UNIVERSAL
LIBRARY

OU_152453

UNIVERSAL
LIBRARY

OSMANIA UNIVERSITY LIBRARY

Call No. 131.346/R19W Accession No. 19813

Author Rank, Otto

Title Will therapy

This book should be returned on or before the date last marked below

Also by

DR. OTTO RANK



ART AND ARTIST

Creative Urge and Personality Development

MODERN EDUCATION

A Critique of its Fundamental Ideas

TRUTH AND REALITY

A Life History of the Human Will

These are Borzoi Books, published by

ALFRED A. KNOPF

WILL THERAPY

Authorized Translation from the German,
with a Preface, by

JESSIE TAFT

WILL THERAPY

AN ANALYSIS OF THE THERAPEUTIC PROCESS IN TERMS OF RELATIONSHIP

by

OTTO RANK



NEW YORK · ALFRED · A · KNOPF

1936

COPYRIGHT 1936 BY ALFRED A. KNOPF, INC.

All rights reserved. No part of this book may be reproduced in any form without permission in writing from the publisher, except by a reviewer who may quote brief passages in a review to be printed in a magazine or newspaper.

FIRST AMERICAN EDITION

ORIGINALLY PUBLISHED AS

Technik der Psychoanalyse:
Volume II: Die Analytische Reaktion
Volume III: Die Analyse des Analytikers

COPYRIGHT 1929, 1931 BY FRANZ DEUTICKE

MANUFACTURED IN THE UNITED STATES OF AMERICA



TRANSLATOR'S PREFACE

WILL THERAPY,[1] a title selected with the help of the author, is based on my own literal translations from the German of three volumes of a so-called "Technique of Psychoanalysis." [2] Volume one, entitled "The Analytic Situation Illustrated from the Technique of Dream Interpretation" [3] appeared early in 1926, Volume two, "The Analytic Reaction in its Constructive Aspects" [4] was published in 1929 and the third volume, "The Psychoanalysis." [2] Volume one, entitled "The Analytic Situation" [5] in 1931. The general title of these three volumes was chosen and agreed upon with the publisher before Rank had become fully conscious of the underlying difference in his own technique and philosophy which was leading to a fundamental divergence

[1] The word "will" is used with full awareness of its status in modern psychology and of its association with the popular belief in cure by "will power." While Rank has no thought that the neurotic can be relieved of his symptoms by voluntary effort, in that popular concept, he has seized upon a fundamental truth which psychology has ignored, and utilized it in a new understanding of will as it appears in human relations, particularly in the therapeutic relationship.

[2] "Technik der Psychoanalyse." Franz Deuticke, Leipzig und Wien.

[3] "Die analytische Situation Illustriert an der Traumdeutungstechnik."

[4] "Die analytische Reaktion in ihren konstruktiven Elementen."

[5] "Die Analyse des Analytikers und seine Rolle in der Gesamt situation."

from Freudian psycho-analysis. The first volume, therefor, despite its startling technical discoveries, was written from the Freudian viewpoint, as was the "Trauma of Birth" [1] its theoretical parallel. It was preceded by a preliminary sketch in collaboration with S. Ferenczi, "The Development of Psychoanalysis" [2] which was later repudiated by Ferenczi as soon as he perceived its theoretical implications. By 1929 the split initiated in 1924 and sharpened by Freud's critical reaction to the "Trauma of Birth" originally dedicated to him, had eventuated in a new psychology and a new technique which Rank presented first in Volume II of this series as a critique instead of a description of the technique of psychoanalysis. At the same time he wrote a theoretical statement of his viewpoint entitled "Truth and Reality, an Outline of a Philosophy of the Psychic." [3] With the appearance of the third volume in 1931 Rank no longer considered himself a psychoanalyst in the Freudian sense and retained the word "psychoanalysis" in the title only because of his agreement with the publisher.

The present book, "Will Therapy," a combination of Volumes II and III of the original "Technique of Psychoanalysis" is intended primarily as a presentation of Rank's unique contribution to modern psychology in its therapeutic application. It represents a criticism of Freudian doctrine and method only because Rank himself necessarily arrived at his own position, not merely

[1] "Das Trauma der Geburt" Franz Deuticke—1923. English translation Kegan Paul, 1929.

[2] Entwicklungsziele der Psychoanalyse Internationaler Psychoanalytischer Verlag 1924. English translation 1925.

[3] Wahrheit und Wirklichkeit, Entwurf einer Philosophie des Seelischen" Franz Deuticke, 1928. English translation, Truth and Reality; Alfred A. Knopf, 1936.

in reaction against Freudianism, but also by the positive utilization of its material for a new development. To avoid the confusion which would result from combining the first volume with its Freudian orientation and the second and third which are based entirely on the will psychology as Rank has developed it theoretically in "Truth and Reality" I have written an introductory chapter to cover material in Volume I that is essential for understanding Rank's present viewpoint in its practical application. My acquaintance with the material dates from 1926 when I began a translation of Volume I. Since that time I have worked more or less steadily on these three volumes, as well as on "Truth and Reality" not only in terms of translation, but through a slow process of assimilation which has finally enabled me to offer this volume together with a translation of "Truth and Reality" for publication. The translation, on the whole, is faithful to the original, but I have not hesitated when it seemed better in the interest of clarity and good form, to eliminate or re-order certain portions of the text and occasionally to insert explanatory phrases and sentences. In the translator's introduction, I have retained the terms psychoanalysis, analyst, analytic situation and the like because they are used in Volume I of the Technique by a writer who still considers himself Freudian. In Volumes II and III, I have tried to differentiate as sharply as possible, substituting therapy and therapeutic for analysis and analytic where the reference is to Rank's position as against Freudian psychoanalysis.

My thanks are due first to Dr. Rank himself who has helped in settling points of fact as well as difficult prob-

lems of translation and has eliminated actual errors in translation, second to my friend Edith M. Everett, who has given the manuscript its preliminary critical reading and finally to the unfailing stenographic skill of Mrs. Aida Naabe who put the manuscript in its final form.

JESSIE TAFT

Pennsylvania School of Social Work
Philadelphia
November 1935



CONTENTS

TRANSLATOR'S INTRODUCTION
The Discovery of the Analytic Situation xi

BOOK ONE: THE PATIENT'S REACTION TO THE THERAPEUTIC SITUATION

I. *The Therapeutic Experience* 3
II. *The Basis of a Will Therapy* 11
III. *Understanding and Denial* 29
IV. *Past and Present* 47
V. *Likeness and Difference* 65
VI. *Love and Force* 85
VII. *Separation and Guilt* 100
VIII. *Fate and Self Determination* 121

BOOK TWO: THE THERAPIST AND THE NEUROTIC AS COMPLEMENTARY TYPES

Preface 139
I. *Ideological versus Dynamic Therapy* 146
II. *Life Fear and Death Fear* 168
III. *Total Ego and Partial Ego* 189
IV. *Illness and Healing* 213

V. *The Role of the Therapist in the Therapeutic Situation* 235
VI. *The End Phase and the Therapeutic Agent* 259
VII. *The Individual and the Social* 274
Complete List of Published Works of Dr. Otto Rank 291



THE DISCOVERY OF THE ANALYTIC SITUATION

IF ONE were to pick out the particular attitude which finally led Rank to a new comprehension of the therapeutic task on which he had worked in association with Freud for so many years, one might well select his complete respect for the personality of the neurotic patient, combined with the absence of medical presupposition which freed him from the tendency to regard the neurosis as illness, with an external cause and cure to be discovered. That it was his keen realization of the force and quality of the supposedly weak neurotic as well as his clear comprehension of the effect of the analyst's conflicting aims that led Rank to protest against the use of every analysis as an opportunity for furthering psychoanalytic investigation, I have no doubt. At all events in 1923 in "Entwicklungsziele der Psychoanalyse" the book written in collaboration with Ferenczi, we find him insisting that experiment in the interest of psychoanalytic theory is fundamentally antagonistic to therapy which must needs concern the welfare of the patient only.

No member of the Freudian group at that time had a keener theoretical interest or a more scholarly equipment than Rank. His contributions to psychoanalytic

research as evidenced by the long list of published works [1] appearing before the "Trauma of Birth" and "Development of Psychoanalysis" were equalled only by his well known therapeutic skill and achievement. It is not improbable that it was his effort to reconcile these conflicting interests in his own practice that brought him to this frank facing of their incompatibility. Be that as it may, the far reaching effect of bringing every analytic procedure to the test of therapeutic rather than scientific justification may easily be imagined.

This voluntary functional limitation in the interest of therapy for the patient, had been brought to a focus by the results of an experiment in setting a definite time limit in advance for the termination of all his analyses during a given period, a procedure which Freud had followed with a certain type of case only. To his heightened awareness of the momentary reactions of the patient to this consciously directed activity of the analyst, was added the discovery that every patient without exception responded in terms of birth symbolism and apparently experienced an affective reliving of the birth trauma. In this unvarying response which, with his new insight, he was then able to detect in earlier cases also, Rank finally grasped the unconscious meaning for the patient of separation from the analysis as a birth process and the so-called transference to the analyst of either sex as equivalent to the child's relation to the mother on its deepest biological level.

The technical innovations which this new vision permitted, in terms of a drastically shortened period of treatment, and a greatly facilitated handling of resistance

[1] See complete list pages 290–1.

on the basis of this deeper-than-sex comprehension of the transference made startling inroads upon the classical Freudian technique and aroused much opposition from orthodox analysts who were quick to resist the threat of change. Rank himself, however, in working through the theoretical implications of his discovery in the "Trauma of Birth" was as yet unconscious of the underlying threat to Freudian psychology, as such. In his own thinking, he was only carrying through Freud's historical and biological explanations of the neuroses to their logical or rather their biological conclusions. Birth replaces castration as the ultimate and original trauma and the breast takes precedence over the penis as the first libido object. The approach seems to be unchanged except that the lack of a specific cause for neurosis in the common human experiences of birth and weaning, survived by the majority without mishap, became ever more apparent. Fear, also, the basic factor of neurotic psychology, Rank saw as present from the beginning before sex or any life experience other than birth could possibly take effect. The only aspect of this earliest common biology which might serve as a differentiating basis of neurotic development seemed to him to be the inevitable variation in quantitative terms of the degree or amount of fear experienced in birth by the particular individual. Thus despite his assumption that he was operating on a Freudian basis, it is evident that he had already introduced the entering wedge of ultimate divergence.

As his awareness of the patient's reactions to ending had opened his eyes to the technical utilization of the whole analytic experience in its immediate and present

meaning, so his theoretical reflections on the birth trauma revealed the causal impotence of biological crises, environmental forces and sex repression to account for the neuroses and confirmed his belief in a new and present experience as the unrecognized therapeutic factor in the analysis of the neurotic individual. In Volume I of the Technique of Psychoanalysis, Rank undertook to present the first complete statement regarding his three new tools in their technical application; the use of the analytic situation as a present experience rather than a reliving of the past, the recognition of the transference as fundamentally not sexual but a re-establishment of the biological tie to the mother, and the setting of an ending to treatment as the key to the therapeutic control of the entire process. He added to this abstract presentation a series of dreams which he analyzed in terms of their reference to the analyst and the analytic process to illustrate the technical use of his conceptions and to show the relation of the dream material to birth symbolism and pre-Œdipean experiences. The book is difficult to follow because Rank's own views develop so rapidly that while he writes as a Freudian in the first part, by the time he has reached the last chapter, he is on the point of discovering the basic difference that makes of the second volume a new and anti-Freudian psychology.

One or two quotations at this point will indicate Rank's first conceptions of his new contributions and give the basis for comparison with the will psychology as it finally came to birth in Volume II and in "Truth and Reality."

"As I came to new cases with the understanding that

the end phase of the analysis is actually a reproduction of birth, I noticed that patients of both sexes see in the analyst from the very beginning a mother substitute in the libidinal sense. Whereupon it followed that the severance from this mother substitute was typified in the form of reproduction of birth because of the nature of the analytic situation and not just as a consequence of setting a time limit. From this point of view the psychoanalytic treatment is a process in which are experienced again in a shortened period of time both the primal libidinal bond to the mother, represented in the biological relation of the child to the mother and in the natural processes of care and nourishment and the severance of this primal bond in birth or weaning. From the painfulness of these typical birth reactions under which this severance in the last phase of my analyses at that time took place, I inferred a trauma of birth. Since recognizing the importance of the birth trauma in the analysis of all cases irrespective of sex, I proceed regularly from the very beginning and continue throughout to reveal the strong mother attachment expressed in the transference relation in order to prevent the patient from getting an insoluble fixation on the one hand and from reproducing the birth trauma in leaving the analyst on the other. Naturally it is not to be avoided entirely, but the reactions are milder and give the patient an easier separation from the analyst, if one analyzes the mother-fixation from the beginning and thus constantly prepares the patient for the setting of the time limit and the leaving, instead of springing it on him suddenly. Thus one gets in the last phase of the analysis, instead of the unconscious reliving of the birth trauma, the

patient's actual conflicts relatively free from the early infantile fixations. By this procedure the analysis divides itself into two tasks, namely, the severing of the actual libidinal bond to the mother and the utilization of the libido thus gained and at one's free disposal partly for the formation of a new ego-ideal by means of identification with the analyst and partly for a normal adult sex adjustment in the choice of an object. In this second part of the analysis, in patients of either sex there comes into the foreground quite by itself the part played by the analyst as father substitute in his role of builder of ideals (educator) or love object. But with the most important difference that this follows relatively undisturbed by the mother regression now already overcome by analysis. Thus the whole analysis proves actually to be the subsequent repetition of a part of the work of adaptation, or education, which has previously been omitted or has failed. And this adjustment has to be accomplished by every child in an affective freeing from the mother (pleasure-principle) and in the partial transference to the father (reality principle)." This quotation gives a clear picture of Rank's viewpoint and technique at the peak of its application of biological content. He had pursued the Freudian path to its inevitable conclusion and after trying out the final biological bases theoretically and practically, was finally able to abandon content as in itself unimportant and devote himself to the technical utilization of the dynamics of the therapeutic process, with the patient's will as the central force.

The increased control over his technique and the new clarity regarding the nature of the analytic situation, which his sudden access of insight had granted,

gave Rank an authority and responsibility almost medical in character and caused him to revolt against the orthodox passive technique, the scientific tentativeness, the endless pursuit of infantile memories, the detailed interpretation of dreams and the wearisome prolongation of the treatment. For one who knows his present theory and practice, it is hard to believe that he ever wrote the following apparently autocratic, and from the orthodox view, over-confident paragraphs: "From this point of view then, a quite definite course can be given for the completion of the clearly defined task which I see in analysis and also after a relatively short period of observation an approximate time stated within which the process must be concluded. Naturally the analyst must not allow himself to be led either by the more passive method of investigation or by the intellectual technique of interpretation, by which means he could easily get into side-paths unprofitable to therapy and give cause to the patient for insuperable resistances. On the contrary, being conscious of his aim and sure of his purpose, the analyst must keep before his eyes his task which is to allow the patient to experience and to understand something quite definite in the treatment. This he must often do also contrary to the patient's associations and intentions. The analyst in this way makes bold to deprive the patient entirely of the management of the analysis. . . . Thus the analytic treatment gets not only a quite precise, sharply defined form and content, but also a definite period of time, which certainly varies according to the difficulty of the case. . . . The turning of my technical viewpoint into therapeutic power might perhaps be called 'activity,' if one does

not understand by that the giving of prohibitions and commands to the patient (in Ferenczi's sense) which is a course I have never taken systematically. I mean only a courageous application of our knowledge especially that of the deepest psychical layers to which access by the patient is forever closed. Also I believe that our knowledge today is already extensive and definite enough to allow us a direct conversion of our experience into therapeutic power. One need not fear suggesting something positive to the patient for if we could not help with the consciously aimed application of our experiences, we should remain face to face with the patient's suffering as helplessly as he himself. . . . It is well known that the long drawn out analyses generally end with an unsolved transference, not in spite of, but because of their long duration. Analysis is to be compared much less to a process of healing or restoration than to an operative intervention which is to be carried through as quickly as possible so that the patient does not suffer more from the operation than from the illness." This apparently high handed relation to the patient represents the climax of Rank's revolt against a kind of therapeutic irresponsibility and vagueness which arises when the plea of scientific openmindedness is used to justify ignorance of therapeutic effect and the patient is left to bear the analyst's failure to take upon himself the full responsibility for his role in the therapeutic relationship. The discovery of the rights of the patient in the therapeutic process has led Rank to the discovery of the obligation of the therapist also. Only later does he come to see fully the limitations of the therapist's role when the center of the analytic stage is finally

yielded to the chief actor, the patient, not in ignorance, but in full knowledge of the use he must make of it dynamically.

The final and crucial illumination, culminating in Volume II in a comprehension of the purely immediate dynamic nature of the therapeutic process which makes it independent of any particular content, is almost at the point of conscious realization in the last chapter of Volume I, where Rank presents his thinking on the relation of the analytic situation in its immediate present reality to the material presented by the patient, including dreams, infantile memories and "all attempts at reconstruction or interpretation of the actual past however correct psychoanalytically." He says: "In the material produced by the patient in and during the analysis, there are things which are not to be understood and derived from the patient's past, neither from his immediate past nor from his historic past, but only from the present artificially created analytic situation. . . . In the wholesale interest in phylogenesis there exists the same danger of a projection from the present into the past as in the case of the historical explanation, though with its remoteness and the greater difficulty of control the danger is perhaps still greater. (The reference is to Jung.) In attempting to place the actual conflict (Steckel) in the center of the analysis, one remains on the ground of psychotherapy but one may still run the danger of confusing the analytic situation with the actual conflict. . . . The content of the unconscious so far as set forth by analysis, might be conceived as a portrayal of what takes place in the analytic situation between analyst and patient projected into the individ-

ual's historical past. . . . The position on the sofa with the analyst at the back produces not only the desire to see the analyst, even when this desire does not predominate in the patient's impulsive expression, but also the narcissistic desire to show himself (to be seen by the analyst). The first desire is frequently determined by the patient's anxiety at having behind him someone whom, at least at the beginning, he does not know and at being ignorant of what he is doing. Indeed often enough one has the impression that just this analytic arrangement puts the patient into a state of anxiety, makes him more fearful than perhaps he is in life, exactly as if he were in an operating room. As long as one behaves purely passively in the analytic situation, one does not notice one's constant and decisive influence and indeed the less so, the more passive one is. But one can notice, just experimentally by slight alterations of the hour, of the position of one's chair, even of one's clothes, or the like, what influence the analytic situation has on the patient, perhaps the greater the less attention one pays to it. On the other hand there is no therapeutic meaning in leaving the patient purposely ignorant concerning things, the presence of which influences him in every case whether he knows it or merely imagines it, guesses it or is aware of it from another source. Besides it is well known how much the analytic situation influences the patient's real behavior outside during the analysis, indeed determines it, then why should one not be willing or able to see also to what a far reaching extent it determines his utterances and reactions in the analytic hour itself. . . . The patient brings up from his past life material suitable to the situa-

tion but this is fitted and adapted to the present and thus distorted. Its reconstruction is possible only if one considers the influence of the analytic situation instead of depreciating what is produced in it as 'phantasy.' I will not deny that the interpretation on the infantile level has therapeutic value insofar as it makes acceptable to the patient's ego from a higher level his a-social impulses. But theoretically the question for the present remains open as to how far it really is infantile (or rather how far it became pathogenic at the infantile period) and how far it is only a therapeutically helpful construction which permits the patient to play a definite role in the analysis, just as the analyst plays a role, whether he wills it or not. . . . It is a grave fallacy to believe that what is not obvious must be something infantile. That may indeed be true also, but it is certain, and experimentally demonstrable, that as a rule neither the analyst nor the patient sees the influence of the analytic situation. . . . That the patient himself neither recognizes nor wishes to recognize it, is only too comprehensible. Yet he has the tendency to mould the analytic situation into an ideal situation of gratification. That the analyst does not recognize this, or did not, has its cause in his own affective attitude. For the analyst too there is an 'analytic situation,' the analysis of which is a part of our most difficult and thankless task, which yet we ought not on that account forever to evade."

Once Rank had recognized completely and in the slightest details the patient's sensitivity to the immediate reality of the analytic set-up, he was able to free himself from over emphasis upon these contents as well as from historical and biological material. One content

is as good as another from the standpoint of dynamics. Which content one chooses to point out or interpret depends on the patient, the point reached in the whole analysis and the probable next movement. But for the therapist, certainly, it is necessary to see at once the value of any particular content for the momentary situation as well as the underlying interplay of forces which utilize it, and to make his own decision therapeutically, as to what needs emphasis and what will further the process most.

True to his insight into the present meaning of the analytic relationship, Rank introduced in Volume I a revolutionary handling of dream material which, however, as he specifically states, presupposes a "complete understanding of the Freudian dream interpretation."

"The dream analysis of which we make use in practical work deviates to a considerable degree from the classical technique of dream interpretation first of all because we pursue other aims. Here it is not a matter of the psychological understanding of dream work, nor of the discovery of types of dreams . . . nor of universally human typical dreams and symbols and their relation to other products of human phantasy production, rather it is a question in practical analysis of just the individual peculiarities and deviations from the typical, of the distortions and displacements of the universal forms. . . . Moreover from the dreams occurring in the analysis and interpreted in terms of practical need, we must not aim at wanting to experience something characteristic for the nature of the dream; on the other hand we find in them very much, often indeed everything significant for the analytic situation and thus for

the progress of the analysis for the patient and his relation to it. Mostly we need not give at all the translation of the single dream elements, but only to anticipate the interpretation especially in typical situations in cases of transparent symbolism or well known complexes, in order to concern ourselves with the meaning of the dream in connection with the whole analysis. Yet the dream in the analysis does not stand only under the tendencies of the infantile wish fulfilments in terms of the repetition compulsion, it stands also in the service of the resistance and of the transference, thus of quite peculiar and exceptional conditions created artificially during the analysis and which clearly influence its form and presentation. Naturally this is made subservient to our therapeutic purpose. Everything essential is made accessible to us if we apply the most general formula which Freud has given for the dream form to the analytic situation. He says: 'The dream is the substitute form of infantile scenes changed through the transference to recent ones.' Now in analysis, the 'recent' is the analytic situation and that is not only the current material of the analysis, but also the situation at the time and the patient's relation to both."

Thus without awareness of his almost completed separation from Freudian psychology and practice Rank has invaded technically every field of classical psychoanalysis, its free association, its scientific assumptions, historical sources, infantile memories, the transference, the Œdipus complex as nuclear, and finally the sacred dream material. Only one thing is lacking and that is the sudden revelation of the human being as a center of organized forces, not primarily an effect of any exter-

nal influence but himself a moving effective cause, reacting upon parental pressures and social environment as truly as he is acted upon by them. In other words reality is as real within as without and just as capable of being causal if a cause one must find. For this integration of the impulsive life of the individual which represents his dynamic organization as a force among other forces, Rank uses the term "will" despite its association with the old and condemned faculty psychology and its utilization by quacks and charlatans. Once this step has been taken, all the material which he has been collecting in twenty years of analytic practice, all the new discoveries he has tried to see in Freudian terms are thrown into sudden illumination and take their places with startling consistency in an orientation that is basic not only for therapy but for a living psychology of human beings. He has the key now to a final and convincing critique of Freudian doctrine and method, but what is more important, he has the basis for his own philosophic development. No longer is it a question of mother rather than father, of breast over penis, of birth above castration, of any content over any other. Instead we have a dynamic of the individual in relation to birth, parents, sex and society as opposite poles necessary for biological development and psychic balancing. Every human being must needs represent in his internal organization not only the effect of these external influences, but a partial cause, a unique source of new energy which utilizes the outer for its own creative needs. Freud has remained identified with the destructive overwhelming aspects of environmental influences, as we see clearly in his recent books, and has put such

creative energy into an effort to save the individual victims of life forces by means of a therapy of adaptation and adjustment that he has influenced the psychology of a whole world. Rank, with no minimizing of the environmental, has chosen instead to make a virtue of relativity and movement and to assign to the individual his full share in the dynamic. Instead of trying to escape human inconsistency and weakness, he has accepted creatively the ambivalent character of all livingness and has found that when one has the courage to build upon this shifting, moving foundation, the result is a psychology that works. In the following pages is presented not an abstract unsubstantiated theory, but an organization of thinking about the way in which human beings can take help, or if you like, can accept life, that has been wrested out of the finest detail of a deep and extensive therapeutic experience devoted to an understanding of the individual in his uniqueness and difference.

BOOK ONE

THE PATIENT'S REACTION TO THE THERAPEUTIC SITUATION



"Aus so krummem Holze, woraus der Mensch gemacht ist, kann nichts ganz Gerades gezimmert werden. Nur die Annäherung zu dieser Idee ist uns von der Natur auferlegt."

"From the crooked wood of which man is made, nothing quite straight can be built. Only an approximation to this goal is expected of us by nature." —KANT

CHAPTER I



THE THERAPEUTIC EXPERIENCE

> *"Sie werden bei mir nicht Philosophie lernen aber—philosophieren, nicht Gedanken blosz zum Nachsprechen, sondern Denken."*
>
> "You will learn from me not philosophy but to philosophize, not thoughts to be imitated but to think."
>
> —KANT

OF A technique of psychotherapy one expects a presentation of the ways and means by which the nervous patient can be helped that is as comprehensible and applicable as possible. Nothing simpler than this definition, nothing more difficult to carry out than this demand! When I say nothing more difficult, I really mean that it is almost impossible, especially when one no longer approaches the problem of the neurotic purely medically. The essential contribution of the psychoanalytic investigation of neurotics is just this, that even if they show quite marked disturbances of functioning in their so-called "symptoms," they are not sick in the medical sense. Their sufferings are emotional. The causes are rooted in human development and human adjustment. Consequently there is no radical cure for their pain, no generally effective means for its alleviation, nor any universally applicable technique of psy-

chotherapy which can be described in detail. To this difficulty based on the nature of neurotic suffering is added the fact that the only means of healing which psychotherapy has learned to use is itself a human being, the therapist, whose own psychology also must have a decided influence upon the treatment and its outcome.

If this negative statement is all that one can offer to an expectant humanity seeking help, is it not then useless from the beginning to undertake such a work or to trouble one's self about the therapy of the neuroses beyond the purely practical aspect? This book shows that I do not think so. My introductory remarks merely attempt to limit the expectations of the too zealous therapist, or rather to guide them in another direction, the only direction in which I see the possibility of coming nearer to the problem of the neuroses practically. In view of the complications just mentioned, I have attempted to write in place of a technique of psychotherapy, a "Philosophy of Helping," without which an understanding of any kind of psychotherapy or technique seems to me to be impossible.

Psychoanalysis itself has finally come up against the clearly insurmountable guilt problem which rules the analytic situation in such a central fashion because it represents not only the nuclear problem of the neurosis, but also of the formation of personality in general. Guilt is an ethical problem, which is found in every human relationship. In the relation of the seeker for help to the helper it manifests itself with peculiar conflict. This point of view extends the problem beyond the analytic situation to a common human source of conflict, which psychologically speaking we can designate as a thera-

peutic experience, regardless of whether the helper appears in the role of parent, physician or priest. It is well known that one can conduct an analysis technically correctly and still have no result if the sufferer cannot accept the help which he sought; just as a "wild analysis" may be successful if the personal relationship is such or succeeds in becoming such that it is possible for the sufferer to take from the other what he needs emotionally without getting guilt feeling. For the understanding of this reaction of the patient, knowledge of the essence of the therapeutic situation in general, which means knowledge of the ethical [1] problem, is just as indispensable as psychological understanding. The patient reacts, it is true with his old typical patterns, as psychological theory in part commonly presents them, but he reacts to a new situation which in its ethical aspects constitutes the peculiarly constructive therapeutic agent. His reaction to this unique experience is in a certain sense new also and this in my opinion is the only therapeutic value of psychoanalysis. For upon the understanding and constructive use of his reaction patterns, lying beyond transference, beyond any repetition, depend not only the practical results of the treatment, but also the entire future fate of the human being, who is at the moment a patient, but who ought not to remain one.

This new and unique element in the reactions of the seeker for help from its very nature does not lend itself to description, since it appears unpredictably and but once and accordingly, even if it could be described,

[1] "Ethical" as used by Rank in contrast to "moral" refers to the inherent and inevitable relation of the self to the other. Ethics, unlike morality is not man made but the result of an inescapable reciprocal relationship beginning with the biological tie to the mother.

would be worthless for generalization. On the other hand, the universal, to the description and proof of which psychoanalytic theory and therapy has hitherto devoted itself, in the individual case is therapeutically worthless just because of its generality. Freud has disclosed certain universal human reaction patterns by means of historical analysis whose reappearance in the analysis of the individual is probable and has described them technically as transference. From certain phenomena of transference he has deduced theoretically the so-called repetition compulsion, but in relation to both he neglects, if he does not deny, the new which alone is constructive. It is characteristic that Freud's own theory formation as it appears in the works of his later period always grew out of practical difficulties and sought to explain them, that is, to justify their insolubility, but he himself never undertook to present a technique of psychoanalysis. If the universal is ineffective in the particular case just because of its universality and the individual nature of the single case, because of its particularity therapeutically, cannot be presented, taught or applied in general terms then there remains only one solution of the problem which has come to me from purely practical experiences in the overcoming of therapeutic difficulties. In each separate case it is necessary to create, as it were, a theory and technique made for the occasion without trying to carry over this individual solution to the next case. Probably there will crystallize therefrom certain experiences regarding the therapist's method of observation and relationship applicable to the next case, but the essential factor remains always the capacity to understand the individual from himself, in

which process the common human element, certainly not to be denied, can constitute only the hypothesis, not the content of the understanding. In other words, one must learn the speech of the other, and not force upon him the current idiom. Likewise, one must understand how to recognize in the mixture of universal and individual, the essence of his personality and to use it constructively in a therapeutic experience. It is this which Adler's individual psychology rightly strives for in contrast to the Freudian uniform therapy, but with Adler there comes the unavoidable element of leveling in his pedagogic social concept of value. Only on the basis of the will psychology shall we be able to understand this paradox, that the Freudian uniform technique has the therapeutic effect of strengthening the individualistic in the particular case, while the Adlerian method which emphasizes the individual, educates the person to social consciousness.

The presentation of a psychotherapeutic technique, as I understand it, comprises, then, neither the general norm-setting theory formation, no matter from where it comes or of what kind it is, not yet the enumeration of a set of practical rules and prescriptions such as Freud attempted bit by bit. One can modify these rules or turn them into the opposite or entirely ignore them and still get results; just as one can fail while observing them strictly. Everything depends on the understanding and correct management of the therapeutic situation and this lies in the essential understanding and guiding of the individual reactions of the patient. These reactions depend not only on the patterns which he brings with him in terms of unconscious complexes or conscious

goals, but also on the effect, in part new, of the therapeutic situation and of the personality of the analyst. Moreover not only what he does or leaves undone is important, but also how he does it, that is, whether it be with or without understanding of the reactions which follow; in other words, with what degree of conscious ascendancy over the situation and intuitive seizing of its opportunities he works. From this viewpoint, however, the new reactions of the individual are not so entirely unpredictable, if the therapist, besides knowing theory and technique, knows himself and the unavoidable personal influence on the actual therapeutic situation and understands how to make use of it. What he has to learn and moreover what alone is teachable must contain over and above self knowledge the understanding of the therapeutic situation as such and its influence on the reactions of the patient. The therapist should learn therefore, not definite rules and prescriptions, tricks and catches, general theories and typical interpretations, no definite theory and technique of psychoanalysis but to analyze, which means, in my opinion, the understanding and handling of the therapeutic situation. However, in order to translate this bit of psychology into therapeutically effective action, he must also have a personality which approximates as far as possible to the ideal therapeutic type, which we will describe later.

This conception of the technique implies a new conception of the therapeutic task also and a new attitude toward the patient. It is noteworthy that the absence of hypothesis in this kind of psychotherapy more nearly approximates the magic arts of healing used of old than

all the detailed technical precepts of today. The sick person actually does not need to be initiated into all the theoretical presuppositions and consequences which do not help him therapeutically and may easily lead him to the idea that he himself might become a therapist. Not only less theory but less "art of interpretation" is necessary since what is essential is the production and solution of reactions in the therapeutic situation, but not without bringing in by way of comparison similar past or present reactions outside of the therapeutic situation. In a word the therapeutic process is lifted from an intellectual training which every kind of "making conscious" in whatever terminology implies, to the sphere of experience. It is neither the infantile (Freud), nor the guiding purpose (Adler), nor the unconscious made conscious (Jung) that counts, but the therapeutic experience itself. Naturally the factors just named play their parts, but they are subordinated to the actual moment of experience. For the feeling experience, purposefully and with intent, is made the central factor in the therapeutic task, not merely endured as the troublesome if unavoidable phenomenon of resistance. The value of the therapeutic experience like that of every real experience lies in its spontaneity and uniqueness, with an important difference to be sure, which constitutes the essence of the whole therapeutic technique. This experience serves primarily only one end, an end which ordinary experience affords only in rare cases, namely assistance in the unfolding and enrichment of the self, the personality. It must, therefore, be intensified consciously and with art into an ego experience in a more far reaching fashion than is usually the case. This value

made effective by the one-sidedness of the transference relationship has been, in my opinion, the only spontaneously effective therapeutic element in the analytic situation. However, it has not been utilized constructively, nor has the origin of the guilt feeling necessarily following from the ego enrichment in the experience been understood.

The reason for this failure is that in the classical analytic situation in spite of the famed passivity of the analyst, the person of the therapist stood in the center, while I unmask all the reactions of the patient even if they apparently refer to the analyst, as projections of his own inner conflict and bring them back to his own ego. Apparently the narcissism of the analyst has compensated for his passivity, so that he has related all reactions of the patient as far as they do not permit of being put back on an infantile pattern, to his own person. My technique on the contrary sees the reactions as arising immediately from the therapeutic experience and explains them as projections and attempts at solution of the particular ego conflicts of the patient, which puts the patient himself as chief actor in the center of the situation set up by the analyst, a situation which he creates and re-creates according to his own psychic needs. The so-called transference which for Freud represents nothing but a reproduction of the infantile, becomes a creative expression of the growth and development of the personality in the therapeutic experience, while the critical phases, labeled resistance by Freud and masculine protest by Adler, I value and utilize constructively as a proof, however negative, of the strength of will on which therapeutic success ultimately depends.

CHAPTER II



THE BASIS OF A WILL THERAPY

> *"Es gibt kein Hindernis, das man nicht zerbrechen kann, denn das Hindernis ist nur des Willens wegen da, und in Wahrheit sind keine Hindernisse als nur im Geist."*
>
> "There are no obstacles that one cannot overcome, for the obstacle is only there on account of the will and in truth there are no obstacles but psychic ones."
>
> —RABBI NACHMAN

PSYCHOANALYSIS in its mingling of theory and therapy has failed to detect the actually effective therapeutic agent the psychological understanding of which alone can furnish the basis for theoretical generalization. First it was the making conscious of the unconscious (association) which we know today is not itself therapeutic. Then it was the abreaction of the effects, a kind of psychic emptying (catharsis) which at best means only a temporary relief, nothing lasting or constructively effective. Finally it was the transference relationship which forms a kind of synthesis of these two psychological factors. Transference not only contains something passive, temporary, derived, but actually represents that aspect of the relationship to the analyst. But passivity, dependence, or weakness of will in any form is just the difficulty on account of which the neurotic comes for treatment,

therefore transference cannot be the therapy to which we attach the idea of something positive.

