

## THE DISPOSITION TO OBSESSIONAL NEUROSIS A CONTRIBUTION TO THE PROBLEM OF CHOICE OF NEUROSIS (1913)

The problem of why and how a person may fall ill of a neurosis is certainly among those to which psycho-analysis should offer a solution. But it will probably be necessary to find a solution first to another and narrower problem - namely, why it is that this or that person must fall ill of a particular neurosis and of none other. This is the problem of 'choice of neurosis'.

What do we know so far about this problem? Strictly speaking, only one single general proposition can be asserted on the subject with certainty. It will be recalled that we divide the pathogenic determinants concerned in the neuroses into those which a person brings along with him into his life and those which life brings to him - the constitutional and the accidental - by whose combined operation alone the pathogenic determinant is as a rule established. The general proposition, then, which I have alluded to above, lays it down that the grounds for determining the choice of neurosis are entirely of the former kind - that is, that they are in the nature of dispositions and are independent of experiences which operate pathogenically.

Where are we to look for the source of these dispositions? We have become aware that the psychical functions concerned - above all, the sexual function, but various important ego-functions too - have to undergo a long and complicated development before reaching the state characteristic of the normal adult. We can assume that these developments are not always so smoothly carried out that the total function passes through this regular progressive modification. Wherever a portion of it clings to a previous stage, what is known as a 'point of fixation' results, to which the function may regress if the subject falls ill through some external disturbance.

Thus our dispositions are inhibitions in development. We are confirmed in this view by the analogy of the facts of general pathology of other illnesses. But before the question as to what factors can bring about such disturbances of development the work of psycho-analysis comes to a stop: it leaves that problem to biological research.<sup>1</sup>

Already a few years back we ventured, with the help of these hypotheses, to approach the problem of choice of neurosis. Our method of work, which aims at discovering normal conditions by studying their disturbances, led us to adopt a very singular and unexpected line of attack. The order in which the main forms of psychoneurosis are usually enumerated - Hysteria, Obsessional Neurosis, Paranoia, Dementia Praecox - corresponds (even though not quite exactly) to the order of the ages at which the onset of these disorders occurs. Hysterical forms of illness can be observed even in earliest childhood; obsessional neurosis usually shows its first symptoms in the second period of childhood (between the ages of six and eight); while the two other psychoneuroses, which I have brought together under the heading of 'paraphrenia', do not appear until after puberty and during adult life. It is these disorders - the last to emerge - which were the first to show themselves accessible to our enquiry into the dispositions that result in the choice of neurosis. The characteristics peculiar to both of them - megalomania, turning away from the world of objects, increased difficulty in transference - have obliged us to conclude that their dispositional fixation is to be looked for in a stage of libidinal development

before object-choice has been established - that is in the phase of auto-erotism and of narcissism. Thus these forms of illness, which make their appearance so late, go back to very early inhibitions and fixations.

<sup>1</sup> Since Wilhelm Fliess's writings have revealed the biological significance of certain periods of time it has become conceivable that disturbances of development may be traceable to temporal changes in the successive waves of development.

This would accordingly lead us to suppose that the disposition to hysteria and obsessional neurosis, the two transference neuroses proper, which produce their symptoms at an early age, lies in later phases of libidinal development. But at what point in them should we find a developmental inhibition? and, above all, what would be the difference in phases that would determine a disposition to obsessional neurosis as contrasted with hysteria? For a long time nothing was to be learned about this; and my earlier attempts at discovering these two dispositions - the notion, for instance, that hysteria might be determined by passivity and obsessional neurosis by activity in infantile experience - had soon to be abandoned as incorrect. I shall now take my footing once more on the clinical observation of an individual case. Over a long period I studied a woman patient whose neurosis underwent an unusual change. It began, after a traumatic experience, as a straightforward anxiety hysteria and retained that character for a few years. One day, however, it suddenly changed into an obsessional neurosis of the severest type. A case of this kind could not fail to become significant in more than one direction. On the one hand, it might perhaps claim to be looked upon like a bilingual document and to show how an identical content could be expressed by the two neuroses in different languages. On the other hand, it threatened to contradict completely our theory that disposition arises from developmental inhibition, unless we were prepared to accept the supposition that a person could innately possess more than one weak spot in his libidinal development. I told myself that we had no right to dismiss this latter possibility; but I was greatly interested to arrive at an understanding of the case.

When in the course of the analysis this came about, I was forced to see that the situation was quite different from what I had imagined. The obsessional neurosis was not a further reaction to the same trauma which had first provoked the anxiety hysteria; it was a reaction to a second experience, which had completely wiped out the first. (Here, then, we have an exception - though, it is true, a not indisputable one

□ to our proposition affirming that choice of neurosis is independent of experience.)

