

Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)

III On the Mechanism of Paranoia

WE have hitherto been dealing with the father-complex, which was the dominant element in Schreber's case and with the wishful phantasy round which the illness centred. But in all of this there is nothing characteristic of the form of disease known as paranoia, nothing that might not be found (and that has not in fact been found) in other kinds of neuroses. The distinctive character of paranoia (or of dementia paranoides) must be sought for elsewhere—namely, in the particular form assumed by the symptoms; and we shall expect to find that this is determined, not by the nature of the complexes themselves, but by the mechanism by which the symptoms are formed or by which repression is brought about. We should be inclined to say that what was characteristically paranoid about the illness was the fact that the patient, as a means of warding off a homosexual wishful phantasy, reacted precisely with delusions of persecution of this kind.

These considerations therefore lend an added weight to the circumstance that we are in point of fact driven by experience to attribute to homosexual wishful phantasies an intimate (perhaps an invariable) relation to this particular form of disease. Distrusting my own experience on the subject, I have during the last few years joined with my friends C. G. Jung of Zurich and Sandor Ferenczi of Budapest in investigating upon this single point a number of cases of paranoid disorder which have come under observation. The patients whose histories provided the material for this enquiry included both men and women, and varied in race, occupation, and social standing. Yet we were astonished to find that in all of these cases a defence against a homosexual wish was clearly recognizable at the very centre of the conflict which underlay the disease, and that it was in an attempt to master an unconsciously reinforced current of homosexuality that they had all of them come to grief.¹ This was certainly not what we had expected.

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¹ Further confirmation is afforded by Maeder's analysis of a paranoid patient J. B. (1910). The present paper, I regret to say, was completed before I had an opportunity of reading Maeder's work.

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Paranoia is precisely a disorder in which a sexual aetiology is by no means obvious; far from this, the strikingly prominent features in the causation of paranoia, especially among males, are social humiliations and slights. But if we go into the matter only a little more deeply, we shall be able to see that the really operative factor in these social injuries lies in the part played in them by the homosexual components of emotional life. So long as the individual is functioning normally and it is consequently impossible to see into the depths of his mental life, we may doubt whether his emotional relations to his neighbours in society have anything to do with sexuality, either actually or in their genesis. But delusions never fail to uncover these relations and to trace back the social feelings to their roots in a directly sensual erotic wish. So long as he was healthy, Dr. Schreber, too, whose delusions culminated in a wishful phantasy of an unmistakably homosexual nature, had, by all accounts, shown no signs of homosexuality in the ordinary sense of the word.

I shall now endeavour (and I think the attempt is neither unnecessary nor unjustifiable) to show that the knowledge of psychological processes, which, thanks to psycho-analysis, we now possess, already enables us to understand the part played by a homosexual wish in the development of paranoia. Recent investigations¹ have directed our attention to a stage in the development of the libido which it passes through on the way from auto-erotism to object-love.² This stage has been given the name of narcissism.³ What happens is this. There comes a time in the development of the individual at which he unifies his sexual instincts (which have hitherto been engaged in auto-erotic activities) in order to obtain a love-object; and he begins by taking himself, his own body, as his love-object, and only subsequently proceeds from this to the choice of some person

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1 Sadger (1910) and Freud (1910c).

2 Freud, *Three Essays on the Theory of Sexuality* (1905d) [*Standard Ed.*, 7, 145 n. The passage was added in the second edition, 1910].

3 [In the original this sentence reads: ‘This stage has been described as “Narzissismus”; I prefer to give it the name of “Narzissimus”, which may not be so correct, but is shorter and less cacophonous.’ —The passage in the second edition of the *Three Essays* referred to in the last footnote was probably Freud’s first mention of the subject in print. See the Editor’s Note to his paper on narcissism (1914c), *Standard Ed.*, 14, 69.]

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other than himself as his object. This half-way phase between auto-erotism and object-love may perhaps be indispensable normally; but it appears that many people linger unusually long in this condition, and that many of its features are carried over by them into the later stages of their development. What is of chief importance in the subject’s self thus chosen as a love-object may already be the genitals. The line of development then leads on to the choice of an external object with similar genitals—that is, to homosexual object-choice—and thence to heterosexuality. People who are manifest homosexuals in later life have, it may be presumed, never emancipated themselves from the binding condition that the object of their choice must possess genitals like their own; and in this connection the infantile sexual theories which attribute the same kind of genitals to both sexes exert much influence. [Cf. Freud, 1908c]

After the stage of heterosexual object-choice has been reached, the homosexual tendencies are not, as might be supposed, done away with or brought to a stop; they are merely deflected from their sexual aim and applied to fresh uses. They now combine with portions of the ego-instincts and, as ‘attached’¹ components, help to constitute the social instincts, thus contributing an erotic factor to friendship and comradeship, to *esprit de corps* and to the love of mankind in general. How large a contribution is in fact derived from erotic sources (with the sexual aim inhibited) could scarcely be guessed from the normal social relations of mankind. But it is not irrelevant to note that it is precisely manifest homosexuals, and among them again precisely those that set themselves against an indulgence in sensual acts, who are distinguished by taking a particularly active share in the general interests of humanity—interests which have themselves sprung from a sublimation of erotic instincts.

