1 [The German word here is 'Instinkt', not the usual 'Trieb'. (See Editor's Note to 'Instincts and their Vicissitudes', p. 111 above.)—The question of the inheritance of mental formations was to be discussed by Freud soon afterwards in Lecture XXIII of his Introductory Lectures (1916-17) and in his 'Wolf Man' case history (1918b), Standard Ed., 17, 97.]

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VII. Assessment of the Unconscious

What we have put together in the preceding discussions is probably as much as we can say about the Ucs. so long as we only draw upon our knowledge of dream-life and the transference neuroses. It is certainly not much, and at some points it gives an impression of obscurity and confusion; and above all it offers us no possibility of co-ordinating or subsuming the Ucs. into any context with which we are already familiar. It is only the analysis of one of the affections which we call narcissistic psychoneuroses that promises to furnish us with conceptions through which the enigmatic Ucs will be brought more within our reach and, as it were, made tangible.

Since the publication of a work by Abraham (1908)—which that conscientious author has attributed to my instigation—we have tried to base our characterization of Kraepelin's 'dementia praecox' (Bleuler's 'schizophrenia') on its position with reference to the antithesis between ego and object. In the transference neuroses (anxiety hysteria, conversion hysteria and obsessional neurosis) there was nothing to give special prominence to this antithesis. We knew, indeed, that frustration in regard to the object brings on the outbreak of the neurosis and that the neurosis involves a renunciation of the real object; we knew too that the libido that is withdrawn from the real object reverts first to a phantasied object and then to one that had been repressed (introversion).1 But in these disorders object-cathexis in general is retained with greatenergy, and more detailed examination of the process of repression has obliged us to assume that object-cathexis persists in the system *Ucs*. in spite of—or rather in consequence of—repression. [Cf. p. 149.] Indeed, the capacity for transference, of which we make use for therapeutic purposes in these affections, presupposes an unimpaired object-cathexis.

In the case of schizophrenia, on the other hand, we have been driven to the assumption that after the process of repression the libido that has been withdrawn does not seek a new object, but retreats into the ego; that is to say, that here the object-cathexes

[PEP] This page can be read in German in GESAMMELTE WERKE Vol 10, Page 294

1 [The process is described in detail in Section (a) of Freud's paper on 'Types of Onset of Neurosis' (1912c).]

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are given up and a primitive objectless condition of narcissism is re-established. The incapacity of these patients for transference (so far as the pathological process extends), their consequent inaccessibility to therapeutic efforts, their characteristic repudiation of the external world, the appearance of signs of a hypercathexis of their own ego, the final outcome in complete apathy—all these clinical features seem to agree excellently with the assumption that their object-cathexes have been given up. As regards the relation of the two psychical systems to each other, all observers have been struck by the fact that in schizophrenia a great deal is expressed as beingconscious which in the transference neuroses can only be shown to be present in the *Ucs*. by psycho-analysis. But to begin with we were not able to establish any intelligible connection between the ego-object relation and the relationships of consciousness.

What we are seeking seems to present itself in the following unexpected way. In schizophrenics we observe—especially in the initial stages, which are so instructive—a number of changes in *speech*, some of which deserve to be regarded from a particular point of view. The patient often devotes peculiar care to his way of expressing himself, which becomes 'stilted' and 'precious'. The construction of his sentences undergoes a peculiar disorganization, making them so incomprehensible to us that his remarks seem nonsensical. Some reference to bodily organs or innervations is often given prominence in the content of these remarks. To this may be added the fact that in such symptoms of schizophrenia as are comparable with the substitutive formations of hysteria or obsessional neurosis, the relation between the substitute and the repressed material nevertheless displays peculiarities which would surprise us in these two forms of neurosis

Dr. Victor Tausk of Vienna has placed at my disposal some observations that he has made in the initial stages of schizophrenia in a female patient, which are particularly valuable in that the patient was

ready to explain her utterances herself. I Will take two of his examples to illustrate the view I wish to put forward, and I have no doubt that every observer could easily produce plenty of such material.

A patient of Tausk's, a girl who was brought to the clinic

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1 [A paper referring to the same patient was later published by Tausk (1919).]

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after a quarrel with her lover, complained that *her eyes were not right, they were twisted*. This she herself explained by bringing forward a series of reproaches against her lover in coherent language. 'She could not understand him at all, he looked different every time; he was a hypocrite, an eye-twister, he had twisted her eyes; now she had twisted eyes; they were not her eyes any more; now she saw the world with different eyes.'