What is naturally and spontaneously effective in the transference situation and rightly understood and handled is also effective therapeutically is the same thing that is potent in every relationship between two human beings, namely the will. Two wills clash, either the one overthrows the other or both struggle with and against one another for supremacy. Adler has seen this battle for supremacy in analysis, "the will to be on top" (Obensein wollen), as he calls it, at least he has not denied it, for it is so clear that only the wish not to see it can explain its neglect by Freud. However, Adler has apparently not been able to see that the phenomena described by him represent only the form in which the will manifests itself in the analytic situation as in similar life situations. In other words, he takes this will to superiority as an ultimate psychological fact, but gives no psychology of will in general, which alone would make these phenomena intelligible. In contrast to this social pedagogical presentation of Adler, Freud's whole life work is nothing but a continued attempt to interpret what Adler naïvely takes for what it seems, and to explain it by tracing it back to primitive biological roots. The peculiarly psychological problem seems to me to lie exactly between the two. Whence comes the will, and why psychologically must we interpret this will not understood in its origin, now as will to power and again as sex drive, and more than that, why must we interpret it at all, instead of being able to recognize its true psychological nature? This problem includes in itself as we see, epistemological and ethical questions the answers to

which belong to a philosophy of the psychic. It seems, therefore, to be no accident that Adler's "attempt to dominate" (Herrschsucht) represents an ultimate fact, just as the will to power does for Nietzsche, and that Freud's libido concept and death instinct show a like relation to Schopenhauer's blind will and the denial of it in the Nirvana wish.

In every case, however, they arrived at no will psychology because (with Nietzsche on the whole excepted) they brought in moral or social values which are probably justified therapeutically or pedagogically, yes, might even be necessary, but stand in the way of a purely psychological understanding. For Adler's "will to power" is at bottom exactly as "bad" as Freud's instinct, which he euphemistically calls the infantile wish, and with both, the therapy consists in freeing from, rooting out, mastering or sublimating. Where Freud met the will of the other he called it "resistance" (to his will), and where Adler came upon this counterwill he called it masculine protest in the light of his conscious psychology, or obstinacy in the pedagogical meaning. At the basis of both presentations lies a moral evaluation; it is "bad." Resistance one must overcome or break like obstinacy. Perhaps such evaluation is unavoidable in therapy and education for they must apparently be governed by some such norms. But one must know this and allow for it instead of first creating for their apparent grounding a psychology that is oriented to these very same norms. A purely scientific psychology must guard itself against including moralistic values of any kind. It must first of all be purely psychological, apart from values—in a word must describe what is, not what should be, and explain

why it is so or must be so. The fact that self assertion, protest, obstinacy are pedagogically undesirable is another thing, just as will, insistence on freedom, and assertion of personality are socially frowned upon. But you will find no strong willed man and likewise no great leadership as an expression of this strong will, without its seeming to the individual who comes up against it, to be self will, obstinacy, or contrariness.[1] What Adler wishes apparently is the pedagogical ideal of the superresult without that burdensome accessory phenomenon. What such a pedagogical method can achieve is no superresult, but only an average, just as Freud's medically oriented therapy for the neurotic strives for an ideal of normality.

In relation to the problem of a constructive individual therapy then, this is to be noted, that first of all in opposition to pedagogy and pedagogically oriented psychoanalysis with its father complex, it must refrain from moral evaluation of every kind. It is important that the neurotic above all learn to will, discover that he can will without getting guilt feeling on account of willing. The danger which one might see in this does not exist in reality, for there remain always many regulating factors (repressions and ideals) which restrain him from converting this will of his into action. One can see such a danger in therapy only if like Freud he conceives of morality in general as externally determined. Purely psychological consideration would show that it is his own inner inhibitions that make the individual not only

[1] In this sense the clever American is right in his ironical version of the Adlerian inferiority complex, which he, with reference to the compensatory benefits, designated as the golden complex. (Lee Wilson Dodd: "The Golden Complex. A defence of Inferiority." N.Y. 1927.)

moral but even hyper-ethical. In this will psychology I shall show how the rehabilitation of will solves many problems at one stroke; in therapy, will has always played a great role, but it has lacked its own psychology which would have made it scientifically acceptable as a therapeutic agent and therefore also therapeutically effective. Instead it has been given over to fakirs, hypnotists, and charlatans of every kind. With what contempt we still look down upon all methods of strengthening and training the will, even to Coué, although they have helped many human beings. Not that I myself believe that a neurotic can be healed, because he daily declares that things are better with him, but what is manifested in all these teachings and the experiences by which they are supported, is the fact of the will, not merely the belief in its power, the feeble wish that it be so strong and mighty. The very suggestion that the will be strong, is itself an expression of the strength of the will, for which apparently we are obliged to seek a justification, or cover, as Freud did in the romantic garb of the "wish." The power of will is so great and its expressions in the individual as in humanity so notorious, that one could fill volumes and libraries with the description of human acts of will and their beneficial and destructive effects, not only could fill, but has filled, in the writing of the history of humanity, history of every form and kind, especially the kind that is known under the name of Psychology.

The psychological problem par excellence makes its first appearance with this question, why must we always deny the will, call it now God, now Fate, or attribute it to an "id." In other words, the essential problem of psy-

chology is our abolition of the fact of will, the explanation of the manifold types of abolition of will and its varying interpretation at different times. This psychological problem, actually *the* problem of psychology, as it meets us in psychoanalysis, is therefore a universal problem, which psychoanalysis did not recognize because as therapeutic, i.e. as a morally oriented psychology, it could not. We seem to have here a kind of universal guilt feeling as far as will is concerned. Human willing is the root of the peculiar guilt problem which psychoanalysis could not explain because it had fallen into it therapeutically itself. Psychotherapy must make the person not only well but also good, yet the bad, the arch evil, is the will, no matter whether one interprets it biologically like Freud as sex drive (libido), or like Adler sociologically as will to power, or pedagogically as obstinacy. For an understanding of the motives which lead universally to the necessity of an interpretation of will, of one kind or another, we have first to comprehend fully the psychological evaluation of human nature as well as the modern psychology of the individual.

After this necessary digression into will psychology, we now turn back to will therapy and shall describe how the will is denied in the analytic situation before we present the positive side, that is, how the will expresses itself in a therapeutic experience and how it can and must be constructively used. In Freud's analysis, the will apparently plays no particular part, either on the side of the patient or on the side of the analyst. The basic analytic rule of "free association" specifically states, eliminate entirely the little bit of will which your neurotic weakness has perhaps not yet undermined and

resign yourself to the guidance of the unconscious, to the id, also taking pains to eliminate the ethical inhibitions of the censor, the super-ego. Likewise the analyst, according to the rule which holds for him also, must guard against forcing his will upon the patient, either by prohibitions or commands, or even by premature or enforced interpretations. We know that on both sides this is possible only to a certain degree, and that is lucky, for the impossibility of carrying through this Buddhistic will-lessness provides the therapeutic foundation of the analytic situation. With reference to later deductions, it would not be paradoxical to say that psychoanalysis, in its therapeutic consequences, is an involuntary proof of the existence and strength of the will, and this was and also is its only therapeutic value.

When I say that the mutual exclusion of will in the analytic situation is possible to a limited degree only, I describe an ideal situation whose therapeutic value however is always arrived at by its miscarriage. Actually, the analytic situation shows not merely that exclusion of will is possible only to a degree but that as a fact it is impossible and every attempt to exclude it only strengthens the will reactions. In this continuous conflict of wills which analysis presents it is then of minor importance whose will reactions are stronger, or to use the well known question, who began it. Usually it is the analyst with his fundamental rule who at once sets up a will conflict which is not concluded to the very end of the analysis and often beyond it. I say usually it is the analyst who begins, that is true only if one is not willing to understand the coming of the patient for help as a disguised challenge to a duel, in reality, how-

ever, a manifestation of his own inner conflict of will. The physician advises his patient and the patient by accepting this advice makes this his own will regardless of whether it has to do with taking a medicine, depriving of an indulgence, seeking of a watering place, or the deciding upon an operation. The analyst to whom the patient turns for help, cannot advise him, avoids carefully everything which approaches that, in order thus to find and permit the patient to find what he himself actually wants. The analyst insists only on this one strict rule, which actually dictates to the patient, what he shall do in the analysis, which is, psychologically speaking, not to will; a rule which the patient does not and cannot understand, which one cannot even explain to him, and which he accordingly cannot make his own will even if he follows it. This situation presents factually and psychologically therefore nothing other than the opening of a great duel of wills, in which this first easy victory over the apparently weak-willed patient is bitterly avenged many times. Be that as it may, always his downfall, in the true sense of the word, is only external, for the chief rule of free association the patient cannot follow even if he would. From this fact one may explain the two typical reaction patterns which always rule the analytic picture, resistance and guilt feeling. It is evident already that in the analytic situation and because of it every expression of the will of the patient can only manifest itself as resistance, even though he must react to it with guilt feeling because he ought not to have any resistance, that is, ought to abolish his will. We know that the honest assurance that resistance is unavoidable, nay is even necessary, helps not at all, because

it only means that the will cannot be exterminated, while one's intention is to abolish it practically, as one has denied it theoretically. Whether this resistance manifests itself as the father complex, of the man, or the masculine protest, of the woman, or desire to dominate in general, is unimportant as compared to the psychological understanding of the situation. One must recognize that the individual suffers not necessarily from a father complex or a masculine protest, but from a situation in which a strange will is forced on him and makes him react with accentuation of his own will. This counter-will takes for its content at times a varying ideology, in terms of which the psychoanalyst habitually interprets it, and inevitably, as a voluntarily accepted representative of authority at the same time evaluates it morally. It is more important, however, to recognize that this negative reaction of the patient represents the actual therapeutic value, the expression of will as such, which in the analytic situation can only manifest itself as resistance, as protest,—that is, only as counter-will.

With this initial will conflict of the analytic situation, the struggle is naturally not settled. There come sooner or later strong phases of resistance or guilt reactions, which are insurmountable for the classical analytic technique and they forced Freud to the construction of new theories, which led him even further away from the will problem. Even when one knows how to avoid such dangerous obstacles by patience or guidance every analysis necessarily comes at last to a point in which the will conflict, however neglected, breaks out openly, without one's having recognized it before, much less having made it useful therapeutically. The ending of the analy-

sis is crucial even when one sets no definite limit, when as the classical analysis maintains, the whole analytic release depends on the acceptance of a definite content. For the most part, this content presents itself in the reconstruction of early history, which therapeutically has no other value than that of a "bone," over which both parties struggle to the utmost. That this struggle is carried out around a spying upon coitus, in and for itself most uninteresting, or about a castration threat in childhood, lends to the patient the affective emphasis which he needs to bear it and for the analyst on his side it has value because of his interest in the confirmation of his theory. The essential point, however, is that this bone of contention is usually tied up with the problem of the ending of the analysis, which leads to that final struggle characteristic of analytic therapy, an unheard of phenomenon in the whole field of the healing art. The patient against the assertion of the analyst that the analysis is at an end, that he is cured, reacts with a protest, which can be explained not simply as transference resistance, but psychologically must be comprehended as a will protest, as a contradiction. It is well known that one cannot release these final struggles successfully, at most only increase them, if one treats them as resistances. And also even where such an analysis is ending well, it is only after the patient succeeds in putting over his own will in some way or other, whether it be in the form of a love demand or whether it be more open resistance, thus for example, when he afterwards submits to an operation, only to prove that he was right and the other wrong about his illness.

I, myself, grasped relatively early the therapeutic

meaning of the will problem, but only now am able to formulate it clearly. I soon realized that all the active measures which could not be entirely avoided even by Freud and whose specific use as prohibitions by Ferenczi naturally could only lead to an increase of the resistances, at bottom mean nothing except challenges of will, and that it would make no difference therefore, whether one forbade to the patient smoking or sex activity or certain foods. So I very early limited myself to one active measure, which relates to the analytic situation itself and in its very nature is unavoidable, that is, the end setting; naturally, as I have always emphasized, not in the sense of an arbitrary act on the part of the analyst, but as it seemed certain that the ending of the analysis represents a will conflict, and as there is no doubt that it must be ended sometime (although there are endless analyses) it appeared to me logical as well as psychological to allow the patient to carry out the unavoidable will conflict in the problem of ending. When I introduced end setting into analysis, therefore, I did it with the full knowledge of the meaning of active measures in general and tried not to make it an apple of discord through force, but to let it be carried through by choice as a purely inner conflict of will. I looked also for criteria in the patient's own expressions of will even if not always obvious, in order to discover when he himself should be ripe for the definite time of termination. It was then evident that the patient, even with his own will directed to ending the analysis, reacted to the fixing of an ending with resistance. However, these reactions were so evidently contrariness that the patient could hardly deny in them his own will conflict. Specifically they

moved in two extreme directions, indifferently, either of which revealed itself as an expression of counter-will. They would demand either the continuation of the analysis with the rationalization that the ending as determined could not possibly allow sufficient time or an immediate breaking off, because in so short a period nothing more was to be accomplished. These demands only mean therefore "No—otherwise!" One need not trouble to search for a particular reason for this will reaction.

The technical superiority of this ending technique is as great as its therapeutic advantage, provided, of course, it is applied in the right spirit, that is, with the understanding of the will psychology, which shows that the will under the pressure of the strange will can only manifest itself as counter-will in the analytic situation. This automatic reaction, which the therapeutic situation with its apparent disadvantage to the patient regularly produces, governs the entire analytic situation from the beginning; it only needed an exact study of the will reactions of the patient in the open struggle of the ending to recognize and understand this in its full significance. This showed that one was dealing essentially neither with father-resistance, masculine protest, nor yet with mother fixation, but purely with an inner conflict of will which manifests itself externally according to the situation. In the final struggle, this inner conflict becomes evident through the fact that the patient, as we have seen, wants two different things at the same time, both the end and the continuation of the analysis. Incidentally this throws a light on the nature of so-called ambivalence, as a conflict of will, or better said, as the

human capacity for mobilizing will and counter-will at one time. The technique of end setting used by me brings into relief the whole will problem in its double-sided aspect (ambivalence), and correctly handled carries it to a solution. The analyst yields to the growing will of the patient to end the analysis, while at the same time through fixing a definite time, which is necessary for the solution of this will conflict, he contradicts the patient, inhibits his will. This situation provokes the whole ambivalent conflict of the patient, because it corresponds to it so perfectly. When one gives in, he doesn't want his own way any more and when one does not yield, he wants it again. The essential point is that one can easily show him in these final reactions that this will conflict has to do with an internal, not an external struggle, and represents the fundamental conflict of his whole psychic life.

Why and how this is so, belongs to a presentation of will psychology which I shall give elsewhere simultaneously.[1] Here we shall examine further the therapeutic aspects of such a conception of the will problem. Having pointed out how this fundamental will conflict manifests itself in the analytic final struggle, we go back to the moment in which the patient sought analysis. We said before that, with reference to the later course of the therapeutic process, one could consider the appearance (in the office) of the patient seeking help as a challenge to a battle of wills. This is doubtless correct, but the patient shows at the same time another will, that is, to yield, to submit himself, which is what brings him as a seeker for help to the therapist. Yes, we can and must

[1] Truth and Reality. Alfred A. Knopf, 1936.

go even further and say that when the patient appears he has already gone through a will conflict usually of quite long duration, which we designate as neurosis, in which at the time of his coming the will to submit has the upper hand. In other words, the help-seeking patient brings his whole neurotic conflict, which at bottom is a will conflict, to the analytic situation, to which he wishes to submit himself but which at the same time he resists. On this very conflict the inability to submit and the inability to put over his own will positively, his whole neurosis depends. In the analytic situation he seeks to solve externally this inner will conflict, since he puts a strange will over his own, but soon feels this will as forced on him. Accordingly the task of the therapist is not to act as will, which the patient would like, but only to function as counter-will in such a way that the will of the patient shall not be broken, but strengthened. If for any reason the therapist does not understand this dynamics of will, then he plays the role of "divine will" temporarily put on him by the patient while the patient acts out the counter-will, the resistance, the negative lead, but all only in the terms of the old neurotic reaction pattern. One could formulate the whole antithesis by expressing the Freudian compulsory rule in terms of the will psychology, "Say whatever you wish, for it is all one what you say." It *is* essential how you say it (or do not say it) and when. What the patient needs is the positive expression of his will without the inhibiting guilt feeling, a goal which is to be attained only by the actual overcoming of the therapist and complete ruling of the analytic moment of experience.

This conception of the will conflict and its therapeu-

tic value in the analytic experience throws a light also upon one of the most important of its manifestations, which, without reference to the will psychology, remains unintelligible. It is the problem of the so-called will-to-health. Evidently the patient must have in addition to his neurosis something like a will-to-health also, when he gives himself over to treatment. It seems to me equally certain that this will-to-health becomes less as soon as the treatment has begun and continues to decrease, the further it advances, if one does not understand how to comprehend it psychologically and use it therapeutically. For the first thing the patient does when he begins treatment, is to project his will-to-health onto the analyst who represents it as it were, just by virtue of his profession. That is, the patient himself no longer needs to will to become well, as the analyst must and will make him sound. This is an example of the tendency of the patient just described to make the therapist represent positive will, and to keep for himself the negative role, a tendency on whose correct understanding the whole psychotherapeutic process stands or falls. Its success depends on just this, the ability to allow this will-to-health to be preserved and strengthened in the patient himself, instead of permitting it to be projected upon the analyst. This is possible only when the whole therapeutic situation in all its manifestations is evaluated constructively in terms of the will problem. The positive strengthening of the will-to-health to the level of an actual becoming well and remaining well depends completely and entirely upon the will of the patient which even for the period of this treatment must take over the capacity for becoming well and later for re-

maining well. The imperfect comprehension of this problem explains a typical tendency to interpretation which reveals the whole controversy between psychoanalysis and will psychology. We shall again confine ourselves to the purely therapeutic aspect of this problem, which at the same time throws a light on its general meaning. We can best illustrate it by an objection which was raised against end setting, and the criteria which I have applied to determine it. When the patient, let us say for example in dreams, betrays signs that he wants to leave the analysis and I interpret it not only as resistance but also as progress, the objection is made that it might be merely a "wish" of the patient. This objection is easy as it rests on the wish-fulfilment theory of dreams, without questioning its psychological foundation. Where, however, the patient expresses this tendency toward freeing himself, not in a dream, but in other forms of emotional reaction, then the analyst will rather tend to speak of "resistance." In both cases he overlooks, in my opinion which I will establish elsewhere theoretically, the positive expression of will appearing in these reactions, which manifests itself now as resistance, again disguises itself as wish.[1]

[1] The dream work which Freud emphasizes, is just the dynamic guided by the dreamer within himself, whose consequence the therapist can determine only after the fact. With reference to affects worked out in the dream, Freud's wish fulfilment theory proves to be too narrow, rather one could speak of an unburdening function of the dream. As to the dreams produced in analysis and particularly in the last phase, they show clearly that they have to do with an attempt by the will to control the situation. The dream is here no wish fulfilment, but a will accomplishment, a distinction which is meaningful as the distinction between wish and will, for it says that the patient wants to accomplish the whole task within himself and will find release only in his own autonomous self. This explains moreover the appearance of

To the difficulty of recognizing the expression of will as such and also why it manifests itself in the patient now as wish and another time as resistance is added the psychology of the analyst. If, specifically, the reaction of the patient is one an analyst has in mind, then the suspicion of suggestion occurs and this leads to the interpretation of will expression as "wish"; if the reaction of the patient is not in the analyst's mind, then it must be interpreted as resistance. Here again we see how the correct understanding of the reactions of the patient depends on the general attitude of the analyst to the whole therapeutic experience, and not merely to details of the analytic situation. If the will of the patient from the beginning is systematically and purposefully made to be the bearer of the whole therapeutic process, then there can be no question practically whether his tendency toward freeing himself is only a wish or merely resistance. For in both cases it concerns one of the numerous will expressions of the patient, all of which he seeks to deny; in one case directly since he says, that is not my will but only the expression of my counter-will, my spirit of opposition, another time indirectly, when he says this is not my will but only a wish. In other words, the explanation of expressions of will on the basis of psycho-

---

dreams soon after the beginning of the analysis in persons who usually do not dream at all or very seldom. That, in addition, the dream can also have during the treatment the reversed meaning of a present, a gift to the analyst, proves nothing against its autonomous tendency, which it has naturally. For the dream is not destined usually for sharing and yet certainly has an auto-therapeutic effect. In the production of dreams, especially in the end phase of treatment, the patient seizes only upon the natural function of the dream, as a psychic self-regulator in order thus to make himself independent of the analyst once more, that is of the therapeutic situation.

analytic theory strengthens the patient in his tendency to deny all will expressions, which is just the essence of his neurosis.

That the will in the therapeutic experience can only manifest itself as resistance or as a timid wish, lies in the pedagogic setting of the analytic situation. The difference, therefore, between the analytic therapy and the will therapy is, as has already been said, that analysis is pedagogically oriented, while will therapy works purely psychologically. The one wants to work educationally, the other constructively, that is, in a self determining way. In analysis, resistance stands in the center, the goal is to conquer it, which in my opinion can never happen either in pedagogy or in pedagogically oriented therapy. The goal of constructive therapy is not the overcoming of resistance, but the transformation of the negative will expression (counter-will) underlying them into positive and eventually creative expression.

CHAPTER III



UNDERSTANDING AND DENIAL

> "A man is least himself when he speaks as himself. Give him a mask and he will speak the truth." —OSCAR WILDE

AFTER this introductory sketch of the actual therapeutic problem, we now have to study in detail the ways and means which permit us to translate will psychology into therapeutic skill of a constructive kind. We might say the seeker for help suffers only temporarily or apparently from weakness of will, in reality from a too strong will which he must constantly deny, rationalize, project and even occasionally break as is the case in the neurosis. The means of cure, we said, is the therapist, that is, the counter-will on which the positive will of the patient is strengthened and in relation to which he may again will. How does this happen, or how is it effected in spite of the opposing difficulties, or is it to be effected therapeutically at all?

Psychoanalysis, as far as it has been able to discuss the what and how of therapy as such, has answered that psychotherapy is at bottom a love therapy, that is, that it works on the basis of the transference relationship, which is a revival of the parental relationship. As this is founded

on love and fear, so analysis would be nothing but an improved edition of child rearing, a re-education as Freud himself called it, but it works with more love and less fear. We shall see later how far this is therapeutically effective, or is possible at all; there is no doubt, however, that Freudian analysis works purely educationally. Yes, the educational aspect is in my opinion the only therapeutic agent it provides, but it is just on that account that it has finally failed as a constructive therapy for the individual. As far as it is a love therapy it fails, first, because the majority of patients have already attempted this cure in real life and have come to grief, hence they seek the help of the therapist; in the second place, education on a love basis, as is well known, "spoils" the individual and makes him even more dependent than he was before. This is the famous libido fixation in the transference, which however is not "pure love," but rather a phenomenon of resistance. As such it is nothing more than a disguised will assertion of the patient, who wishes to have that which is denied him just because it is denied. If, on the other hand, one applies the educational measure of fear, which often happens, in order to loose this libido fixation, then one gets reactions of counter-will (resistances) instead of positive assertion of will, and thus has failed again of the therapeutic goal.

Here it becomes clear that a constructive psychotherapy for the adult cannot be in any way education, nor re-education either, by means of love or fear, but must be something else suited to the grown person, who cannot be "brought up" any more, but can only be understood, that is, accepted as he is. One is reminded here of the paradox that Freud, on the basis of his father at-

titude, saw in the patient only the child and the childish (infantile). His educational therapy founded on this attitude, however, is not applicable to the child itself. Adler, on the other hand, applied the undeveloped educational potentialities of Freudian analysis consciously and systematically to the child where it essentially belongs. His mistake lay again in the fact that he wanted also to apply his pedagogic therapy to the grown person, where it is just as inappropriate as Freud's "infantile" therapy with the child. We have just said that the adult cannot be brought up or re-educated any more, but must be understood, that is, accepted. In the love therapy, it is only the wish to be understood (corresponding to the wish to be loved) that makes the situation "infantile." The perfect understanding of the analyst is like an all-pardoning of the parents; constructive understanding on the contrary is a self accusation in Ibsen's meaning, a "holding court" over one's own ego. The understanding by the other rests on a love identification therefore in the understanding of the analyst we have a phenomenon of identification, a proof of love as the patient seeks it from the other. He may arrive finally at self understanding, which is the true therapeutic goal only by identification with the analyst who understands him.[1] Identification, however, is essentially conforming, a yielding of one's will, like the love feeling itself, yes, like feeling itself, as I conceive it, and this weakness of will is denied by the individual who says, as soon as he feels it, "I will not be so weak!" This identification with the understanding analyst itself leads to resistance to the acceptance of any analysis that is based on the identification

1 See "Genetische Psychologie"—II Teil—S. 33.

like the Freudian re-education in terms of the parent complex.

In the foregoing we have actually outlined the whole theme of this chapter. Understanding, which in the love therapy is a "being understood," is transformed by the patient into a real understanding only by means of identification. This identification then, while it lasts, either makes him in some way dependent on the analyst, or he denies his weakness of will and refuses to accept either the identification or the understanding resting on it. A constructive therapy must lead the patient to an actual self understanding which need not first make the educational circuit via the analyst, who at best cannot explain "understanding" to the patient, but may if he is skilful, guide him to self understanding. Self understanding, however, is far from being a purely intellectual process, although it plays itself out in consciousness, and comes about on the basis of conscious verbal formulation. I had originally intended to call this chapter "Understanding and Misunderstanding," but then chose the broader concept of "Denial," as not only opposite, but itself actually the cause of the misunderstanding, particularly of the misunderstanding of self which one calls rationalization. It is the denial arising in emotional life, a form of negative will assertion, which leads to the necessity for interpretation of psychic phenomena and remains "misunderstanding" as long as emotional denial is not removed, or at least recognized as such. Also all interpretation on the part of the analyst is worthless as long as it does not lead to the understanding of this denial mechanism itself and its relation to the yielding of the will under emotion.

We have just differentiated between wishing to *be* understood and self-understanding, now we must discriminate between "making conscious" which is actually an interpreting, or an explaining and "becoming conscious," a process coming to completion in the individual himself by means of verbalization. The verbalizing itself, not the explanation or interpretation, is the specifically therapeutic agent in the sphere of consciousness, just as the removal of denial is the therapeutic agent in the sphere of will. Both of these therapeutic agents were given in embryo in the original therapy of Breuer, in the catharsis, the release of feeling at least temporarily; in hypnosis, the becoming conscious. There was no interpretation because the analyst fortunately had no theory at his disposal, and so had to let the patient do everything himself. With the patient even at that time it was an actual "becoming conscious," since he produced through his own efforts certain connections in his psychic life which he himself had previously destroyed. The analyst only helped, as it were, to put together into a meaningful whole the fragments produced by the patient. Both valuable parts of this original technique called by Breuer's patient "the talking cure," are still retained in analysis today, on the one side, in the unavoidable transference experience, on the other, in the accompanying conscious processes, especially in the verbalizing, but not as one might suppose, in the so-called free associations, which are not free at all, influenced as they must be by the analytic situation.

The therapeutic factor lies in the verbalizing of the conscious emotions, while the so-called "making conscious of the unconscious," always remains an interpre-

tation of very doubtful value, a substitution of one rationalization for another if it does not actually deteriorate into a duel of wills with the analyst. The verbalizing is important because it represents first of all a self guidance of the individual, an act of will, in which will and consciousness, these two fundamental factors of our psychic life, come together. It is different from confession, which means avowal or submission to another, just as it is different from making conscious through another, which usually means compulsion. It is a kind of confession to one's self, a voluntary subjection of one's own will under the compulsion of emotion, and is accordingly less in danger of leading to misunderstanding of one's self than the intellectual interpretation which is always based on the denial of emotion, whether it manifests itself as rationalization or as interpretation.

I stress the significance of the verbalization of conscious emotion which has hitherto not been understood, because only in the terms of my constructive will therapy can it be estimated and valued. Again the emphasis is placed on consciousness and will, that is, on conscious willing, for psychological understanding and therapy. As for the will, I have already pointed out how it governs the whole analytic situation and the therapeutic process. This is true for consciousness to just as great a degree. It is astonishing how much the patient knows and how relatively little is unconscious if one does not give him this convenient excuse for refusing responsibility. Even Freud's first experiences with the patient hypnotized by Bernheim taught him that if one only presses him, the patient actually knows everything that he pretends not to know. This still has value today, per-

haps in an even greater degree, as most patients have already worked over in consciousness a large part of common analytic knowledge. Furthermore, one often finds in the analysis of complicated dreams or symptomatic acts, that all associations and interpretations finally lead to a result which was conscious with the patient anyway. Perhaps it was therapeutically necessary for him to make this circuit, but the question remains open, how far the analytic situation had forced him to it. In any case it is certain that it was already conscious before so that it is not a matter of making conscious the unconscious, but of being willing to verbalize the conscious. Yes, one would even be tempted to say as Freud once did in jest, that actually the conscious is always put aside only for a moment, in order to bring it to light again by a circuitous route tending to distort it. It is certainly not the content of the previously conscious that is the psychological problem, but the necessity for the circuit, and this brings us back again to the subject of emotional denial.

We occupied ourselves in the preceding chapter only with the denial of will or willing, here we come upon the denial of "knowing," which does not correspond exactly to the Freudian repression. The former as we saw signified "I do not will anything; I have no will of my own," here it means "I know nothing, I am innocent." In both cases it is the same unburdening and vindication tendency that characterizes the conscious willing of the individual. At one time it appears more in terms of will, at another in terms of consciousness. A further confirmation of this fact we find in the frequent analytic experience that the patient sees and understands a complicated connection relatively easily, where one would

expect difficulties. This actually means that he knows it anyway and only waits for our assent (even if he himself does not say so expressly) in order to confess this knowledge just as at another time he needs our backing to confess his will. The same thing holds in relation to analysis as a whole in that most patients experience almost nothing new factually, nothing of which they have not already been conscious. As I know that this sentence may easily be turned into an argument against my technique, I shall explain more exactly what I mean by it. First of all, this assertion applies to associations in the patient's psychic life which he has at some time or other broken, which were, however, previously conscious, even the early infantile. I refer therefore to the original Freudian unconscious, which is not only capable of becoming conscious, but once was so. Everything else is unconscious in the Jungian sense. It was Jung who first distinguished between the "collective" and the "infantile" unconscious, and Freud himself later recognized this differentiation by introducing the biological concept of the "id." This has never been conscious and if we impart it to the patient as far as we ourselves understand it, it is not received by him therapeutically as a making conscious of his unconscious, but rather permits him a kind of religious projection of his responsibility upon a superior power, and is, therefore, in terms of my constructive conception anti-therapeutic, even if it was commonly effective for many centuries as spontaneous projection therapy. A further difference in my therapy is that I accept for each individual only a limited capacity for consciousness, while Freud because he considers it possible and necessary with every patient, at-

tempts to reach all the memories and impressions that were once conscious particularly those designated by him as typical. I try to go to the essential and to see why the one individual remembers so much, the other so little, also to emphasize the dynamic understanding and not the historical content of analysis.

This leads of itself to the central problem of the whole neurosis and of psychology in general. What is it that the patient does not know or will not know and why? This is no problem of content, but a dynamic problem. As consciousness is not a state but a function, a quality, so there must always be myriads of things for the moment not conscious which can be brought into consciousness again more or less easily because they were once there; that is what we call "capable of becoming conscious." What the individual does not know and will not know, is never the past but the present, the momentary emotional matrix which is perceived by the will as weakness and is denied accordingly. We see this best in the analytic situation in which the patient constantly tries to deny his emotion and the consciousness related to it. On that is based my interpretation and use of the analysis of the analytic situation. One can understand no reaction of the patient if one does not see the denial of the actual emotional relation to the analyst and that includes the original expression of the counter-will behind it. With patients who maintain that they experience no transference or actually show little of it, this mechanism of emotional denial becomes clear. However the patients with over-strong, positive transference only deny their strong resistances which I interpret as the will to freedom, to self dependence; but

this will can only express itself here in terms of denial, "Since I come so gladly, it must be I want never to go away."

Historical interpretation of the transference on the infantile level only supports the denial tendency of the patient in the actual therapeutic situation instead of obliging him to recognize it. Very often the usual analytic displacement to the infantile does not satisfy the patient and then as we know he creates difficult extra-analytic situations and conflicts which are only for the purpose of denying the emotional reaction in the analysis, the understanding of which alone makes any difference. We must again refer to the process of becoming conscious, in contrast to interpretation or explanation. As long as one makes the feeling experience as such, in which the whole individuality is revealed, the sole object of the explanation and understanding, one finds one's self on sure ground, and also, in my opinion, insures the only therapeutic value, that is, to allow the patient to understand himself in an immediate experience which, as I strive for it in the therapeutic process, permits living and understanding to become one. As far as I know, this is the first time in the history of mankind, where we find a striving for an immediate understanding of experience, consciously, in the very act of experiencing.

We have next to consider the relation of this immediate understanding, which is the actual psychological understanding, to historical understanding of every kind, especially the so-called *causal* understanding in scientific psychology. Whenever we explain causally, we explain historically, and when we explain historically, we interpret, because we can examine our own develop-

ment, our motives and impulses in the past, only in the light of our present momentary willing and state of consciousness. In terms of this psychic theory of relativity there arises an endless chain of possibilities of interpretation, which not only differ with psychological schools and theories, but just as much, or even more with the different attitudes of the individual which we can designate briefly as moods. In the light of these manifold opportunities for variation, we must discuss the reliability of the historic-causal principle which psychoanalysis has held to be the only and unerring path to psychological truth. According to this teaching until I trace a psychic phenomenon back to the past (to the infantile) I have not explained it causally, therefore I have not explained it really. An historical accounting, it seems, must be correct, and no mere interpretation, because it was true or merely because it was. The past is thus held to be safer, more reliable, more capable of being understood than the present. This causal principle, whose general scientific meaning we will not discuss here, shows itself in the psychological field, where it appears as historical interpretation, to be riddled by so many sources of error and false inferences that in the next chapter we shall undertake a thorough-going discussion. Here we can only examine one aspect, and that is the interpretative with reference to the use of the past for the denial of the present, whether it be in relation to will or the emotions, to knowledge or understanding.