In my *Three Essays on the Theory of Sexuality* [*Standard Ed.*, 7, 235] I have expressed the opinion that each stage in the development of psychosexuality affords a possibility of ‘fixation’

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1 [‘*Angelehnte*’ (in quotation marks in the original). In his paper on narcissism (1914c), written some three years after the present paper, Freud explained his view that ‘the sexualinstincts are at the outset attached to (“*lehnen sich an*”) the satisfaction of the ego-instincts’. From this he derived his ‘*Anlehnungstypus*’ (‘attachment’ or ‘anaclitic type’) of object-choice. See *Standard Ed.*, 14, 87, footnote 2, for a discussion of the ‘anaclitic type’.—Cf. also *Standard Ed.*, 126.]

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and thus of a dispositional point.¹ People who have not freed themselves completely from the stage of narcissism—who, that is to say, have at that point a fixation which may operate as a disposition to a later illness—are exposed to the danger that some unusually intense wave of libido, finding no other outlet, may lead to a sexualization of their social instincts and so undo the sublimations which they had achieved in the course of their development. This result may be produced by anything that causes the libido to flow backwards (i.e. that causes a ‘regression’): whether, on the one hand, the libido becomes collaterally reinforced owing to some disappointment over a woman, or is directly dammed up owing to a mishap in social relations with other men—both of these being instances of ‘frustration’; or whether, on the other hand, there is a general intensification of the libido, so that it becomes too powerful to find an outlet along the channels which are already open to it, and consequently bursts through its banks at the weakest spot.² Since our analyses show that paranoics endeavour to protect themselves against any such sexualization of their social instinctual cathexes, we are driven to suppose that the weak spot in their development is to be looked for somewhere between the stages of auto-erotism, narcissism and homosexuality, and that their disposition to illness (which may perhaps be susceptible of more precise definition) must be located in

that region. A similar disposition would have to be assigned to patients suffering from Kraepelin's dementia praecox or (as Bleuler has named it) *schizophrenia*; and we shall hope later on to find clues which will enable us to trace back the differences between the two disorders (as regards both the form they take and the course they run) to corresponding differences in the patients' dispositional fixations.

In taking the view, then, that what lies at the core of the conflict in cases of paranoia among males is a homosexual wishful phantasy of *loving a man*, we shall certainly not forget that the confirmation of such an important hypothesis can only

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1 [This is further explained below at the beginning of the paper on 'The Disposition to Obsessional Neurosis' (1913i), p. 317. The whole subject raised in this paragraph is dealt with more fully in that work.]

2 [This question is discussed much more fully in Freud's slightly later paper on 'Types of Onset of Neurosis' (1912c), p. 231 below. Freud's use of the term 'frustration', which has appeared already on p. 57, is considered in the Editor's Note to that paper.]

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follow upon the investigation of a large number of instances of every variety of paranoid disorder. We must therefore be prepared, if need be, to limit our assertion to a single type of paranoia. Nevertheless, it is a remarkable fact that the familiar principal forms of paranoia can all be represented as contradictions of the single proposition: '*I (a man) love him (a man)*', and indeed that they exhaust all the possible ways in which such contradictions could be formulated.

The proposition '*I (a man) love him*' is contradicted by:

a. *Delusions of persecution*; for they loudly assert:

'I do not *love* him—I *hate* him.'

This contradiction, which must have run thus in the unconscious,¹ cannot, however, become conscious to a paranoid in this form. The mechanism of symptom-formation in paranoia requires that internal perceptions—feelings—shall be replaced by external perceptions. Consequently the proposition '*I hate him*' becomes transformed by *projection* into another one: '*He hates (persecutes) me*, which will justify me in hating him.' And thus the impelling unconscious feeling makes its appearance as though it were the consequence of an external perception:

'I do not *love* him—I *hate* him, because HE PERSECUTES ME'.

Observation leaves room for no doubt that the persecutor is some one who was once loved.

b. Another element is chosen for contradiction in *erotomania*, which remains totally unintelligible on any other view:

'I do not *love him*—I *love her*.'

And in obedience to the same need for projection, the proposition is transformed into: 'I observe that *she* loves me.'

'I do not *love him*—I *love her*, because she loves me.'

Many cases of erotomania might give an impression that they could be satisfactorily explained as being exaggerated or distorted heterosexual fixations, if our attention were not attracted by the circumstance that these infatuations invariably begin, not with any internal perception of loving, but with an external perception of being loved. But in this form of paranoia the intermediate proposition '*I love her*' can also become conscious, because the contradiction between it and the original proposition is not a diametrical one, not so irreconcilable as that between love and hate: it is, after all, possible to love *her* as well as *him*. It can thus come about that the proposition which

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1 Or in the 'basic language' [p.23], as Schreber would say.