The patient's comments on her unintelligible remark have the value of an analysis, for they contain the equivalent of the remark expressed in a generally comprehensible form. They throw light at the same time on the meaning and the genesis of schizophrenic word-formation. I agree with Tausk in stressing in this example the point that the patient's relation to a bodily organ (the eye) has arrogated to itself the representation of the whole content [of her thoughts]. Here the schizophrenic utterance exhibits a hypochondriac trait: it has become 'organ-speech'.2

A second communication by the same patient was as follows: 'She was standing in church. Suddenly she felt a jerk; she had to *change her position, as though somebody was putting her into a position, as though she was being put in a certain position.*'

Now came the analysis of this through a fresh series of reproaches against her lover. 'He was common, he had made her common, too, though she was naturally refined. He had made her like himself by making her think that he was superior to her; now she had become like him, because she thought she would be better if she were like him. He had *given a false impression of his position*; now she was just like him' (by identification), 'he had *put her in a false position*'.

The physical movement of 'changing her position', Tausk remarks, depicted the words 'putting her in a false position' and her identification with her lover. I would call attention once more to the fact that the whole train of thought is dominated by the element which has for its content a bodily innervation (or, rather, the sensation of it). Furthermore, a hysterical woman would, in the first example, have *in fact* convulsively twisted her eyes, and, in the second, have given actual

[PEP] This page can be read in German in GESAMMELTE WERKE Vol 10, Page 296

1 [The German 'Augenverdreher' has the figurative meaning of 'deceiver'.]

2 [Cf. Freud's discussion of hypochondria in his paper on narcissism (1914c), above, p. 83 ff.]

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jerks, instead of having the *impulse* to do so or the *sensation* of doing so: and in neither example would she have any accompanying conscious thoughts, nor would she have been able to express any such thoughts afterwards.

These two observations, then, argue in favour of what we have called hypochondriacal speech or 'organ-speech'. But, what seems to us more important, they also point to something else, of which we have innumerable instances (for example, in the cases collected in Bleuler's monograph [1911]) and which may be reduced to a definite formula. In schizophrenia *words* are subjected to the same process as that which makes the dream-images out of latent dream-thoughts—to what we have called the primary psychical process. They undergo condensation, and by means of displacement transfer their cathexes to one another in their entirety. The process may go so far that a single word, if it is specially suitable on account of its numerous connections, takes over the representation of a whole train of thought. The works of Bleuler, Jung and their pupils offer a quantity of material which particularly supports this assertion. 2

Before we draw any conclusion from impressions such as these, let us consider further the distinctions between the formation of substitutes in schizophrenia on the one hand, and in hysteria and obsessional neurosis on the other—subtle distinctions which nevertheless make a strange impression. A patient whom I have at present under observation has allowed himself to be withdrawn from all the

interests of life on account of a bad condition of the skin of his face. He declares that he has blackheads and deep holes in his face which everyone notices. Analysis shows that he is playing out his castration complex upon his skin. At first he worked at these blackheads remorselessly; and it gave him great satisfaction to squeeze them out, because, as he said, something spurted out when he did so. Then he began to think that a deep cavity appeared wherever he had got rid of a blackhead, and he reproached himself most vehemently with having ruined his skin for ever by 'constantly

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1 [The Interpretation of Dreams (1900a), Standard Ed., 5, 595.]

2 The dream-work, too, occasionally treats words like things, and so creates very similar 'schizophrenic' utterances or neologisms. [See *The Interpretation of Dreams* (1900a), *Standard Ed.*, 4, 295 ff. A distinction between what happens in dreams and in schizophrenia is drawn, however, in 'A Metapsychological Supplement to the Theory of Dreams', p. 229 below.]

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fiddling about with his hand'. Pressing out the content of the blackheads is clearly to him a substitute for masturbation. The cavity which then appears owing to his fault is the female genital, i.e. the fulfilment of the threat of castration (or the phantasy representing that threat) provoked by his masturbating. This substitutive formation has, in spite of its hypo-chondriacal character, considerable resemblance to a hysterical conversion; and vet we have a feeling that something different must be going on here, that a substitutive formation such as this cannot be attributed to hysteria, even before we can say in what the difference consists. A tiny little cavity such as a pore of the skin would hardly be used by a hysteric as a symbol for the vagina, which he is otherwise ready to compare with every imaginable object that encloses a hollow space. Besides, we should expect the multiplicity of these little cavities to prevent him from using them as a substitute for the female genital. The same applies to the case of a young patient reported by Tausk some years ago to the Vienna Psycho-Analytical Society. This patient behaved in other respects exactly as though he were suffering from an obsessional neurosis; he took hours to wash and dress, and so on. It was noticeable, however, that he was able to give the meaning of his inhibitions without anyresistance. In putting on his stockings, for instance, he was disturbed by the idea that he must pull apart the stitches in the knitting, i.e. the holes, and to him every hole was a symbol of the female genital aperture. This again is a thing which we cannot attribute to an obsessional neurotic. Reitler observed a patient of the latter sort, who also suffered from having to take a long time over putting on his stockings; this man, after overcoming his resistances, found as the explanation that his foot symbolized apenis, that putting on the stocking stood for a masturbatory act, and that he had to keep on pulling the stocking on and off, partly in order to complete the picture of masturbation, and partly in order to undo that act.