Unfortunately I am unable, for familiar reasons, to enter into the history of the case as far as I should like, and I must restrict myself to the account which follows. Up to the time of her falling ill the patient had been a happy and almost completely satisfied wife. She wanted to have children, from motives based on an infantile fixation of her wishes, and she fell ill when she learned that it was impossible for her to have any by the husband who was the only object of her love. The anxiety hysteria with which she reacted to this frustration corresponded, as she

herself soon learned to understand, to the repudiation of phantasies of seduction in which her firmly implanted wish for a child found expression. She now did all she could to prevent her husband from guessing that she had fallen ill owing to the frustration of which he was the cause. But I have had good reason for asserting that everyone possesses in his own unconscious an instrument with which he can interpret the utterances of the unconscious in other people. Her husband understood, without any admission or explanation on her part, what his wife's anxiety meant; he felt hurt, without showing it, and in his turn reacted neurotically by - for the first time - failing in sexual intercourse with her. Immediately afterwards he started on a journey. His wife believed that he had become permanently impotent, and produced her first obsessional symptoms on the day before his expected return.

The content of her obsessional neurosis was a compulsion for scrupulous washing and cleanliness and extremely energetic protective measures against severe injuries which she thought other people had reason to fear from her - that is to say, reaction-formations against her own anal-erotic and sadistic impulses. Her sexual need was obliged to find expression in these shapes after her genital life had lost all its value owing to the impotence of the only man of whom there could be any question for her.

This is the starting-point of the small new fragment of theory which I have formulated. It is of course only in appearance that it is based on this one observation; actually it brings together a large number of earlier impressions, though an understanding of them was only made possible by this last experience. I told myself that my schematic picture of the development of the libidinal function called for an extra insertion in it. To begin with, I had only distinguished, first the phase of auto-erotism during which the subject's component instincts, each on its own account, seek for the satisfaction of their desires in his own body, and then the combination of all the component instincts for the choice of an object, under the primacy of the genitals acting on behalf of reproduction. The analysis of the paraphrenias has, as we know, necessitated the insertion between them of a stage of narcissism, during which the choice of an object has already taken place but that object coincides with the subject's own ego. And now we see the need for yet another stage to be inserted before the final shape is reached - a stage in which the component instincts have already come together for the choice of an object and that object is already something extraneous in contrast to the subject's own self, but in which the primacy of the genital zones has not yet been established. On the contrary, the component instincts which dominate this pregenital organization of sexual life are the anal-erotic and sadistic ones.

I am aware that any such hypotheses sound strange at first. It is only by discovering their relations to our former knowledge that they become familiar to us; and in the end it is often their fate to be regarded as minor and long-foreseen innovations. Let us therefore turn with anticipations such as these to a discussion of the 'pregenital sexual organization'.

□ The extraordinary part played by impulses of hatred and anal erotism in the symptomatology of obsessional neurosis has already struck many observers and has recently been emphasized with particular clarity by Ernest Jones (1913). This follows directly from our hypothesis if we suppose that in that neurosis the component instincts in question have once

more taken over the representation of the genital instincts, whose forerunners they were in the process of development.

At this point a portion of our case history fits in, which I have so far kept back. The patient's sexual life began in her earliest childhood with beating-phantasies. After they were suppressed, an unusually long period of latency set in, during which the girl passed through a period of exalted moral growth, without any awakening of female sexual feelings. Her marriage, which took place at an early age, opened a time of normal sexual activity. This period, during which she was a happy wife, continued for a number of years, until her first great frustration brought on the hysterical neurosis. When this was followed by her genital life losing all its value, her sexual life, as I have said, returned to the infantile stage of sadism.

It is not difficult to determine the characteristic which distinguishes this case of obsessional neurosis from those more frequent ones which start at an early age and thereafter run a chronic course with exacerbations of a more or less striking kind. In these other cases, once the sexual organization which contains the disposition to obsessional neurosis is established it is never afterwards completely surmounted; in our case it was replaced to begin with by the higher stage of development, and was then re-activated by regression from the latter.

□ If we wish to bring our hypothesis into contact with biological lines of thought, we must not forget that the antithesis between male and female, which is introduced by the reproductive function, cannot be present as yet at the stage of pregenital object-choice. We find in its place the antithesis between trends with an active and with a passive aim, an antithesis which later becomes firmly attached to that between the sexes. Activity is supplied by the common instinct of mastery, which we call sadism when we find it in the service of the sexual function; and even in fully developed normal sexual life it has important subsidiary services to perform. The passive trend is fed by anal erotism, whose erotogenic zone corresponds to the old, undifferentiated cloaca. A stressing of this anal erotism in the pregenital stage of organization leaves behind a significant predisposition to homosexuality in men when the next stage of the sexual function, the primacy of the genitals, is reached. The way in which this last phase is erected upon the preceding one and the accompanying remoulding of the libidinal cathexes present analytic research with the most interesting problems.