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has been substituted by projection ('*she loves me*') may make way again for the 'basic language' proposition 'I love *her*'.

- c. The third way in which the original proposition can be contradicted would be by delusions of *jealousy*, which we can study in the characteristic forms in which they appear in each sex.

(α) Alcoholic delusions of jealousy. The part played by alcohol in this disorder is intelligible in every way. We know that that source of pleasure removes inhibitions and undoes sublimations. It is not infrequently disappointment over a woman that drives a man to drink—but this means, as a rule, that he resorts to the public-house and to the company of men, who afford him the emotional satisfaction which he has failed to get from his wife at home. If now these men become the objects of a strong libidinal cathexis in his unconscious, he will ward it off with the third kind of contradiction:

'It is not *I* who love the man—*she* loves him', and he suspects the woman in relation to all the men whom he himself is tempted to love.

Distortion by means of projection is necessarily absent in this instance, since, with the change of the subject who loves, the whole process is in any case thrown outside the ego. The fact that the woman loves the man is a matter of external perception to him; whereas the facts that he himself does not love but hates, or that he himself loves not this but that person, are matters of internal perception.

(β) Delusions of jealousy in women are exactly analogous.

'It is not *I* who love the women—*he* loves them.' The jealous woman suspects her husband in relation to all the women by whom she is herself attracted owing to her homosexuality and the dispositional effect of her excessive narcissism. The influence of the time of life at which her fixation occurred is clearly shown by the selection of the love-objects which she imputes to her husband; they are often old and quite inappropriate for a real love relation—revivals of the nurses and servants and girls who were her friends in childhood, or sisters who were her actual rivals.

Now it might be supposed that a proposition consisting of three terms, such as '*I love him*', could only be contradicted in three different ways. Delusions of jealousy contradict the subject, delusions of persecution contradict the verb, and eroto

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mania contradicts the object. But in fact a fourth kind of contradiction is possible—namely, one which rejects the proposition as a whole:

'*I do not love at all—I do not love any one.*' And since, after all, one's libido must go somewhere, this proposition seems to be the psychological equivalent of the proposition: 'I love only myself.' So that this kind of contradiction would give us megalomania, which we may regard as a *sexual overvaluation of the ego* and may thus set beside the overvaluation of the love-object with which we are already familiar.¹

It is of some importance in connection with other parts of the theory of paranoia to notice that we can detect an element of megalomania in most other forms of paranoic disorder. We are justified in assuming that megalomania is essentially of an infantile nature and that, as development proceeds, it is sacrificed to social considerations. Similarly, an individual's megalomania is never so vehemently suppressed as when he is in the grip of an overpowering love:

Denn wo die Lieb' erwachet, stirbt

das Ich, der finstere Despot.²

After this discussion of the unexpectedly important part played by homosexual wishful phantasies in paranoia, let us return to the two factors in which we expected from the first to find the distinguishing marks of paranoia, namely, the mechanism by which the symptoms are formed and the mechanism by which repression is brought about [p. 59].

We certainly have no right to begin by assuming that these two mechanisms are identical, and that symptom-formation follows the same path as repression, each proceeding along it, perhaps, in an opposite direction. Nor does there seem to be

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1 *Three Essays on the Theory of Sexuality* (1905d), *Standard Ed.*, 7, 150-1. The same view and the same formulation will be found in the papers by Abraham and Maeder to which I have already referred [pp. 41 n. and 59 n.].

2 From the *Ghazals* of Muhammad ibn Muhammad (Jalāl al-Dīn) *Rūmi*, translated by Rückert.

[For when the flames of love arise,

Then Self, the gloomy tyrant, dies.

In Rückert's version the word 'dunkele' ('dark') appears in place of 'finstere'.]

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any great probability that such an identity exists. Nevertheless, we shall refrain from expressing any opinion on the subject until we have completed our investigation.

The most striking characteristic of symptom-formation in paranoia is the process which deserves the name of *projection*. An internal perception is suppressed, and, instead, its content, after undergoing a certain kind of distortion, enters consciousness in the form of an external perception. In delusions of persecution the distortion consists in a transformation of affect; what should have been felt internally as love is perceived externally as hate. We should feel tempted to regard this remarkable process as the most important element in paranoia and as being absolutely pathognomonic for it, if we were not opportunely reminded of two things. In the first place, projection does not play the same part in all forms of paranoia; and, in the second place, it makes its appearance not only in paranoia but under other psychological conditions as well, and in fact it has a regular share assigned to it in our attitude towards the external world. For when we refer the causes of certain sensations to the external world, instead of looking for them (as we do in the case of others) inside ourselves, this normal proceeding, too, deserves to be called projection. Having thus been made aware that more general psychological problems are involved in the question of the nature of projection, let us make up our minds to postpone the investigation of it (and with it that of the mechanism of paranoid symptom-formation in general) until some other occasion;¹ and let us now turn to consider what ideas we can collect on the subject of the mechanism of repression in paranoia. I should like to say at once, in justification of this temporary renunciation, that we shall find that the manner in which the process of repression occurs is far more intimately connected with the developmental history of the libido and with the disposition to which it gives rise than is the manner in which symptoms are formed.