If we ask ourselves what it is that gives the character of strangeness to the substitutive formation and the symptom in schizophrenia, we eventually come to realize that it is the predominance of what has to do with words over what has to do with things. As far as the thing goes, there is only a very slight similarity between squeezing out a blackhead and an emission from the penis, and still less similarity between the innumerable

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shallow pores of the skin and the vagina; but in the former case there is, in both instances, a 'spurting out', while in the latter the cynical saying, 'a hole is a hole', is true verbally. What has dictated the substitution is not the resemblance between the things denoted but the sameness of the words used to express them. Where the two—word and thing—do not coincide, the formation of substitutes in schizophrenia deviates from that in the transference neuroses.

If now we put this finding alongside the hypothesis that in schizophrenia object-cathexes are given up, we shall be obliged to modify the hypothesis by adding that the cathexis of the *word*-presentations of objects is retained. What we have permissibly called the conscious presentation of the object can now be split up into the presentation of the *word* and the presentation of the *thing*; the latter consists in the cathexis, if not of the direct memory-images of the thing, at least of remoter memory-traces derived from these. We now seem to know all at once what the difference is between a conscious and an unconscious presentation [see p. <u>176</u>]. The two are not, as we supposed, different registrations of the

same content in different psychical localities, nor yet different functional states of cathexis in the same locality; but the conscious presentation comprises the presentation of the thing plus the presentation of the word belonging to it, while the unconscious presentation is the presentation of the thing alone. The system Ucs. contains the thing-cathexes of the objects, the first and true object-cathexes; the system Pcs. comes

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1 ['Vorstellung.' This word has as a rule been translated above by 'idea'. (See footnote 1, p. 174.) From this point till the end of the paper, 'Vorstellung' is uniformly translated by 'presentation'—'Wortvorstellung' 'presentation of the word' or 'word-presentation'; 'Sachvorstellung' 'presentation of the thing' or 'thing-presentation'. These words were formerly translated by the somewhat misleading 'verbal idea' and 'concrete idea'. In 'Mourning and Melancholia' (below, p. 256) Freud replaced 'Sachvorstellung' by the synonymous 'Dingvorstellung'; and he had used this second version earlier, in The Interpretation of Dreams (1900a), Standard Ed., 4, 295-6, and near the beginning of Chapter IV of his book on jokes (1905c).—The distinction between 'word-presentations' and 'thing-presentations' was already in his mind when he wrote these earlier works, and it no doubt derives from his studies on the aphasias. The matter was discussed at some length in his monograph on the subject (1891b), though in somewhat different terminology. The relevant passage in that work has been translated below in Appendix C (p. 209).]

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about by this thing-presentation being hypercathected through being linked with the word-presentations corresponding to it. It is these hypercathexes, we may suppose, that bring about a higher psychical organization and make it possible for the primary process to be succeeded by the secondary process which is dominant in the *Pcs*. Now, too, we are in a position to state precisely what it is that repression denies to the rejected presentation in the transference neuroses [p. <u>180</u>]: what it denies to the presentation is translation into words which shall remain attached to the object. A presentation which is not put into words, or a psychical act which is not hypercathected, remains thereafter in the *Ucs*. in a state of repression.

I should like to point out at what an early date we already possessed the insight which to-day enables us to understand one of the most striking characteristics ofschizophrenia. In the last few pages of *The Interpretation of Dreams*, which was published in 1900, the view was developed that thought-processes, i.e. those acts ofcathexis which are comparatively remote from perception, are in themselves without quality and unconscious, and that they attain their capacity to become conscious only through being linked with the residues of perceptions of *words*.1 But word-presentations, for their part too, are derived from sense-perceptions, in the same way as thing-presentations are; the question might therefore be raised why presentations of objects cannot become conscious through the medium of their *own* perceptual residues. Probably, however, thought proceeds in systems so far remote from the original perceptual residues that they have no longer retained anything of the qualities of those residues, and, in order to become conscious, need to be reinforced by new qualities. Moreover, by being linked with words, cathexes can be provided with quality even when they represent only *relations* between presentations of objects and are thus unable to derive any quality from perceptions. Such relations, which become comprehensible only through words, form a major part of our thought-processes. As we can see, being linked with word-presentations