The neurotic lives too much in the past anyway, that is, to that extent he actually does not live. He suffers, as Freud himself has said, from reminiscence, not because

through his libidinal id he is fixated on the past, but because he clings to it, wants to cling to it in order to protect himself from experience, the emotional surrender to the present. This touches on the important problem as to how much of the past is still effective in the present, or, as Freud expresses it, is living on in the unconscious. At first Freud maintained that all experiences are thus retained, then only certain traumatic ones and finally that the individual only regresses temporarily to certain experiences. The next step he did not trust himself to make, although he comes close to it in certain of his conceptions, possibly because the results would have overthrown the whole theory of repression into the unconscious, this literal picture of a heap of unreleased or traumatic experiences. In this sense there certainly are no unconscious complexes, nor even an unconscious in the topical sense of the word. The undischarged, unreleased, or traumatic experiences are not repressed into the unconscious and there preserved, but rather are continued permanently in actual living, resisted, carried through to an ending or worked over into entirely new experiences. Here in actual experience, as in the therapeutic process, is contained not only the whole present but also the whole past, and only here in the present are psychological understanding and therapeutic effect to be attained.

The unconscious, just as the original meaning of the word shows, is a purely negative concept, which designates something momentarily not conscious, while Freud's theory has lifted it to the most powerful factor in psychic life. The basis for this, however, is not given in any psychological experience but in a moral necessity,

that is, to find an acceptable substitute for the concept of God, who frees the individual from responsibility. The power that rules over the past and determines the attitude of the individual to it is the will, which defends itself against actual subjection to emotion, and denies it by putting it back on something earlier, or something that is over. The denial lies even in the "making past" itself, which actually intends an unmaking of the present, to which the will says, "It is already gone!" In this sense, the individual every time can seize upon that earlier experience and so create the impression that this experience hitherto unreleased, had been repressed in the unconscious. It can easily be seen that in will psychology the emphasis on content is transferred to the understanding of the necessity for displacement and denial. This is extraordinarily important therapeutically because it enables us to value one typical analytic reaction constructively, the misunderstanding of which has led to bad blunders. In critical phases of the analytic situation, but especially toward the end, the patient suddenly seizes upon an apparently solved problem from any part of his life and presents it as unsolved. This occurs not only with the idea of lengthening the analysis, but just as much to disclaim its actual emotional meaning. This really means that the present (therapeutic) experience is still not solved, but he wishes that it were, like the earlier one. One easily sees whither it must lead, if one prolongs the analysis in order to solve this and that experience coming up from the past without releasing the conflict in the analytic situation as the only important factor because it is the only experience actually taking place.

There is also a kind of historic-causal explanation which is nothing but a denial of the real psychological understanding of the emotional experience, and psychoanalysis abets this denial tendency in the individual patient as in the general consciousness of society. With this assertion we touch upon a field which in the second part of my genetic psychology I have called metapsychoanalysis, because it concerns the content of the analytic theory itself as part of the content of consciousness of the patient and of a certain social level. This analytic ideology which is placed at the disposal of the patient from the outside, usually even before he seeks analysis, can be used by him at every moment of analysis like every kind of historical or infantile material for the denial, disguising and displacement of the actual emotional reactions.[1] The Œdipus complex, for example, like most analytic concepts is in the service of the denial tendency on both sides, as it affords the patient displacement of the actual emotional reaction to an infantile past situation. The patient suffers not from the fact that he wants to destroy his father and marry his mother, but much more because he cannot, that is, because he is not able to will at all without getting guilt feeling which is the real psychological problem. It is, however, not only extremely naïve to teach him this willing in the indestructible Œdipus picture book, but also impossible because he never can be allowed to want that. In this sense, therefore, Freudian analysis continues the pedagogic subjection of will instead of leading out and beyond it. The latter can happen only as the negative counter-will

[1] See Genetische Psychologie II Teil, Einleitung.

of the patient is turned into positive will which the individual affirms instead of denying. To accomplish this is the essential task of the therapeutic experience, which, itself, affords the example by which the patient again learns to will. In a certain sense this therapeutic experience has exactly as much symbolic value as the infantile reliving of the Œdipus complex. The important difference lies only in this, that the symbolic value of the therapeutic experience is conceded while Freudian analysis forces the patient to take as real the Œdipus complex which may have been true for the patient once, but certainly no longer is. For if one translates the Œdipus complex into homely, that is, human language, it becomes banal, for it insists that the patient suffers because he had parents. However, the moment one utilizes the mythological tale as such, one brings in a moral evaluation and a moral which not only will not work educationally, but must work repressively. The moral value, which the myth brings into psychology is an excuse (alibi) which Œdipus himself comprehends in these words: "For many men have seen themselves joined to the mother in dreams." This reference to the generality of the forbidden willing, or rather to the general prohibition on willing, naturally helps the particular individual not at all. On the contrary the moral which the myth teaches, helps still less because it is equivalent to a reinforcement and strengthening of the will prohibition; "You see, therefore, it is better if you do not carry through your will at that price." This moral however, is not valid for all individuals, at least not for the strong-willed, to whom the neurotic as well as the

therapist type belongs. It is only valid for those who have it anyway and accordingly do not appear as patients.

In psychic life, there is no one stable viewpoint, as such, and can be none that would enable us to explain all phenomena on a single basis, and to understand or correct all reactions after a universal scheme. This is valid not only for every therapy and theory, no matter how well grounded on earlier experience, but also in relation to any kind of fixed standpoint in the individual himself. For whatever manifests itself in consciousness is never the correct, the actual, and true, not even the content of analytic theory in its therapeutic application. Although the individual always uses something for the denial of the momentarily actual, it is not the unconscious as past, but always the immediately repressed, that which is denied now. On that account it makes no difference whether it is the past which is used for the veiling of the present, or the theory and terminology offered to the patient at the moment in the analysis itself. When the patient interprets a reaction analytically for himself, one may be sure that he disguises at the same time something more important in the actual feeling relationship. Psychic phenomena present themselves always otherwise than they are in the actual living experience of the present. Psychoanalysis therefore can only claim a generally valid interpretation, true once and for all, as long as it seeks truth in the past, in the analytic unconscious, and not in the immediate psychic experiencing. In a recalled past, however, there is no fixed criterion in terms of content for the real and unreal, the true and the false, because in and with the

present experiencing, the historical content is subordinated to the immediate tendencies of the will and colored by the immediate emotions.

Psychological truth, therefore, cannot coincide with the historical, that is, with the authentic reality. Not only does reflection say this, but a deepened experience teaches that the historically real fact can never be the psychologically true because the actually present is never perceived psychologically, but is denied, which accounts for our need of historical interpretation of the present. Therapeutically, therefore, there is no use in searching out past events and experiences for the understanding of the present. Rather the past could be understood from the present, but while that has no value at all therapeutically, it would be theoretically unobjectionable if we tried to understand the present first in and of itself, and not the reverse as Freud does. Truth is not historical fact, but a psychological concept. The only point on which therapy can fasten and where it can accomplish anything at all, is in showing the individual the urgency of the denial displacement and rationalization tendency coming from the counter-will in relation to the momentary, present, feeling experience. This is possible only in a present experience and as such I utilize the therapeutic process so that for once experience and pure psychological understanding are simultaneous.

The key to these phenomena is found in the will psychology. For at bottom we deal always with the denial, rationalization or justification of willing which apparently cannot be admitted without too much guilt feeling. Furthermore, willing itself is originally of a

negative character, a "not wanting to" of the counter-will, which itself contains a denial. From this original denial are derived all later secondary denials which we know in general as thinking and in particular as attempts to explain and understand. The originally negative character of will is seen clearly in the fact that most men are disappointed in the fulfilment even of their dearest wish, which shows that will is only so strong or is willing as such, when it is used to assail outer and inner resistances. The best example of this is again the Œdipus complex. If we take for granted that the incest tabu does not exist, we will be astonished to find how little men have actually wanted to possess their parents sexually. With the death wish it is somewhat different for this contains in itself something negative, destructive, and presupposes therefore the activity of the counter-will. We can see here that will phenomena as we have just described them, afford an exact parallel to the phenomena of consciousness. Just as things always are something other than that which they appear to be to our consciousness, so *will* always longs for something other than it actually has or can have because it is originally of a negative character. However we cannot admit that to ourselves, but interpret and perceive the will as something positive, a state or fact, and this leads always to justification or rationalization. Our problem, therefore, concerns this primary phenomenon of the negative origin of will as counter-will against the will of the other or against reality in general, and the necessity of denying this negative nature of will so that we may be able to perceive it positively and thus reverse it into effective action.

CHAPTER IV



PAST AND PRESENT

"Be what you are!"—PINDAR

WE HAVE met the problem of the past, or rather of the psychological meaning of the past, in the critical discussion of the concept of the unconscious and of the historic-causal method of interpretation. We said that the causal explanation was always at the same time historical and that the historical explanation could of necessity only be interpretative as we are able to see the past only in the light of the present. This not too simple theoretical fact is complicated in psychoanalysis still more by the practical aspect since psychoanalysis insists upon the therapeutic effect of the causal explanation. If we examine the therapeutic process as it unrolls and plays itself out before our eyes, there can be no doubt that in itself it represents a highly meaningful immediate experience. Here we come upon a great contradiction which apparently goes through all psychoanalysis insofar as it tries to be both scientific psychology and therapy at the same time, although they are evidently two quite different things. The therapeutic experience, which perhaps is concentrated in the actual present situation even more than ordinary experience, is still explained historically in every single reaction and as a

whole by Freudian analysis, and is constantly related to the past.

Certainly the patient was neurotic before he undertook the treatment, as a rule from childhood; therefore his neurosis must have to do with the past, must be rooted in the past. This is probably incontestable, just as incontestable as his biological origin or the banal fact that he was conceived, was born and was a child. But the psychological problem is, how far he is all this still, that is, how far the past is still living, is still effective. Psychoanalysis maintains that this is true to a great extent and accordingly designates the neurotic as infantile; wherewith not only is his historical character established, but at the same time it is evaluated as pathological. He is, as it were, too much past, suffers from reminiscence, is himself a reminiscence, if you will. This characterization of the neurosis leads to two sets of problems, a theoretical and a practical or therapeutic one. First, how does psychoanalysis know this? In other words, is his historical character (his infantilism) a fact or a kind of interpretation of the neurotic which permits other possibilities of interpretation? Secondly, even if the neurotic were actually infantile, that is, were too much oriented in the past, is psychoanalysis which shows him this, the effective therapy? Or if not, what would be effective therapy?

In answering these questions which include a whole series of problems, we shall do well to confine ourselves first of all to the purely psychological aspect of the problem of the past and postpone the factual biological aspect temporarily instead of mixing them as psychoanalysis does. Speaking purely psychologically, the prob-

lem of the past is a problem of memory, that is, of remembering and forgetting, and therefore a problem of consciousness. At the same time, however, the dynamic factor which controls admission to consciousness demands consideration, and that factor is the will. In this sense all is gone which I do not wish to remember and what I *will* to call back into memory becomes present in the psychic act of conscious recall. We recognize here that forgetting is a mechanism which has the tendency to free us from the past, so that we can live in the present. What I do not remember does not exist, moreover has not existed as long as I do not call it back from the forgotten as past into the present remembering. If the neurotic is a man who has need to forget more, or to repress more intensely, then it follows not only that he is more fixated in the past, but also that he struggles more actively to get free from it. If one emphasizes the former tendency more, then one accepts the infantile character; if, on the contrary, one emphasizes the latter aspect, then one recognizes therein the constructive striving of the individual to loosen himself from the past in order to be able to live independently of it in the present. That the neurotic comes to grief in this is no proof that he lacks this tendency, rather the opposite, for only he can wreck himself who attempts something. The failure lies in the way in which he does it, which again is based on his predominantly negative will psychology. He tries to free himself through denial of the past, of the dependence, by the destruction of the associations in his thinking and feeling. His forgetting is a powerful denial and as such an expression of counter-will, which says "I will not have it true that it ever ex-

isted or still exists." His remembering is no voluntary recall, but a forcible coming back, which brings to consciousness again in the most painful way the dependence on the past.

What does psychoanalytic therapy do to help him? It forces him to remember all the past which he wants to deny and therefore to restore the associations which he had destroyed in his emotional and intellectual life. This connecting, no matter in what sphere it takes place, is in and for itself a reconnecting of the individual with a past which he wanted to deny in an over-strong drive to independence. It not only affects him psychologically in terms of the causal-historical method, but also forms the content of the interpretation of the therapeutic experience itself which in reference to the transference is led back to the Œdipus complex and is accordingly made infantile. It is paradoxical that the analytic therapy which is finally to free the individual from the fixation on the past, in its whole method and theory should strive for the opposite, namely in every single psychic act and in the entire experience not only to bind the individual to the past but, as it were, to make him past, by interpreting him on the historical level of the infantile Œdipus complex. One could reply that it might perhaps be therapeutically necessary for the individual to put an end to the false efforts at freeing which deny the past before he can really become free of the infantile fixation. Certainly this is correct! The question is only whether the Freudian therapy enables the individual to take this second step, or whether it does not, as I think, obstruct it by the infantilization of the actual therapeutic situation. In my opinion Freudian analysis in its association

technique and the conscious reinstating of destroyed psychic relationships connects the individual psychologically with his own past which works releasingly, as it removes the denial of the past in the individual. At the same time, however, through the interpretation of the actual experience as repetition of the infantile, it forces the individual back literally into a past situation. In other words, instead of relating the patient to the past psychically, that is, enough to remove the inner blocking, the whole therapeutic effect of the inner removal of repression is again annulled externally, through the infantile interpretation of the transference which connects the patient really with the past. Here again we meet with the pedagogic moral tendency of the Œdipus complex in the terms of the fourth commandment. It is not only shown to the individual that he cannot wholly free himself from the past but that he really ought not to be freed from it, because the moral in the myth teaches how badly it goes with those who attempt it.

To this moral snare of the therapist is added the natural science ideology which Freud tried to use theoretically in his desire to create a purely causal psychology. Thereby he confused the psychological meaning of the past as a memory problem with the real meaning of the past as historical material. Psychic causality is evidently different from natural science causality, as different as the psychic past from the historical. Freud, however, identified the two since he attempted to infer or, as he said, to reconstruct the actual historical past from the recollection of it as it manifests itself psychically. It remains to be seen how far this is technically

justified; yes, whether it is posible at all. However, even if it were possible, it is psychologically uninteresting and therapeutically worthless if one does not recognize as the actual therapeutic agent the will conflict which plays itself out in the reconstructing of the past. It is psychologically uninteresting because reconstruction of the past depends not on the facts but on the attitude or reaction of the individual to them. For all the historical interpretations of psychoanalysis from the infantile traumata to the Œdipus and castration complexes do not explain the actual problem at all, namely, why all these traumatic experiences work pathologically at one time and not at another.

The methodological error lay in the fact that the historically real was identified with, or more correctly, was interchanged with the psychologically true. The psychological truth of a psychic phenomenon for the individual lies not in its real, but in its symbolic meaning, which is always emotional, as is all the unconscious as such. This emotional attitude, however, is not constant and accordingly the psychic value of an experience changes, takes on different meanings in the course of time, only to be further altered finally under the influence of the analytic situation. The psychic meaning of the past separates itself, as it were, ever farther from its original actual meaning when it was present. Also we see this process going on before our eye in the therapeutic process as the patient continually alters his attitude toward the analytic experience as soon as it becomes past.

In the therapeutic situation are given therefore all the elements for the understanding of this whole process,

that is, the basis for letting it be lived consciously and thus used therapeutically. The therapeutic relationship represents an actual feeling experience to which the patient reacts in any case with his own pattern. We do not need to go back into the past to understand his manner of reaction. If we did what the Freudian technique prescribes, then we should only understand the reaction of the individual in the past, not his reaction today. In the present experience we have, on the contrary, his whole reaction pattern, all his earlier ways of reacting plus the present. If the individual represses and denies more or less strongly in the neurotic fashion, then he does this also in the therapeutic experience and here is the place to show him how he tries to destroy the connections with this experience just as he does with the past. So we work with this psychic denial tendency in the actual experience and not on historic grounds where we must grope in uncertainty because we have to decipher not the reaction pattern, but a hundredfold and already hundredfold interpreted content.

If we look more closely at the method of historical interpretation used by psychoanalysis, we find that it consists of several pasts, none of which is technically free from objection. First arises the question raised earlier, whether it is possible at all to reconstruct reality from an experience already interpreted hundreds of times, and secondly what value this has psychologically and therapeutically when the result of an analysis of several years may be nothing but the still doubtful fact of coitus witnessed in childhood. Even if one could grant such psychological efforts a therapeutic value, the

systematic application of this method as a principle of interpretation in every instance would still be open to question. As we examine the causal principle of interpretation more closely, it rests not only on the associations of the individual, but on the interpretations of them by the analyst in terms of the historical, the infantile. This itself is arrived at on the basis of the interpretation of the immediate present in terms of the infantile. In other words, the present therapeutic experience is interpreted as infantile and the history obtained in this way is then re-applied by means of theory formation to the interpretation of this same therapeutic experience. We now return to the final problem and answer in the affirmative the question as to whether the historical conception of the neurotic character and hence of the individual himself represents merely one possibility of interpretation. The therapeutic value of this interpretation we have just discussed and have concluded that it is meaningful insofar as it connects the individual with his own past on a purely psychic basis; but that the real connecting with the past in terms of the interpretation of the analytic situation as infantile only annuls the therapeutic effect. We have also tried to show how this making historical of the individual has happened and how the powerful forces of moral and natural science ideology by which Freud was influenced are answerable for this therapeutic misconception. The psychic is so much a phenomenon of the present that the individual actually can think and perceive all the past only as present, as the dream teaches so clearly. Thinking and feeling, consciousness and willing can always be only in the present. All remembering and

forgetting depends on this, whether the will at the present moment affirms or negates the past, denies or accepts it. And here alone is the point on which a constructive therapy can establish itself, since only in the present experience, in the therapeutic process itself can its goal be attained.

This is extremely important therapeutically as well as theoretically because it leads to the constructive evaluation of the analytic situation. The patient, while we work against his denial of the present becomes related deeply in the inmost self to his own past, that is, learns to accept instead of criticizing himself. Freud apparently had this in mind in his release of repression, but he made the repression historical, that is, misplaced it into the childhood of the individual and then wanted to release it from there, while as a matter of fact the same tendency is working here and now. The tracing back of all reactions, including the present ones, to the past, however distant, tries to relate the patient historically and really with the past which as such is thought to be operating again, almost independently of the individual. Some kind of real tying up in addition to the purely psychological relating is naturally necessary for the neurotic, with his hostility to life. In my method this happens not historically, but in the present. Because I work against the denial tendency in the immediate experience, the individual experiences for once a relationship to present reality. This alone has therapeutic value, because it touches the denial mechanism as such, while the historical tie-up only makes the individual dependent morally, relieves him of responsibility and so inhibits his development.

Therapeutic work in terms of actual experiencing which is far more difficult than historic-causal explanation, has the effect therefore of again relating the individual in his inner life with his own psychic past which he tries to deny, and so organically that he can throw his complete undivided personality into this new experience, that is, can actually experience for the first time. Here it becomes clear that the so-called fixation on the past, the living in reminiscence, is only a protection from experiencing, from the surrender to the present. It is not a fixation forced by the traumatic strength of the past which is a purely physical spatial conception, but a psychic refuge in the present, willed by the individual. This conception, depreciating the actual past, agrees with common observation that it needs no traumatic experience to effect this fixation on the past if the individual wants and needs it to protect himself from the present experience. It is well known that any experience however banal is sufficient, while on the other hand there are individuals who know how to overcome the hardest, most traumatic experiences with a new experiencing. Such a new experiencing and not merely a repetition of the infantile, represents the therapeutic process and its value in my conception. The constructive utilization of this experience consists in releasing the immediate emotional denial and thus making possible a connection with the reality of the moment. This convinces the patient, as it were, against his will-to-illness, that he can live in the present, if only he will, if only he dares to will, without getting guilt feeling. This guilt feeling, as it necessarily occurs in every therapeutic situation because the individual takes something

from another in order to help himself, is always a consequence of the denial of gratitude, of dependence, in a word of the past. This is true, however, not only of the historical past, insofar as it is represented by family and friendly relationships, but also of one's own past, from whose several developmental phases we are constantly obliged to free ourselves, in order to be able to live in our own present.[1]

We will examine this subject later in the problem of the separation of the individual from a part of his past in the therapeutic process. Here I should like only to bring out what relates to the historic interpretation. When the patient, as is especially the case in the final phase, turns more to the past, let us say to the childhood's situation especially in dreams, it only means that he begins to perceive the analysis itself as now already past, in a constructive way too, since he is ready to free himself from it. One must support him in accepting this individual freeing, instead of drawing the conclusion, in terms of the historical interpretation, that the bits of the past now appearing have not yet been resolved. Certainly the tendency here is to hold onto the past but this past is in the therapeutic process, the analysis itself, which is only symbolized by one of the numerous historical contents that is like it in feeling. Again the authentic psychological problem lies not in the content, whether it be historical or actual (the analysis itself) but in the question why the individual needs an already past situation to represent the passing of the present.

[1] On the mechanism of projection of these overcome developmental phases upon the love object, see "Genetische Psychologie" 1. Teil, especially the chapter "Projektion und Objekt-beziehung."

Psychoanalytic theory explains this fact as the effect of regressive tendencies, that is, of libidinal longings in the individual. In other words, he wants to go back because it was so pleasant, good, or satisfying there. This, however, very often contradicts not only the facts, but also another part of psychoanalytic doctrine, which has in truth destroyed the illusion of the childhood paradise, in showing that the child in the adjustment processes of growing up and organizing his personality suffers probably even more than the grown-up ever does later. The individual does not really want to go back because the past was at that time any better or even less painful, but only because it was "then," because it is already past.[1] The present is always more painful, because it is present; that is, actual willing and feeling for the neurotic type just increases the tormenting self-consciousness. Accordingly, we flee so gladly in phantasy to the past or future, which, once they are present, work just as painfully and unsatisfyingly as the present from which we wish to escape. On that account every wish fulfilment brings with it also a disillusionment because it is only willing itself that gives more pleasure than pain, while fulfilment usually brings more disillusion than satisfaction.

All psychic life is anchored in the present, the regressive as well as the progressive tendencies of the individual, both respond to the pressure to get loose from the present which with its willing and knowing is so painful. This is the authentic psychological side of the

[1] This explains the so-called "punishment dreams" of a painful nature, in which the individual goes back even to a painful past, just because it is past, not merely because it was painful.

so-called "reality problem," which is nothing but the problem of the present, in other words, the consciousness of living. The tendency to get free of it is perhaps the strongest psychic force in the individual, as it manifests itself in striving after happiness and salvation.[1] Psychoanalysis with its causal-historical method of interpretation supports the regressive side of this tendency instead of working against it constructively with the recognition of the therapeutic moment of experience. Psychoanalytic theory explains that the individual wants to return to the past because it was so good, not because it is so bad now, but at the same time removes this whole mechanism from the sphere of will in maintaining that the individual himself does not want to go back because he has no will as such, but he is drawn back by the lure of the past, that is, the memory of it, because it was positively more pleasurable. Psychoanalysis therefore seeks to remove a real fixation on a pleasurable past, where on the contrary I emphasize an emotional denial of the present experience. Repression as I conceive it concerns not historical facts but remembering, that is, thinking and feeling, which in and of themselves are painful no matter whether the content be of today or of yesterday.

In this sense there exists psychologically nothing historical as such, but only the present, that is, willing and feeling, thinking and consciousness. From which it follows that psychology itself, a pure psychology, cannot be historically oriented, cannot be static but only dynamic. In this sense pre-analytic psychology which occupied it-

[1] See the corresponding chapter, "Happiness and Redemption," in "Truth and Reality."

self with the processes of feeling, willing, perception, thinking, was more psychological than psychoanalysis, just as are the newer movements of "Gestalt," functional or behavioristic psychology, in contrast to interpreting. Certainly these newer movements have remained largely descriptive and too formal, but the view of the whole, which differentiates them from the old academic psychology, points to the necessity of recognizing the dynamic factor controlling everything. Here will psychology comes in and tries to work out the dynamic point of view already emphasized by analysis, but tries to do it purely psychologically. Instead of clinging to a universally valid classification of will contents which at best can supply moral, never psychological meaning, it has seized upon the why and how of the will itself as the psychological problem par excellence. This conception not only gives to will content and all possibilities of interpretation of it a secondary role psychologically, but takes a most important new step beyond this negative result in establishing the actual task of all psychology by admitting that all interpretations of willing in terms of content are made for the sake of research, not therapy.

Content, therefore, cannot be the subject of pure psychology as it alters its nature according to the individual or general ideology of the moment and this itself depends on the development and attitude of our consciousness toward will. These psychic will phenomena and functions of consciousness are themselves the subject of pure psychology, all else is "applied" psychology, which in the Freudian theory plays so predominant a role. What Freud calls metapsychology is alone psychological, all the rest is biological, pedagogical, or

mythological. Content, no matter whether it manifests itself in religious, ethical, social or natural science forms, belongs to another kind of consideration, which I designate as philosophy of the psychic. In other words, I separate psychic contents from psychological forms and dynamics, at least I try to do this methodologically even though I am conscious that it is practically possible only to a certain extent. In one single field, which therefore is not only the most difficult but the most interesting, these two aspects melt into an indissoluble unity, that is in the sphere of epistemological thinking where the formal psychological phenomena and functions themselves constitute the content of our thinking and at the same time represent psychic material. Apart from this sphere however, one cannot see why, in the explanation of psychological phenomena in the contentual historical sense, any one content or any one ideology should claim an absolute or lasting domination, least of all why the relatively young and, as it were anti-psychic ideology of modern natural science should enjoy a preference over other, perhaps religious, interpretations of content. In fact there is no reason and we find not only that Freud's natural science analysis works with all possible mythical, moral and social interpretations, but that the individual whom we analyze thinks and feels in terms of these psychic contents symbolically. In this tendency to make the last ruling ideology into an exclusive content of the psychic, the present, denied in the causality principle seems to avenge itself.

In this form the psychic present of experiencing, denied in causal analysis bursts through powerfully as the contentual overvaluation of the current ideology. It

seems impossible even to supplant the contents inherent in the psychic as such by the momentary last content, or to retrieve it. It is here in the contentual therefore that the power of the past is preserved, not in the regressive sense of a fixation, but in the freedom of the individual to choose from these manifold contents that which corresponds to his individuality in the momentary present experience and transform them symbolically. The psychoanalytic striving to educate the individual exclusively in natural science, causal thinking, which Freud advocates in his last writing ("Die Zukunft einer Illusion" 1927) is fortunately not possible, but betrays his whole moralistic pedagogical attitude, the very opposite of the attitude necessary for a constructive therapy of the individual.

Natural science ideology which itself represents only one, and not even a generally disseminated psychic content, can neither be valid as a criterion of truth for all other contents, nor be applied as the only principle of interpretation to the psychic processes themselves. The causality principle is historical, the psychic is present, is actual. In its application to the psychic, therefore, the causality principle means a denial of the will principle since it makes the thinking, feeling, and acting of the individual dependent on forces outside of himself and thus frees him from responsibility and guilt. This, however, is an ethical problem, not a psychological one, or rather creates a new ethical problem. For this denial of responsibility itself causes guilt reactions, first, because the individual becomes more and more conscious of this rationalizing and second, because he defends himself against such a limitation or annihilation of his own

autonomy, is ashamed as it were that he always needs excuses.

Psychic causality differs from the natural science kind in the fact that with the latter we have an endless chain of causes, which one must close sometime by setting up a primary cause. In any case, therefore, it leads to faith and in the last analysis is based on faith whether we have to do with the naïve release of religion which places the individual will in Almighty God as primary cause or with any kind of primary force, in which we may still recognize the denied individual will. Only in the individual act of will do we have the unique phenomenon of spontaneity, the establishing of a new primary cause. In this sense, not only the will, but the individual as bearer of it, represents a psychologically new fact, which does not arbitrarily interrupt the causal chain with any kind of final assumption of free will but actually sets in motion a new causal chain. This is the meaning of the myth of the first man, that is, of man as the beginning of a new series of causes—as it is represented not only in the biblical Adam but in all heroes who have willed to be free of the past in order to begin a new species like Adam, a new generation like Prometheus, or a new age like Christ. Besides his will, the individual introduces another new and unheard of cause in the natural science causality series, in terms of consciousness, especially in the form of self consciousness on the one hand and his need to justify his will ideologically on the other, in other words, man is not only psychological but ethical. So one sees why a natural science psychology denies will and consciousness and in their place must introduce the unconscious Id as a causal factor which morally does

not differ at all from the idea of God, just as sexuality as a scapegoat is not different from the idea of the devil. In other words, scientific psychoanalysis gives the individual only a new kind of excuse for his willing and a release from the responsibility of consciousness. The task of a constructive therapy on the contrary is to lead the individual who already suffers from the loss of his illusions and begins to destroy even natural science, beyond these justification tendencies to the voluntary acceptance of himself and his own responsibility.

CHAPTER V



LIKENESS AND DIFFERENCE

> "What you strive for is within you, seek it not without." —PERSIUS

THE discussion of the past and the present in its purely psychological aspects, as we have tried to work them out in the preceding chapter, leads us more deeply into the problematic field of personality development and its miscarriage in the neurosis. The desire to be rid of the present, which forces a flight into past or future by means of thinking or day-dreaming, rests actually on the process of comparing, which plays the greatest role in psychic life. From whatever motive we may desire to flee from the present, the tendency is always in consequence of a comparison and a conclusion that something else would be better, even if we deceive ourselves therein. The past and in a certain sense the future also, as we will see later, are means of representation. Evidently we cannot represent, perhaps cannot think at all without comparing, without having a unit of measure, a frame, a foil. We must have something in contrast to which or against which we think, and in this sense intellectual representation in the last analysis is negative also like the expression of will, to which it probably owes its origin. This leads to the problem of likeness and differ-

rence, which contains the whole problem of individuality, of which we apparently become conscious only by comparison, and chiefly by comparison with other persons. The neurotic frequently introduces his story with the remark that he has felt himself different from others from childhood, although he refers perhaps only to brothers and sisters, or to his playmates. Regardless of how far this feeling is correct historically in terms of actual content, at all events it is psychologically true insofar as the individual traces his difficulties, his suffering, back to his difference. Whether this difference has belonged to the individual from childhood, whether it first appeared through painful experiences of later life, or whether it does not come to full consciousness at all, it exists, is given in the very fact of his individuality, which he apparently can neither accept nor affirm, but must deny. The reaction to this perception includes not only a painful feeling, but also a judgment of value, for it says, "I should not be different, but like." Accordingly the individual suffers from his difference, from his individuality. This psychological fact could not possibly escape observation because it hardly escapes self observation and certainly not with the hyperconscious neurotic type.

Psychoanalysis, true to its causal principle, has tried to explain the existence of this feeling historically. In Freud's theory this explanation appears late and consists of the so-called castration complex as perception of sex difference. This painful feeling of difference, according to Freud, goes back to the perception of sex difference, actually to the fact of sex difference and the reactions of the ego to it, with the assertion ever after of

"That I will be," or "That I will not be (I fear)." This explanation by content is refuted in my opinion, by common experience and a deepened comprehension of it. It makes a great difference, in fact, whether the feeling of difference is caused by the perceiving of sex difference as Freud has it, or rather is an expression of individual difference and merely utilizes sex to explain and justify the feeling as psychoanalytic theory seems to me to do.

While in Freudian theory this feeling of difference as such is not named and the phenomenon itself is concealed, as it were, by the explanation of it, Adler has taken one step further in giving a name to it, or more correctly to one side of it, in his inferiority feeling. This, at bottom, is only a description of the phenomenon as it presents itself to the consciousness of the neurotic, "I should not be different but like others, therefore my difference is bad and I am inferior." Although Adler recognizes the presence of inferiority feeling in the individual, his explanation of it is technically just as open to attack as Freud's castration theory. The inferiority feeling in its psychic aspects Adler explains from the fact that the child, in contrast to the adults and older siblings in his milieu, must necessarily feel inferior. In other words, this inferiority feeling is explained by a real fact, in Adler's ideology by a social fact, in Freud's castration theory by a biological one. As I have just said, Adler's description of the feeling of inferiority only concerns one side of it, that is, the neurotic denial of the individual, who cannot affirm his difference, the fact of his individuality. The motivation of the inferiority, therefore, Adler has to explain from the milieu in the

fact that other individuals affirm their individuality, feel themselves superior as a compensation for the original inferiority feeling. Accordingly he conceives of superiority as a reaction phenomenon, and designates it as "masculine protest." This seems to me to contradict our feeling as well as our experience for there exists a positive as well as a compensatory acceptance of one's own individuality as we see it in the personality feeling of the active and creative individual. The consciousness of difference which characterizes such persons in peculiarly high degree, leads even with them to painful reactions but they can be better designated as guilt than inferiority, since they arise not from a denial of individuality, but from its over-emphasis.

Like the Adlerian doctrine of inferiority, so the Freudian castration theory attempts not only a causal explanation of the feeling of difference, but contains an evaluation with social, biological and moral aspects. Both assume that the masculine represents the superior or desired, the feminine, the inferior or feared. The fact that at the root of this evaluation there lies a common feeling, only broadens our problem beyond the theory formation in question to a common human problem. The question remains whether this contentual motivation of our common consciousness, no matter whether it emphasizes biological or social aspects, is psychologically true or only a result of the necessity to interpret will. If we look at these two theories which would explain the feeling of individual difference on the basis of a sexual or social inferiority, in the light of will psychology, we recognize that the inferiority in both, factually and psychologically, is a will inferiority. The child

feels himself inferior in contrast to a stronger will, and the woman feels herself inferior in contrast to the stronger sexual will of the man. The grown man, on this basis, would not dare to feel inferior but the whole psychology of the neuroses and the history of civilization teach that that is exactly what he does feel because, as I maintain, individuality manifests itself most strongly in him (the grown man). In other words, the problem as such is not external but a purely inner affair. Outer motivations of every kind represent only a projection, an attempt at discharge of the inner will conflict on the basis of a denial or release of the will itself. For Adler, who finally generalizes the sexualized masculine protest into a will-to-power working out beyond the sexual, this positive will is exactly as reprehensible as the sex instinct for Freud which has to bear the blame for everything. But these are social and pedagogical or moral and educational values while psychologically the problem presents itself just the other way.

The will, as I have shown elsewhere,[1] has a negative origin, it arises as counter force against an outer or an inner compulsion. The moral-pedagogical standpoint condemns this, as one should not will (against the other will) but this view is unpsychological because exactly that kind of action constitutes the essence of will. Freud's designation of counter will as resistance (corresponding to Adler's "protest") is in truth psychologically more correct but leads therapeutically to a blind alley because the constructive side of resistance is not recognized and so cannot be utilized any more than Adler's obstinate protest or anti-social will to power.

[1] See "Truth and Reality."

Thus the moral-pedagogical ideology of Freud like that of Adler leads only to a strengthening of the will denial of the patient and does not allow the problem of the neurosis to be recognized in its deeper meaning as a problem of individuality. Psychologically, the problem of individuality is a will problem and a consciousness problem, that is, it concerns our conscious willing which we, because of the negative nature of the will itself, must constantly deny. Thus the neurotic character represents not illness but a developmental phase of the individuality problem, a personality denying its own will, not accepting itself as an individual. This denial manifests itself not only in the sphere of will, but in that of consciousness, and from this viewpoint the neurotic type represents the individual knowing about himself and his willing, but repressing this knowledge, not wanting to be conscious of himself. According to whether this conflict proceeds more from a denial of the individual's willing or of his knowing, it manifests itself as guilt feeling or as inferiority feeling, but in the last analysis goes back to the consciousness of individual difference.