In psycho-analysis we have been accustomed to look upon pathological phenomena as being derived in a general way from repression. If we examine what is spoken of as 'repression'

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1 [There seems no trace of any such later discussion. Freud may perhaps have dealt with the subject in one of the missing metapsychological papers. See the Editor's Introduction to the 'Papers on Meta-psychology', *Standard Ed.*, 14, 106.]

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more closely, we shall find reason to split the process up into three phases which are easily distinguishable from one another conceptually.¹

1. The first phase consists in *fixation*, which is the precursor and necessary condition of every 'repression'. Fixation can be described in this way. One instinct or instinctual component fails to accompany the rest along the anticipated normal path of development, and, in consequence of this inhibition in its development, it is left behind at a more infantile stage. The libidinal current in question then behaves in relation to later psychological structures like one belonging to the system of the unconscious, like one that is repressed. We have already shown [pp. 61-2] that these instinctual fixations constitute the basis for the disposition to subsequent illness, and we may now add that they constitute above all the basis for the determination of the outcome of the third phase of repression.
2. The second phase of repression is that of repression proper—the phase to which most attention has hitherto been given. It emanates from the more highly developed systems of the ego—systems which are capable of being conscious—and may in fact be described as a process of 'after-pressure'. It gives an impression of being an essentially active process, while fixation appears in fact to be a passive lagging behind. What

undergo repression may either be the psychological derivatives of the original lagging instincts, when these have become reinforced and so come into conflict with the ego (or ego-syntonic instincts), or they may be psychological trends which have for other reasons aroused strong aversion. But this aversion would not in itself lead to repression, unless some connection had been established between the unwelcome trends which have to be repressed and those which have been repressed already. Where this is so, the repulsion exercised by the conscious system and the attraction exercised by the unconscious one tend in the same direction towards bringing about repression. The two possibilities which are here treated separately may in practice, perhaps, be less sharply differentiated, and the distinction between them may merely depend upon the greater or lesser

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1 [What follows is repeated somewhat differently in the metapsychological paper on 'Repression' (1915d), *Standard Ed.*, 14, 148. It had already been outlined by Freud in a letter to Ferenczi of December 6, 1910 (Jones, 1955, 499).]

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degree in which the primarily repressed instincts contribute to the result.

3. The third phase, and the most important as regards pathological phenomena, is that of failure of repression, of *irruption*, of *return of the repressed*. This irruption takes its start from the point of fixation, and it implies a regression of the libidinal development to that point.

We have already [p. 61 f.] alluded to the multiplicity of the possible points of fixation; there are, in fact, as many as there are stages in the development of the libido. We must be prepared to find a similar multiplicity of the mechanisms of repression proper and of the mechanisms of irruption (or of symptom-formation), and we may already begin to suspect that it will not be possible to trace back all of these multiplicities to the developmental history of the libido alone.

It is easy to see that this discussion is beginning to trench upon the problem of 'choice of neurosis', which, however, cannot be taken in hand until preliminary work of another kind has been accomplished.1 Let us bear in mind for the present that we have already dealt with fixation, and that we have postponed the subject of symptom-formation; and let us restrict ourselves to the question of whether the analysis of Schreber's case throws any light upon the mechanism of repression proper which predominates in paranoia.

At the climax of his illness, under the influence of visions which were 'partly of a terrifying character, but partly, too, of an indescribable grandeur' (73), Schreber became convinced of the imminence of a great catastrophe, of the end of the world. Voices told him that the work of the past 14,000 years had now come to nothing, and that the earth's allotted span was only 212 years more (71); and during the last part of his stay in Flechsig's clinic he believed that that period had already elapsed. He himself was 'the only real man left alive', and the few human shapes that he still saw—the doctor, the attendants, the other patients—he explained as being 'miracled up, cursorily improvised men'. Occasionally the converse current of feeling also made itself apparent: a newspaper was put into his hands in which there was a report of his own death (81); he himself existed in a second, inferior shape, and in this second shape he one day quietly passed away (73). But the form of his

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1 [The problem is further considered on pp. 71 f. and 77 f. below.]

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delusion in which his ego was retained and the world sacrificed proved itself by far the more powerful. He had various theories of the cause of the catastrophe. At one time he had in mind a process of glaciation owing to the withdrawal of the sun; at another it was to be destruction by an earthquake, in the occurrence of which he, in his capacity of 'seer of spirits', was to act a leading part, just as another seer was alleged to have done in the Lisbon earthquake of 1755 (91). Or again, Flechsig was the culprit, since through his magic arts he had sown fear and terror among men, had wrecked the foundations of religion, and spread abroad general nervous disorders and immorality, so that

devastating pestilences had descended upon mankind (91). In any case the end of the world was the consequence of the conflict which had broken out between him and Flechsig, or, according to the aetiology adopted in the second phase of his delusion, of the indissoluble bond which had been formed between him and God; it was, in fact, the inevitable result of his illness. Years afterwards, when Dr. Schreber had returned to human society, and could find no trace in the books, the musical scores, or the other articles of daily use which fell into his hands once more, of anything to bear out his theory that there had been a gap of vast duration in the history of mankind, he admitted that his view was no longer tenable: '...I can no longer avoid recognizing that, *externally considered*, everything is as it used to be. *Whether, nevertheless, there may not have been a profound internal change* is a question to which I shall recur later.' (84-5.) He could not bring himself to doubt that during his illness the world had come to an end and that, in spite of everything, the one that he now saw before him was a different one.

