deliberate effort to banish the

¹ Cf. the German popular song:

Auf jedes weisse Blatt Papier möcht' ich es schreiben:
Dein ist mein Herz und soll es ewig, ewig bleiben.

[On each blank piece of paper I will write it plain:
My heart is thine and ever shall remain.

The German couplet, with a slight variation, occurs in 'Ungeduld', one of the poems in Wilhelm Müller's cycle *Die schöne Müllerin*, set to music by Schubert.]

² [This point, including the reference to Lady Macbeth, was mentioned afterwards by Breuer in his contribution to *Studies on Hysteria* (1895*d*), *Standard Ed.*, 2, 245 n.]

³ [See the discussion of this below, on pp. 144-5.]

donnait comme explication l'aveu d'un amour que jadis elle ne voulait pas confesser.

A force de se répéter sans cesse le nom de son bien-aimé, elle fut saisie par la peur que ce nom se serait glissé sous sa plume, qu'elle l'aurait tracé sur quelque bout de papier dans une minute pensive.¹

Obs. XI. — *Mysophobie*. — Une femme qui se lavait les mains cent fois par jour et ne touchait les loquets des portes que du coude.

Redressement. — C'était le cas de Lady Macbeth. Les lavages étaient symboliques et destinés à substituer la pureté physique à la pureté morale qu'elle regrettait avoir perdue. Elle se tourmentait de remords pour une infidélité conjugale dont elle avait décidé de chasser le souvenir. Elle se lavait aussi les parties génitales.

Quant à la théorie de cette substitution, je me contenterai de répondre à trois questions qui se posent ici:

1° *Comment cette substitution peut-elle se faire?*

Il semble qu'elle est l'expression d'une disposition psychique spéciale. Au moins rencontre-t-on dans les obsessions assez souvent l'hérédité similaire, comme dans l'hystérie. Ainsi le malade de l'obs. Il me racontait que son père avait souffert de symptômes semblables. Il me fit connaître un jour un cousin germain avec obsessions et *tic convulsif*, et la fille de sa soeur âgée de 11 ans, qui montrait déjà des obsessions (probablement de remords).

2° *Quel est le motif de cette substitution?*

Je crois qu'on peut l'envisager comme un *acte de défense (Abwehr)* du moi contre l'idée inconciliable. Parmi mes malades il y en a qui se rappellent l'effort de la volonté pour chasser l'idée ou le

1) Voir aussi la *chanson populaire allemande*:

Auf jedes weisse Blatt Papier möcht' ich es schreiben:
Dein ist mein Herz und soll es ewig, ewig bleiben.

distressing idea or recollection from the field of consciousness. (See Cases 3, 4, 11.) In other cases the expulsion of the incompatible idea is brought about in an unconscious manner which has left no trace in the patient's memory.

(3) Why does the emotional state that is associated with the obsessional idea persist indefinitely instead of vanishing like other states of our ego?

This question may be answered by reference to the theory of the genesis of hysterical symptoms developed by Breuer and myself.¹ Here I will only remark that, by the very fact of the substitution, the disappearance of the emotional state is rendered impossible.

II

In addition to these two groups of true obsessions there is the class of 'phobias', which must now be considered. I have already mentioned the great difference between obsessions and phobias: that in the latter the emotion is always one of anxiety, fear. I might add that obsessions are varied and more specialized, phobias are more monotonous and typical. But this distinction is not of capital importance.

Among the phobias, also, two groups may be differentiated, according to the nature of the object feared: (1) common phobias, an exaggerated fear of things that everyone detests or fears to some extent: such as night, solitude, death, illnesses, dangers in general, snakes, etc.; (2) contingent phobias, the fear of special conditions that inspire no fear in the normal man; for example, agoraphobia and the other phobias of locomotion. It is interesting to note that these phobias have not the obsessive feature that characterizes true obsessions and the common phobias. The emotional state appears in their instance only under special conditions which the patient carefully avoids.

The mechanism of phobias is entirely different from that of obsessions. Substitution is no longer the predominant feature in the former; psychological analysis reveals no incompatible, replaced idea in them. Nothing is ever found but *the emotional state*

¹ 'On the Psychical Mechanism of Hysterical Phenomena' (1893a) [the 'Preliminary Communication' to *Studies on Hysteria* (1895d), *Standard Ed.*, 2, 3].

souvenir pénible du rayon de la conscience (V. les obs. III, IV, XI). En d'autres cas cette expulsion de l'idée inconciliable s'est produite d'une manière inconsciente qui n'a pas laissé trace dans la mémoire des malades.

3° Pourquoi l'état émotif associé à l'idée obsédante s'est-il perpétué, au lieu de s'évanouir comme les autres états de notre moi?

On peut donner cette réponse en s'adressant à la théorie développée pour la genèse des symptômes hystériques par M. Breuer et moi.¹ Ici je veux seulement remarquer que, par le fait même de la substitution, la disparition de l'état émotif devient impossible.