In the inferiority feeling then the neurosis meets us as a problem of consciousness, while from the standpoint of guilt we recognize it as will problem. It is certainly both, for without consciousness there is no will in the psychological sense and without will no consciousness, but it seems that the forms of neurosis in the history of their development tend to center more and more in the field of consciousness. Accordingly one can understand a modern neurosis neither historically nor individually from the past. Freud made this error of projection because he wanted to understand and explain the actual

neurosis from the infantile, and also in the theory formation he erred in trying to understand and explain the modern individual, laden and burdened with all knowledge, from an earlier developmental level. The exclusion of the whole developed content of consciousness is certainly to be questioned, whether it has to do with understanding the individual from his childhood, or explaining modern man on any kind of mythological level of the primitive.

In place of drawing examples from the psychology of the neuroses, I will discuss this error of projection and its misleading consequences in terms of the Œdipus complex which, in psychoanalysis, serves as the prototype of the infantile as well as of the mythological and primitive. Freud's appeal to the Greek Œdipus story was to make plausible the assumption of these primitive wishes in the child. But the Greek Œdipus himself appealed to many predecessors in order to justify the sex relation with the mother and failed. Guilt is not created from the outer world, because it springs from our own willing, which does not stop at the death blow to the father and the sexual conquest of the mother. But this is not at all the meaning of the Greek saga which in truth does use these symbols to picture the will conflict, but only takes them figuratively in order to deduce a quite different moral. This moral, as the irony of fate will have it, is exactly anti-analytic. The Greek Œdipus saga is to be understood as a reaction to that intellectual hybrid, the first occidental thinker, the ironic philosopher, who wanted to solve speculatively the riddle of human nature. The wise Œdipus of the Greek story is himself just such an over-weening riddle solver, an in-

tellectualist who fails to explain the deepest problems of men rationally in not recognizing the primary phenomena underlying them. This is the Greek meaning of the saga. Its moral is not that of the fourth commandment according to the Decalogue, but a warning against intellectual pride which is condemned as much as pride of will as long as one cannot accept both as expressions of personality. The Œdipus saga explains, therefore, that it is not good to seek behind appearances for the true being of things, for the more one experiences of truth, the more one knows, the unluckier one becomes.

Why the Œdipus myth uses the parent-child relationship to demonstrate this anti-conscious tendency characteristic of the time is a religious-moral and not a psychological problem. The individual in the discovery of his true parents is reminded of his human origin; by his acknowledgment of his parents, the individual who feels and acts heroically is put back within his human limitations, which he has overstepped both in the sphere of will and of consciousness. But the Greek Œdipus myth already refers to the too much knowing as well as to willing. Therefore, these acts of will of Œdipus ensue without the knowledge of the individual who must deny his conscious will in order to be able to put it into action. In the Œdipus saga all evil arises not from doing, but from knowing or wanting to know, for which one must finally take over responsibility oneself instead of putting it on fate, or the Gods, or the unconscious.

That the scientific investigator of the present, who prizes conscious knowledge as a means of cure, has not recognized this meaning of the Greek saga is the best proof that neither the meaning nor the moral of the

Œdipus saga corresponds to the consciousness of modern man. As a condemnation or damning of will which we share with men of earlier epochs, one may appeal to it or just as well to the Decalogue. To point out the content of human willing, however, is neither the meaning of the Œdipus saga nor the task of psychology. The only thing it shows is the changing attitude of the individual at different periods in history and of individual living in relation to will in general as it is reflected in our consciousness. In regard to the cultural historic phenomena of mythology and poetry I have already shown this connection many years ago in a voluminous work [1] where I emphasized not so much the ever recurring parent motif as the changing attitude of different individuals and ages to it. In the introductory chapter which was written in 1905, in addition to Freud's interpretation I pointed out that the same parent complex which figured in the Œdipus drama as a symbol of the forbidden act of will, in Shakespeare's Hamlet is conscious even before the deed, instead of afterwards, and thus cripples the will of the hero neurotically.

Since I have discussed these broader deductions elsewhere, I now turn back to the neurotic type of our age which is what concerns us. The modern neurotic has in common with Œdipus and Hamlet, it is true, the fact of parents, that is, psychologically speaking, the conflict between own will and the restraining counter will, but he has not the same content of consciousness. It would be an interesting project to take up from a psychological standpoint, the historical development of neurotic suffering. One would find that the share of consciousness,

[1] "Das Inzest-Motiv in Dichtung und Sage."

as I have already pointed out, has become ever greater in the course of time. The fact is that already there is a class of neurotics, or better said, of people, who essentially suffer from consciousness in that they are too conscious of themselves. To burden them with still more consciousness as the purely analytic therapy does, means to make their condition worse. What they need is an emotional experience which is intense enough to lighten the tormenting self consciousness. The compulsion neurotics who increase in the same proportion as the hysterics decrease, illustrate this point. As Freud himself noted, he had not seen classical hysteria for many years and he ascribed this to the unmasking of hysteria by analysis. In fact psychoanalysis itself is only a great manifestation of this general process of becoming conscious, as I have described it in "Der Künstler" (1905). It is in this sense neither paradoxical nor disparaging if one conceives of psychoanalytic theory itself as an immense scientific system formation of the compulsion neurotic type, since it has the same tendency to interpret freedom of will intellectually as compulsion, in order to justify it.

In contra-distinction to the compulsion neurosis, which appears as prototype of the modern neurosis of consciousness, the old hysteria exemplifies the will neurosis par excellence. In antiquity it was considered still as entirely organically conditioned (uterus) and expressed itself also in actions (epileptic fits) whose volitional nature was denied by the loss of consciousness. In the middle-ages we see a religious content of consciousness appear in the witch ideology. It was no more the holy illness sent by the Gods as a temporary release

from consciousness, but an inner demonic suggestion of the own wicked will and was punished accordingly. In the major hysteria of the French school of psychiatry, it became a dramatic performance in which one patient sought to outdo the other, in order to appear interesting in the eyes of the great physicians. Freud saw in this the tendency to identification, to become like the others but failed to see the competition, the wish to surpass the others, to be different. Freud made another important discovery regarding the French hysterias before the end of the century, namely that the patients if one pressed them, could impart everything that they pretended not to know when one simply asked them. He did not draw the conclusion that these dramatic hysterias corresponded to an attitude of consciousness quite different from that of the hysterias that had been common previously and from the hysterias that he himself saw later at the beginning of his own practice. These, according to the description in the "Studien über Hysterie" (1895) were quite different consisting far more of guilt reactions than of wish formations, that is, they were more consciousness than will neuroses. Today one sees such hysterias hardly at all, at least not in analytic private practice, but many compulsion neurotics, women as well as men and even more, individuals who, without representing a clinical type, suffer simply from self-consciousness, from a too extreme introspectiveness.

We can hardly consider this an individual illness any longer, but rather a developmental phase of increasing self-consciousness whose broadening and deepening we cannot check but can perhaps guide to recognition of the real problem as it manifests itself in the modern

individual. In no case, however, must we apply explanations of earlier forms of neurosis, even if they tally with them, to the understanding of the modern neurotic type, just as it would be fruitless to apply our understanding of the latter to the explanation of earlier neuroses. We must guard ourselves as much against modernizing the old as from making the present historical. For the value of knowledge in the field of the psychic is not only transient like knowledge in general, but becomes obsolete much more quickly because it depends on the alteration of consciousness itself and is influenced by it immediately. In this sense the constantly necessary new orientation of our knowledge with and by the change of consciousness implies not so much a better knowledge as a different knowledge, another kind or way of knowing. The hysteria of antiquity was explained by the physicians of the time organically not only because they overlooked the share of consciousness, but because it was not present. On the same ground we emphasize the psychic part, not because we are better psychologists than the ancients, but because now consciousness predominates. The modern neurotic of the conscious type can renounce bodily symptoms almost entirely, because with him the will conflict has been displaced to the sphere of consciousness. But even where hysterical symptoms or attacks are found today, they are motivated from consciousness in much greater degree than one might think, and also are accessible therapeutically only from the point of view of conscious conflict. I have only recently seen hysterical seizures in a highly intelligent woman patient which were undoubtedly produced by the conscious will of the patient and

if she willed it could also be consciously controlled. In her childhood she had tic like symptoms which she still uses in her minor attacks while she loses consciousness in her major attacks but only so far that she can still control her actions.

It follows from these observations that in therapy, corresponding to the predominance of conflicts of will or consciousness, different procedures must be used. This is valid for the individual case as well as for the historical forms of neurosis. As long as these manifest themselves predominantly in the sphere of will and the individual accordingly uses unconsciousness in some form or other for the denial of the will in his behavior, this psychological fact, not the content of the will which the patient usually knows anyhow, must be brought to consciousness. That means this type needs not to learn to will but to be able to accept his willing consciously without using the unconscious as refuge. If the conflict manifests itself predominantly in the sphere of consciousness, will conflict is changed into thought conflict, so the patient must learn to will in place of thinking, instead of compensating for his refusal to will through intellectual work and in the content of thinking, either by denying or justifying it. At bottom, both types of modern neurotic really know about their will and their own responsibility. Only the one doesn't want to know anything about it, represses it; and the other keeps wanting to know more, is an introspectionist. Becoming conscious helps the one, while the other is helped by becoming unconscious, that is, by the emotional experience. The one suffers from knowing too little, the other from knowing too much. This knowing, however, is not

general psychological knowledge nor knowledge of psychoanalytic theory, but it is an immediate knowing about himself, awareness of his own psychic processes. The one suffers in that he continually deceives himself and yet becomes aware of this inner deception chiefly as consciousness of guilt, that is, guilt to himself, the other suffers because he can no longer deceive himself, chiefly in the form of doubt concerning himself which manifests itself as inferiority feeling. The one suffers from the deception which he constantly wants to make truth, the other goes to destruction in too much truth about himself which he cannot shake through doubt. One must feed the former with truth, the latter with illusions, that is, help to heal his too complete and final disillusionment with self and life. The tragedy is that neither can bear truth or illusion any more because he cannot bear himself as an individual different from others.

Let us picture to ourselves once more how this neurotic character type, which one might perhaps best designate as schizoid, occurs. First, comes the perception of difference from others as a consequence of becoming conscious of self will, then interpretation of this difference as inferiority and its resultant moral depreciation of willing, finally association of this psychological conflict with the biological sexual problem, the difference of the sexes, in which the man as the active will is esteemed more highly, the woman as the passive, receiving person, less so. This whole outer conflict in which apparently the strength of the one will is lost in the power of the other is nothing in reality but a comparison of one will with the other, with the discovery thereby

that it is different. The mere fact of difference, in other words, the existence of our own will as opposite, unlike, is the basis for the moral condemnation which manifests itself as inferiority or guilt feeling. Here again we come up against a moral problem, which obstructs insight into psychological processes. Ideas of good and bad are not imparted to the child through external criticism or punishment, but only serve to make him conscious that he has a self, a counter will, and this rather than the content of his will is now felt as evil. With this displacement of criticism from the content of will, to will itself, which penetrates to the core of the individual, the moral valuation, which is outer and depends on praise and blame, becomes inner and creates the truly ethical problem which at bottom remains insoluble and must remain so because it arises from the negative antagonistic nature of will itself. This ethical problem can only be solved therapeutically, not psychologically, that is not in and by the individual himself, but only in relation to a second person, who justifies our will, makes it good, since he voluntarily submits himself to it and so brings it to suspension.

This is the psychological meaning of sexuality, as we recognize and understand it in modern love life. We shall occupy ourselves further in the next chapter with this feeling relation as it manifests itself in the therapeutic experience. Here let it be noted only that this making good of our will through the other, works thus freeingly and releasingly because it solves momentarily the inescapable and insoluble ethical will conflict, transforms our difference at least temporarily into likeness and mutual striving, that is, removes the too extreme

individualism. Sexuality shows itself not only guiltless of causing the painful feeling of difference, but in its psychic and bodily manifestations is the only natural method of healing or at least of alleviation for this primal ethical conflict which we are never able to solve alone. Sexuality constitutes the most powerful removal of the denial of will because it transforms the negative will finally into the strongest positive expression of will, which we can accept because it is not only not opposed by the other will but is called good, is affirmed, and so is led to its own self affirmation.

The sexual problem as we understand it today reveals itself to us therefore as a special instance of the universal will problem which arises independently from individualization and normally finds its greatest possibility of solution in sex life. On the other hand, the neurotic sex conflicts of marriage and love life can be understood only as manifestation of the primary will conflict, and not the reverse as Freud thought. These conflicts it is true look as if they arose within the sexual sphere but this is only because, with the miscarriage of the releasing function of the sexual life, the ethical will conflict at the root is obscured in this most powerful content of willing. To this will conflict in sex terms belongs everything that we designate as the struggle of the sexes, from the acts of wooing to the sado-masochistic domination and breaking of the will, with jealousy as the peak of the negativistic expression of sex will. Here belong also the masculine complex of the woman and the castration anxiety of the man, as we many times find them in neurotic types. Normally the man, corresponding to his active sexual will, is also the more positive

and creatively effective in other ways, while the woman in sex life and elsewhere represents the more negative, reactive person in her willing. In the neurotic type we see in the sphere of will and accordingly also in the sexual sphere the negative, denying, passive resistant behavior in the man and the active, aggressive (masculine) behavior in the woman. Accordingly it is the task of therapy to make "giving" possible to the woman and "taking" to the man. In the light of the will psychology the so-called masculinity complex of the woman shows itself to be not a refusal of her own feminine role, but a refusal of the man, that is, of the stronger, alien will, which manifests itself in the sex relation as sexual will. Here we have again one of the numerous paradoxes of the Freudian theory which explains almost everything externally and historically except here, where there really is an external factor, namely, the strange sexual will of the man, and at this point a purely internal explanation, the refusal of the feminine sexual role is given. Just the reverse is maintained concerning the so-called castration complex of the man, which Freud explains externally as fear of the father, while actually here we meet with an internal necessity, the need to deny this "center of active willing" (in the Schopenhauerian sense), to deny or actually to eradicate as is the case in psychotic self castration.[1] In this sense the masculinity wish of the woman and the castration wish of the man are an expression of tendency to likeness as it manifests itself in homosexuality [2] which in the neurotic

[1] Compare with my general remarks on Eradication Therapy in Part II of "Genetische Psychologie."

[2] See "Genetische Psychologie" Part II—P. 46.

also is only an expression of self-consciousness extended to the sexual sphere, that is, of individual difference in the biological sense.

On the other hand the healing nature of the love relation rests partly on a far-reaching identification, which, it is true, is not physical but removes difference emotionally, partly on an affirmation and increase of difference which works happily because of the voluntary submission of the will. This submission concerns not only the woman, but the man even more, since his will is more positive and accordingly is less inclined to submission. Thus sexuality is the most universal symbol for fulfilment of will as well as for the submission of will and accordingly leads to happiness and release. The will expression relates to the powerful overcoming of difference and enjoys a brief happiness with a subsequent reaction to the renewed perception of difference, of the strange will, while the subjection of the own will to the other emphasizes the similarity, particularly in the emotional sphere which binds and identifies. The first is more physical, the second is more lasting, more psychic, and leads to the release from difference, to the feeling of unity with the self, with the other, with the cosmos.

The neurotic individual of either sex is incapable of surrender to the other, or to unity with himself, because in him the inner will conflict with its predominantly negative character is so intense that neither outer good fortune nor inner release can protect him from his own destructive reactions. He is incapable of surrender and unity because he cannot get free from the consciousness of himself. Will conflict and the torment of conscious-

ness are only the two sides of one and the same problem, the inner and the outer side, if you will. The therapeutic solution of this problem is so difficult because it has to meet both aspects of the problem at once, although according to their very nature, they are antagonistic. If constructive therapy culminates in the fact that the individual can now accept himself as different, as a personality with a unique will, or even can affirm instead of having to deny it, then there ensue two opposing consequences. The acceptance of difference in a social sense means that the individual dare feel himself as different from other individuals. The acceptance of difference in the sex field means the acceptance of the sex role, that the individual in the biological sense is like the other individuals of his own sex. Here we meet one of the strongest resistances to the acceptance of the own sex role, not merely resistance to individual will but in terms of the conflict of individual being versus generic being, and this constitutes one of the greatest difficulties of therapy. The individual cannot accept his sexual role as such because it would rob him once more of his individuality, would make him into a generic being. Only in the individual love experience are we able to accept the sex role as individual, as it were, personally. Here in the love claim lies the greatest victory of the conscious individual will over the instinctive generic will, which is denied if it does not subordinate itself to the will of the individual. In analytic therapy, this manifests itself in the will struggle which Freud has described as the transference phenomenon. The individual although he needs the other for the solution of his ethical conflict, for the making-good of his will, has

not willed to accept this justification on the basis of a general explanation, whether it be moral or psychological. The making-good must be individual, personal, from the analyst as a person to the patient as a person, but only to justify his own individual will, not in psychological fashion to make willing itself understandable and thus acceptable.

CHAPTER VI



LOVE AND FORCE

"A man has two soul-sides;
One, to face the world with;
One, to tell a woman when he loves her."
—BROWNING

IN THE so-called transference situation we find the will and consciousness conflict, the love claim and the ethical guilt following it, in short all problems united in one focus. I attack the problem at a point beyond the Œdipus situation, up to which I had brought it in my genetic and technical works of recent years. I consider the transference and the "being in love" which lies at its root as a projection phenomenon,[1] that is, in the language of will psychology an attempt of the individual to personify his own will in the other and so to justify it instead of denying it. In this sense the love emotion, historically considered also, is a continuation of the religious emotion, with which it often blends most clearly in the mystics. "Being in love" is the continuation of the unreal will justification in God, through the earthly deification of a real person whose will must be as like ours as possible and always remain different. In this voluntary dependence and subjection of the indi-

[1] See "Genetische Psychologie," II Abschnitt: "Projektion und Verliebheit."

vidual who makes a god for himself as he yields himself to the deified loved one, we see before us the releasing side of the will problem which in contrast to the compulsion (force) of the denying counter will, I designate as love, that is, as approbation and justification of the own will through another.

All the positive and negative transference phenomena which psychoanalysis has sought to describe and explain from the content can be understood from the point of view of will conflict and its different attempts at solution. The broken willed neurotic tries first of all to set up for himself in the therapist a strong god, who permits and forbids, that is, takes over the moral responsibility for the ethical will conflict of the patient. Since the analyst does not yield to this attempt, he becomes a loving god who apparently supports, understands and pardons everything. Now instead of understanding and utilizing this in terms of the will conflict constructively, the Freudian method not only does not perceive the therapeutic advantage lying in the situation itself, but loses ground in giving the patient a new contentual justification ideology, in the theory of the unconscious and the Œdipus complex. But even as justification, this ideology suits only the creative type, in this case the therapist, who must unburden himself of his own creative guilt, not the neurotic whom it makes still more unfree. The resistance is explained as essentially defiance and resistance to the father, therefore historically, and not even that is always correct. Just so the love fixation is explained historically, this time from the double sided sexual aspect of the Œdipus situation. Both "being in love" and "resistance," however, are ego problems,

that is, expressions of the present analytic will conflict; the one, an attempt to justify the own will through the other; the other, an expression of counter will, that is an attempt to deny positive will.

The patient himself tries to unburden the therapeutic will conflict by content, but he can only be released dynamically. The analyst who explains the reactions of the patient historically only replaces the actual present content by an earlier content which corresponds to a religious justification, but does not bring out the real nature of the difficulty. For the will conflict lying at the root of all content situations can only be recognized and understood in actual experience. The patient seeks to make the will conflict a matter of content, chiefly because he wants to know the analyst who is forbidden and wants to know him really instead of his symbolic value. This, however, does not mean parent authority or an earlier love object which, although historical, has become real again in the analytic situation. The analyst as an object of admiration, adoration, or veneration, symbolizes the own ego personified, just like God except that God remains unreal; as the object of the love need the analyst represents the ethical demand, which is to approve and justify the will just like the partner in the real love relationship. The essence of the therapeutic situation consists however exactly in the transposition of this psychic value; the feeling relation corresponding to the real love relation is made unreal by the physical deprivation, while the formerly unreal God image is here realized; that is, is represented in an actual person who corresponds to this divine ideal of self much more than do the parents. These are the two sides of the will

conflict as it manifests itself in the therapeutic situation with an intensity like that of real experience but at the same time in opposite form. This eternal human conflict between the personification of the will in another (God) and the personification of the ethical ideal justifying one's will through the other (love), between religious emotion and erotic emotion, unrolls itself before our eyes in the therapeutic situation and in both spheres appears as a struggle between the tendency to materialization, to realization and the wish for unreality, which in terms of constructive therapy only indicates a sense of self, a desire for self dependence. The personification of the God creation must remain unreal if it is to fulfill its end of representing the individual will; that the God does not really exist gives him his psychic value, for all his greatness and power fall back upon the individual. Just reversed, the love creation must be realized if it is to reach its goal, the positive will fulfilment through the approval of the other. The analytic situation, which reverses both phenomena psychically in making God real and the love object unreal, releases in the patient the whole will conflict which manifests itself as resistance and love claim. Both these expressions of will and counter-will appear only because the reversal of the unreal God projection into a real situation of help sets up an external resistance, in the true sense of the word, which otherwise would not exist; as does the transformation of the real love feeling into an unreal relation. God as our own creation and representation of our own will does not resist us except when we ourselves want it, and just as little does the lover resist us who, in yielding, subjects himself to

our will. The analyst resists in both roles; as God he is too real hence the tendency to see in him more the father than the creative ego-will, and as love object he is too unreal, hence the tendency to love in him, narcissistically, the mother, as part of the ego.

This psychological state of the analytic situation with its expressions of resistance and its demands for love, the Freudian method wishes to explain causally by content through tracing it back to parallel historical situations. But this the patient himself tries to do, when he strives to repeat earlier unfortunate attempts at the solving of the will conflict in this new content of the analytic situation, which affords symbolic expression to both sides of the struggle. The new content, however, is the person of the therapist who must be in a position to loose this content which he himself forms from the dynamic factors underlying it and thus reach the will conflict in the patient himself. He must be able to throw this externalized conflict back into the ego of the patient instead of giving him in the historical material only another real content, which denies the present instead of explaining it. The difficulty of this task lies not only in the fact that the therapist himself has become the content of the actual will and won't of the patient, but also in the fact that he finds himself here beyond all explanation and theory, facing immediate experience itself. For the content of this experience cannot be "interpreted" either by means of past or of present reality, it can only be understood as such psychologically in terms of the will conflict. The therapeutic problem, therefore, is to overcome the personal element more inherent in the analytic situation than in any other

experience by leading back to the will conflict at least far enough so that the patient is in a position to separate his inner conflict from the present content, the therapist, and thereby also to separate from earlier contents.

Here we strike a fundamental life principle, at least in our modern type of man, which we have already described previously as the individual love claim which even beyond the erotic will projection includes also the moral justification of will. This deep rooted love need of our modern human being which we have characterized as a real continuation of the unreal need of God on earth, forms the greatest obstacle to a constructive therapy whose task it is to allow the individual to understand these relationships in the therapeutic experience itself. If one succeeds in this, the excess of neurotic self-condemnation manifested in guilt and inferiority feeling leads to a self acceptance of the own individuality, which thus becomes more independent of real as well as unreal external forces. The longing for release from self responsibility through the other springs finally from a conflict between ethics and morality, between the ethical reaction to the will as such and the moral reaction to the momentary content or to certain typical contents. Evidently we have to have contents and hence the moral values which we attach to them; in the same way we have ethical values which relate to willing itself or the counter will. The conflict ensues of necessity when although the content is good, the will itself is always perceived as bad, unethical. The more this is the case the more will the individual strive to justify the wickedness of the will quantitatively and

qualitatively through the goodness of the content without succeeding. Here the other can many times help temporarily and partially since he, as in the love relation, approves the will itself and makes it good, in contrast to education which can make the content good but does not help if the will itself cannot be accepted by the individual.

We recognize here the two great principles which oppose each other in every kind of emotional relation, and in every educational situation, including the therapeutic, namely love and force. In love and through love, whether it be divine or human, the individual can accept himself, his own will because the other does, an other does. Every kind of education seeks, on the contrary, to alter the individual in terms of a definite norm, that is to determine the content of his will through compulsion. Accordingly education is based on morality, love on ethics, as it can only exist permanently when it is ethical, that is, when it works as will justification and not as will compulsion. Accordingly love as we know, cannot be forced because force is exactly opposed to it and education cannot rest exclusively on love because otherwise it would not reach its goal, no matter whether we consider the goal desirable or not. A *constructive* therapy should avoid both principles as far as possible in favor of ethical self determination, but in psychoanalytic therapy they are hopelessly mixed. Educational compulsion is used, since the patient is to be changed in terms of an immediate ruling moral ideology, but this is to come about on the basis of the second principle, love. A constructive therapy should not wish to alter the individual but only to develop him so that he can

accept himself as he is, at the same time the love claim has to be transformed into his own ethical ideal formation which self acceptance makes possible. This, then, is the New, which the patient has never experienced before either in the moral-pedagogical parent relations nor in the ethical self-justifying love relations; namely, that he does not need to change himself in terms of any kind of universal or alien ideal so that others may accept him, but that he alone can and must do both, that is, develop in terms of his own ideal and at the same time on the basis of this ideal also accept himself ethically.

We note here that the father and mother symbols as such, purely psychologically also represent only the two great principles, love and force, corresponding to different attempts to solve the individual will conflict in reality. The love principle, the maternal, operates as a means of justification and approval of the own will through the other to whom one accordingly subjects one's self willingly; the force principle, the paternal, as a means of assertion of the own will against the other, whom one fights as the own counter will. Both ways lead unavoidably to the guilt problem; the second to that consciousness of guilt following from the forbidden assertion which says that one should not have this wicked (counter) will, the first to the guilt of creation, the need of the other, which even the love relation represents in the last analysis. Guilt consciousness works repressively, destructively, but the guilt following creation operates progressively, constructively, because it spurs on to newer and higher achievements of will.[1]

[1] See the chapter "Creation and Guilt" in "Truth and Reality."

The guilt problem in both forms, therefore, arises in and from the therapeutic situation itself, insofar as it represents in part will assertion in the ego projection on the therapist, and in part forbidden love demand in relation to his person. Here the therapeutic situation is revealed as the ethical problem, as we have represented it in the introduction, which, in the last analysis, actually characterizes the whole neurosis itself. But this conflict expresses itself here in terms of the previously described psychic transposition in a paradoxical way, which again is to be understood only from the actual will conflict and its denial. The love demand which often appears with the strongest real claims is not only an expression of positive will appearing here as sex will, but manifests itself at the same time as a wish for giving and subordination, as an expression of gratitude, of guilt (not consciousness of guilt). This guilt manifests itself not only as capacity for love in the constructive way, but appears also in the form of neurotic consciousness of guilt, which fastens itself upon the forbidden content of will. The paradox consists in the fact that the love emotion appears as an expression of real guilt (for the will itself), while the guilt feeling represents the reaction to the forbidden love claim.

The love demand is first of all only an expression of counter will, which wants the forbidden and indeed the more intensely, the more strongly the prohibition is maintained; here is a parallel with the Œdipus situation, but nothing more than a parallel, which always presents itself in similar deprivation situations from the very nature of the will conflict. Later there is added the willingness to give, to subject oneself to the love de-

mand, but always in its service, that is, seeking the fulfilment of will through yielding. This yielding, however, is not merely a maneuver (in Adler's sense) but indicates psychically a colossal stride toward the capacity for giving as such, which can be constructively utilized, and must not as Adler says, be "unmasked." For this self subjection even in order to receive something contains the germ of the ethical solution of the will conflict, as it includes in itself the readiness to give where one receives. But this problem must be worked out again ethically, that is, must be led back from the forbidden content to the dynamic of will underlying it, as otherwise the moralistic consciousness of guilt enters in place of the ethical guilt, and leads the patient to the third level of the love conflict, on which he will only give in order to unburden his guilt consciousness for the forbidden taking (will). This appears if one allows him to deny his growing gratitude constantly so that he must pay only with love and finally with himself in order to be able to get loose at all.

We must now consider the development of the guilt problem in the therapeutic situation which, from the very nature of the relationship presents itself just as immediately and really as the love problem. The first level of the guilt problem arises as a reaction to the love demand as an expression of will assertion and is, therefore, ethical guilt relating to the counter will. The second level of the guilt problem ensues as a reaction to the willingness to yield in the service of will assertion, is therefore moral guilt feeling relating to the forbidden content (sexual). The third and final level of the guilt problem is a reaction to the wish to give, to cancel

the guilt through love, and represents psychological guilt consciousness because it denies gratitude and dependence and aims at getting loose through emotional payment in full. We see, therefore, a contrasting development of love and of guilt feeling take root in the therapeutic situation. The love feeling becomes, as it were, more ethical, developing from a mere demand of will (counter will) into an almost selfless capacity for giving; the guilt feeling on the contrary becomes, as it were, ever more neurotic as it leads from an ethical guilt which belongs to the will to an almost complete denial of gratitude and so to consciousness of guilt. This defense against gratitude, which makes the love fixation so strong without removing guilt, is not only the best proof against the Œdipus interpretation of the analytic situation, but is also the essentially constructive element of the therapeutic situation as I understand it. The individual is trying to say not merely in terms of the wish fulfilment theory, that he wants to create himself and therefore will be independent, but actually that he has created himself and is or can be independent if one only allows it, instead of interpreting his defense as resistance against the acceptance of parental authority.

The only therapeutic escape from this guilt conflict is therefore to let the individual create for himself his own development and his own freeing which he does anyway but must deny as an expression of his own will as long as the other remains a symbol of love or force (authority). The Freudian method ensnares the individual still more in the guilt problem since it interprets his efforts for independence in terms of these two symbols of authority as resistance, and his submission to

them as the cure. Then the analyst himself becomes the parental love and force authority, who pretends to remodel the patient in terms of the educational morality, and the patient accepts these pretensions when he raises the analyst to a god and claims him as love object. This leads to all the guilt reactions we have just described and increases the guilt consciousness ensuing from this pretension itself, which, moreover, the analyst shares with the patient. For the whole moral honesty that the analytic situation pretends to with its free associations is worthless and fruitless as long as it is not true in the ethical sense. This it can only be if the whole conflict, which Freud explains as transference and resistance, is freed from all contentual justification and psychological denial tendencies, and is treated as a purely inner will conflict of the individual himself. In other words, one may not make the conflict actually effective through historical interpretation, but must allow it to become psychically true, which is only possible in the therapeutic experience. This alone makes a great deal of guilt reaction avoidable, which for the Freudian technique remains insoluble, and lets the patient either go away in resistance or remain fixed in the transference.

The therapist must not take the part of authority of any kind, but must be satisfied with the role of an ego helper (assistant ego).[1] This does not happen because he keeps himself passive according to the Freudian precept but depends rather on his theoretical ideology which must be oriented not morally and pedagogically on the content of the will but ethically, that is, on the dynamic of will itself. Thus not only is the whole prob-

[1] See Genetische Psychologie II. S. 39.

lem, freed from all past and present contents, placed in the individual himself, but also the only freeing and salvation are found by and in the individual himself. In this sense also the therapeutically effective making conscious consists not in a reconstruction of infantile dreams, the uncovering of the Œdipus situation or of later repressed experiences, all of which are only justification displacements, but in allowing the therapeutic experience itself to become conscious as a complete manifestation of the inner will conflict in all its aspects in relation to love and guilt feeling.

This will conflict in principle is the same for both sexes insofar as it concerns individualization and the guilt and inferiority feelings following from it, but it manifests itself differently according to the biological differences and the moralistic ideology tied up in them. The patient seeks not only to make the will conflict real, but also to fashion it individually, as we pointed out in a previous chapter. This individual mold, however, as also in life, is influenced by the biological sex role, an influence which we will evaluate more closely in the next chapter. Here we will only point out as a general reaction that men like women, react to the therapist of the opposite sex more with the positive sexual will corresponding to the love claim, while they react to the therapist of the same sex more with the negative counter-will. Sexual will and counter-will in man and woman, however, are differently accentuated. Biologically the positive sexual will appears more strongly emphasized in the man, in the woman, the counter-will. In the therapeutic situation through the love deprivation on the side of the therapist of opposite sex the sexual

will is strengthened in the woman, the counter-will in the man. It follows, therefore, that the woman reacts in a more masculine fashion in the therapeutic experience than otherwise in life and the man in a more feminine way, if one can apply these crude sexual concepts to the common will and guilt problems of both sexes. For one easily falls into the convenient fashion of attempting to explain these reactions as homosexual, if not even "unconscious homosexual," instead of understanding them stripped of their sexual content, dynamically as will reactions of different sexes to the love denial and the guilt conflict of the therapeutic situation. With the individualistic human being of our time, sexuality is placed exactly as much in the service of the will and its positive or negative expressions as any other real content. So it comes about that the woman first tries to assert her positive will in the love claim, that is, in the sexual conquest of the therapist, while finally she wishes to make up for the guilt with physical giving, in order to free herself. The child as content plays a similar double role, as on the one side it realizes the wish to possess the man or something from him (similar to him); on the other hand it is the woman's present to the man, in order to buy herself free of guilt. Here is shown the most fundamental difference perhaps, in the general structure of man and woman. For the woman even in the negative will conflict of getting free, remains much more constructive than the man whose will to create manifests itself more spiritually in projections and unreal ego maximations (expansions). The woman, on the other hand, is in general much more really oriented and in this sense conserving, where the man must be destruc-

tive in the struggle of the counter-will as it meets him in reality. So the woman conquers still in giving, because she overcomes the counter-will and releases it, while the man even in the victory of will, must succumb to his own counter-will.

CHAPTER VII



SEPARATION AND GUILT

> *"Der Ursprung der Dinge is das Grenzenlose. Woraus sie entstehen, darein vergehen sie auch mit Notwendigkeit. Denn sie leisten einander Busze und Vergeltung für ihr Unrec'ıt nach der Ordnung der Zeit."*
>
> "The source of things is the boundless. From whence they arise, thence they must also of necessity return. For they do penance and make compensation to one another for their injustice in the order of time."
>
> —ANAXIMANDER

WE HAVE shown that the feeling relation presenting itself in the therapeutic situation, which Freud explained historically as a repetition of infantile reactions, actually develops from the will-guilt problem, first as personification of the own will in the other with simultaneous moral justification through deification of the other, then as direct assertion of will in the love demand with simultaneous ethical justification through the other, that is, being in love; in other words, through personification of both great principles, love and force. We have also shown how the guilt problem evolves in this process in connection with the will problem. The deification of the own will in the other unburdens first of all from the guilt of the will, as the religious creation

of God does also, while the love claim creates a new guilt consciousness which relates to the present forbidden content. Finally, we have pointed out how, from the realization of the created God and the love object in one person who justifies the will, calls it good and saves it, the specific guilt feeling of gratitude grows up, manifesting itself in the capacity and willingness to (give) surrender. This readiness to surrender, however, is not merely an expression of gratitude, but finally becomes the price which the individual wishes to pay for getting free, for independence, whether it be the woman who tries to free herself from the man at the price of physical surrender and the child, or the man who, with achievement, with his work, the symbol of his creative power will buy himself free of the guilt. But what he perceives as the guilt of gratitude is also the guilt of wanting to be free, of separation. This whole development, from neurotic consciousness of guilt as consequence of will conflict and its denial, to the creative guilt of the freeing experience, culminates in the last phase of the therapeutic process and is brought to release and solution through the setting of an ending which is suitable for the particular person both as to time and meaning.