A world-catastrophe of this kind is not infrequent during the agitated stage in other cases of paranoia.¹ If we base ourselves on our theory of libidinal cathexis, and if we follow the hint given by Schreber's view of other people as being 'cursorily improvised men', we shall not find it difficult to explain these

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¹ An 'end of the world' based upon other motives is to be found at the climax of the ecstasy of love (cf. Wagner's *Tristan und Isolde*); in this case it is not the ego but the single love-object which absorbs all the cathexes directed upon the external world. [Freud recurred to this point in his paper on narcissism (**1914c**), *Standard Ed.*, **14**, **76**.]

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catastrophes.¹ The patient has withdrawn from the people in his environment and from the external world generally the libidinal cathexis which he has hitherto directed on to them. Thus everything has become indifferent and irrelevant to him, and has to be explained by means of a secondary rationalization as being 'miracled up, cursorily improvised'. The end of the world is the projection of this internal catastrophe; his subjective world has come to an end since his withdrawal of his love from it.²

After Faust has uttered the curses which free him from the world, the Chorus of Spirits sings:

Weh! Weh!
Du hast sie zerstört,
die schöne Welt,
mit mächtiger Faust!
sie stürzt, sie zerfällt!
Ein Halbgott hat sie zerschlagen!

.....
Mächtiger
der Erdensöhne,
Prächtiger
baue sie wieder,
in deinem Busen baue sie auf!³

And the paranoic builds it again, not more splendid, it is

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¹ Cf. Abraham (**1908**) and Jung (**1907**). Abraham's short paper contains almost all the essential views put forward in the present study of the case of Schreber.

² He has perhaps withdrawn from it not only his libidinal cathexis, but his interest in general...that is, the cathexes that proceed from his ego as well. This question is discussed below [p. **73** ff.].

[Woe! Woe!
Thou hast it destroyed,
The beautiful world,
With powerful fist!
In ruins 'tis hurled,
By the blow of a demigod shattered!

.....
Mightier

For the children of men,
More splendid
Build it *again*,
In thine own bosom build it anew!
Goethe, *Faust*, Part I, Scene 4.
(Bayard Taylor's translation, modified.)]

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true, but at least so that he can once more live in it. He builds it up by the work of his delusions. *The delusional formation, which we take to be the pathological product, is in reality an attempt at recovery, a process of reconstruction.*¹ Such a reconstruction after the catastrophe is successful to a greater or lesser extent, but never wholly so; in Schreber's words, there has been a 'profound internal change' in the world. But the human subject has recaptured a relation, and often a very intense one, to the people and things in the world, even though the relation is a hostile one now, where formerly it was hopefully affectionate. We may say, then, that the process of repression proper consists in a detachment of the libido from people—and things—that were previously loved. It happens silently; we receive no intelligence of it, but can only infer it from subsequent events. What forces itself so noisily upon our attention is the process of recovery, which undoes the work of repression and brings back the libido again on to the people it had abandoned. In paranoia this process is carried out by the method of projection. It was incorrect to say that the perception which was suppressed internally is projected outwards; the truth is rather, as we now see, that what was abolished internally returns from without. The thorough examination of the process of projection which we have postponed [to another occasion² will clear up our remaining doubts on this subject.

In the meantime, however, it is a source of some satisfaction to find that our newly acquired knowledge involves us in a number of further discussions.

(1) Our first reflection will tell us that it cannot be the case that this detachment of the libido occurs exclusively in paranoia; nor can it be that, where it occurs elsewhere, it has such disastrous consequences. It is quite possible that a detachment of the libido is the essential and regular mechanism of every repression. We can have no positive knowledge on that point until the other disorders that are based upon repression

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1 [Freud returned to this idea and extended it to the symptoms of other psychoses below, on p. **77**, as well as in his paper on narcissism (**1914c**), *Standard Ed.*, **14**, **74** and **86**, in 'The Unconscious' (**1915e**), *Standard Ed.*, **203-4**, and in the metapsychological paper on dreams (**1917d**), *Standard Ed.*, **230**.]

2 [See footnote, p. **66**.]