II

A ces deux groupes d'obsessions vraies s'ajoute la classe des "phobies", qu'il faut considérer maintenant. J'ai déjà mentionné la grande différence des obsessions et des phobies; que dans les dernières l'état émotif est toujours l'anxiété, la peur. Je pourrais ajouter que les obsessions sont multiples et plus spécialisées, les phobies plutôt monotones et typiques.

Mais ce n'est pas une différence capitale.

On peut discerner aussi parmi les phobies deux groupes, caractérisés par l'objet de la peur: 1° phobies communes: peur exagérée des choses que tout le monde abhorre ou craint un peu: la nuit, la solitude, la mort, les maladies, les dangers en général, les serpents, etc.: 2° phobies d'occasion, peur de conditions spéciales, qui n'inspirent pas de crainte à l'homme sain, par exemple l'agoraphobie et les autres phobies de la locomotion. Il est intéressant de noter que ces dernières phobies ne sont pas obsédantes comme les obsessions vraies et les phobies communes. L'état émotif ici ne paraît que dans ces conditions spéciales que le malade évite soigneusement.

Le mécanisme des phobies est tout à fait différent de celui des obsessions. Ce n'est plus le règne de la substitution. Ici on ne dévoile plus par l'analyse psychique une idée inconciliable, substituée. On ne trouve jamais autre chose que *l'état émotif*,

1) *Neurologisches Zentralblatt*, 1895, Nos. 1 und 2.

of anxiety which, by a kind of selective process, brings up all the ideas adapted to become the subject of a phobia. In the case of agoraphobia, etc., we often find *the recollection of an anxiety attack*; and what the patient actually fears is the occurrence of such an attack under the special conditions in which he believes he cannot escape it.

The anxiety belonging to this emotional state, which underlies all phobias, is not derived from any memory; we may well wonder what the source of this powerful condition of the nervous system can be.

I hope to be able to demonstrate, on another occasion, that there is reason to distinguish a special neurosis, the 'anxiety neurosis',¹ of which the chief symptom is this emotional state. I shall then enumerate its various symptoms and insist on the necessity for differentiating this neurosis from neurasthenia, with which it is now confused. *Phobias, then, are a part of the anxiety neurosis, and are almost always accompanied by other symptoms of the same group.*

The anxiety neurosis, too, has a sexual origin as far as I can see, but it does not attach itself to ideas taken from sexual life; properly speaking, it has no psychical mechanism. Its specific cause is the accumulation of sexual tension, produced by abstinence or by unconsummated² sexual excitation (using the term as a general formula for the effects of coitus reservatus,³ of relative impotence in the husband, of excitation without satisfaction in engaged couples, of enforced abstinence, etc.).

It is under such conditions, extremely frequent in modern society, especially among women, that anxiety neurosis (of which phobias are a psychical manifestation) develops.

In conclusion I may point out that combinations of a phobia

¹ [The first paper on anxiety neurosis (1895b) had in fact been published a fortnight before the present one. See below p. 87.]

² [The French word in the original is '*fruste*'. This word means 'worn', 'rubbed', as applied especially to coins, and is often used by Freud in the phrase '*forme fruste*' (e.g. in the Charcot obituary, 1893f, this volume, above, p. 12). It is here evidently confused with the quite different French word '*frustré*', meaning 'frustrated'. This too is often used by Freud in a German form '*frustrane*' (e.g. in the first paper on anxiety neurosis, p. 101 below).]

³ [*'Réserve'* in all the earlier French editions. In 1952 only, this is changed to '*interrompu*'. Cf. Editor's Note above, pp. 72-3.]

anxieux, qui par une sorte d'élection a fait ressortir toutes les idées propres à devenir l'objet d'une phobie. Dans le cas de l'agoraphobie, etc., on raconte souvent le *souvenir d'une attaque d'angoisse*, et en vérité ce que redoute le malade c'est l'événement d'une telle attaque dans les conditions spéciales où il croit ne pouvoir y échapper.

L'angoisse de cet état émotif, qui est au fond des phobies, n'est pas dérivé d'un souvenir quelconque; on doit bien se demander quelle peut être la source de cette condition puissante du système nerveux.

Eh bien j'espère pouvoir démontrer une autre fois qu'il y a lieu de constituer une névrose spéciale, *la névrose anxieuse*, de laquelle cet état émotif est le symptôme principal; je donnerai l'énumération de ses symptômes variés, et j'insisterai en ce qu'il faut différencier cette névrose de la neurasthénie, avec laquelle elle est maintenant confondue. Ainsi *les phobies font partie de la névrose anxieuse*, et elles sont presque toujours accompagnées d'autres symptômes de la même série.