Certainly this is not the individual's first attempt to free himself but it is one which should succeed. It can only succeed, however, if one lets him accomplish his freeing himself so that he has no debt of gratitude to pay. However this is possible only in the actual therapeutic experience and not historically no matter whether the individual feels gratitude toward his parents (and other objects) or not. In analytic material these objects

only appear as biological symbols of dependence or psychological symbols of gratitude, in other words, as symbols of guilt which now attach themselves to the helping therapist. This guilt arises from the ego development of the individual and with each new attempt at release is always fastened to that past in which the individual sees himself personified so that he is not able to free himself of it. This release from an overcome piece of one's own past, no matter in what content it is incorporated, represents the authentic therapeutic task and the meaning of every experience. Thus analytic separation becomes the symbol of separation in general, which is one of the fundamental life principles. All organic evolution itself rests upon separation, but only the conscious knowledge of this life principle on the part of man who can preserve or call back the past in his memory, or can imagine the future in his phantasy, gives to the concept and the feeling of separation the fundamental psychic meaning. This explains why the first biological separation of the individual from the mother can acquire the psychic meaning that I ascribed to it in the "Trauma of Birth," likewise why all further steps on the way to self dependence, such as weaning, walking, and especially the development of the will are conceived always as continuous separations, in which the individual even as in the last separation, death, must leave behind, must resign developmental phases of his own ego.

In the therapeutic experience we deal with a very special separation, to which all previous ones are parallel to a degree but do not underlie it causally in the sense of a compulsion to repetition. On the level of de-

velopment on which we usually see the adult neurotic, it has to do as I have already pointed out elsewhere (see the statement on the ego crisis in "Genetische Psychologie" II, S. 58) with a last attempt at freeing the patient from his whole past as lived hitherto and manifested in the personality, a past on which he is fixated by guilt feeling. This past is symbolized in an actual love, friendship or marriage relation, from which he wishes to free himself without being able to do so, or perhaps in the parent relation if no other experiences are available. In every case, however, the therapeutic experience soon goes beyond all earlier ones in meaning and so becomes a symbol of his whole past, therefore of himself. His holding fast to these objects and feeling relations, including the therapeutic, is not libidinally forced, but individually willed and has only taken on the form of love and gratitude fixation in compensation. For here too the love emotion, as was shown in the preceding chapter, appears in terms of moralistic ideology, as the first guilt reaction to the wish to be free, that is, one should have no will of his own, but should be thankful and love. These moralistic reactions must not be misunderstood in the therapeutic situation as historical or libidinal, anymore than the ethical guilt which comes from the ego development should be conceived of as moral, if the therapeutic experience is to lead to the constructive freeing of the individual.

From this viewpoint the problem of the neurosis itself is a separation problem and as such a blocking of the human life principle, the conscious ability to endure release and separation, first from the biological power represented by parents, and finally from the

lived out parts of the self which this power represents, and which obstruct the development of the individual personality. It is at this point that the neurotic comes to grief, where, instead of living, of overcoming the past through the present, he becomes conscious that he dare not, cannot, loose himself because he is bound by guilt. Here, as it were, the human being's recognition of his biological and cosmic dependence revenges itself since as love duty and debt of gratitude it opposes his own microcosmic self dependence. In these guilt reactions the problem of separation shows itself as related to the problem of difference even though it is more general and inclusive. For separation is already possible, yes, necessary, on a purely biological level and takes place without consciousness of it, in birth, growth and death. The guilt consciousness coming from difference is the conscious awareness of separation and the individual reaction to it, whether it has to do with separation in the biological sense of procreation, birth, age and death, or in the psychological sense of overcoming gratitude, or finally in the ethical sense in the affirmation of the own individuality as isolated, separated, different from others.

At this point the sexual problem as a problem of difference and separation enters the problem of the neurosis as a problem of form, not in the concrete terms of the Freudian castration complex, but in a broader biological and at the same time more highly ethical sense. For the therapeutic situation shows that man and woman react to separation in a different form. This difference of reaction is characteristic for the whole psychic difference of the two sexes and of the differing manifestations of

the will and guilt conflict, which both have in common. To the separation, which symbolizes a constantly unwinding life process, the woman reacts more conservingly and constructively, the man more rebelliously and destructively. This naturally refers only to extreme types for as a rule separation, no matter of what kind or on what level, is reached as a compromise between both tendencies, while from partial destruction a new life grows. In general, however, the woman appears to represent the conserving element of this biological life principle, the man the creative element, who can become destructive much more easily when an inner or outer resistance is opposed to his will. For the *will* tends to create negatively, that is, expresses itself as destroying counter-will and this destructiveness we easily recognize as a denial of obstacle transformed into action.

This difference of reaction pattern in man and woman extends to the life principle of separation from the biological level to the highest ethical manifestations of the will conflict. For the man creates even on the biological level of procreation through separation, through letting go a part of his physical ego, as the biblical creation of the woman from the rib of the man signifies. The woman, on the other hand, on this biological level of procreation, creates through the removal of separation, through union, therefore conservingly. But even on the next level on which the woman alone creates, namely in the act of birth, the separation is only a physical separation which is immediately paralyzed by the emotional binding to the child, often more than that, is over compensated. The woman creates biologically and really, while the man creates spiritually in

unreality and in this creative producing releases continuously bits of his own ego, which he must project, personify, objectify, while the woman can do it really in the child and eventually in the man. Accordingly also the God creation comes from the man as a splitting off of a part of his ego will, just as in work of every kind he releases himself constantly from a part of his own past; yes, in love life itself, continues this process (see "Genetische Psychologie II, 'Verliebheit und Projektion' ") where again the woman is generally much more conservative. Even in the creation of the neurosis the man tends more to destructive compulsive thinking, the woman more to physical symptoms which in any case are more real and correspond to a part of reality, while the man goes to the intellectual realm of truth. Certainly we do not overlook the fact that the feminine neurosis is destructive also and aims at self-destruction like the masculine. This new point of view which is valid for both sexes, and all forms of neurosis, sees in the neurosis not only destruction, but also an attempt at separation, a step toward the development to self-dependence for which the individual must pay with suffering, with illness, with giving up a part of his past ego. The man, in harmony with his more aggressive will to free and develop himself attempts this forcibly through the destruction of the past, while the woman pays off the guilt really with her physical suffering and with the child as a creation, in order thus to preserve herself.

In the therapeutic experience of separation which represents the psychic life principle of individual self reliance, we find these biological differences of reaction in the man and woman in the ethical sphere also, where

the sexual content is applied only symbolically to carry the will and guilt conflict. For when the woman in separating sees in the man the child which she will bear, that is, has to let go and still wishes to preserve, she is presenting thereby only the will-guilt conflict in material wish symbols. She does not want to give up or lose the man, who, like the child, has become a part of herself psychically. This she attains psychically if she phantasies him as her child. This phantasy she will then realize in wanting a child from the man, in whom she preserves at the same time the man himself. On the other hand, she can buy herself off with the child whom she presents to the man, therefore can pay and be paid at the same time. Freud interprets this desire for a child by the therapist as the infantile wish for a real child by the father thereby failing to see that now as in childhood, this wanting to give the father another child is a way of freeing oneself from him, a wish which many patients seek to realize by sending back for treatment when they are about to leave, the partner in marriage, a child or a friend. In every parting the man sees in the other the mother who bears him, that is who deserts him, and whom he will destroy in order to be able to free himself without having to resign her to another. As far as the man wants to conserve, he also does it in symbols of the child whom he identifies with his work, just as the woman can symbolize the actual freeing only in the maternal symbolism of being born, not of bearing.

We can understand the psychic separation experience as it manifests itself in the therapeutic situation, only if we go beyond the sexual contents which only figure as

symbols of the ethical problem of giving and taking, creating and being created, separation and guilt. The child symbolizes the will to preservation, and represents at the same time the real paying off of guilt in the biological and in the ethical sense. Parents represent on the contrary symbols of separation and at the same time of gratitude, of guilt, with the roles divided so that the mother in spite of the physical separation from the child, binds it psychically; while the father represents separation in itself, the abandoning of the mother, the past, and the development to self-dependence. These ethical meanings which the primary biological and later sociological concepts of mother, father and child have taken on with the modern man, are accordingly independent of the sex role as we see in the therapeutic experience. Not only does the male therapist in suitable situations become the mother and the feminine patient the creator which usually only the man is, but both become creators, or become the child (identification of the analyst with siblings) if the therapeutic emotional experience demands it. These identifications are not to be understood really as bits of life history, but ethically and symbolically. They change and transform themselves according to the specific situation and the individual problem, in terms of the immediate will and guilt conflict.

The forms of the neuroses or neurotic reactions show themselves to be determined by the will conflict which the individual naturally wishes to solve in terms of his sex character, but with the neurotic human type, release is possible in the constructive sense only if one goes beyond this to the non-sexual problem of the

ethical will conflict. In this sphere, neurotic repression shows itself as an expression of will conflict, just as suppression or displacement is an expression of the conflict of consciousness. The symptom is an expression of will conflict, increased by the consciousness conflict which constitutes the guilt feeling. The fear appearing with it is related to the conscious perception of the will inhibition, whether it has to do with a real or a purely internal fear. We designate as reality all that opposes our will inhibitingly; above all the strange counter-will, which remains the prototype of reality, although we extend it later to our own counter-will and all its conscious manifestations, yes, to consciousness itself. This then, is the schema of the will-guilt conflict independent of sex, as it manifests itself particularly clearly in the neurotic type.

The sex problem is prominent in neuroses because it offers natural forms of release, which work therapeutically as long as they remain predominantly biological and are not applied by consciousness symbolically in the ethical sphere, in other words, as long as individuation has not yet advanced so far that the individual wishes to subject sexuality itself to his ego will, and so to make it the content of his will conflict. In both will and guilt problems this universal human conflict is denied and made concrete and moralized through the sexual content. Sex life can normally release the will-guilt conflict because it has already been made concrete and moralistic through the conventional precepts and customs of married life. Its materialization in terms of the individual sexual will and guilt problem on the other hand, must miscarry, and this miscarriage it is which we

designate as neurosis. But at bottom it has nothing to do with sex as such, is only the guilt resulting from individualization, the difference from others and separation from the nearest. Normally sexual life suffices to heal this split, as it binds the individual biologically to the species, and psychically to the assistant ego. The man finds union in the woman (mother), the woman in the child. With the neurotic and also the creative type, both of whom suffer from a too strong individualization of will and corresponding guilt reaction, this paying off is denied, not because sexuality makes them guilty in the sense of the Œdipus complex, but because this common form of adjustment does not suffice to compensate for the guilt. The creative person, like the neurotic, must accordingly find other more individual means of payment and this has only very limited possibilities of creativity like love, however, releasing; or it has the universal, as it were intersexual value of work, which instead of releasing the individual, only lets him become guilty again for creating. Love as a means of payment, like paper money, is accepted as long as the individual has credit, that is, is capable of loving, but finally, sometime, it must be recognized as unredeemed, as only a delayed guilt, and be taken up, as it is in the neurosis. Therefore, after the rejection of the biological guilt compensation, and the refusal of justification attempts as we see them in religious and love experiences, in the neurotic type the original guilt finally appears which he must accept and honor. Thus sexuality, religion and love, at least for the neurotic type of today, are only general and individual denying attempts to get rid of the guilt springing from the individualization,

which does not, as Freud thinks, spring from the sexual and love life, but is probably increased by them. The only way whereby the highly individualized personality with its strong ego will, which subjects even sexuality to itself, can redeem its individual guilt and thus at the same time justify itself and its own will is in creative work. In this he gives a part of himself back to the whole, as in the biological guilt redemption, while simultaneously he asserts and maintains his will in such a way as suits his individual personality.

All the reactions and connections which the therapeutic experience teaches us to understand, therefore, express only universal human problems and their attempts at solution. The denial of the ethical will conflict leads to its incorporation in the sexual conflict; the insufficiency of this biological guilt redemption, leads to individual love compensation with its subjection and surrender of will, and this in turn brings guilt consciousness because it implies a using of the other which finally aims at the elimination of difference, the subjection of his will to ours. Thus ultimately behind the sexual and love problem there appears the original guilt problem whose solution beyond biological content and erotic emotions, is the aim of constructive therapy. The whole technique therefore is based on understanding the problem of the neurosis and this again rests on knowledge of the problem of humanity, manifesting itself therein. If one has recognized the ethical will and guilt conflict going beyond the sex problem, then one is in a position to let the person who has been wrecked on it go through the therapeutic experience in such a way that he is enabled to solve his will conflict ethically in

himself, instead of wanting to buy himself free of guilt by moral or emotional subjection of the will, which he will always resist.

The actual therapeutic release is consummated in the experience of separation, which stands symbolically for the whole problem of past and difference, in other words, of the individual development and the guilt problem coming from it. Accordingly it also can only be understood and released beyond the sex problem, although it takes on sexual forms and content, in terms of which the patient too tries to solve it. The whole therapeutic process up to the separation phase consists in the various attempts of the patient to institute a oneness with the therapist by means of projection and identification [1] as he seeks to remould him in terms of his own will, and also as he tries to adjust or subject his will to him. Both attempts bring new guilt reactions which can only be overcome in the experience of separation which throws back projection and identification into the individual and places it on himself, on his own will and his own responsibility, without permitting the will justification in the projection or the rolling off of responsibility in the identification.

The greatest therapeutic difficulty, however, arises just in the separation experience itself which becomes the prototype of the whole will conflict if the patient applies to this leaving his material attempts at justification and his dynamic tendencies to denial. Here is necessary not merely psychological but human understanding, which must be converted spontaneously into technical skill, in order to be master of this concentration of the will-guilt

[1] See "Genetische Psychologie," II—"Verliebheit und Projektion."

conflict, in the forms and contents it takes on according to the sex role and individual development. Above all, the patient himself as I have already emphasized must be ripe for the separation even though he is unable to confess it to himself or the therapist. This reluctance expresses itself in the tendencies of the love claim and the counter will so well motivated in the contents, which really try to deny the will to freedom and to pay off the guilt arising in consequence. The so-called end-setting, although it represents a giving in, an acquiescence to the denied will to freedom of the patient, inevitably brings with it all the reactions of the counter-will and the struggle to accept the own will which appears here under the guise of outer force, the therapist's decision to stop. In spite of all the different forms and contents which this will conflict can take on in the terms described above, still in relation to its dynamics, actually only two ways of reaction are possible: either the individual accepts his own will to freedom, his growth toward independence and self reliance, and in the situation turns it about as if to say, "Then at least I do it myself," or he denies the separation or its meaning, reacting to it with earlier pangs of parting (dreams), not in the sense of a repetition compulsion, but with the tendency to enlarge the meaning of the present artistically because of guilt feeling; in reality, however, to minimize it in terms of the past (comfort mechanism). With the first reaction one must let the individual actually complete the separation himself even if it manifests itself predominantly in the forms of resistance. These can be overcome, not in terms of content, but dynamically and constructively in relation to the will con-

flict. In the second case one must bring out the emotional denial which is only another negative form of resistance, while one points out behind the traumatic contents of the past as presented, the present separation experience to which the patient is reacting with guilt attachment instead of with self emancipation.

In this retrieving of the actual by a past separation experience, it is important to distinguish between a parting which the individual works at himself as in giving up parents or others in authority and love objects, and a separation which came upon the individual traumatically, as abandonment, for which birth, weaning and other biological necessities may be used symbolically. With each of these two possibilities, one a being separated, the other a separating of one's self, the attitude of will, and accordingly the guilt reaction, is different. The "being separated" is apprehended as compulsory and is responded to with counter-will, which can manifest itself not only as resistance, or protest, but also in the form of love fixation and gratitude. Separating oneself, as will expression, is apprehended as a freeing, a getting loose to which the individual reacts with guilt, but even so he can rationalize it ethically. Usually in this case the individual tries to transform the force of the separation into a wished for release, but also to motivate the will to parting forcibly, that is, through fate "I cannot help myself, it is to be." In each of these two cases the attempt is to deny reality in the sense of will assertion, while the therapeutic experience, just the reverse, must aim at making real the unreality, and this is accomplished psychologically through the setting up of an obstacle to the patient's will, represented in the

counter-will of the therapist. This will obstacle can only have a therapeutic effect, however, if the reactions to it are correctly understood and constructively used. For what is made real here, is not merely the experience of parting and the situation in which it is manifested, but the individual himself, as a separate, different, independent being. All other attempts at making real as the patient himself strives to express them through alteration of his own situation, or through realization of the therapeutic situation, only lead away from the making real of himself as an individual, just as do all justification and unburdening attempts in an unreal assistant ego. Only with the cutting off of all these possibilities does the own ego become real, that is, does the individual recognize and accept himself as independent of the other.

To this making real of his own ego, the individual reacts in the actual separation experience with fear which is not an original biological reaction in the sense of the death fear, but on the contrary is life fear, that is, fear of realizing the own ego as an independent individuality. Accordingly fear as experienced in birth, is and remains the only real fear, that is, fear of one's own living and experiencing. All other fear, whether it concerns death or castration anxiety, represents no biological problem in the narrower sense of the word, but a problem of human consciousness underlying all possibilities of interpretation and explanation. The consciousness problem lying at the root of separation, and the fear reaction following it, is again a problem of human individualization. In the psychic separation experience as it is represented in the development of individ-

uality through the giving up of outlived parts of one's own past, we have to recognize an individualistic expression of the biological principle of growth. With human beings this whole biological problem of individuation depends psychically on another person, whom we then value and perceive psychologically as parents, child, beloved friend. These several persons represent then for the individual the great biological forces of nature, to which the ego binds itself emotionally and which then form the essence of the human and his fate. The psychic meaning of these individuals bound to us in feeling, comprehend in themselves, so to say, all biological, social and moral ties and this so much the more, the more individualistically, that is, however, the more independently, the development of the own ego takes place. In other words, these emotional ties which are so hard to loosen and can be loosened only in the separation experience, represent simultaneously the removal of guilt to the species, to society, and to one's own ego.

In the separation experience itself then the individual reacts with a strengthening of the emotional binding to the one person now representing all other ties, but at the same time with a will to freedom which directs itself against the compulsion to dependence on any one individual. The will to freedom can only be admitted timidly and gradually because it is denied on the one hand because of the emotional tie, and inhibited by fear on the other. While the expression of will to independence and self reliance is bound up with guilt and is accordingly denied, the fear serves as a motivation of this denial tendency by heightening the pain in order to make separation itself impossible. The fear, there-

fore, is not to be explained libidinally from the loss of the love fixation, or loss of the maternal; rather the love fixation itself is a reaction to the guilt which follows from the will to separation already perceived. This will to separation is in fact exactly as biological and human a principle of life as the will to union, only in consequence of the guilt associated with it, it can manifest itself much more seldom and less openly than the will to union, which removes the guilt. Here lies the whole problem of the neurosis and the basis of all therapeutic technique.

In the neurotic because of his strong individual development and the denial of the will lying at its root, attempts at separation usually result in a negative destructive way, and likewise the tendency to unite hypertrophies in a compensatory fashion as guilt feeling. Psychoanalysis without recognizing the will problem has taken guilt feeling for a reaction to the tendency to union, which manifests itself predominantly in biological sexual content. Freud, therefore, as we have pointed out repeatedly has always explained guilt as a reaction to the sexual will, while actually it is a reaction to the individual will, that is, the counter-will which is to be justified and removed by the physical and psychic union of love. Adler again has interpreted will not in the biological sense of sexuality but in the social sense of striving for power, and corresponding to this social content, finds salvation in social feeling, not as Freud does, in sex feeling. Jung, who conceives of guilt more deeply than Freud and Adler, in cosmic terms, sees salvation cosmically also in the form of the collective unconscious, which is individual but at the same time includes the

more than individual. No one of them, however, has recognized the individual will as such, and the individual guilt for it, which is neither biological, social, nor cosmic, although the individual can interpret it afterwards in one or another meaning.

From the individual will there follows of necessity the will to freedom, to separation, which one may not deny in terms of the neurotic ideology through love emotion, as the Freudian theory does, nor condemn it socially as the Adlerian pedagogy does, nor justify it collectively and morally as does the religiously oriented doctrine of Jung. As I said before the will to separation represents exactly as much of a life principle as the will to union, but the first, in consequence of the attached guilt is denied, while the second presses into the foreground in the power and fullness of our sex and love life. Purely biologically apparently, separation is even the more primary, and probably also a stronger life principle for we find increase and propagation without union merely through separation just as there are animals who live neither in herds nor in families, or as animals even in the group usually remain much more isolated than humans. However that be, the will to union in men, as it expresses itself in social and national social feelings in general, or in family, friendship and love relations individually, seems to me to be compensatory guilt reaction to separation, which has found its strongest and most acute expression in individualistic will consciousness.

Now it is this will to separation with the understanding and constructive utilization of which the therapeutic experience is chiefly concerned. For here also the in-

dividual tries to deny it with the summoning of all the denial tendencies, whether they be manifestations of love or of guilt feeling or of both. In its psychological understanding and the emotional utilization of the will to separation, the work of constructive therapy reaches its peak, for it is here that the will guilt problem reveals itself in its primary form. The will to union pushes into the foreground here as elsewhere in life not only because union redeems guilt and removes it, but also because as self willed, union is pleasurable, while separation, primarily perceived as forced upon one biologically, is always felt as compulsion, even if it is willed by the individual. The therapeutic experience must allow the individual for the first time to perceive such a necessary parting as self willed and also to carry it through as a will victory, which ordinarily only the creative man is able to do. Then the patient will react neither with the uniting tendencies of love and guilt feeling, nor with the denial of the separation pain, which in reality he does not perceive and therefore can easily ascribe to the other. For he reacts as if he could not desert the therapist because the latter would suffer too much. Probably a bit of guilt reaction still inheres, as if the patient would still say, "I cannot go because it hurts the other!" But he says also, "I go, although it hurts the other, as long as it does not hurt me."

This constructive freeing brings us back to the reality problem. In the therapeutic experience the will to separation which leads to the speedy close of the analysis appears quite spontaneously, if from the beginning one conceives it dynamically as an ethical will problem and not morally as a sexual guilt problem. The patient, who

originally has fled into the unreal analytic situation from a painful reality, the cause of which lies in his conflicting inner life, in the separation experience perceives the therapeutic situation as too real; not in the sense of the transference love which actually makes it unreal, but emotionally real as awareness of his isolated ego, which confirms, wants this separation from the other. From this making real of his own ego, his individuality, he would gladly flee back to life reality, which not only affords and permits less hard and painful projections and justifications, denials and rationalizations, identifications and illusions than the therapeutic process, but also demands them of him as they are necessary for living. Not from resistance to sexuality, even when interpreted as infantile (as Œdipus and castration complex) or as actual transference love, will the patient want to leave the therapeutic experience. He flees much more before his own inner truth, before his self responsibility as a willing, responsible individual to the comforting ideologies and illusions, of which so-called reality consists. But one must not let this step back into life be made as flight from himself, nor seek to hinder it as resistance to therapy. For not only must the patient believe in his therapeutic experience, no matter what its ideology or interpretation, he must also believe in general and above all in himself as a self reliant individual, different and differentiated from others. He has to face in this separation process the guilt which he cannot deny nor pay off, but can only bear and expiate as best he may in actual living.

CHAPTER VIII



FATE AND SELF DETERMINATION

"Schicksal, ich folge dir! Und wollt ich nicht, ich müsst es doch und unter Seufzen tun!"

"Fate, I follow you! And if I would not, yet must I though with sighs!"

—NIETZSCHE

THE problem of separation and guilt in the last analysis has shown itself to be the internal conflict present in all of us between creature and creator, which manifests itself in the neurotic type as an ethical will-guilt problem. The analytic situation reveals to us what we find confirmed in common experience, that whenever it is a matter of a step toward independence and self-reliance, which the individual does not want to be responsible for himself, an "other" is made to play the part of fate. This is the role which the therapist plays also and one he cannot avoid, for when the patient decides to come for help he has reached a certain point in his will conflict where he definitely wants something, for the assertion of which he seeks the moral justification of the therapist. Consequently what he presents as the goal he wishes to attain through the therapy is, for the most part, not what he actually wants, or at least not exclusively, for he must still deny the will and try to justify it

through the content of the therapeutic experience. He has, to a certain extent the will to self determination without the capacity for it and therefore must motivate it in terms of fate by means of a self created experience. The therapeutic factor therefore is the curative effect of seeking and creating for himself the object which not only grants the self determination he wants, but forces it on him like fate. The constructive contribution of the therapist is the tracing back of these tendencies and motivations to the patient's own will conflict, so that the therapist only represents a way around to the ego, yes, the justifying and affirming part of the ego itself, which the individual tries to put outside of himself as the power of fate.

In the person of the therapeutic helper of every kind is personified, only in a more real way than in life, the so-called power of fate, the idea of which perhaps rests on the fact of our biological existence; at all events in its psychic-spiritual meaning it represents a projection phenomenon related to the idea of God, no matter in what form it appears, and is always utilized only to take over the responsibility for our will, for whose autonomous self determination there is perhaps no better proof than the enormous part which the fate idea plays in the history of mankind. In any kind of therapeutic experience it seems necessary that the individual project his fate-creating will upon the other, in order to unburden himself as creature, of the creative guilt. He must, as it were, undeify himself in order to humanize himself. In the constructive experience of parting, the will problem, divided as it is into two roles in the analytic situation, should be unified, since the

individual is placed in a position to take over and affirm the creative role of the self and its fate-creating will. Even the neurosis is something self created, an expression of will which would create its own downfall rather than confess its powerlessness. In this sense the neurosis is individual self-determination but it manifests itself in being fate, not in making independent. It is a self creating of the individual, but in the compulsive form of fate, not in the freedom of creation. In it the individual is at once creator and creature, only the creative expression of will is a negative one, resting on the denial of the creator role.

In the therapeutic experience the individual is not only the creature who personifies his creator role in the other, but he becomes, in the course of the process, particularly in the separation experience, the creator who tries to exercise his creative role on the therapist instead of on himself. The therapist too must guard against trying to play fate or wanting to do the things to which the patient with his tendency to deification would so gladly seduce him and to which his position inclines anyway. On the other hand, the patient is easily ready to play fate with the therapist himself since he makes him his fate. All the different roles into which he transforms the therapist correspond really to such a playing fate, which betrays itself here clearly as the creative tendency of the will, making the other into a representative of a bit of his own past (or present). But this playing fate with the other becomes the creating of his own fate in the experience of separation, where he lifts the therapist to the role of creator, divine or parental, in order to free himself as creature from

him. It is the same constructive manner of presentation by means of the past, that I have already described in the "Trauma of Birth" as a comfort mechanism and recognize here as will expression. The individual comforts himself by remembering already overcome separations instead of feeling the pain of the present, but he does this rightly, for the pain of parting is for the most part only guilt reaction to the constructive will to separation which creator and creature have in common, even though it is differently interpreted by both, by the creature as compelling fate, by the creator as free self determination.

Now we can define the problem of separation and guilt which has unveiled itself to us as the problem of creator and creature, as the distinction between making fate and being fate (fated), or as self determination and fate, a contrast in terms of which, the different aspects of the will conflict can be summed up. The past, likeness, force and guilt correspond to fate; while the present, difference, love and separation correspond to self determination. The latter are will phenomena based on the freedom of the individual experience, the former are negative will phenomena based on the desired but denied dependence on other stronger powers than the individual ego. Making fate, like being fate, prove themselves to be, psychologically, will phenomena of positive and negative nature. They have the tendency to make others dependent on us and ourselves on others, and show themselves in the creative type and its negative counterpart the neurotic as manifestations of inner will-guilt conflict. While the creative man creates first of all himself, therefore in his creative will aims at

independence, the neurotic destroys himself, therefore not only denies his creative will and represents himself as creature, but denies himself even as creature. This denial cannot be removed therapeutically as long as he only affirms himself as creature, to which the Œdipus ideology of the Freudian analysis leads him, but only when he can also affirm himself as creator. This is possible only in terms of the constructive release of the separation experience, in which the patient first wants to exercise his newly awakened creative will on the therapist before he applies it to himself and his own fate. One may not then interpret these expressions of creative self will as resistance even if they manifest themselves in these terms, nor interpret the desire of the man to create himself as revolt against the father, and the same will reaction in the woman as "masculinity complex."

The therapeutic experience is characterized by the fact that both patient and therapist are at once creator and creature. The patient may not be only creature, he must also become creator; while the therapist plays not only the creator role, but at the same time must serve the creative will of the patient as material. This happens automatically anyway and follows in the therapeutic experience just as unavoidably as in ordinary experience. Both the therapist and the patient have created something in common, whose sharing they must relinquish, perhaps not only from the ethical demands of the therapeutic situation itself, but from the ethical demand, speaking absolutely, which does not permit the individual to keep or possess that which is created by him whether it concerns parents and their child, or work in

a spiritual-creative sense; over all, rules the ethical ideal, not a tabu which only symbolizes it, or real motives which only rationalize it, that the individual separate himself completely from the product and the product from him. However strong the tendency to maintain it as part of the ego, to the will something which belongs as much to the ego as the work to the creator, offers no more inducement and it turns to new conquests. This also describes the moment in the therapeutic experience when the time for separation has come, the critical moment between fate and self determination.

Fate and self determination correspond psychologically to two different attitude patterns of the individual to the will-guilt problem. Fate is causal force, self determination is ethical freedom of will. The principle of causality applied to the psychic, leads necessarily to the acceptance of a force which Nietzsche has described in terms of the pleasure principle as "ewige Wiederkehr der Gleichen" (the eternal recurrence of the same) and Freud in "Beyond the Pleasure Principle" as repetition compulsion. The only force which rules in psychic life is the force of will which is the psychic representative of causality. Yet the ethical manifestations of this will principle represent the opposite of causality and force, namely, freedom and self determination. What repeats itself, or as Nietzsche says, what eternally recurs is only *willing,* whose freedom even the man on a definite level of denial interprets as fate, no matter whether it concerns a religious, fatalistic or scientific interpretation. Nearest to the psychological level, as I have shown elsewhere [1] comes the heroic interpretation of the Greek

[1] See chapter "Creation and Guilt" in "Truth and Reality."

legends of genius which make the individual responsible for his fate, that is, his willing. The heroic or creative type, it is true, also interprets freedom of will as fate, but as self chosen and thus transposes force into freedom, since he affirms will. The neurotic, destructive type, because of his denial tendency interprets freedom of will as the compulsion of fate and reacts to it with counter-will and guilt feeling.

In the therapeutic experience, where will denial is transformed into will affirmation, a so-called "fate chain" may appear in the patient's recognition of his own will causality, which elsewhere he would interpret as the compulsion of fate and either personify it really in another person of stronger will or symbolize it as an unreal power. The reality problem thus proves to be dependent on the will, or rather on the individual's attitude toward it. Where reality appears as fate, it is seen to have been created by the individual himself in the service of his will-guilt conflict. Not only is this fateful reality effective as external force which symbolizes the internal force of will, but as a creation, a product of the individual, it acts as a release. The so-called "reality" upon which most neurotics and theories of neuroses place all the blame for neurotic suffering, proves to be the greatest help in the struggle of the individual against his internal ethical will conflict, because it affords him unburdening and objectification, displacement and rationalization, personification and denial, even more than the night time dream, which actually throws the ego entirely on itself, and accordingly is either painful or in waking reveals all these illusory mechanisms as deceiving or disillusioning. Real-

ity usually does not do this, but has an eminently therapeutic effect as long as the individual perceives it not in terms of the negative denial of will as compulsory fate, but creates and transforms it in the freedom and choice of will expression and at the same time by means of all the above-mentioned illusory mechanisms is in a position to interpret and to affirm as if it were that which we will.

All these mechanisms which I designate as illusory, we see denied in the neurosis; we may not call them "neurotic" on that account, however, as psychoanalysis inclines to do when it wants to educate the individual to the so-called adaptation to reality, instead of making possible to him its creative fashioning and acceptance in terms of will affirmation. The will accomplishment manifesting itself in creative phantasy, is no substitute for real satisfaction, but something essentially different. Real satisfaction can never be substituted for in phantasy, just as phantasy wishes can never be satisfied by reality. Both spheres are and remain separated because in the one (phantasy) the individual always creates autocratically in terms of his own will, which, it is true, he can do in reality also under favorable conditions, but in this case the material is the other individual with a (counter) will of his own while in phantasy the ego itself affords both material and counter-will. Just as the illusory mechanisms do not make possible to us the adaptation to reality but its transformation and affirmation according to our will, so simultaneously they throw all difficulties and conflicts within, into the own ego, where they appear as will-guilt conflict. This inner conflict is therefore the necessary consequence of aggressive

taking possession of the outer world, and represents an essential psychological antithesis. One cannot expect either from life or from a therapeutic release, that the individual remain free of both outer and inner conflict. It can only be a matter of a balance between the two, which, however, is not attained once and for all, but must be created anew and ever anew. This comes about through experience, but only when it is not interpreted as fate but is created in free self determination.

Here we can define self determination as a voluntary and conscious creating of one's own fate. This means to have no fate in an external sense, but to accept and affirm oneself as fate and fate creating power. This inner fate includes self determination also, in the sense of the pleasurable will struggle with ourselves, the conflict which we affirm as long as we interpret it as consciously willed self creation, and not neurotically as the force of stronger supernatural forces or earthly authorities. Everything depends on how this unavoidable self creation of our own fate is perceived in our feeling and interpreted by our consciousness, and this again is determined by whether we have essentially an outer or inner ideal, in terms of which we want to create ourselves and our fate. It is here that the interplay of will, feeling, and thinking is translated into action which forms and transforms the outside reality. The true self reveals itself in none of these spheres, however, but always only in the other self, that which we want to be, because we are not, in contrast to that which we have become and do not want to be. Accordingly therapy, which shifts to suit the momentary experience, cannot rest on the firm foundation of psychological truth. The manifest truth is

the real of the moment, and as such constructive as long as it remains illusionistic, while the immediately latent represents the psychically true, which is always interpretative and as such inhibiting and destructive.