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have been similarly examined. But it is certain that in normal mental life (and not only in periods of mourning) we are constantly detaching our libido in this way from people or from other objects without falling ill. When Faust freed himself from the world by uttering his curses, the result was not a paranoia or any other neurosis but simply a certain general frame of mind. The detachment of the libido, therefore, cannot in itself be the pathogenic factor in paranoia; there must be some special characteristic which distinguishes a paranoid detachment of the libido from other kinds. It is not difficult to suggest what that characteristic may be. What use is made of the libido after it has been set free by the process of detachment? A normal person will at once begin looking about for a substitute for the lost attachment; and until that substitute has been found the liberated libido will be kept in suspension within his mind, and will there give rise to tensions and colour his mood. In hysteria the liberated libido becomes transformed into somatic innervations or into anxiety. But in paranoia the clinical evidence goes to show that the libido, after it has been withdrawn from the object, is put to a special use. It will be remembered [p. **65**] that the majority of cases of paranoia exhibit traces of megalomania, and that megalomania can by itself constitute a paranoia. From this it may be concluded that in paranoia the liberated libido becomes attached to the ego, and is used for the aggrandizement of the ego.¹ A return is thus made to the stage of narcissism (known to us from the development of the libido), in which a person's only sexual object is his own ego. On the basis of this clinical evidence we can suppose that paranoics have brought along with them a *fixation at the stage of narcissism*, and we can assert that the length of *the step back from sublimated homosexuality to narcissism* is a measure of the amount of *regression* characteristic of paranoia.²

(2) An equally plausible objection can be based upon Schreber's case history, as well as upon many others. For it can be urged that the delusions of persecution (which were directed against Flechsig) unquestionably made their appearance at an earlier date than the phantasy of the end of the

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1 [The part played by megalomania in schizophrenia is further investigated in the paper on narcissism (1914c), *Standard Ed.*, 14, 86.]

2 [See further 'The Disposition to Obsessional Neurosis' (1913i), p. 318 below.]

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world; so that what is supposed to have been a return of the repressed actually preceded the repression itself—and this is patent nonsense. In order to meet this objection we must leave the high ground of generalization and descend to the detailed consideration of actual circumstances, which are undoubtedly very much more complicated. We must admit the possibility that a detachment of the libido such as we are discussing might just as easily be a partial one, a drawing back from some single complex, as a general one. A partial detachment should be by far the commoner of the two, and should precede a general one, since to begin with it is only for a partial detachment that the influences of life provide a motive. The process may then stop at the stage of a partial detachment or it may spread to a general one, which will loudly proclaim its presence in the symptoms of megalomania. Thus the detachment of the libido from the figure of Flechsig may nevertheless have been what was primary in the case of Schreber; it was immediately followed by the appearance of the delusion, which brought back the libido on to Flechsig again (though with a negative sign to mark the fact that repression had taken place) and thus annulled the work of repression. And now the battle of repression broke out anew, but this time with more powerful weapons. In proportion as the object of contention became the most important thing in the external world, trying on the one hand to draw the whole of the libido on to itself, and on the other hand mobilizing all the resistances against itself, so the struggle raging around this single object became more and more comparable to a general engagement; till at length a victory for the forces of repression found expression in a conviction that the world had come to an end and that the self alone survived. If we review the ingenious constructions which were raised by Schreber's delusion in the domain of religion—the hierarchy of God, the proved souls, the fore-courts of Heaven, the lower and the upper God—we can gauge in retrospect the wealth of sublimations which were brought down in ruin by the catastrophe of the general detachment of his libido.

(3) A third consideration which arises from the views that have been developed in these pages is as follows. Are we to suppose that a general detachment of the libido from the external world would be an effective enough agent to account for the 'end of the world'? Or would not the ego-cathexes¹

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which still remained in existence have been sufficient to maintain *rapport* with the external world? To meet this difficulty we should either have to assume that what we call libidinal cathexis (that is, interest emanating from erotic sources) coincides with interest in general, or we should have to consider the possibility that a very widespread disturbance in the distribution of libido may bring about a corresponding disturbance in the ego-cathexes. But these are problems which we are still quite helpless and incompetent to solve. It would be otherwise if we could start out from some well-grounded theory of instincts; but in fact we have nothing of the kind at our disposal. We regard instinct as being the concept on the frontier between the somatic and the mental, and see in it the psychical representative of organic forces.² Further, we accept the popular distinction between ego-instincts and a sexual instinct; for such a distinction seems to agree with the biological conception that the individual has a double orientation, aiming on the one hand at self-preservation and on the other at the preservation of the species. But beyond this are only hypotheses, which we have taken up—and are quite ready to drop again—in order to help us to find our bearings in the chaos of the obscurer processes of the mind. What we expect from psycho-analytic investigations of pathological mental processes is precisely that they shall drive us to some conclusions on questions connected with the theory of instincts. These investigations, however, are in their infancy and are only being carried out by isolated workers, so that the

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1 [*Ichbesetzungen.*] This German word, which occurs twice more in what follows, is unfortunately ambiguous. It may mean either ‘cathexes of the ego’ or ‘cathexes by the ego’. The ambiguity remains in the English ‘ego-cathexes’. There can, however, be no doubt that in the present context the second of the two possible meanings, ‘cathexes by the ego’, is intended. The word is the equivalent of what is elsewhere called ‘*Ichinteresse*’ (‘ego-interest’), e.g. in the paper on narcissism, *Standard Ed.*, **14, 82**. This is directly implied, indeed, in the very next sentence, and has moreover been explicitly stated in footnote **2** on p. **70** above. Occasionally Freud uses the word in its other possible sense—to mean ‘cathexis of the ego’. Thus, for instance, he speaks of ‘*die Ichbesetzung mit Libido*’ (‘the cathexis of the ego with libido’), once again in the paper on narcissism (*Standard Ed.*, **85**). This ambiguity, unless it is borne in mind, may open the door to serious confusion.]