La névrose anxieuse est d'origine sexuelle, elle aussi, autant que je puis voir, mais elle ne se rattache pas à des idées tirées de la vie sexuelle: elle n'a pas de mécanisme psychique, à vrai dire. Son étiologie spécifique est l'accumulation de la tension génésique, provoquée par l'abstinence ou l'irritation génésique fruste (pour donner une formule générale pour l'effet du coït interrompu, de l'impuissance relative du mari, des excitations sans satisfaction des fiancés, de l'abstinence forcée, etc.).

C'est dans de telles conditions extrêmement fréquentes, principalement pour la femme dans la société actuelle, que se développe la névrose anxieuse, de laquelle les phobies sont une manifestation psychique.

Je ferai remarquer, comme conclusion, qu'il peut y avoir com-

and an obsession proper may co-exist, and that indeed this is a very frequent occurrence. We may find that a phobia had developed at the beginning of the disease as a symptom of anxiety neurosis. The idea which constitutes the phobia and which is associated with the state of fear may be replaced by another idea or rather by the *protective procedure* that seemed to relieve the fear. Case 7¹ (obsessive speculating) presents a neat example of this group: *a phobia along with a true substitutive obsession.*

¹ [In all the French editions this is wrongly given as '6'.]

binaison de phobie et d'obsession propre, et même que c'est un événement très fréquent. On peut trouver qu'il y avait au commencement de la maladie une phobie développée comme symptôme de la névrose anxieuse. L'idée qui constitue la phobie qui s'y trouve associée à la peur peut être remplacée par une autre idée ou plutôt par le *procédé protecteur* qui semblait soulager la peur. L'obs. VI (folie de la spéculation) présente un bel exemple de cette catégorie, *phobie doublée d'une obsession vraie par substitution.*

APPENDIX

FREUD'S VIEWS ON PHOBIAS

Freud's earliest approach to the problem of phobias was in his first paper on the neuro-psychoses of defence (1894a); he dealt with it rather more fully a year later in the second section of the present paper and alluded to it again in the first paper on anxiety neurosis (1895b) which he wrote very shortly afterwards. In all these early discussions of phobias it is not hard to detect some uncertainty; indeed, in a further brief reference to the question in the second paper on anxiety neurosis (1895f) Freud speaks of the mechanism of phobias as 'obscure' (p. 134). In the earliest of these papers he had attributed the same mechanism to 'the great majority of phobias and obsessions' (p. 58), while excepting the 'purely hysterical phobias' (p. 57) and 'the group of typical phobias of which agoraphobia is a model' (p. 57, footnote 1). This latter distinction, making its first appearance in a footnote, was to prove the crucial one, for it implied a distinction between phobias having a psychical basis and those (the 'typical' ones) without any. This distinction thus linked up with that between what were later to be known as the psychoneuroses and the 'actual neuroses' (see below, p. 279, n. 1). In these early papers, however, the distinction was not consistently drawn. Thus, in the present paper, it seems to be made not between two different groups of phobias (as in the earlier one) but between the (psychically based) 'obsessions' on the one side and the (non-psychically based) 'phobias' on the other, the latter being declared to be 'a part of the anxiety neurosis' (pp. 80-1). Here, however, the picture is confused by the further division of phobias into two groups according to the nature of their objects (p. 80), and moreover by the segregation (as in the first paper) of another class of phobias 'which might be called traumatic' and which are 'allied to the symptoms of hysteria' (p. 74). Further, in the paper on anxiety neurosis the main distinction was not between obsessions and phobias, as it is here, but once again between phobias belonging to obsessional neurosis and

those belonging to anxiety neurosis (pp. 96-7): though once again the distinction was between the presence or absence of a psychical basis. In these papers, therefore, there remained undetermined links between phobias, hysteria, obsessions, and anxiety neurosis.

Apart from a very few scattered allusions, the subject of phobias seems not to have been discussed by Freud after the present group of papers for nearly fifteen years. Then, in the case history of 'Little Hans' (1909b), the first step was taken towards clearing up these obscurities by the introduction of a fresh clinical entity—'anxiety hysteria' (*Standard Ed.*, 10, 15-16). Freud there observed that phobias 'should only be regarded as syndromes which may form part of various neuroses and that we need not rank them as an independent pathological process'; and he went on to propose the name of 'anxiety hysteria' for one particular type of phobia whose mechanism resembled that of hysteria. It was in this case history and in the later one of the 'Wolf Man' (1918b [1914]) that Freud gave his fullest clinical account of phobias—both of them, of course, occurring in children. A little later, in his metapsychological papers on 'Repression' and 'The Unconscious' (1915d and e), he entered into a detailed discussion of the metapsychology of the mechanism that produces phobias, whether related to hysteria or to obsessional neurosis (*ibid.*, 14, 155-7 and 181-5). There remained, however, the problem, going back to the earliest of the present set of papers, of the 'typical' phobias of anxiety neurosis. Here, as we have seen, the whole question of the 'actual neuroses' was involved; and this was not to be fully elucidated until later still, in *Inhibitions, Symptoms and Anxiety* (1926d), of which the core is a reconsideration of the phobias of 'Little Hans' and the 'Wolf Man'.