The view may be taken that all the difficulties and complications involved in this can be avoided by denying that there is any pregenital organization of sexual life and by holding that sexual life coincides with the genital and reproductive function and begins with it. It would then be asserted, having regard to the unmistakable findings of analytic research, that the neuroses are compelled by the process of sexual repression to give expression to sexual trends through other, non-sexual instincts, and thus to sexualize the latter by way of compensation. But this line of argument would place us outside psycho-analysis. It would place us where we were before psycho-analysis and would mean abandoning the understanding which psycho-analysis has given us of the relations between health, perversion and neurosis. Psycho-analysis stands or falls with the recognition of the sexual component instincts, of the erotogenic zones and of the extension thus made possible of the concept of a 'sexual function' in contrast to the narrower

'genital function'. Moreover the observation of the normal development of children is in itself enough to make us reject any such temptation.

□ In the field of the development of character we are bound to meet with the same instinctual forces which we have found at work in the neuroses. But a sharp theoretical distinction between the two is necessitated by the single fact that the failure of repression and the return of the repressed - which are peculiar to the mechanism of neurosis - are absent in the formation of character. In the latter, repression either does not come into action or smoothly achieves its aim of replacing the repressed by reaction-formations and sublimations. Hence the processes of the formation of character are more obscure and less accessible to analysis than neurotic ones.

But it is precisely in the field of character-development that we come across a good analogy with the case we have been describing - a confirmation, that is, of the occurrence of the pregenital sadistic anal-erotic sexual organization. It is a well-known fact, and one that has given much ground for complaint, that after women have lost their genital function their character often undergoes a peculiar alteration. They become quarrelsome, vexatious and overbearing, petty and stingy; that is to say, they exhibit typically sadistic and anal-erotic traits which they did not possess earlier, during their period of womanliness. Writers of comedy and satirists have in all ages directed their invectives against the 'old dragon' into which the charming girl, the loving wife and the tender mother have been transformed. We can see that this alteration of character corresponds to a regression of sexual life to the pregenital sadistic and anal-erotic stage, in which we have discovered the disposition to obsessional neurosis. It seems, then, to be not only the precursor of the genital phase but often enough its successor as well, its termination after the genitals have fulfilled their function.

A comparison between such a change of character and obsessional neurosis is very impressive. In both cases the work of regression is apparent. But whereas in the former we find complete regression following repression (or suppression) that has occurred smoothly, in the neurosis there is conflict, an effort to prevent regression from occurring, reaction-formations against it and symptom-formations produced by compromises between the two opposing sides, and a splitting of the psychical activities into some that are admissible to consciousness and others that are unconscious.

□ Our hypothesis of a pregenital sexual organization is incomplete in two respects. In the first place, it takes no account of the behaviour of other component instincts, in regard to which there is plenty that would repay examination and discussion, and it is content with stressing the striking primacy of sadism and anal erotism. In particular we often gain an impression that the instinct for knowledge can actually take the place of sadism in the mechanism of obsessional neurosis. Indeed it is at bottom a sublimated off-shoot of the instinct of mastery exalted into

something intellectual, and its repudiation in the form of doubt plays a large part in the picture of obsessional neurosis.

The second gap in our hypothesis is far more important. As we know, the developmental disposition to a neurosis is only complete if the phase of the development of the ego at which fixation occurs is taken into account as well as that of the libido. But our hypothesis has only related to the latter, and therefore does not include all the knowledge that we should demand. The stages of development of the ego-instincts are at present very little known to us; I know of only one attempt - the highly promising one made by Ferenczi (1913) - to approach these questions. I cannot tell if it may seem too rash if, on the basis of such indications as we possess, I suggest the possibility that a chronological outstripping of libidinal development by ego development should be included in the disposition to obsessional neurosis. A precocity of this kind would necessitate the choice of an object under the influence of the ego-instincts, at a time at which the sexual instincts had not yet assumed their final shape, and a fixation at the stage of the pregenital sexual organization would thus be left. If we consider that obsessional neurotics have to develop a super-morality in order to protect their object-love from the hostility lurking behind it, we shall be inclined to regard some degree of this precocity of ego development as typical of human nature and to derive the capacity for the origin of morality from the fact that in the order of development hate is the precursor of love. This is perhaps the meaning of an assertion by Stekel (1911a, 536), which at the time I found incomprehensible, to the effect that hate and not love is the primary emotional relation between men.

□ It follows from what has been said that there remains for hysteria an intimate relation to the final phase of libidinal development, which is characterized by the primacy of the genitals and the introduction of the reproductive function. In hysterical neurosis this acquisition is subjected to repression, which does not involve regression to the pregenital stage. The gap in determining the disposition owing to our ignorance of ego development is even more obvious here than with obsessional neurosis.

On the other hand, it is not hard to show that another regression to an earlier level occurs in hysteria too. The sexuality of female children, is, as we know, dominated and directed by a masculine organ (the clitoris) and often behaves like the sexuality of boys. This masculine sexuality has to be got rid of by a last wave of development at puberty, and the vagina, an organ derived from the cloaca, has to be raised into the dominant erotogenic zone. Now, it is very common in hysterical neurosis for this repressed masculine sexuality to be re-activated and then for the defensive struggle on the part of the ego-syntonic instincts to be directed against it. But it seems to me too early to enter here into a discussion of the problems of the disposition to hysteria.