Here we have the contrast between fate and self determination as the most general formulation of the conflict which I have described in "Truth and Reality" as the difference between knowledge and experience. The creative expression of the personality in real experience with all the deception of its emotional displacement and denial, is constructive. Self knowledge (introspection) is and remains destructive with all its content of truth. We here strike the problem of the neuroses as a problem of consciousness. If, instead of seeking for the causes of the illness of the neurotic, we only ask ourselves about the causes of good health in other people, it is evident that it all rests on lack of understanding, misunderstanding, ignorance of their own psychology, in short on illusions. The knowledge of the average man about his own psychic processes and motivation proves to be so false that it works really only in its complete spuriousness, in an illusion troubled by no kind of knowing. Reality is always emotionally false exactly like the manifest dream content, but as this reveals, is equally constructive, that is, contains illusionistic elements and mechanisms which are necessary for real living. Therefore there can be neither a natural scientific nor an intellectual scientific psychology, but only a will and feeling psychology which works destructively in itself if it is not philosophically oriented, that is, aimed at epistemology and ethics. For the therapy follows from the fact that it can be grounded not on the

psychological truth of the individual, but on his reality experience, on the dynamic expression of personality. Accordingly, the patient needs reality personified in the therapist, who represents the only therapeutic agent, namely the human counter-will, which by virtue of its own psychic truth can bring the neurotic sufferer back to real living. This experience expresses itself in all the reality illusions of projection and personification, until the patient through and in the leaving experience accomplishes the great sundering of ties, and separates himself as an individual from the other and all that he personifies. This is the really human step, away from all that binds, to the essential self of the individual while, all former ones in the neurotic were directed by a compensatory clinging to his bonds as guilt reaction to the will to freedom and independence.

This step from the fated to the self determining attitude in the therapeutic experience does not work egocentrically or tend to alienate from reality, if the individual strives for the acceptance of himself as fate determining instead of an acceptance of reality as fate. The whole emphasis of experience is changed from the battle against a real fate which has created him, to the acceptance of his own willing individuality which not only creates its own reality, but also affirms that which is given, in terms of self determination. While the average man perceives himself really and adapts reality to his ego, that is, makes it acceptable through all the previously mentioned illusions, the neurotic perceives himself as unreal and reality as unbearable, because with him the mechanisms of illusion are known and destroyed by self consciousness. He can no longer deceive himself

about himself and disillusions even his own ideal of personality. He perceives himself as bad, guilt laden, inferior, as a small, weak, helpless creature, which is the truth about mankind, as Œdipus also discovered in the crash of his heroic fate. All other is illusion, is deception, but necessary deception in order to be able to bear one's self and thereby life. The neurotic type represents a declaration of bankruptcy in human self knowledge, as he destroys not only the unreal will justification of the religious projection and the real justification attempts of earthly authority and love ideals, but also his own ethical ideal formation through his too strong guilt consciousness. We recognize in him the human type who in an attempt at ethical justification masks even the ideal formation of his own individual ego. The weak, dependent, evil ego recognizes itself in him as the helpless creature which must justify itself through the creator, no matter whether it relates to a cosmic creator like the occidental God, an individual creator like the father of a family or finally the self creating personality who interprets his own individual ego as ideal, and as such puts it in place of real and unreal symbols of authority.

The modern neurotic type has thus completed the human process of internalization which reaches its peak in psychological self-knowledge, but also is reduced to an absurdity. He needs no more knowing; only experience and the capacity for it may yet be able to save him. Therefore it is of no consequence whether we call his knowledge psychologically true or false. The essential fact is that it contains a self-interpretation which is opposed to experience. In this sense one cannot say that the neurotic interprets falsely and psychoanalysis cor-

rectly; they merely interpret differently, but the fact remains that both are forced to interpret. Also it makes no difference whether it is correctly or falsely motivated, since there is no general criterion but only the fact that in general, life must be interpreted and that the interpretation must be believed, that is, accepted as illusion.

The neurotic of today, however, already burdened with psychoanalytic knowledge, can no longer accept therapeutically even a natural science illusion, having already destroyed the religious and personal ones on which it rests, with the mounting consciousness of guilt. He is helped not by more knowing, but only by willing, not by knowledge of his fate but by the living of his self determination. This is no longer possible through the creation of new illusions, either real or spiritual, even if they appear in the guise of natural science ideology, in itself a continuation of disillusioning, or in the form of broader knowledge, but only in terms of the acceptance of the self, of the individuality as given, yes, as the only reality of which a doubt is not possible. Since the individual actually feels himself as real in the constructive separation experience, he trusts himself again to will without being obliged to justify this will in the other morally or to react with guilt to it. Yes, he can even give up having to justify his will ethically in his own ideal, if he accepts this ideal in a creative experience as his own real self. The average man always plays a role, always acts, but actually plays only himself, that is, must pretend that he plays, in order to justify his being; the neurotic, on the contrary, refuses this acting, this pretending, and yet is unable to be himself without will justification. With the impossibility of acting, this hypo-

critical rationalizing of the will falls away, but the neurotic is unable to put it through on his own responsibility. However, in dynamic therapy as he can no longer assign this justifying role to others, there remains to him only the solution of not pretending to play what he is, but really to be it; in other words, to accept himself as he is. Then self and ideal coincide, and are perceived as real, while the outer reality becomes material for the assertion of will and a therapeutic means of guilt unburdening. In both avenues of expression we find a new source of guilt to be sure, but this can never be overcome intellectually, as it is the consequence of will itself and can only be continuously expiated in creative experience, where it works as individual guilt, not as neurotic guilt consciousness.

In the therapy of the individual neurotic we deal therefore not with knowledge or ignorance, nor with the need for an "other" or "better" knowing, but with willing, to which knowing in the beginning serves as rationalization and only later opposes itself inhibitingly. The freedom of the will, to which the individual must attain, relates first of all to the self, the individuality; so to will this, as it is, forms the goal of constructive therapy while all forms of educational therapy wish to alter the individual in terms of a given ideology as he ought to be. From the latter viewpoint the individual must accept this ideology as authoritative, that is—believe; from the former, he must first believe in himself instead of being measured by the yardstick of any ideology in terms of which he perceives himself as bad and inferior. This feeling of rejection in relation to an unattainable ideal, designates the individual as neurotic, while the creative

man who perceives the rejection of the contemporary ideology first in terms of people, affirms himself as an individual, as different, and then creates a new ideology for himself which, corresponding to the level of consciousness attained, always works constructively for a definite phase, whether it be in heroic, artistic, or philosophic terms. For all constructiveness is temporary and limited, yes, it consists just in working out and affirming the new aspect of consciousness as immediately manifested in the eternal will-guilt conflict. The earlier this new aspect can be recognized and the more intensively it can be affirmed, the more it can be utilized constructively. This is valid for the therapeutic situation as well as for experience in general, which it represents psychically.

In one important point, however, the therapeutic experience differs from real experience. The latter is essentially an outer, the therapeutic an inner experience which may be made external and concrete only far enough for the patient to recognize and accept it as his own self in the analytic reality created by him. In this sense the individual therapy of the neurosis is philosophical, which Freud will not admit because he thinks in the medical ideology in which he has grown up. But he himself has found that the neurosis presents not a medical but a moral problem and accordingly the therapy is not causal but constructive, that is, a process which enables the sufferer to reach a level of development which he cannot attain alone, whose necessity, however, is laid down in terms of continuing self-consciousness. The patient needs a world view and will always need it, because man always needs belief, and this so much

more, the more increasing self consciousness brings him to doubt. Psychotherapy does not need to be ashamed of its philosophic character, if only it is in a position to give to the sufferer the philosophy that he needs, namely, faith in himself.

BOOK TWO

THE THERAPIST AND THE NEUROTIC AS COMPLEMENTARY TYPES



"Es ist hiermit ebenso als mit dem ersten Gedanken des Kopernicus bewandt, der, nachdem es mit der Erklärung des Himmelsbewegungen nicht gut fortwollte wenn er annahm das ganze Sternenheer drehe sich um den Zuschauer, versuchte, ob es nicht besser gelingen möchte, wenn er den Zuschauer sich drehen und dagegen die Sterne in Ruhe liesz."

"It is here as it was with the first thoughts of Copernicus, who when his explanation of the movements of the heavenly bodies did not work on the assumption that the whole galaxy of stars turned about the spectator, tried so see whether he would not succeed better if he allowed the spectators to turn and the stars to remain at rest."

—KANT



PREFACE

IF ONE considers psychological therapy from the standpoint of the total situation of the patient, both in its practical and in its ideological meaning, it is evident that the therapist is not to be compared to the physician who, on the basis of his skill and of confidence (transference) applies a method of healing. The therapist plays a role in the total situation created in the beginning of the treatment, which is not exhausted in the sum total of technique, even if one includes the so called "counter transference." His role becomes intelligible only under the hypothesis already formulated in the first chapter of this volume which conceives of the human being as the remedy, not the wisdom comprehended in his technical skill. One recognizes at once, however, that this human remedy, although at bottom always the same, is nevertheless utilized differently by each patient, and accordingly works differently for different individuals. This fact contributes a positive constructive element which goes far beyond the comparison with the medical remedy in that the patient not only wishes to use the therapist as he is in himself but creates or re-creates him, that is, the total experience into that which he needs for his individual help. That something is exacted of the

patient by the therapist other than he expects, is one of the oldest fundamental theses of psychoanalysis. However, that the therapist, whether he is conscious of it or not, must also give to the patient what the latter wills, seems to me to be just as true because otherwise the suffering person can never become well.

In the consequent battle of ideologies between the therapist and the patient which actually represents a will conflict, resistances are possible on both sides; they must appear on the part of the therapist just as unavoidably as on the side of the patient, as long as to the latter's ideology of illness is opposed a definite ideology of cure. This unavoidable situation may still be utilized therapeutically if the tacit assumption does not persist that the therapist, on the basis of his knowledge (technical education) is in the right and that the patient must be wrong, of which his suffering is the only proof. Experience has taught, however, that as the therapist can only heal in his own way, the patient also can only become well in *his* own way; that is, *whenever* and *however* he wills, which moreover is already clear through his decision to take treatment and often enough also through his ending of it.

One must accordingly keep in mind the possibility that the therapeutic ideology of the therapist can itself be falsely oriented, whether it be in its totality, an expression of a definite therapist type who employs a certain ideology for his own justification, or whether it be in relation to the particular neurotic case who uses his own dynamic of recovery. Information on this only an analysis of the therapist could give, which would bring into consideration the vocational psychology of the en-

tire personality and not merely the libidinal aspects. I have attempted in the following chapters a description of the constructive therapist type, as he hides potentially in the patient also; that is, I have attempted to picture the therapist in relation to the neurotic type whose sleeping productive powers I have tried to reveal, since I have not measured him by the normal but have compared him with the creative person. I am conscious that there has resulted no exact representation but rather a portrait of the neurotic, for I believe that a conception of him which is merely true to reality can lead to no constructive therapy. Only insight into that which he is potentially, not the picture of what he should be normally, can form the foundation of a dynamic therapy. If the neurotic seems to be drawn too constructively, still this seems to me to be the only really therapeutic conception. In psychoanalysis the theory is oriented in terms of normal psychology, which lets the neurotic appear only destructively. If psychoanalysis has emphasized in the creative individual, the human, yes even the less than human instincts, I attempt to show in the neurotic the superhuman, divine spark.

Now the creative can never be purely individual; the individually constructive must at the same time be collective, or at least work collectively in order even to attain constructive meaning. Formerly religion was the collective binding force, ideational as well as emotional. Psychology now presumes to take over this function, but the attempt, as I have shown in my study "Seelenglaube und Psychologie" (1930) must come to grief against the fact that psychology represents a purely individualistic ideology, indeed the most individualistic ideology pos-

sible, while every effective therapeutic ideology must be collective. Without a collective ideology not only is religion as cure for souls impossible, but the same is true of art, education and therapy. Not only is every kind of healing extra-individual or more correctly, super-individual, but also the purely psychological consideration or description of the individual can produce only a one-sided, distorted, neurotic picture of a human being. The concept of the neurotic has thus moved from the narrow medical sphere to the broader social sphere not only in Adler's sense, for whom neurotic means merely unsocial, but in the dynamic sense in which neurotic means unconstructive and unproductive, that is, individualistic, without the collective compensation of productivity. While, practically speaking, both are necessary for a harmonious life, theoretically a more definite discrimination between the two spheres which have been mixed in different ways in the psychoanalytic schools, is necessary. Freud's individual therapy rests on the foundation of a sociological psychology, Adler's individual psychology leads to a social therapy and Jung, who holds a middle path in this matter has not laid the bridge from the socially collective to the individually productive which alone leads to constructive therapy because, fascinated by the unknown and mystical, he could not press ahead to clear psychological concepts. Freud has tacitly brought sociological ideas into his psychology where they do not belong, as for example the super-ego which represents nothing other than the social self, from which pangs of conscience arise. The origin of this conscience is a psychological problem but Freud attempted to explain it sociologically, since he derived

it from the outside influence of the father authority. The question as to why the human being is social seems to me to be a psychological problem as well, since it has to do in the last analysis with a feeling of belonging together, based on the fact that the human being is not only an individual but as such also part of a larger whole. The psychological paradox, that man in some form or other must and *will* give is soluble only in ethical terms, because we are not our own no matter whether we perceive the guilt religiously toward God, socially toward the father, or biologically toward the mother.

Theoretical psychology, however, must be treated as purely individualistic and more thoroughly than has yet been done, and must be purified of sociological and biological concepts which it is true play a powerful role in human soul life but only as contentual ideologies of the collective type which provide material for the individual's dynamism and lend it its constructiveness. These collective concepts might well be the content of psychology but not its object. Probably, however, they constitute the essential therapeutic agent just because they work as collective ideologies, constructively, while the individual psychology has in itself no therapeutic effect. If in this work dedicated to therapy, I introduce purely psychological concepts instead of the psychobiological and social psychological misconceptions of psychoanalysis, I do so in the interest of a sharper separation of these spheres, which seems to me scientifically necessary. Even if we know that factually the individual never appears pure but always mixed with the collective, and accordingly we can operate therapeutically only in harmony with the social, still I consider it a methodolog-

ical error to give expression to this complex state of affairs, in misconceptions. Where Freud speaks statically of id, ego and super-ego, I speak dynamically of impulse (instinct), emotion and will, thereby distinguishing the biological elements contained in the id, and the social aspects assimilated into the super-ego as given collective ideologies from the individual dynamic which lends them momentarily their psychological meaning and their practical effectiveness.

To the creation of an effective therapy belongs a purely psychological understanding of the individual dynamic, as well as the knowledge of the actually effective collective ideologies which fulfill him and make him human. These collective ideologies are indeed variable but within a definite cultural level momentarily given, and belong accordingly more to the field of the critic of culture than to that of the psychotherapist. For him, the individual dynamic constant in human nature is of importance, certainly not per se, as purely psychological therapy confuses it, but in its connection with the social factors given at the moment, with which, however, it dare not be mixed but only combined. In this sense the first half of Book Two contains a purely psychological presentation of the neurotic as a definite human type to which we all belong. The therapeutic aspects will be treated in the second part which considers the analytic situation as social in the sense of a supplementary reality in which the extreme neurotic type is opposed to the therapist type. This division of the material into a theoretical and a practical part is not only in the interest of a simpler presentation, but demonstrates at the same time methodologically my own separa-

tion of individual psychology from the essentially different therapeutic process since the one possesses preponderantly knowledge value and the other the value of experience.

CHAPTER I



IDEOLOGICAL VERSUS DYNAMIC THERAPY

"Und lasst euch das keinen Scherz sein, ihr Ärzte, ihr kennt die Kraft des Willens nur zum kleinsten Teil. Denn der Wille ist ein Erzeuger solcher Geister, mit welchen die Vernunft nichts zu schaffen hat."

"And it is indeed no joke—you physicians, you know the power of the will only in the smallest part. For the will is the begetter of such spirits as reason has naught to do with."

—PARACELSUS

IF WE now cast a glance upon the therapeutic development of psychoanalysis in recent years, it is evident that the technical advance is in no way comparable to the theoretical development which is almost equivalent to a revision of the original libido theory into ego psychology. The reason why the theoretical advance has not eventuated in therapeutic improvement lies, in my opinion, in the fact that even this progress was more apparent than real insofar as well known but previously neglected or libidinally interpreted facts were accepted in their simple commonsense meaning, without being worked over theoretically. Accordingly this last phase of psychoanalysis has not led to the creation of an au-

thentic ego psychology, but consists much more in an application of the already deposed libido theory to the ego, based on the concept of narcissism and culminating in the super-ego. The little that therapy has taken on in recent years, beyond the original Freudian conception, is only an application of the super-ego theory to the technique, which because of the schematic character of the "Ego and the Id," appears more speculative than practical.

During this period, independently of the analytic libido theory and its application to the ego psychology, I had already placed the ego of the patient, as will, in the center of the analytic situation and reduced the analyst with his "technique" to an instrument of healing, of which the patient only makes use in order to find a temporary release from his will guilt-conflict. In my method, therefore, the analyst not only plays the libidinal role assigned to him by Freud, or the not essentially different super-ego role which Freud has recently recognized, but all possible roles, roles which he cannot know at all in advance and from which he could not withdraw even if he could foresee them. This psychological appropriation of the analyst by the patient is as little a resistance as the differences in their respective ideologies. It is just as inevitable as it is necessary and therapeutic, if the therapist knows how to utilize it. The interpretation of this appropriation as a "repetition" in Freud's meaning, misses the mark therapeutically, for even if the patient repeats, which would only be a natural expression of himself, he does not do it, nay more, cannot do it without changing at the same time, and whether one emphasizes the repetition or the change has a determinative

difference for the therapy. The assumption that neglects this alteration tendency in favor of the repetition compulsion also overlooks the fact that even mere repetition in relation to the analyst serves a therapeutic aim, which corresponds either to a will to punish (abreaction in the resistance) or to improvement (development in the repetition) but can be utilized constructively if the therapist is not blocked by a narcissistic or pessimistic ideology. Instead of taking over the modest role of catalyser in this experience of the patient, emphasis on the repetition tendency as an unsurmountable resistance has led Freud to the theoretical assumption of a genuine masochism as an expression of the "death instinct," which seems to me only to cloak therapeutic helplessness. In other words, the Freudian concept of resistance, which as I see it is derived from the narcissistic placing of the analyst in the center, leads necessarily to a therapeutic pessimism, for, in terms of a theory oriented from the analyst, every reaction of the patient must be interpreted as resistance; the repetition coming from the id, seems to be a resistance to the new, while the new manifests itself as resistance against the analyst in his role as super-ego. Only if one permits the ego of the patient to have value as an independent power can one overcome this sterile concept of resistance, recognize even in repetition the constructive elements and prize the new as a voluntary expression of personality, even if it should contradict the ideology of the analyst.

In contrast to this ideological therapy, the therapeutic utilization of the analytic situation itself has led me to a dynamic therapy which in every single case, yes in every individual hour of the same case, is different, because

it is derived momentarily from the play of forces given in the situation and immediately applied. My technique consists essentially in having no technique, but in utilizing as much as possible experience and understanding that are constantly converted into skill but never crystallized into technical rules which would be applicable ideologically. There is a technique only in an ideological therapy where technique is identical with theory and the chief task of the analyst is interpretation (ideological), not the bringing to pass and granting of experience. This method effaces also the sharp boundary between patient and therapist to the extent that the latter sinks to the level of assistant ego and no longer rules the scene as chief actor. It is not merely that the patient is ill and weak and the therapist the model of health and strength, but the patient has been and still is, even in the analysis, his own therapist, while the analyst can become a destructive hindrance to cure. If this occurs, not merely as incidental resistance, but threatens to establish itself as a situation, the therapist must possess the superior insight to let the patient go free, even if he is still not adjusted in terms of the analytic ideology in its role as a substitute for reality. For real psychotherapy is not concerned primarily with adaptation to any kind of reality, but with the adjustment of the patient to himself, that is, with his acceptance of his own individuality or of that part of his personality which he has formerly denied.

Thus one explains the paradox, that analytic failures often have therapeutic consequences; yes, in a certain sense an essential result of the therapeutic endeavor must be destroyed, namely the analytic situation itself

in order to assure the curative result. This part of the therapy which one could perhaps compare to the removal of a bandage, is all the more difficult in the psychic sphere because the patient must do it himself and thereby easily runs into danger, either of tearing open the old wound or of not being able to unloosen the bandage at all. How this chief difficulty of psychotherapy can be overcome dynamically, is to be presented later. At all events it is only possible when the therapist here too permits the patient, unhindered by ideology, to bear this most important experience in his own way, without wishing to prescribe for him a definite way of leaving. All that the therapist can do is to take over with understanding the role falling to his lot, and to make clear to the patient the universal meaning of this experience which comprehends in itself the whole man, yes, almost the whole of humanness. This explanation, however, can be given only in the individual terminology of the particular patient and not in a general ideology which cannot give him understanding, but at most, knowledge. Knowledge alone does not liberate but freeing through experience can bring the insight afterwards, although even this is not essential to the result.

In order to comprehend the deep seated difference between dynamic therapy and the ideological therapy of psychoanalysis, one needs only to remember the first principle of Freudian technique, which still lies at the basis of his therapy ideologically, namely, that knowledge is curative, that the making conscious of the unconscious cures the neurosis. Here is revealed the fundamental confusion of theory and therapy. Even if the conveying of analytic knowledge to the patient ensues gradually

and not in a systematic way, yet his cure remains tied to the acceptance of the theory, the acquaintance with which appears to be identified with the healing factor although it is well known that analysts of other schools have also gained curative results with their theories. We are concerned here not with the correctness of a particular theory, but with the broader problem, whether any ideological therapy, which interprets the patient according to a certain scheme, is useful in general for the treatment of individual neuroses, or whether, for that purpose, a dynamic therapy is not needed which rests on no universal ideology, but takes the dynamics of each particular case for the basis of the therapeutic action. The nucleus of such a conception was given in the cathartic method of Breuer which Freud, it is true, did not abandon but neglected increasingly in favor of the ideological therapy. Dynamic therapy is distinguished from the cathartic through its constructiveness, aiming far beyond mere abreaction, and differs from the psychoanalytic in this, that it permits insight to follow from the experience but expects no alteration in it from previous knowledge. The concern is not at all general truth, but only the individually important.

In the search for a theoretical explanation good for all neuroses, one stumbles upon such universal phenomena as the relation to parents (Œdipus complex), the difference between the sexes (castration complex), or the birth trauma, common human experiences, the consideration of which would finally lead every general etiology of the neuroses to absurdity. Moreover in particular cases one cannot proceed from a universal psychological principle, however well founded, such as the

statement that sexuality or the aggressive will to power is the motive force of human behavior. The truer, the more universally valid such a principle is, the less will it avail for the understanding of the neurotic, whose problem consists just in a special departure from the norm, therefore in his individually different attitude to these basic phenomena of human life. If Freud in the case of an ego conflict seeks after sexual roots, there is no reason why Adler should be wrong when he searches for the ego root in case of a sexual conflict; an equal right for which Jung on his side has already interceded, although he has not gone beyond the doctrines of types, corresponding to these two viewpoints. Moreover, there are just as many types, or if one prefers, mixtures of types, as there are individuals, and also in the cases of neurosis that one classifies under the same group, as for example hysteria or compulsion neurosis, the individual differences in the structure and motivation were even more striking to me and appear more meaningful than the apparent similarity of a ground structure with which, even if it existed one could do nothing therapeutically.

In dynamic therapy, which does not aim at knowledge but strives to help, the general psychological understanding of the therapist is applied to permit him to comprehend the individual characteristic of the case earlier and more sharply. Meaning is not determined by the therapist's static ideology, but by the therapeutic necessity of the patient. What in one case is a resistance, in another spells progress; for example, what manifests itself as resistance to change, may have constructive value as acceptance of the own self, when it occurs with a

patient of too lofty ideal formation, one who is never satisfied and must learn to accept himself. Thus dynamic therapy aims only at an alteration of attitude, of valuation toward what is given individually, and not at an ego change in the sense of a general ideology or of the individual idealization tendency of the patient. It is concerned with making useful the constructive tendencies already present in latent form, through a change in emphasis. At bottom, it rests on the acceptance of the personality as a whole with its entire ambivalence. For the attempt at alteration of the individual who is never satisfied with himself is just what has driven him into the neurosis, which in itself signifies a much more revolutionary character change than any therapy could ever undertake. The conflict among opposing tendencies in the individual is not, as it at first appeared to be, the cause of the neurosis, but the very basis of life, and the neurosis is only the expression of dissatisfaction with this condition of life, in the last analysis, a refusal of life itself. Accordingly the therapeutic agent, the individual will, has not only to settle this or that particular problem but the life problem itself, which must be affirmed by the individual instead of being denied.

In terms of this ambivalent basic conflict which can be made bearable and in favorable cases even constructive, through a dynamic re-balancing, the side which has not been in evidence before, whatever it may be, is increasingly brought to view in the course of the treatment not merely through interpretation but above all by an adequate reaction. Accordingly content, whether it be the patient's material or the interpretation of the therapist, plays a subordinate role in comparison to the

dynamics, that is, to the constructive utilization of the expressions of will of the growing ego, manifesting itself particularly as resistance. In order to prevent misunderstandings, I wish to call attention to the fact that my theory of the birth trauma is applied not so much from the point of view of content, as has been concluded from my first presentation (1923) but dynamically, as a universal symbol of the ego's discovery of itself and of its separation from the momentary assistant ego, originally the mother, now the therapist. However, in order to be able to understand the separation experience in its full meaning and utilize it dynamically, one must have already understood the role which the therapist plays as assistant ego throughout the process, and this again is possible only if the therapist orients himself to the experience of the patient in its entirety and does not, on the contrary, want to exemplify his own theory in the patient.

A further essential difference between dynamic and ideological therapy lies in the fact that it is in no way oriented historically, neither in the interpretation of the analytic material as a repetition of the past, nor in the over-valuation of knowledge as a means for the amelioration of the future. Not only is the psychoanalytic ideology based on the presupposition of the average man as the norm but it also takes the creation of an ideal for its goal. The length of the Freudian analysis is explained by these two aspects of the historical attitude; first, the ceaseless investigation of the past and second, the complete re-establishment of the patient for the future, for all time. Both are not only unnecessary but also impossible, nay more, they are even anti-therapeutic

because the problem is diverted from the present of the therapeutic situation, in which lie not only the difficulties of the patient but also all possibilities of healing. Nor is it intelligible why the neurotic who takes human problems harder than the average anyway should be protected by therapy from all future troubles. It is the idea of finishing the analysis in the sense of completion, which naturally can never be realized, that underlies such therapeutic ambition, and this again is only comprehensible as over-valuation of the analyst and his technical skill. Dynamic therapy is content to help the individual over a momentary or temporary blocking by releasing in him the impulse to free himself so that he may then continue on his own way. From this direct help in the present one may expect an improvement for the future, much more than from a final and complete analysis after which the individual, having once accepted the analytic ideology is no longer capable of adaptation. Certainly one must not overlook the fact that the patient himself may prefer ideological therapy because it is based less on self responsibility than the dynamic; in this sense, psychoanalysis, however much individual psychology it may bring out in treatment, is still not an individualized therapy, since it offers to the patient an ideology sanctioned by a certain group, through the acceptance of which he can feel himself a member of a definite communion.

The slight valuation which psychoanalysts of rigid observance put upon the so called "actual conflict" of the patient, seems to me to arise fundamentally from the fact that they do not know how to evaluate it; accordingly they analyze the past in order to assure the

patient of a conflict-free life in the future. This, however, can take place only historically and ideologically, while in the present the dynamic alone is of value. To what misunderstandings my conception is exposed, where it cannot completely be silenced is shown by a polemically intended remark of Helene Deutsch in which she meets my reproach that psychoanalysis neglects the actual conflict in favor of the historical past, with this statement of Freud's, "The actual conflict is only intelligible and soluble if one follows it back into the previous history of the patient." One does not need to doubt this, but everything depends on how this going back takes place. Freud closed the statement just given with the words "and goes the way which his libido has gone in becoming sick." Perhaps it is not enough, however, to follow the path of the libido in order to solve the actual conflict, an experience of failure which I know many analysts have had. On the other hand we all know numberless neurotic conflicts which have been solved without going back to the past, yes, without any therapeutic help, purely dynamically in the present situation. Perhaps this is even a fundamental life principle, the continuous dynamic solution of conflicts in the present. Be that as it may, the most serious criticism which I have made against psychoanalysis is this, that it interprets the actual analytic situation historically as repetition of the past and does not understand how to evaluate it in its dynamic present meaning.

It has been said that my utilization of the present leads to the danger of suggestion, which is anathema to all analysts. Even this prejudice seems to me ideologically founded, for therapeutically I do not know what

could be brought against suggestion provided it worked. If I could heal by means of suggestion, I should do it without being ashamed of it. However, if there exists any danger of suggestion in dynamic therapy it is rather the possibility that one might allow oneself to be influenced by the patient, instead of wanting to suggest something to him, since the patient develops his own ideology and unfolds his own dynamics, in this constructive acceptance of his positive ego. One does not escape suggestion, however, because one refrains from consciousness of it or denies it completely. However passive the analyst may keep himself otherwise, in the last analysis his interpretations are suggestions, for he suggests to the patient a definite ideology or attitude even if it be in a more refined way than is usual in ordinary suggestion therapy, which tries to work directly upon the will to health. How shall one avoid suggestion, however, since it is already given in the mere fact that a very busy analyst, who is consulted by a patient, decides to take him for treatment. Certainly this must increase powerfully in the patient the hope of cure. Finally, when the patient decides to come for treatment, he has already built up the will to become well to the point of action, and it is the first duty of a conscientious therapist to strengthen this will to health already present in the patient. Since this in itself is hard enough to do, it would be absurd to imagine one could use suggestion to persuade a neurotic without the desire for cure or the power for becoming well, that he is curable, or that he is already cured, if it were not true.

The psychoanalyst, however, seems to fear this impossibility, as I surmise, for the reason that there is

danger that a result so obtained could not be lasting, which at bottom only says that the analyst himself possesses no satisfying or sure criterion for determination of "cure." As I have shown elsewhere this is connected with his whole ideology, which trusts to the ego itself no autonomous expression of power, but interprets every positive movement as the mere wish of a shattered weakling. In other words, in the patient's will to health is seen only a wish for cure, which one dare not take seriously because this taking seriously would be suggestion.[1] However there are negative suggestions also which, perhaps, are even more dangerous, and it may be that the analytic wish ideology suggests a weakness to the patient which happily he may sometimes overcome by becoming well in his own way. This, however, I should count as a dynamic consequence, although it comes about exactly contrary to the will of the analyst, yes actually as a protest against it. Dynamic therapy strives on the other hand to promote the victory of the patient consciously instead of trying to thwart it, which cannot succeed in any case. The whole difference between the two kinds of therapy can be formulated most

[1] The objection has been made that I am essentially saying nothing new because I simply use the word "will" in place of the Freudian "wish." There is hardly an objection that would do Freud as well as myself greater injustice. Freud's psychology is anything but a doctrine of will which he not only does not recognize but actually denies since he conceives of the individual as ruled by instinctual life (the id) and repressed by the super-ego, a will-less plaything of two impersonal forces. On the contrary, I understand by will a positive guiding organization and integration of self which utilizes creatively, as well as inhibits and controls the instinctual drives. The "wish" one could perhaps characterize as a faded, weakened impulse (not weak will) from which the will has withdrawn the energy necessary to achieve its goal and which must now be content with a mere longing for its fulfilment.

simply thus, that the dynamic method brings the patient to self help, but helps to make this possible for him and also confirms it, while the analytic method forces him to the acceptance of help from another no matter whether this happens passively (ideologically) or actively (voluntarily).

The distinctly static condition of analytic therapy is evidenced by the fact that Freud in the last ten years has written no work on technique, despite his several important contributions to psychoanalytic theory. In addition to and along with the ego psychology which made Freud's libidinal fear theory untenable, not only the life impulses symbolized by the id, but the death instinct instituted by Freud in "Beyond the Pleasure Principle" (1920) has taken on an ever greater importance, so that on the whole, the development of the last phase of the Freudian doctrine in contrast to the first, is characterized by the coming into the foreground of the negative, repressive factors, such as guilt feeling and self punishment tendencies. The analytically postulated impregnability of the guilt feeling now forms for Freud the limit of therapeutic susceptibility in the negative ego, exactly as narcissism once did in the positive ego. From the beginning I have approached psychoanalysis and its object, human beings, not from the repressed neurotic but from the productive, creative type which led me naturally to consider ego psychology in its positive and constructive aspects, while for the orthodox analysis, the ego had always a negative repressive character in contrast to libido, and this found its clearest expression in the concept of the super-ego. The Freudian ego psychology, paradoxical as it sounds, considers

the ego hardly at all, sees in it only the stage on which the battle between id and super-ego takes place, and this super-ego itself, although comprehended as a psychic factor, is for Freud only an inner representative of the father complex, the castration fear. Accordingly, although in the newer analytic technique so much is done with the super-ego, it takes place for the most part in the form of personifications, because in the Freudian sense it is only a metaphorical expression for fear of the father (castration complex) and even if, like Adler, one includes in the super-ego the inner representatives of "painful reality," still that which is peculiar to the individual as such, the real I or self with its own power, the will, is left out.

The Freudian conception of super-ego and its application to the technique, was the first concession of the analytic, realistic psychology, "Real Psychologie," which was almost behavioristic, to the ego psychology standpoint, which does recognize autonomous forces in the individual himself. But even this acceptance of ego psychology turned out one-sidedly because of the libido theory. For the only forces to which Freud himself gives value in the ego are of a repressive nature, and ostensibly have been taken into the ego from the outside. As an essentially positive force in the individual, analysis permits only the libido to qualify, and this is placed in opposition to the ego. Without going into these difficult theoretical problems here I should like to recall only two essential principles of my own conception, which I have stood for from the beginning. Every impulse, as I see it, implies an inherent opposite impulse which does not function merely as a repressive or inhibiting force,

but as impulse is also capable of positive expression. Thus, I have always seen the positive ego in the neurotic, while the Freudian theory on the contrary emphasizes the negative ego even in the average and the superior (artist). My conception assumes positive and negative forces in the ego itself, while the Freudian doctrine, even in the form of the super-ego, in the last analysis, has understood the inner repression only as a result of external prohibition in the broadest meaning of the word. Freud has made but one step beyond this and that a very important one in the assumption of a "death instinct" and in so doing has come into such dangerous nearness to a monism contradicting his earlier conception, that Bernfeld has found it necessary to free him from this suspicion.[1] This hypothesis, much discussed in analytic literature of the last few years, has culminated practically (therapeutically) in the question as to whether there are genuine masochistic tendencies of self punishment and the like which lie beyond the pleasure principle, as manifestations of the death instinct, and accordingly analytically, in the sense of the libido (releasing) doctrine, would be beyond influencing; or whether we deal with aggressive tendencies turned inside against the own ego (sadism) which originally referred to other persons, but in consequence of outer or inner repression were unrealizable. This question not only theoretically interesting but practically important, now occupies a central point of discussion within the Freudian group and it has certainly not been benefited or clarified by Freud's own changing position in relation to it. While in "Beyond the Pleasure Principle"

[1] "Der Entropiesatz und der Todestrieb" Imago XVI 2, 1930.