2 [A discussion of this and other questions raised in this paragraph will be found in the Editor's Note to the metapsychological paper on ‘Instincts and their Vicissitudes’ (**1915c**), *Standard Ed.*, **14, 111 ff.**]

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hopes we place in them must still remain unfulfilled. We can no more dismiss the possibility that disturbances of the libido may react upon the ego-cathexes than we can overlook the converse possibility—namely, that a secondary or induced disturbance of the libidinal processes may result from abnormal changes in the ego. Indeed, it is probable that processes of this kind constitute the distinctive characteristic of psychoses. How much of all this may apply to paranoia it is impossible at present to say. There is one consideration, however, on which I should like to lay stress. It cannot be asserted that a paranoid, even at the height of the repression, withdraws his interest from the external world completely—as must be considered to occur in certain other kinds of hallucinatory psychosis (such as Meynert's amentia). The paranoid perceives the external world and takes into account any alterations that may happen in it, and the effect it makes upon him stimulates him to invent explanatory theories (such as Schreber's ‘cursorily improvised men’). It therefore appears to me far more probable that the paranoid's altered relation to the world is to be explained entirely or in the main by the loss of his libidinal interest.¹

(4) It is impossible to avoid asking, in view of the close connection between the two disorders, how far this conception of paranoia will affect our conception of dementia praecox. I am of opinion that Kraepelin was entirely justified in taking the step of separating off a large part of what had hitherto been called paranoia and merging it, together with catatonia and certain other forms of disease, into a new clinical entity—though ‘dementia praecox’ was a particularly unhappy name to choose for it. The designation chosen by Bleuler for the same group of forms—‘schizophrenia’—is also open to the objection that the name appears appropriate only so long as we forget its literal meaning.² For otherwise it prejudices the issue, since it is based on a characteristic of the disease which is theoretically postulated—a characteristic, moreover, which does not belong exclusively to that disease, and which, in the light of other considerations, cannot be regarded as the essential one. However, it is not on the whole of very great importance what names

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1 [This paragraph was the basis of criticisms by Jung which are discussed by Freud at the end of the first section of his paper on narcissism (**1914c**), *Standard Ed.*, **14, 79-81.**]

2 [I.e. ‘split mind’.]

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we give to clinical pictures. What seems to me more essential is that paranoia should be maintained as an independent clinical type, however frequently the picture it offers may be complicated by the presence of schizophrenic features. For, from the standpoint of the libido theory, while it would resemble dementia praecox in so far as the repression proper would in both disorders have the same principal feature—detachment of the libido, together with its regression on to the ego—it would be distinguished from dementia praecox by having its dispositional fixation differently located and by having a different mechanism for the return of the repressed (that is, for the formation of symptoms). It would seem to me the most convenient plan to give dementia praecox the name of *paraphrenia*. This term has no special connotation, and it would serve to indicate a relationship with paranoia (a name which cannot be changed) and would further recall hebephrenia, an entity which is now merged in dementia praecox. It is true that the name has already been proposed for other purposes; but this need not concern us, since the alternative applications have not passed into general use.¹

Abraham has very convincingly shown² that the turning

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1 [Freud's suggestion, as introduced for the first time in this passage, seemed evidently to be that the term 'paraphrenia' should replace 'dementia praecox' and 'schizophrenia', and should be distinct from the kindred 'paranoia'. He continued to use the term in this sense—for instance, in the technical paper 'On Beginning the Treatment' (1913c), p. 124 below. Not long afterwards, however, he began to use it in a wider sense, as a combined term to cover both 'dementia praecox' and 'paranoia'. This is made quite clear in the paper on narcissism (1914c), in which (*Standard Ed.*, 14, 82) he classes dementia praecox and paranoia together as 'the paraphrenias' and (*Standard Ed.*, 86) distinguishes 'dementia praecox or paraphrenia proper' from 'paranoia'. That the change in meaning was made deliberately is shown by a passage in 'The Disposition to Obsessional Neurosis' (1913i), p. 318 below. Here, in the first edition of the paper, published at the end of 1913, Freud spoke of 'the two other psychoneuroses, which are termed by me paraphrenia and paranoia'. But when the paper was reprinted in 1918, the last clause was altered to 'which I have brought together under the heading of "paraphrenia"'. Finally, in Lecture XXVI of the *Introductory Lectures* (1916-17) he wrote: 'I once ventured to suggest that paranoia and dementia praecox should be brought together under the common designation of paraphrenia.' Thereafter, however, he seems to have dropped his attempt to introduce the term.]