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is not yet the same thing as becoming conscious, but only makes it possible to become so; it is therefore characteristic of the system *Pcs*. and of that system alone. With these discussions, however, we have evidently departed from our subject proper and find ourselves plunged into problems concerning the preconscious and theconscious, which for good reasons we are reserving for separate treatment. 2

As regards schizophrenia, which we only touch on here so far as seems indispensable for a general understanding of the Ucs, a doubt must occur to us whether the process here termed repression has

^{1 [}The Interpretation of Dreams (1900a), Standard Ed., 5, 617. See also Standard Ed., 574. This hypothesis had in fact been put forward (though not published) by Freud even earlier, in his 'Project' of 1895 (1950a, towards the beginning of Section 1 of Part III). It had also been mentioned by him more recently, in his paper on 'The Two Principles of Mental Functioning' (1911b).]

anything at all in common with the repression which takes place in the transference neuroses. The formula that repression is a process which occurs between the systems *Ucs.* and *Pcs.* (or *Cs.*), and results in keeping something at a distance from consciousness [p. <u>147</u>], must in any event be modified, in order that it may also be able to include the case of dementia praecox and other narcissistic affections. But the ego's attempt at flight, which expresses itself in the withdrawal of the conscious cathexis, nevertheless remains a factor common [to the two classes of neurosis]. The most superficial reflection shows us how much more radically and profoundly this attempt at flight, this flight of the ego, is put into operation in the narcissistic neuroses.

If, in schizophrenia, this flight consists in withdrawal of instinctual cathexis from the points which represent the *unconscious* presentation of the object, it may seem strange that the part of the presentation of this object which belongs to the system *Pcs.*—namely, the word-presentations corresponding to it—should, on the contrary, receive a more intense cathexis. We might rather expect that the word-presentation, being the preconscious part, would have to sustain the first impact of repression and that it would be totally uncathectable after repression had proceeded as far as the unconscious thing-presentations. This, it is true, is difficult to understand. It turns out that the cathexis of the word-presentation is not part of the act of repression, but represents the first of the attempts at recovery or cure which so conspicuously dominate the clinical picture of

[PEP] This page can be read in German in GESAMMELTE WERKE Vol 10, Page 301

1 [Freud took up this subject again at the beginning of Chapter II of *The Ego and the Id* (1923b).]

2 [This seems likely to be another reference to the unpublished paper on consciousness. See, however, below, p. <u>232</u>.]

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schizophrenia. These endeavours are directed towards regaining the lost object, and it may well be that to achieve this purpose they set off on a path that leads to the object *via* the verbal part of it, but then find themselves obliged to be content with words instead of things. It is a general truth that our mental activity moves in two opposite directions: either it starts from the instincts and passes through the system *Ucs.* to conscious thought-activity; or, beginning with an instigation from outside, it passes through the system *Cs.* and *Pcs.* till it reaches the *Ucs.* cathexes of the ego and objects. This second path must, in spite of the repression which has taken place, remain travers-able, and it lies open to some extent to the endeavours made by the neurosis to regain its objects. When we think in abstractions there is a danger that we may neglect the relations of words to unconscious thing-presentations, and it must be confessed that the expression and content of our philosophizing then begins to acquire an unwelcome resemblance to the mode of operation of schizophrenics. We may, on the other hand, attempt a characterization of the schizophrenic's mode of thought by saying that he treats concrete things as though they were abstract.

If we have made a true assessment of the nature of the *Ucs*. and have correctly defined the difference between an unconscious and a preconscious presentation, then our researches will inevitably bring us back from many other points to this same piece of insight.

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Appendix A to "The Unconscious"

James Strachev

Appendix A: Freud and Ewald Hering

AMONG Freud's seniors in Vienna was the physiologist Ewald Hering (1834-1918), who, as we learn from Dr. Jones (1953, 244), offered the young man a post as his assistant at Prague in 1884. An episode some forty years later seems to suggest, as Ernst Kris (1956) pointed out, that Hering's

^{1 [}See Part III of Freud's Schreber analysis (1911c).—A further schizophrenic attempt at recovery is mentioned below, p. 230.]

^{2 [}Freud had already made this point at the end of the second essay in *Totem and Taboo* (1912-13), *Standard Ed.*, 13, 73.]