Freud postulated a death instinct inherent in the individual, which he understands as a special biological instance of the principle of inertia, later he identified this death impulse with the impulse to destructiveness, and in his still later work "Civilization and its Discontents," (1930) he postulates a tendency toward aggression as a primary, independent instinctual predisposition in mankind which, however, he again conceives of as a descendant of and substitute for the death instinct.[1] The assumption of this independent impulse to aggression gives Freud "a great theoretical facilitation" in the explanation of the increase of guilt feeling in blocked impulse satisfaction, a facilitation which Alexander in his interesting speculations on this theme seemed not yet to share.[2]

The fault from which all these recent works of Freud and his school suffer is their too speculative character, by which I mean that they have grown out of theoretical presuppositions and viewpoints rather than from clinical or even common sense observation; at least they have in view the reconciliation and adaptation of the theory to the phenomena, rather than the understanding of the phenomena themselves, and so therapy no longer plays any role, at least in Freud's work. If one had held to the phenomena, it would be impossible to understand how a discussion of the death impulse could neglect the universal and fundamental death fear to such an extent as is the case in psychoanalytic literature. For Freud him-

[1] The question whether and under what conditions the death impulse can turn into an impulse to destroy, Westerman-Holstijn has discussed in "Tendenzen des Toten, Todestriebe und Triebe zum Töten," Imago XVI 2, 1930.

[2] "Strafbedürfnis und Todestrieb" (Int. Zeitschr. Psa., XV, 1929).

self fear of death has value as a derivative of fear of the super-ego, therefore, finally, as derived from the elaboration of the castration fear.[1] Similarly anachronistic, is Freud's newest discovery of the aggressive instinct which Adler twenty years ago was able to place in the center of his psychology of the neurotic. But it seems to me noteworthy not merely that Freud discovered the aggressive impulse so late, but also that in his lifelong analytic practice it came to him only by the circuitous route of a consideration of culture, and not through the individual himself. It is clear that this becomes intelligible only from the prejudice of an already accepted theory of the neuroses, which could understand even the aggressive impulse only libidinally, as sadism. The one-sided emphasis of the libido theory itself seems to me explicable only from the denial of the negative disturbing aspects of individuality, which Freud recognizes relatively late as death impulse or as tendency to aggression. Freud's theory has always been therapeutically oriented in this way, that he always considers psychologically correct that factor which momentarily has a more comforting or satisfying character; on the other hand his therapy has been ideologically oriented, an unwholesome mixture, which has been inherent in analysis from the beginning.

The authentic analysis of Freud has evolved from the fear problem, from pathological fear, therefore it is all the more striking that he has always avoided the topic of fear with a reference to the difficulty of the problem, until my birth trauma theory necessitated his coming

[1] Hemmung, Symptom und Angst, 1926, but already in Das Ich und Das Es, 1923.

to terms with this distasteful theme. I mean distasteful not only in the sense of the theoretical difficulties, but also in a personal sense, for the theme of fear seems so immediately connected with the concept of death that we avoid it, if possible, or where this is impossible, seek to fill it with another content. In this sense all fear theories seem to me to be only scientifically rationalized attempts to deny the fear of death, since various causal explanations are given for fear which all terminate with a conclusive primal cause and the means to set it aside. This was also the comforting therapeutic advantage of the Freudian fear theory. If fear arises from repressed libido, one can free libido and thus get rid of fear. Very soon not only was the insufficiency of this therapeutic ideology proved, but also the fact that fear often increases with the freeing of libido because the individual, as it were, can be frightened by his own libido. That the illusion could work so long is explained by the neurotic's equally strong need of therapeutic comfort for his still more intense death fear, although it is just the neurotic type that is most afraid of fear from its own freed libido. And so it was in the sphere of a therapy for the neuroses where the Freudian ideology worked first, but also where it first failed.

Exactly as in the libido theory of fear, I see in Freud's second tremendous effort to solve this problem for therapy, only another form of the denied death fear. In his work "Beyond the Pleasure Principle" (1920), in contrast to his first ideology there is denied in the double concept death-fear, not the phenomenon of death but the phenomenon of fear; to this end, however, death is transformed from an unwished for necessity to a de-

sired instinctual goal. Again the comfort-giving nature of this ideology could stand neither logic nor experience for long. I had the impression from the beginning that the observations which led Freud to the postulation of a death instinct, did not at all justify such a far reaching assumption, neither the analytic experience of the repetition compulsion, nor the persistence of guilt feeling, which in my opinion only cloak a technical helplessness. Even if there is a death instinct it is not required on the grounds brought forward by Freud, much less proved, nor does Freud's death instinct help us to understand hitherto unexplained psychic phenomena. Actually his innovation has not cleared the problem but confused it. If the death instinct has for Freud the meaning which the well intentioned critics like Alexander or Bernfeld find therein, then it helps us very little to the understanding of psychic phenomena, in discussing which Freud necessarily speaks of a sexual instinct and an instinct for destruction. If, however, the death instinct postulated by Freud is to be understood only as the expression of the physical principle of entropy, this most general law of nature, whereby matter strives for an ever more stable condition and finally for a state of complete rest, then this is much too far fetched as an explanation of psychic phenomena to mean anything for individual psychology. Quite apart from the principal question of how far the physical laws of inanimate matter are applicable in psychology or even in biology, Westerman Holstijn, who once again brings up the question of psychic energy, does not get beyond the "tendency of intrapsychic energy to remain constant" alread disclosed by Breuer (1893 in the "Studies in

Hysteria") but he emphasizes rightly that this is different from a tendency toward absolute rest. Much more the individual seems to prefer to absolute rest a certain condition of tension, perhaps because absolute rest could only be death. But even with the assumption that there is in nature such a striving after a condition of rest, and even if it manifested itself biologically as death impulse, still psychologically only the attitude of the individual toward this fact would be of interest.

Freud's attitude toward this problem is therapeutic, not psychological, that is, he inclines to that interpretation which at the given moment is the more comfort giving. What in the beginning was the denial of death and the connecting of fear with libido as a means of cure, now becomes the denial of fear and the interpretation of death as wish (instinct). But even this ideology itself is so generally, one might almost say universally, maintained that it takes all terror from individual dying, since it presents it as an unmeaning special instance of the great cosmic passing away. Psychologically, however, we can establish in the individual only the fact of a fear of death, also under certain conditions a wish for it, whether this corresponds to the typical psychic ambivalence, to a resistance to the death impulse, or to its acceptance, in other words to a negative or a positive manifestation of it we cannot decide. To this decision, the psychoanalytic authors referred to have come also; only I should like to go a step further beyond their discussion and maintain that such a decision is of no importance. For psychologically we never have to do with a principle so universal, and therapeutically we could use it at best only as an excuse for our powerlessness

over nature. Freud's sexual therapy of the neuroses was only effective ideologically—that is, as long as the theory of the neuroses could be explained sexually; the later recognition of the untenability of this theory was a great step forward psychologically, while it remained therapeutically unfruitful. Thus in the development of psychoanalysis we have the paradox that analytic knowledge has gradually undermined analytic therapy.

CHAPTER II



LIFE FEAR AND DEATH FEAR

> Cowards die many times before their deaths;
> The valiant never taste of death but once.
> —SHAKESPEARE (Julius Caesar)

HAVING broached the metaphysical question as to whether there is a cosmic death instinct or not, we can now proceed from the indubitable psychological fact of the fear of death as it manifests itself in human consciousness. Regarding death fear in the actual meaning of the words, however, we can speak only in terms of the knowledge of death, that is, on a level of consciousness, which the infant at the time of the first development of fear certainly cannot yet have. On the other hand, we know that the child experiences his first feeling of fear in the act of birth, not fear of death however, but fear in the face of life. It seems, therefore, as if fear were bound up somehow with the purely biological life process and receives a certain content only with the knowledge of death. Whether this contentual tie up, which so frequently increases to a pathological fear of dying or being dead, represents the rationalization of another more fundamental fear we will discuss later in detail; at all events, this primary fear cannot be castration fear, for this also presupposes a certain development of con-

sciousness which we could not assume for the infant. Moreover the point of view which I have maintained regarding the historical and genetic primacy of the birth fear as compared with castration fear, in spite of all the arguments of psychoanalysts to the contrary, seems undeniable. Since I was concerned first of all in the "Trauma of Birth" (1923) with an explanation of the fears of the infant I did not evaluate the death fear sufficiently, as it belonged to a later level, although it can appear astonishingly early in childhood; on the other hand I confess that at that time I had not advanced far enough beyond the birth symbolism, which here as elsewhere covered the death theme therapeutically. When for example, P. Schilder doubts the existence of a death instinct and asks "whether the impulse to death may not be a covering for erotic strivings, the wish for a rebirth" [1] it is certainly to the point in many cases, especially of neurosis or psychosis, but no argument against the death instinct, as little as are all the other erotic or masochistic disguises of it, which are covered by Freud's assumption of the pleasure principle as a special case of death instinct. This disguise, moreover, Schopenhauer has already seen clearly when he speaks in his "Metaphysics of Sex Love" of the pleasure primacy (Lustprämie) with which nature entices men to pay tribute in the sex act.

Responsibility for this erotic disguise of death seems to me to rest not only on the psychic tendency to denial of its terrors, but much more on the polar nature of the life process itself. For otherwise it would not be comprehensible why the death complex appears so much

[1] Psychiatrie auf psychoanalytischer Grundlage 1925 S. 12.

more clearly in religion, mythology and folklore than in the individual who apparently can bear the idea of death only collectively, just because this again promises therapeutic consolation. So it happened that I myself brought out the death symbolism first in the "Myth of the Birth of the Hero" (1909) and still more clearly in the related "Lohengrinsage" (1911); also in my further "Mythologischen Beiträgen" (1912–1914) which appeared collected in 1919. I finally undertook a decided advance in this direction with the investigation of the problem of the "double" in folklore (1914), which I then continued in my book "Seelenglaube und Psychologie" (1930) even to the theme of religious belief in immortality and its scientific presentation in the modern doctrine of the psychic. In terms of individual psychology I have never lost sight of the problem of fear since the "Trauma of Birth," although therapeutic interests forced me to build up my conception first in the direction of a constructive theory of will. This, however, had become clear to me, that we have before us in the individual neurotic, as it were, the opposite of collective belief in the soul and immortality ideology: that is, instead of the more or less naïvely expressed wish for eternal life, as it appears today in collective ideologies, we find an apparent desire to die, one might almost say a wish for eternal death. From the analysis of the role of the analyst in the therapeutic situation, there came to me finally a direct individual approach to the problem of death, and the idea that one could understand neurosis in general, including the therapy, only from this negative side of the soul life. In this sense the present presentation is the completion of my work on the belief

in the soul, and as this finally leads to psychology, so the neurotic opposite of the belief in immortality, namely the death fear, leads to the need for therapy, as an individual doctrine of faith.

Freud has approached the problem of therapy from the forces of life (the libido) and has finally arrived at the death instinct, that is, at the death problem; for it hardly concerns an "instinct." [1] As I have already pointed out in the "Trauma of Birth," it seems to me essential for the understanding of the neurotic to go at the human problem from the side of fear, not from the side of instinct; that is to consider the individual not therapeutically as an instinctive animal but psychologically as a suffering being. It soon becomes evident that, approached from the instinct side, a whole series of problems will be viewed falsely, or will be located incorrectly, which from the death side, are approachable. Again we face the paradox of psychoanalysis, yes, of every ideology in general, which only happens to appear with peculiar clarity in the Freudian teaching today, namely, the therapeutic orientation in the broadest sense, which despite its scientific nature aims not at knowledge but at consolation, and always emphasizes in its facts just that side which affords help for human need. Freud's emphasis on the instinctual was therapeutic in this human sense, but he used it theoretically for a specific etiology of the neuroses which it was intended not only to heal but at the same time to explain. His pragmatic presupposition was, as is also the case with other practical sciences, that what helps must also

[1] Even analysts like Bernfeld and Westerman-Holstijn find the term "death instinct" inappropriate.

be true. So his teaching from the beginning was directed toward consolation in the sense of a therapeutic ideology, and even when he finally stumbled upon the inescapable death problem, he sought to give a new meaning to that also in harmony with the wish, since he spoke of death instinct instead of death fear. The fear itself he had meantime disposed of elsewhere, where it was not so threatening, and was therapeutically more easily accessible. That the instinctual is repressed in the neurotic, certainly seems clear; equally that it is fear, from which the repression arises: since Freud however conceived of the instinct life sexually, he had the double therapeutic advantage on the one hand of having made the general fear into a special sexual fear (castration fear), and on the other of being able to cure this fear through the freeing of sexuality.

This therapeutic ideology rests on the presupposition that man is purely instinctual and that fear is brought in from the outside (hence the concept of castration fear). It has for a second presupposition the displacement of general fear to a partial field, a therapeutic release with which we shall occupy ourselves in the next chapter. The discovery that the freeing or satisfaction of sexuality does not necessarily do away with fear but often even increases it, and the observation that the infant experiences fear at a time when there can be no question of outer threats of any kind, have made the theory of the sexual origin of fear, and its derivation from the outside, untenable. The individual comes to the world with fear and this inner fear exists independently of outside threats, whether of a sexual or other nature. It is only that it attaches itself easily to

outer experiences of this kind but the individual makes use of them therapeutically since they objectify and make partial the general inner fear. Man suffers from a fundamental dualism, however one may formulate it, and not from a conflict created by forces in the environment which might be avoided by a "correct bringing up" or removed by later re-education (psychoanalysis).

The inner fear, which the child experiences in the birth process (or perhaps even brings with it?) has in it already both elements, fear of life and fear of death, since birth on the one hand means the end of life (former life) on the other carries also the fear of the new life. The stronger emphasis on the one or other of these two fear components in the birth act itself still seems to me to contain the empirical meaning of the birth trauma for the later fate of the individual. Beyond that, however, for me, the birth trauma was also a symbol of the original suffering nature of man which according to the psychoanalytic conception had been caused in the first place by some guilt of the individual or the environment and could be corrected, therapeutically or prophylactically (educationally). Here it is again evident that one very soon strikes the boundary of the metaphysical in the discussion of these basic human problems no matter whether one takes it religiously or philosophically. This involves no danger, as long as one does not succumb to the attempt to justify the one viewpoint at the cost of the other. I believe that one can never understand the human being purely empirically, as psychoanalysis strives to do; on the other hand the purely metaphysical conception of man seems to me unsatisfactory also, as soon as it aims at knowledge and fails to

consider the purely human.[1]

Birth fear one can only designate as death fear metaphysically, since ideally one should separate it from the fear of empirical death, and find in it primarily that undifferentiated feeling of insecurity on the part of the individual, which might then better be called fear of life. The fact is just this, that there is in the individual a primal fear, which manifests itself now as fear of life, another time as fear of death. If birth fear, therefore, has nothing to do empirically with the fear of actual death, one must also test as to its empirical soundness the extreme metaphysical interpretation of Achelis. To call birth fear the first visible condensation of fear of death, that is, fear of the loss of individuality, seems to me open to attack on two grounds: first, the fear of loss of individuality seems to me to underlie fear of (empirical) death, second, I cannot see at all how birth can be viewed as loss or threat of loss of individuality, when it represents exactly the opposite; that would be possible only if one conceives of mother and child as one (which however Achelis does not mean) as I have done in the birth trauma theory, and then considers the loss of the mother in terms of an injury to the ego. In this case, however, fear is a reaction to the trauma of separation as which I have comprehended it factually as birth fear. Here lies also the connection made by the analysts, including

[1] Such a dissatisfaction is presented in the profound book of Werner Achelis, which only came to my attention when I was completing this book: "Principia mundi, Versuch einer Auslegung des Wesens der Welt." The author who seeks to complete the empiricist Freud with the metaphysician Schopenhauer in a deeper sense, remains thereby as much guilty of empiricism as Freud of metaphysics, since he leaps far beyond the empirically comprehensible directly into the metaphysical, instead of letting himself be led to the boundaries of both spheres.

Freud, between birth fear and castration fear, both of which in this sense appear as reaction to the loss of an important part of the ego. Birth fear remains always more universal, cosmic as it were, loss of connection with a greater whole, in the last analysis with the "all", while the castration fear is symbolic of the loss of an important part of the ego, which however is less than the whole, that is, is partial. The fear in birth, which we have designated as fear of life, seems to me actually the fear of having to live as an isolated individual, and not the reverse, the fear of the loss of individuality (death fear). That would mean, however, that primary fear corresponds to a fear of separation from the whole, therefore a fear of individuation, on account of which I should like to call it fear of life, although it may appear later as fear of the loss of this dearly bought individuality, as fear of death, of being dissolved again into the whole. Between these two fear possibilities, these poles of fear, the individual is thrown back and forth all his life, which accounts for the fact that we have not been able to trace fear back to a single root, or to overcome it therapeutically.

After this theoretical clarification of concepts I turn to clinical observation and should like first of all to establish the fact that the neurotic, to an even greater degree than the average, suffers from this double fear, yes, that the outbreak of the neurosis actually becomes explicable from the streaming together of these two sources of fear, which even in the "Trauma of Birth" I had designated as the fear both of going forward and of going backward. So there is already included in the fear problem itself a primary ambivalence which must be

assumed, and not derived through the opposition of life and death instincts. We have almost come to the point of refusing to man as a suffering being a positive life instinct, and of looking upon that which apparently manifests itself as such as a mere not-wishing-to-die.[1] The opposite of the positive life instinct would be not the death instinct, but fear, whether it be of having to die or of wanting to die. At all events the neurotic gives the impression of a negative instinctual being who continuously strives to delay dying and to ward off death, but who by these efforts only hastens and strengthens the process of destruction because he is not able to overcome it creatively. On the other side the neurotic illness appears as a constant self-inhibiting of the life instinct, for any expression of which the individual seems to punish himself either before or afterwards. Both impressions are surely correct, corresponding to the ambivalent conflict of life fear and death fear; both, however, have been acquired relatively late.

Above all, it is strange that the punishment mechanism of the neurotic illness which seems so clear today had not drawn the attention of the analyst much earlier. However, as Freud had attacked the neuroses from the libido problem and not from the fear problem, it was natural first of all to emphasize the pleasure gain which the patient drew from his condition, the so called reward of illness, and to consider the suffering bound up with it only as unavoidable evil. The therapy undertook, therefore, to bring him to the giving up of this pleasure gain through illness since it held out the pros-

[1] The Chicago biologist, Professor Hayes, allows dying to begin with birth.

pect of a greater pleasure reward. Thus normal sexual satisfaction became avowedly or tacitly the goal of analytic therapy, a viewpoint which many analysts still hold as a standard. As Freud, however, learned to consider the punishment tendencies of the individual not only as hindrances to this goal, but also as the greatest resistances to the analytic process itself, he ascribed to them that genuine meaning, which found theoretical expression in the setting up of a death instinct. The works of Reik and Alexander which followed have pointed out a libidinal goal even in the self punishment tendencies of the individual, and thus protected the Freudian theory of the neuroses from being stranded in the invincibility of the guilt feeling.

Before we take this leap into therapeutic ideology, however, we should keep in mind another type of experience which one cannot understand from the study of neurotics alone, but only if one approaches the problem from the development of the creative personality as I have attempted to do, especially in recent years. Thus I have recognized not only the constructive meaning of resistances in the analysis but also the creative side of guilt feeling, and have attempted simultaneously to utilize these negative manifestations therapeutically. What expresses itself in the individual on the one side as driving force, does not always have to be and certainly not exclusively "instinct", as little as resistances of different kinds must necessarily work only as hindrances. The self punishment tendency which operates as inhibition (restraint) is not merely as Alexander has expressed it, a bribing of the super-ego in the interest of id satisfaction; on the contrary what manifests itself in

this correct observation is a general life principle, on the basis of which no creating is possible without destruction, and no destroying without some kind of new creation." [1] When accordingly the neurotic must punish himself so much more severely and strikingly than the average man, this is not merely because he can only grant himself this or that pleasure satisfaction thus, but because he must bribe life itself, for which, according to Schopenhauer's deep insight, we all pay with death.

The neurotic then is a man whom extreme fear keeps from accepting this payment as a basis of life, and who accordingly seeks in his own way to buy himself free from his guilt. He does this through a constant restriction of life (restraint through fear); that is, he refuses the loan (life) in order thus to escape the payment of the debt (death). The more or less clear self-punishment tendency, which only represents one aspect of this picture, has not so much the intention of granting him life, as of escaping death, from which he seeks to buy himself free by daily partial self-destruction; applied to fear, guilt and inhibition symptomatology, this means that the neurotic gains from all the painful and tormenting self-punishments no positive pleasure, but the economic advantage of avoiding a still more painful punishment, namely fear of death.[2] In this way the lengthening of punishment (drawing out) is at the same time a drawing out of life, for as long as he punishes

[1] As far as I know, Dr. Sabina Spielrein first demonstrated these thoughts analytically and applied them to the explanation of the fear inherent in the sexual instinct. "Die Destruktion als Ursache des Werdens" Jahrbuch, f, psa Forschungen Bd. IV 1912 S. 465 ff.

[2] The ancient and universally distributed conception of death as punishment I have tried to explain in "Seelenglaube und Psychologie" from the human longing for immortality.

himself, feels pain as it were, he still lives. This neurotic attitude of the individual toward the problem of death, in the last analysis is comprehensible only from the will psychology, which shows that the human being seeks to subject death, this original symbol of the "must," to his will, and, as it were, at his own instigation transforms the death punishment which is placed upon life into a lifelong punishment which he imposes upon himself. On the other hand the ancient idea of the sacrifice plays a part in this, the idea that one could escape the hardest punishment by voluntary assumption of lighter self-punishment. These basic remarks are only to characterize the general point of view under which I learned to understand the self-punishment tendency in man. Applied to the neurotic type, it results not only in a deepened understanding of the symptomatology in particular cases, but also of neurosis as a whole, showing it to be an individual attempt at healing, against the arch enemy of mankind, the death fear, which can no longer be cured by the collective method of earlier ages.

It would be alluring to build up a theory of the neuroses on the basis of the death fear and to show how the particular symptoms and not merely the neurosis as a whole can be understood in one way or another as an expression of it, but since we are concerned with the neurotic as a type, as he is opposed to the therapist type, the therapeutic aspects of this concept lie nearer than the theoretical. From the therapeutic standpoint, however, one gets the impression that the overstrong fear of the neurotic is only the necessary defense against an overstrong instinctual basis and a correspondingly strong will, which is prevented by fear from full expres-

sion in living, which would be death. For, in spite of the predominance of the death fear in the neurotic, he still stands nearer to the creative type than to the average man, on account of which also he can be understood only as a miscarried artist, not as an incomplete or undeveloped normal type. In this sense the neurosis is a facing on the part of the individual of the metaphysical problems of human existence, only he faces them not in a constructive way as does the artist, philosopher or scientist but destructively. It is exactly on this account that the neurosis has taught us so much about the nature of man, because it represents the most inexorable form of self-knowledge and self exposure than which nothing has less therapeutic value. With his therapeutic ideology the analyst protects not only the patient from the complete doubt as to the possibility of overcoming fear, but also himself from the destruction of his own illusions. Also the analyst like the artist can only overcome this fear creatively, as he is, in a certain sense, a new artist type, such as has not existed since the Greek period and has not been needed before since the Christian era. The type of artist who works in living human material, who seeks to create men not like the parents, physically, but spiritually, like God. How far this likeness to God corresponds to a creating of one's self in another, I have worked out elsewhere.[1]

In order to understand the creative and therewith also the neurotic expressions of this inhibiting, often destructive, life principle, we must first orient ourselves with regard to its normal forms of expression. The most

[1] See chapter on "Love and Force" in this book and also Genetische Psychologie II.

important is sexuality, whose close relationship to the death principle is not only given biologically, but also holds psychologically. Not only in the act of birth but also in the sexual act itself the resemblance to death, yes, the nearness of death, is unmistakable. The sexual act has a different meaning certainly for the two sexes, a giving up (of an ego part) a surrender, yes, occasionally a complete loss of self; on the other hand it leads not only to new creation (in the child) but is at the same time perceived by the individual as the high point of the life principle, if the negative ego-destroying aspect does not win the upper hand. Viewed from the individual pleasure gratification which sex affords, it means biologically also a toll from life to death. Sexuality becomes thus the most current coin of this individual guilt to the race. This explains the attractive power which the so called perversions exercise on the individual, but also why these sexual practices which lack biological market value or lessen it, are tied up with biological guilt feeling. On the other hand, we have learned to understand that often enough guilt feelings coming from other sources are paid in sexual coin, as many a physical surrender, and even masturbation, proves. Of the latter one could say paradoxically that its shamefulness, actual or acquired, comes just from the fact of its harmlessness to the individual; one has not really paid and accordingly one feels so guilty.[1]

Besides these biological connections between sexuality and death, there are psychological connections which

[1] The unavoidable nature of the masturbation conflict lies not in a false system of education, but corresponds as most conflicts do to a therapeutic attempt of the individual to overcome fear, which thereby is partially transformed into guilt (sin).

are therapeutically more important. The retrieving of death fear through sexual fear represents an attempt to erotize the painful as it meets us grossly in masochism today. In this we have a use of sexuality characteristic of man alone, which is only comprehensible on the ground of will psychology. The individual will, as it were, seizes upon sexuality as a means to make suffering and pain, which in the last analysis are symbols of death, into a desired source of pleasure. It is the same ideology which creates from death fear a death instinct. At the basis of this apparently masochistic ideology there lies always the enormous strength of will of the personality, which is able by the erotization of pain to force the sexual instinct into the service of fear avoidance, and at the same time to strip the primal fear of its dangerous quality. Another means to the same end, which the individual employs in order to escape the fear of sexuality together with the compulsion to it, is love. We can only refer in this connection to one aspect of this perhaps most important of all human phenomena, the significance of which psychoanalysis missed in its identification of sexuality and love. There is just the contrast between love and sexuality that often enough causes love to resist sexuality or to fly before it, just as under certain conditions sexuality can be a flight from love. Naturally everything depends on how one defines or interprets love. In its erotic meaning, it includes at all events the concentration upon a single person, and represents therefore in this sense a turning away from the promiscuity natural to the sexual instinct, which is provided only for the maintenance of the species and not for the satisfaction of the individual. From this theoretical

standpoint, which is also confirmed by practical observations, one can conceive of human love as a protection, so to speak, as an economic device, against the waste of the sexual instinct which could impoverish the individual, while he feels himself enriched by love. The much discussed promiscuity which may seem to the sexually repressed person like a symbol of freedom, proves from the viewpoint of the individual to be the greatest danger, which he seeks to escape ethically by a definite moral code, and practically through love. That thereby the individual only falls from the Scylla of sexual partial payment into the Charybdis of pledging his whole ego, is a problem which is to occupy us again elsewhere.

A further means for defending the ego against death fear, and one just as universal as love, is aggression. One does not need to assume an actual instinct of aggression as Freud does in order to justify this primary evil in man, by explaining it as a derivation of the death instinct, which only leads beyond this to speculations as to whether the original aggression turns toward the inside or the original death instinct to the outside. Here also a dynamic conception shows up a more immediate fact which one easily overlooks from the metapsychological point of view. The death fear of the ego is lessened by the killing, the sacrifice, of the other; through the death of the other, one buys oneself free from the penalty of dying, of being killed. One recognizes at once that this "criminal" solution represents the opposite of the neurotic, for in both cases we are dealing with anticipation of death punishment, of dying; with the neurotic in the form of self punishment, with criminals in the form of the punishment or killing of the other, which, how-

ever, is followed by the punishment of the ego through society (See my comment on the deeper meaning of the death punishment in Seelenglaube—S. 95). The neurotic is only a man who cannot allay his own death fear by killing the other, who, in other words, is not capable of aggressive protective behavior, although he experiences the impulse to it strongly enough. By this "killing" of the other for the protection of the self naturally I do not mean the legal concept of "self-defense" (legitimate), nor the biological concept of self maintenance, but a purely psychic ideology, which rests upon the primitive feeling of the group (collectivity). According to this conception, which quite naturally values one life equally with the other without considering the individual as such, one death can also take the place of another. To the naïve consciousness of immortality, death must appear as punishment; later it became a self-merited punishment which for the most part followed sexual transgression or more correctly the transgressing of sexuality, because just this in the last analysis leads to death; finally the individual preferred self-punishment coming from the idea of sin, and again turning toward the outside, but as protection, not as aggression, will buy himself free from his own death through the death of another (sacrifice). The impulse to aggression therefore arises from within and has the tendency to transform one's own suffering into the pain of the other, from whom the suffering ostensibly comes. The guilt feeling ensues then not as a reaction to the aggression, but corresponds to the death fear, not done away with by the projection but only transformed, and thus moralized. Besides, the guilt feeling is an expression of the identifi-

cation which is implied in the sacrifice of the other in the place of the own ego. In this sense, guilt feeling and self-punishment appear in the neurotic also as expression of love for the other, for whom one then takes sin and punishment upon oneself instead of blaming him; for somewhere the bad, the arch evil must be placated either in the other or in the own self; a distinction which explains the sadistic or masochistic attitude toward life, and also the close connection of the two.

In this briefly sketched development of the idea of sin, the killing of the other appears as a developmental phase, that is, the sacrifice of a life to death with the neglect of the individual difference. However, this primitive form of the sacrifice which we call murder has undergone a development and therewith a refinement. There are various forms of murder as there are various forms of self-destruction, as for example, in the neurotic symptoms. Ibsen speaks of "soul murder" [1] and means by that a making use of, or exploitation of the other. The killing does not need to be actual, it can occur symbolically as for example in the withdrawal of love or in the desertion of a person; it can also ensue partially instead of totally, a slow murder, as it were, through constant tormenting. Always, however, it takes place as a self protection against the own death fear, and not as an expression of a primary death wish. The death wish against loved persons shows itself frequently as the expression of strong attachment, which can be resolved only through death and not otherwise. Accordingly also in the treatment of many "depressives" the appearance

1 This reminds one of Oscar Wilde's saying, "The coward kills with kisses, the brave man with the sword."

of death wishes against others is not to be interpreted as infantile regression, but as a sign of the inner unburdening and strengthening of the ego.

For the problem of the overcoming of ego phases through the killing of the other I refer the reader to an earlier work (Genetische Psychologie), and here turn to a broader means of defense against death fear, which still falls under normal psychology although it is more closely related to the neurosis. This is the borderline case, where the individual neither punishes himself, like the neurotic, nor the other, like the criminal, but lets himself be punished by the other with certain limits. This function of external punishment as a means for inner unburdening is as it were the "pedagogical" agent in the therapeutic situation. With the very decision to accept treatment the patient takes a powerful forward step beyond his neurosis, since he makes the therapist the active agent for self punishment, a role which the latter cannot avoid however much he may try to protect himself from it. When this punishing agent can also be loved, it represents a further step toward healing, for love presupposes the overcoming of fear. We will follow out these therapeutic meanings later and now turn again to normal punishment situations, which are only crystallized like a paradigm in the therapeutic situation. In every more intimate human relation, whether it be that between parents and child, teacher and pupils, master and subordinate, likewise in the relation of the sexes and particularly in marriage, the punishing element is set up in the other spontaneously and unavoidably, and this is what makes the relationship, as a rule, so hard to understand and often impossible to bear.

Even in the child we deal always with a self-punishment displaced outward, which serves as a palliative for fear.

One might object that the conception of self-punishment as a reducer of fear is only another kind of interpretation of a fact which psychoanalysis interpreted libidinally, that is, as sanction for instinct satisfaction. Certainly this phenomenon also, like every other, has two aspects, but this is not only a question of theory, it means that every single individual can emphasize this or that aspect in his general attitude, that is, can interpret life positively or negatively. If one speaks of types, however, it seems to me certain that the neurotic is that type which aims primarily not at pleasure gain but at the reduction of fear, while the application of self-punishment in the service of instinct satisfaction, seems rather to correspond to the normal type (for example to work in order to be able to permit himself pleasure afterwards). That the reducing of fear then often leads to the expression of instinct is probably correct, but that must not be misunderstood to mean that punishment serves primarily for instinct freeing, for sanction, which always rests on the presupposition of an original repression of instinct from without. For besides the lightening of fear through punishment, the individual has yet another motive for instinct expression, which complicates still further a process already far from simple. In order to displace the punishing factor to the outside (to let himself be punished) the individual must feel himself guilty, and thus it comes to the paradoxical appearance of instinct expression with punishment as its goal, which analytically can be explained only from masochistic pleasure, which itself by no means repre-

sents an original phenomenon. The vicious circle is closed by the realization that the freeing of instinct from repressions causes fear because life and experience increase the fear of death; while, on the other side, renunciation of instinct increases guilt not because it represents repressed aggression which turns against the own ego (Freud) but because instinct renunciation is a renunciation of life, and therefore the individual feels himself guilty. The paradox that the lightening of fear (through punishment and instinct freeing) leads to fear, is explained as was mentioned in the beginning, from the double function of fear, which at one time is life fear, at another, death fear. From the life fear, a direct path leads to consciousness of guilt, or better, to conscience fear, which can be understood always as regret for the possibility of life that has been neglected, but its full expression, on the other hand, creates death fear.

CHAPTER III



TOTAL EGO AND PARTIAL EGO

> There are people who appear to think only with the brain, or with whatever may be the specific thinking organ; while others think with all the body and all the soul, with the blood, with the marrow of the bones, with the heart, with the lungs, with the belly, with the life.—UNAMUNO

THE two forms of fear which we have differentiated as life fear and death fear seem on closer examination to reduce themselves to a primal fear of the individual which only manifests itself differently in different situations. This ambivalent primal fear which expresses itself in the conflict between individuation and generation, is derived on the one side from the experience of the individual as a part of the whole, which is then separated from it and obliged to live alone (birth), on the other side, from the final necessity of giving up the hard won wholeness of individuality through total loss in death. This universal human primal fear which varies only in accordance with life age and difference of sex, seems to lead to two different life forms which are conditioned by the manner in which the individual can solve this part-whole problem.

Before we can characterize the different reaction forms

of the neurotic and the creative types, we must first try to picture the biological development of the individual from birth, via childhood and puberty to maturity and from there downward through old age to death. In this sense, the trauma of birth, as I have already tried to point out in my book, shows itself to be the beginning of a developmental process which goes through various phases and ends only with the trauma of death. If there is a symbol for the condition of wholeness, of totality, it is doubtless the embryonic state, in which the individual feels himself an indivisible whole and yet is bound up inseparably with a greater whole. With birth, not only is this oneness with the mother violently dissolved but the child experiences a second trauma, which works just as seriously and much more lastingly, that is, the partialization to which it is forced through adaptation to the outer world. In the first developmental stages after birth, the child has lost not only the feeling of connection with the mother, but also the feeling of wholeness in himself. In relation to the outer world he becomes successively mouth, hand, eye, ear, legs and so forth and for a long time, in a certain sense all of his life, remains related to the world partially, until he can establish again in his ego feeling something similar to the original totality. The fear of the child before reaching this ego development is, as is easily seen, a double one, although with stronger emphasis on the lost totality than on the possible loss of a wholeness not yet fully attained. The gradual development of wholeness in ego feeling is an individual substitute for the lost general totality, and protects the child from the primal fear, although he is now subject to the fear of loss

of this individually acquired ego unity. With the knowledge of death, the fear is attached to this universal symbol of ego dissolution, but is more concretely bound by the constant threat to the total ego from the outer world, from life itself. For life demands continuous partialization, and the well adjusted man must always be ready to live by a continuous partial paying off, without wanting to preserve or give out his whole ago undivided in every experience. This, however, is the endeavor of the above-average type, who often succeeds in carrying through his totality creatively, but also is frequently shattered neurotically in the attempt. This shattering can result chiefly in two ways; either one throws into every experience, however unimportant, the whole ego, from fear of losing it partially otherwise (life fear), or one keeps the whole ego apart from life in general (death fear), as neither the partialization nor the totalization is possible. The second type, which would be described analytically as narcissistic, has fear of losing itself partially as well as totally; the other "neurotic" type in the narrower sense (the hysterical) can give itself only wholly or not at all, but in every case has fear, in fact both life fear and death fear, that is, fear either of being wholly lost or particularly of not being able to live.