2 In the paper already quoted [p. 70 n. 1].

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away of the libido from the external world is a particularly clearly-marked feature in dementia praecox. From this feature we infer that the repression is effected by means of detachment of the libido. Here once more we may regard the phase of violent hallucinations as a struggle between repression and an attempt at recovery by bringing the libido back again on to its objects. [Cf. p. 71.] Jung, with extraordinary analytic acumen, has perceived that the deliria¹ and motor stereotypes occurring in this disorder are the residues of former object-cathexes, clung to with great persistence². This attempt at recovery, which observers mistake for the disease itself, does not, as in paranoia, make use of projection, but employs a hallucinatory (hysterical) mechanism. This is one of the two major respects in which dementia praecox differs from paranoia; and this difference can be explained genetically from another direction.³ The second difference is shown by the outcome of the disease in those cases where the process has not remained too restricted. The prognosis is on the whole more unfavourable than in paranoia. The victory lies with repression and not, as in the former, with reconstruction. The regression extends not merely to narcissism (manifesting itself in the shape of megalomania) but to a complete abandonment of object-love and a return to infantile auto-erotism. The dispositional fixation must therefore be situated further back than in paranoia, and must lie somewhere at the beginning of the course of development from auto-erotism to object-love. Moreover, it is not at all likely that homosexual impulsions, which are so frequently—perhaps invariably—to be found in paranoia, play an equally important part in the aetiology of that far more comprehensive disorder, dementia praecox.

Our hypotheses as to the dispositional fixations in paranoia and paraphrenia make it easy to see that a case may begin with paranoid symptoms and may yet develop into a dementia praecox, and that paranoid and schizophrenic phenomena may be combined in any proportion. And we can understand how

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1 [In French and German psychiatry the word 'delirium' is often used of delusional states. See also Freud's use of it in the 'Rat Man' case history (1909d), *Standard Ed.*, 10, 222.]

2 [Cf. Jung (1908).]

3 [The genetic explanation of the difference appears three sentences lower down—in the earlier dispositional fixation in the case of dementia praecox.]

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a clinical picture such as Schreber's can come about, and merit the name of a paranoid dementia, from the fact that in its production of a wishful phantasy and of hallucinations it shows paraphrenic traits, while in its exciting cause, in its use of the mechanism of projection, and in its outcome it exhibits a paranoid character. For it is possible for several fixations to be left behind in the course of development, and each of these in succession may allow an irruption of the libido that has been pushed off—beginning, perhaps, with the later acquired fixations, and going on, as the illness develops, to the original ones that lie nearer the starting-point.¹ We should be glad to know to what conditions the

relatively favourable issue of the present case is due; for we cannot willingly attribute the whole responsibility for the outcome to anything so casual as the 'improvement due to change in domicile',² which set in after the patient's removal from Flechsig's clinic. But our insufficient acquaintance with the intimate circumstances of the history of the case makes it impossible to give an answer to this interesting question. It may be suspected, however, that what enabled Schreber to reconcile himself to his homosexual phantasy, and so made it possible for his illness to terminate in something approximating to a recovery, may have been the fact that his father-complex was in the main positively toned and that in real life the later years of his relationship with an excellent father had probably been unclouded.

Since I neither fear the criticism of others nor shrink from criticizing myself, I have no motive for avoiding the mention of a similarity which may possibly damage our libido theory in the estimation of many of my readers. Schreber's 'rays of God', which are made up of a condensation of the sun's rays, of nerve-fibres, and of spermatozoa [p. 22], are in reality nothing else than a concrete representation and projection outwards of libidinal cathexes; and they thus lend his delusions a striking conformity with our theory. His belief that the world must come to an end because his ego was attracting all the rays to

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1 [A case of this pattern, which changed -from a hysteria to an obsessional neurosis, plays a large part in the paper on 'The Disposition to Obsessional Neurosis' (1913), written by Freud not long after the present work (p. 319 ff, below).]

2 Gf. Riklin (1905).

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itself, his anxious concern at a later period, during the process of reconstruction, lest God should sever His ray-connection with him,—these and many other details of Schreber's delusional structure sound almost like endopsychic perceptions of the processes whose existence I have assumed in these pages as the basis of our explanation of paranoia. I can nevertheless call a friend and fellow-specialist to witness that I had developed my theory of paranoia before I became acquainted with the contents of Schreber's book. It remains for the future to decide whether there is more delusion in my theory than I should like to admit, or whether there is more truth in Schreber's delusion than other people are as yet prepared to believe.

Lastly, I cannot conclude the present work, which is once again only a fragment of a larger whole, without foreshadowing the two chief theses towards the establishment of which the libido theory of the neuroses and psychoses is advancing: namely, that the neuroses arise in the main from a conflict between the ego and the sexual instinct, and that the forms which the neuroses assume retain the imprint of the course of development followed by the libido—and by the ego.

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