Fear, however, as I have already shown in the trauma of birth, is not only an inhibiting force but also a forward driving one. The neurotic, who through fear of losing his ego does not dare undertake life, can also be driven out of his ego-bound state only through fear. In this sense, the neurosis is at the same time a being held back and being driven forward, illness and healing process in one. The therapy has only to strengthen the heal-

ing tendency, and to weaken the illness tendency; it is rather a change of emphasis than an altering of the individual. The great alteration which is necessary for development, the neurosis itself has already initiated, only fear does not permit it to eventuate beyond a certain point. In the therapeutic displacement of emphasis from the death side to the life side, sex instinct and aggression play a major role, without, however, really representing the healing factor itself, any more than they were the cause of the neurotic repression, which lies in fear itself, the overcoming of which ensues only through a solving of the part-whole problem in the therapeutic experience.

We must now examine the meaning of the problem of ego wholeness in its relation to sexual development in general and to the two sexes in particular. In this consideration two points of view should be kept in mind: first, that the sex instinct in any case is easily perceived by the individual as an alien power, which falls into conflict with the rest of the personality ("Truth and Reality," Chap. V); second, that sexuality, as previously pointed out, is applied as common currency, in the normal paying off of the debt to death, plus the fact that the genital libido, according to its nature, represents a partial phenomenon, although in the sex act itself, as Freud showed, various partial drives or instincts find satisfaction. Now the genital is a part of the physical ego which, it is true, can symbolize the whole, the entire man biologically, but which, often enough, especially in the neurosis, appears isolated from the rest of the ego. This important fact, which may also manifest itself in the castration complex of analysis, not only lies

at the bottom of well known sexual disturbances such as impotence or frigidity, but forms also in other cases of neurosis one of the typical expressions of an attempt at partialization carried too far. This splitting off of the genital from the rest of the physical ego is only an expression of the denial of the sexual role, with the aim of escaping the payment to the mate, in other words, to death. On the other hand such a splitting off of the sexual ego from the rest of the personality can also lead to hypersexuality, since only sexuality is continuously given out (spent) while the rest of the personality is preserved.

Before we pursue this utilization of sexuality by the individual into its further fateful possibilities, we wish to show briefly wherein man and woman seem to differ essentially in this respect. The sexuality of the man, with its "penis psychology," worked out by psychoanalysis, is in general much more partial, that of the woman, with the fundamental "child psychology" much more total. Hence we have the paradox that the genital level is partial with the man, with the woman, total; accordingly the man has the fear of losing the genital (part for whole), life fear, while the woman has just the reverse, a fear of disclosing the genital, that is of giving all (death fear). Accordingly also fear in regard to the sex act is different in the two sexes: the man with his partial genital libido inclines more to the death fear, that is, of losing himself completely, as he can only give himself partially. The woman shows more fear of life, that is, of giving herself away partially, as she can only do it wholly. While the level of genital libido with the man does not necessarily mean complete maturity, although

he may be adjusted on that level, for the woman the complete reaching of the genital level as a rule means maturity also, because so much else in the emotional life is bound up with it. The development of the man beyond the genital level leads to totality in the love experience, which affects the whole ego but also easily becomes the occasion of neurotic conflicts, which on the contrary tend to take place in the woman if she does not come to the total experience, but is forced to give herself out partially. No matter how much the extreme types of men and women may differ in relation to sexuality, it is not the biological form of sexuality which creates the conflicts, but the attitude of the individual, the relation of his personality, to sexuality as such, which opposes itself to the ego as an alien force.

This dichotomy in the individual is found in its original form even on the most primitive level of propagation, which, as is well known, takes place by division. This original partialization which is continued in the division of the germ cells, represents a compromise between the continuous growth which would be synonymous with immortality, and the limits of ego maximation, which means death.[1] Instead of dying in hypertrophic growth, the cell gives a part of itself away in order to maintain the other part. This self division leads finally to sexuality, since the part given away becomes always smaller in relation to the whole and the function is divided between the two sexes, of which the one,

[1] An interesting ethnological confirmation of my conception of the connection between death and sexuality, I find after writing this work in the explanation which Th. Preuss gives of initiation rites, which, according to him, aim at the postponement of death in spite of propagation.

the woman, has preserved the original form of propagation through division, while the man only carries out this act symbolically in terms of the smallest part. This difference of the sexual role reveals itself in the total standard and life behavior of the two sexes, since the man maintains this partialization tendency necessary for practical life as an essential characteristic, while the woman inclines more to total surrender. Deviations from the masculine average, above or below, are to be ascribed accordingly to a strengthened tendency to totalization, while the adaptation difficulties of the woman appear with a predominance of the partialization.

Whether the sex instinct is actually built up from partial impulses, as Freud believed he saw analytically, or whether it has another genesis (see my article "Genesis of Genitality," The Psychoanalytic Review 1925), in any case its development seems to me to be directed by the general tendency of the individual to find a middle way between partialization and totalization. From this point of view one sees clearly, especially in the disturbances of puberty, how the individual over-emphasizes single components, divides himself artificially, as it were, in order not to succumb to the totality of the sexual urge. Whether the component lifted out for perversion was already emphasized originally more than normally, or whether it assumes larger proportions and greater meaning through being split off from the rest of the personality, cannot always be determined. At all events there seem to be individuals who, instead of putting themselves together, divide themselves, as it were, in puberty, which as a failure in ego formation can lead to psychosis in extreme cases. Puberty with its new de-

mands and difficulties of adjustment, seems to bring the individual once more face to face with the part-whole problem which it has already had to solve once in childhood. Perhaps every critical level of development makes necessary a renewed settlement of this economic life principle. In puberty, where the restoration of the original wholeness has arrived in the ego development, the individual is faced anew with the problem of partialization, which seems necessary for the preservation of individuality, in opposition to the total claim of sexuality.

Now however, the generative aspect of sexuality comes to the individual's aid by directing the ego to the sexual partner as the natural complement. In other words, the individual is offered the possibility of solving the partialization problem with the maintenance of the ego wholeness. The ego no longer needs to split itself up, but can perceive its wholeness as part of the other, a solution which comes nearest to the original relation to the mother, and accordingly is so blessed, that is, tends to free from fear. Why this solution, which is already preformed through the relation to other persons (parents, teachers, etc.) does not always succeed, or at least not permanently, depends, apart from the difficulties inherent in the problem itself, on another important factor which complicates the state of affairs extremely. This is the emotional life, the genetic understanding of which we can touch here only in relation to the problem confronting us. In contrast to sexuality, which works more freeingly than bindingly, because it attains totalization in the other without reducing its own totality, the emotional life has a clearly binding effect. Although

there are partial feelings, it is true, still emotion according to its nature is a total phenomenon, in fact an inner totalization of the ego, as love shows most clearly. Although it refers to the other and binds the ego to the "thou," it seems also at the same time to be an ego protection against the partial or total loss of self in the other. For the emotion belongs to me, is always mine, makes me as it were independent of the other, which explains the joy-giving quality often found in an unrequited love. Every emotion which is admitted in its totality manifests itself as love, yes, one might also identify love with totality, just as fear, and all negative emotions, are one with partiality. The well known incapacity for love of the neurotic is explained by the fact that he never lets his emotion become whole or come up wholly, so that it can only express itself partially, i. e. negatively as guilt feeling. However, as I have already shown.[1] with the emotional life there enters, as a powerful factor, the time element, so that totality in this case also means permanence. The incapacity of the neurotic to bear the tension of the emotional life, either as total or as permanent, leads to the fact that he must always generate his emotions partially and afresh, which is just what causes their manifestation as guilt feeling. To bear the same feeling totally and permanently would mean to feel love. How this quantitative alteration of the emotion is to be reached therapeutically, we will try to present in a later chapter.

The temporal aspect, so meaningful in the emotional life, makes us aware of one of the grounds on which the

1 Gen. Psychol. II "Fühlen und Verleugnen," Modern Education, Chapter III.

idea of the whole can be imbued with fear. The total is actually at the same time final, and finality in the last analysis means death.[1] Again this is shown in the fact that the neurotic with all his symptoms, which are partial, like the splitting off of sexuality, seeks to avoid totality, the total surrender to life or to a person, by offering a part as substitute for the whole. The miscarriage of this solution, which apparently succeeds with the average, comes about thus, that with the neurotic, the part is not a substitute for the whole but always the whole itself, because with him the partial always assumes the dimensions of the whole, and therewith of finality. With him, accordingly, it is always a matter of life and death, an avoidance of life that leads him to the threshold of death and a fear of death that keeps him from life.

In this sense the neurotic is a "totalist" that is, an individual who can carry out every act of living only totally, while life demands constant capacity for partialization. In the case of the normal who must settle the same life problem, partial acts seem somehow to sum up to a whole, which naturally does not have the significance of one single act, as with the neurotic. On the side of libido, this totality has been described as "narcissism," but it seems as if this concentration on the own ego were only a defense mechanism against the partial giving up of the self, cement, as it were, that holds the parts of the

[1] The neurotic irresolution and indecisiveness in the beginning or ending of life acts is an expression of death fear, because every decision and every end as final meaning for the neurotic, also wherever it has to do with momentous resolutions and purposive closings as for example in the psychoanalytic cure. His real element therefore is conflict, where at all events he avoids finality.

ego together so firmly that they cannot be given out separately. However, as life constantly demands partial reactions, the overstrong tendency to totalization leads necessarily to inner division as an attempt at adaptation, which perhaps explains also Janet's concept of the dissociation of the neurotic. This inner split of the neurotic, which, in contrast to the outer partialization of the normal, manifests itself as conflict, is always an avoidance of complete surrender, a wanting to give and still not being able to, a gesture of giving without the real act. All neurotic symptomatology is just such an unfortunate part for whole solution, which distinguishes itself from normal partialization in this, that every part again becomes symbol of the whole and accordingly cannot be given. This throws an important light also on the difference between neurotic symbolism and that which has collective value, since the latter actually uses a characteristic part as representative of the whole, while for the neurotic, everything assumes symbolic, that is total, meaning. Collective symbolism, as it reveals itself in art and religion, works therapeutically because it actually gives something, is a partial sacrifice, while neurotic symbolism is a mere gesture with which the individual seeks to withdraw from actual giving.

Before we turn again from these general viewpoints to the analytic ideology, we must refer to a paradox of essential significance, knowledge of which may protect us also from the mixing of theory and therapy. While experience always takes place only partially (in particular) because total experience would be final, that is death-bringing, the understanding of a person is never partial but always possible only as a whole. Accordingly

therefore psychoanalytic psychology can explain only particular human reactions, but never can understand the total personality, the whole man. Rightly for example, does Driesch [1] place the concepts of "wholeness" and its corresponding causality in the center of his vitalistic conception, likewise the idea of development from it, that is the personal development of mental faculties in relation to human beings. Ernst Schneider in a work "Über Identifizierung (Imago XII 1926) has made an attempt to organize some empirical results of analytic research with the help of Driesch's concept. He conceives of identification as an attempt to be rid of fear [2] which has ensued through differentiation. Identification thus shows itself to be a means to integration, an attempt again to arrive at a whole. Identification, is therefore in the last analysis wholeness-identification, in which Schneider, however, differentiates a polarity, since he distinguishes "the striving to give back the differentiated part again to the whole" as regressive indentification, from the "tendency to add to the part so that it grows into the whole," progressive identification. As the basis of all traumata he conceives the "absence of wholeness" which thereby is intensively experienced, and he brings out as peculiarly meaningful differentiations the "trauma of birth" and the "trauma of consciousness." Identification appears thus as the normal opposite to the inner split, which we have character-

[1] See the brief résumé of Driesch's doctrine in his "Metaphysik der Natur," 1927 S. 92.

[2] The same thought, that identification proceeds from the ego and not from the id, that is, that it has fear-controlling not libido-freeing as its aim, S. Bernfeld used later as foundation for his study "Über Faszination" Imago XIV, 1928.

ized before as the neurotic attempt at fear defense; it is differentiated from a split in that it seeks to take the absent wholeness from without into the ego, instead of wanting to maintain it by internal division. On the other hand, identification also has the tendency to make the ego independent of the outer world, and accordingly often has the significance of killing the other, incorporating him, in order to escape one's own dying (from differentiation).

It would be enticing to examine from this standpoint the problem of character which recently has again moved to the center of psychological discussion. The two fundamental views which here also are irreconcilably opposed, according to the distinguished presentation of Fr. Seifert [1] have come somewhat closer through the analytic concept of identification to the naturalistic conception which considers character as given by nature; the idealistic view on the contrary looks upon it as a free personal act of reason. This latter conception has found its clearest expression in Schiller, influenced by Kant's autonomic psychology, which defined man in the idealistic sense "as a being who himself is the cause and indeed the absolute final cause of his status, who can alter himself on grounds which he takes from himself." To this certainly one-sided spiritualization of the individual, may be contrasted roughly not only the naturalism which looks upon character as given, but also Freud's conception, which looks upon it as the precipitate of identifications, chiefly with the parents. In contrast to that, I have again emphasized the individual factor, which, through the given and through that

[1] Charakterologie, 1929.

which has been appropriated by identification, finally makes something of its own, and in truth so much more, the stronger the personality, or whatever forms its nucleus. In a similar sense Seifert also defines characterology as the striving of psychology after the whole man, with the rejection of the subject-object contrast as an anthropological basis. Character is the complete person existing in individual coinage without the elimination or degradation of any essential side of his existence. No matter how one may ally oneself on the matter of a scientific definition of the concept of character, psychologically it always means wholeness or at least the striving of the individual after unity and, however far given partial impulse dispositions or acquired identifications are applied to character formation in terms of psychoanalysis, the latter itself, is only one of the most essential manifestations of individual striving for wholeness.[1]

The only question is, in how far does the individual succeed in this totalization in character formation or even elsewhere, that is, what differentiating forces oppose it, or can bring it to partial decomposition. Statically one can certainly distinguish as does E. Jänsch [2] two fundamental forms of human existence, the integrated and the disintegrated type, which compares in some ways, although not wholly, with the total and the partial type. But even with characterologic disintegration,

[1] Also it again becomes clear here why psychoanalysis has busied itself so little with the character problem, while it discusses the various ego parts in unwearying variation and permutation. That this super-ego and sub-ego psychology may itself be an intellectualistic derivation of the partialization tendency, can perhaps be demonstrated from the original dualistic soul concept of the primitives.

[2] Grundformen menschlichen Seins 1930.

as which one can view the neurosis, one cannot dispense with the dynamic conception, leading beyond the mechanistic one of psychoanalysis. Nearest to the dynamic viewpoint comes the "romantic" conception of Goethe, whose organic-rhythmic "primary phenomenon" of arsis and thesis (rising and sinking) permits character to be understood as proportional forces (balancing forces). According to Seifert, whom we follow in this, this polarity principle is possible in characterology only beyond all causality.

This brings us back to Freudian therapy, yes, to the basic problem of the whole psychoanalytic ideology. When the reproach was made against Freudian analysis in the beginning, that it was not constructive and accordingly should be integrated by a synthesis, Freud answered that the synthesis would make itself. He must probably have made this observation through his patients, and it is correct too, insofar as otherwise they would have been wholly analyzed (dissected) and would have remained so. In other words, he must have glimpsed the working of the tendency to wholeness in the individual, but he has described it only as resistance to his analytic work. With the same right as Freud in regard to synthesis, one could also say of analysis, it does itself, and the synthesis would be more important for the patients. Actually many a neurotic comes to the treatment already too much in pieces to bear a further analysis, while with others one has the impression that their too complete wholeness must yield before they can integrate themselves constructively.

A discussion of analytic versus synthetic therapy is just as unfruitful, however, as a discussion of active

versus passive technique, since there can be no generally valid rule, which would be applicable to every type in every case. Only if one sets out less to find a general technique than to solve the individual problem of the patient, will one recognize how the part-whole conflict is to be solved in every particular situation, that is, at what moment, or in what case, analysis or synthesis, activity or passivity, is necessary. Finally, Freudian technique whether one wants it to be so or not, also combines active and passive, analytic and synthetic elements. To this synthetic aspect belong first of all the restoration of psychic connections through associated remembering and correct placing of affects, the two factors which played the main role in the original cathartic experiment of Breuer. Freud was impelled further and further from this into the analytic through interest in research, which then took effect in his therapy as an overbalance on the side of partialization. Again the mixing of theory and technique is shown, since natural science with its interest in the single problem has always a partial ideology as its pre-supposition, while all therapy (including religion, art and philosophy) must be totalistic to work at all.

Here again we stumble upon a profound point in which the psychology of the therapist type is of meaning for the neurotic type. If a therapist like Freud, and the analysts identified with him, are of the scientific partialization type, then they will never really understand the totalistic neurotic type which approximates the creative artist, and will never be able to help him constructively. They can, it is true, help him unwittingly if it concerns an extreme totalistic individual who needs

just this partialization which the analytic type with his scientific ideology can give, provided this influence, which cannot be counted on anyway, is not paralyzed by the personality type of the particular analyst concerned. In this sense, Freud's passivity was an instinctive protection against this personal influence, although it was maintained in the interest of uninfluenced investigation of the patient and not from therapeutic considerations, that is, from an understanding of the role falling to the analyst. With other analysts, this scientifically justified reserve has become a technical gesture which must be kept up for the justification of endlessly drawn out analyses.

Technically a resistance of the patient during treatment, always according to his type or the momentary localization of his fear (life or death fear), can be directed against an attempt at partialization through the analyst, or also against a compulsion to totalization. In the first case the patient will either resist the analytic partialization through total exclusion (narcissistic cutting off), or he will react with life fear; in the second case, he will seek to avoid a synthetic compulsion to totalization as it ensues through the increase of transference emotion, with a symptomatic partial payment. On this account the reappearance or first appearance of symptoms in analysis cannot be met effectively through their historic-genetic tracing back. Their appearance must first of all be understood from the dynamics of the therapeutic situation itself, which then also throws a light upon their general meaning in the total economy of the personality. In general the first part of the analysis should develop in terms of the (narcissistic) total

resistance to the therapeutic partial invasion (attack), while the second may be characterized in terms of the part holding its own against the totalistic emotional binding, through the appearance of partial resistances (transitory symptoms). According to my experience, one is usually able through a dynamic influencing of the patient to avoid extreme resistances of the one or the other kind, and therewith to obtain a quicker and at the same time a better therapeutic effect.

The widely differing capacities of individuals for the solution of the whole-part conflict, determine also their differences in relation to reality in general as well as to their fellow men. The so-called "adaptation to reality" which the neurotic apparently envies the average man, corresponds to a re-orientation of the individual as a part in a whole, whether it be biologically in the family, socially in the professional group or nation (race) or ideologically in religion or a similar collectivity (science, art, etc.). The neurotic type, quite the reverse, makes the reality surrounding him a part of his ego, which explains his painful relation to it. For all outside processes, however unmeaningful they may be in themselves, finally concern him, are alterations of himself which he perceives painfully. However, this apparent egocentricity originally is just a defense mechanism against the danger of reality, as is normal adaptation, for both strive at bottom after unity, only the adapted type does it by accepting itself as part of the whole (of *a* whole), the neurotic type by always remaining the whole and accepting reality only as part, that is, of itself. As the neurotic does not succeed, he is never able to feel himself as whole, and so perceives

not only the chasm between himself and the world as unbridgeable, but also the division in himself as a constant hindrance to organizing himself as an entity of the world. However, neither is the inner division the cause of his estrangement from the world, nor his alienation from reality the cause of the inner division; both are consequences of his attempt at solution of the problem of individuation, which he can accept only in the total fashion determined by his fear.

The separation of the neurotic from reality is therefore only a seeming one; he is bound up in a kind of magic unity with the wholeness of life around him much more than the adjusted type who can be satisfied with the role of a part within the whole. The neurotic type has taken into himself potentially the whole of reality, on account of which on occasion he can also put it outside of himself in a creative way. But this very creativity which looks like a finding the way back to reality (Freud), remains for the productive type itself always a barrier between himself and the world, for the complete work of art represents the total personality as well as the total reality, which means at bottom that it is still the inner personal wholeness and not the outer, actual totality. This act of putting out, which the artist perceives rightly, not only as a birth but also as a dying, the neurotic can bring to pass in no way. He only takes in, he gives nothing out. He seeks to complete his ego constantly at the cost of others without paying for it. But he perceives the guilt as a double one; on one side, that of the constant taking without giving back again, which on the other side lets his debt to life grow constantly. And however hard he tries, always, as long as he

maintains the inner division, a part must remain unsatisfied, and this must necessarily produce guilt, because in holding back the ego (self maintenance) he must blame himself for missing life (conscience fear), and when he lets it go, he becomes guilty for losing life (death fear).

According to whether the one or the other side of this basic life conflict is more or less over-emphasized one can distinguish two neurotic types or classes, which correspond to a shattering on the one or the other difficulty in finding a solution. One meets here either a partial symptomatology or a total illness, and within each of these two groups again a division, but by no means rigid, into physical and psychic phenomena (symptoms). While in a number of cases the individual succeeds in localizing the fear by means of particular neurotic symptoms, which correspond to partialization of the ego, in other cases it seems to seize the whole ego. With this latter type, whose classic form is represented in depression, a character trait of the neurosis comes clearly to view, which in other cases we can only infer theoretically; namely the individual has not so much fear of dying or the wish for it, rather he *is* dead, it is true not biologically, but insofar as his relation to the world and to positive living is concerned. It has to do with a kind of death simulation reflex, a biological defense mechanism which Kretschmer [1] has drawn upon for comparison with certain hysterical phenomena. What disturbs the functioning of this mechanism in

[1] The motor attack is related to the preformation of the "storm of activity," the syncope to that of the death-simulating reflex in the animal kingdom "Über Hysterie"—1923.

humans is the tormenting consciousness that the individual will not let himself forget that he still lives, although he has the feeling of being dead. Actually, these cases of neurosis correspond to a condition of being buried alive, just as other cases correspond to a constant partial self-murder. The loss of consciousness with certain catatonic and epileptic attacks, other observers have already interpreted as death symbols (for example August Hoch, "Benign Stupors" 1921).

At the other end of the line stands that kind of neurosis which represents a pure consciousness phenomenon, namely compulsive thinking, in which the rest of the personality can usually remain capable of functioning. This is a successful partial solution not only in the sense of social functioning, but also from the standpoint of the suffering person, who therewith escapes more severe injuries, that is, the total fear development. In this as also in the case of the hysterical partial solution which produces a single symptom or a definite phobia, the most important thing for the individual himelf is not the capacity to function which remains, but the part split off in the symptom, for from the individual standpoint, the symptom represents the life maintaining principle, through which the ego is to be conserved. Accordingly the resistance against the giving up of the symptom, which would have as a consequence a general release of fear. The split off part of the ego represents at the same time a secret compartment, in which the life reserve for the dark hour is stored, and fear watches over it that these savings be not given up. Probably every man has in his ego such a secret chamber (by which is meant here not any kind of psychic local-

ization as perhaps the unconscious) which he keeps for himself and cuts off from living until perhaps one day it is spent in the celebration of a great experience. For the neurotic it remains inaccessible, if it cannot be made mobile in the therapeutic experience, in which, however, there is also the danger that he may give up completely in this one experience his whole life capital. The typical neurosis, however, presents the individual who has killed a part of his ego in order to protect it from being lived out, and in so doing has made himself incapable of living. The hysterical type represents the death symptoms carried out in the own ego, the compulsion neurotic type represents the fear of death projected upon the other. "If I do not do this or that then this or that one will die," is not the expression of repressed death wishes with simultaneous self-punishment from guilt feeling, even where it may appear so; this is ultimately only a defense against the death fear through the killing (sacrifice) of the other. The compulsive condition in the last analysis always implies "If I do anything at all, that is if I live, then a misfortune occurs, that is, I will die." Accordingly life is restricted in order to keep off death, but this repression of life is again only death, which the extreme compulsion type also acts out in his self seclusion, exactly as does the hysteric in his attacks.

From this conception of the neuroses as a self restriction of the life function in the interest of protecting from death (fear avoidance), we learn to understand the essence of normal repression as a self protection, which, however, works like a two edged sword. While we protect ourselves through all possible social precepts, moral-

istic restrictions, and ethical ideals, from a too intensive or too quick living out or living up, we feel ourselves guilty on account of the unused life, the unlived in us. However, if we step over these repressions set up for self-protection, then follow repentance and conscience fear, which are expressions of threat by death, which is brought nearer by experiencing. This double repression mechanism creates the appearance of self punishment, but is just as much self protection. All moral fear, including conscience fear which proceeds from the super ego, is accordingly fear of life and serves as protection from it, while all outer restrictions, like law and moral conventions, represent only objectifications of this inner barrier, which, when projected outside, unburden rather than hinder the individual. In other words, the conventions in the broadest sense of the word prescribe for the individual an average partialization and dosage of his experience, which has proved itself through generations, and has found its precipitate in certain laws, customs and moral precepts.[1] The average man is glad to find such a scheme of which he can make use, while the total human type has difficulties fitting into this partial living. He must accordingly either establish his own partial repression inside (symptom), or take flight to a total repression which approximates death. In no case, however, is the fear which the neurotic shows the consequence of his inner repression, but rather the cause of it, although the neurotic repression, which

1 During the writing of this work, an article by R. de Saussure comes to my attention, which proposes to bring to account the new orientation of Psa in terms of ego psychology through the fact that one assumes a "repression instinct." Revue Française de Psa. Tome 1930.

always goes too far, is total, and again releases fear. This, however, is the fear of not being able to live, while the fear leading to repression is the fear of having to die.

CHAPTER IV



ILLNESS AND HEALING

"Gibt es vielleicht—eine Frage für Irrenärzte —Neurosen der Gesundheit?"

"Are there perhaps—a question for psychiatrists—neuroses of health?"

—NIETZSCHE (1886)

THE psychoanalytic conception of the neuroses and of illness in general in the broader sense, leads necessarily to a new conception of the idea of illness, which one might best designate perhaps as a philosophy of suffering. From our earlier deductions on life and death fear, we obtain first of all a basis for understanding suffering which extends beyond the rational notion of self punishment into psycho-biology. Illness, at least that designated as neurotic, proves to be a means of partial payment to death, an attempt to escape a complete through a partial killing off, that is, to avoid death fear. That this attempt of the individual to deceive life, ends with the deception of the self in regard to life, is just what constitutes the neurotic quality of this type of illness. It is evident that in the neurosis the human being misuses one of nature's predestined ways in self-willed overvaluation of self, and thereby divests it of its biological value. The human arch evils which Buddha designates

as age, illness and death, cannot be accepted by the self-conscious individual as a natural consequence of the life process. Since ageing and dying resist every influence, man picks out illness as the evil to be attacked in order to test out on it his power over nature. However, a deepened understanding of human psychic life teaches us that illness is not only biologically necessary, but as a partial dying, is even wholesome, since it releases new capacities for living and also serves psychologically as a kind of payment, an unburdening from guilt feeling, through the release from fear.

The psychology of the neuroses in the narrower sense brings up the broader problem, whether and to what extent the human being can himself produce illness, or even develop a given germ for that purpose. It seems probable that this might happen when his fear of life or his guilt to life from continuous refusal to live, becomes so great that he can balance it only with a temporary or lasting illness. The neurotic type therefore lives negatively, as it were, since he pays not with life but with death; seeks to buy himself free by an apparent partial killing (illness) without gaining anything thereby. This cannot be explained on the basis of unlucky-person psychology, on the contrary the neurotic will accept nothing, not even good luck, because he is unwilling to give, in fact cannot give anything. It seems therefore, that in neurotic illness we are dealing with an attempt on the part of man to force nature, that is, an attempt against himself as a part of nature. Although this situation now seems clear, still it is not evident who, or better said, what the source of compulsion actually is, and what end this whole process is intended to

serve. In the study of the neuroses, it has gradually become clear to me that Freudian psychoanalysis, although it had recognized this paradox could not understand it fully because it had left out an essential factor in psychic life, namely, the individual will. Accordingly, in its conception of the neuroses Freudian psychoanalysis remains fast in self-punishment, a concept based on the idea of punishment from the outside and imbued with its moralistic flavor. Just so, the part that exercises this self-punishment, Freud's super-ego, is itself only an inner representative of outer sources of force (father, society) which once have punished or potentially could punish. In contradistinction to this view point, I assumed even in my first book, Der Künstler (1905), a capacity for inhibition inherent in instinctual life itself, almost an inhibition instinct which I was not able to distinguish as will until later [1] after I had recognized its positive side as the organ of integration of the impulsive self and its constructive capacity for ruling, developing and changing, not only the surrounding world but the self. To show how the individual will forms itself in relation to the outer influences of authority and reality, that is strengthens itself on them or breaks, is a matter for a genetic psychology. In the developed individual we find the will already present as an autonomous power capable of effecting positive changes, although often enough it manifests itself negatively. Schopenhauer was probably the first to recognize clearly that man can transform will to not-willing, a discovery which certainly

1 This conception derived from my analytic work I have since found confirmed by Klages who, although too onesided, understands the will as an inhibiting organ; see the summarized presentation by Ludwig Klages "Persönlichkeit" Das Weltbild Bd. 11 Potsdam 1927.

loses much of its paradox if one has learned to understand that the will of the individual is originally a "not wanting," not only in relation to outer force, but also with regard to inner compulsion.

We now return to the concept of illness, which remains incomprehensible without the will psychology. It is clear that the negative nature of the will, the not-wanting, makes it possible to resist illness, as in fact folk consciousness itself so richly testifies. The new element in our conception however is this, that positive will can take illness as something willed or at least affirm it, or use it, and further as creative will even be able to overcome it constructively. The greatest witness for this process as well as the source of the first psychological insight into its significance is Nietzsche, who as is well known, not only affirmed his illness, yes, actually glorified it, but who discovered through his own experience that becoming well is of more value than being well, because it is more constructive, yes, in a certain sense is creative. He says "I took myself in hand, I myself made myself sound again." The prerequisite for this process is that one be sound at bottom. A typically morbid being cannot become healthy, still less make himself so, while for a typically healthy person, on the contrary, illness can even be a powerful stimulant to continued living. Nietzsche, however, has not only experienced in himself what we see in so many artists, namely that any kind of illness can lead to creative overcompensation in work [1] but he seems also to have suspected the deeper problem,

[1] A similar conception lies at the basis of Alfred Adler's doctrine of the tendency to over-compensation for inferior organs and Wilhelm Ostwald's idea of a biological tendency to "overhealing."

that both illness and work are the expression of a creative will in the individual. Be that as it may, at all events, the will psychology which I have developed from the study of the neuroses has led me to believe that in certain situations of illness the individual strives for a re-creation of self, which perhaps many times gives the appearance of self healing, but does not have this for its aim. Even Nietzsche after his self healing became not healthy but productive, that is, was able to transfer the creative urge from his body to the personality, as is manifested spiritually in his work. With this deviation we leave the productive personality in order to turn again to the neurotic, in whom the creative tendency instead of expressing itself objectively, remains exclusively confined to the ego itself.

The neurotic is a person who expresses his creative will exclusively within his own ego, both physical and psychic, which shows that he cannot really accept the self as given. Accordingly we see his discontent with himself, with his ego as it is, and his compulsion to remodel it in terms of his own will. It makes little difference whether he has an ideal image of himself in mind or not, for always he is concerned more with the expression of his will, and less with the attainment of a definite goal, in any case, probably beyond reach. Consequently also he does not really want to become healed or well, because that itself would mean attainment of a goal which he would probably like to attain if it were not a goal. For the goal is an end and the end is death for the neurotic, even though it be the end of a therapeutic treatment with health as its aim. But the neurosis is more than the manifestation of the individual creative

will exercised upon ego, it presupposes also the expression of the destructive will upon that part of the self which has been overcome. In other words, it is a willed attempt at remodelling on the part of the individual who wants to create himself in the exact image of his own ideal. The neurotic illness shows this melting up process (Peer Gynt's melting pot) *in statu nascendi,* in which the old has been dissolved in part and the new is not yet crystallized out. Why is it that so many men apparently remain hopelessly caught in this process of remodelling the given self into a willed ego, and often enough cannot be freed from it by any therapy?

This question can be answered only by a consideration of the several aspects of this complicated problem. First of all it seems to me we must remember that, in spite of the constantly increasing number of neurotics, the majority of men do somehow complete the task of self formation and self creation; on the other hand, that the increase of neuroses is connected with the increase of self-consciousness, and also with mounting guilt and fear, for the control of which the individual is thrown more and more upon himself as the collective therapies fail. Another reflection leads more deeply into psychology and ties up with our conclusions on life fear. It is not merely that the dissatisfaction with the given self which characterizes modern men is the result of too highly aimed ideals, but the inability to accept self is itself a consequence of fear, which causes the individual to flee before life, whether it be into an ideal formation which artistic unreality represents objectively, or whether it be a symptom formation as neurotic unreality represents it subjectively. One finds as a rule various

mixtures of these two flight mechanisms in one and the same individual. The conception just presented presupposes two facts: the broadening of self-consciousness, which, especially in the psychological era in which we live, needs no further explanation and the increase of the emotions of guilt and fear which shows itself as a specific increase of neurosis. Both are clearly connected with increasing individualization which throws the individual evermore upon himself, a condition which the ego strives for basically in any case. The dark side of this individual self mastery is the increased self responsibility which manifests itself as guilt feeling and leads to mounting fear.

Again we come upon the basic part-whole conflict, for the fear which appears in consequence of individualization, is the fear of being alone, of loneliness, the loss of the feeling of kinship with others, finally with the ALL. Here psychotherapy enters as a binding function, not only in its effort to bind the isolated neurotic to society, but even in its method, which offers to the patient in the person of the analyst, the "thou" from whom he had estranged himself in self-willed independence. That this "thou" then so easily becomes the "all" for the patient is now clearly comprehensible and constitutes the most difficult aspect of the treatment of the neurotic type, which is formed on the all or none psychology so that either aspect has for him a death meaning, that is, tends to unleash fear. Since we are saving the analysis of this therapeutic process and the role of the therapist therein for the next chapter, we turn again to the discussion of the concept of illness. There is no doubt that in the illness resulting from the attempt at re-creation

of the given self into a willed ego, the moment at which the individual looks to a therapist indicates an important turning point. This is characterized by the fact that it means on the one hand a step toward bettering the situation, on the other hand also, the climax of the neurotic process. For this turning for help to a stranger is a gesture with double significance; it indicates not only a hopeful inclination to give up self-will, but for the self ruling individual also a confession of defeat. There are mingled in this initial situation, as I have pointed out elsewhere, stubborn tendencies together with yielding, surrender together with domination. In psychoanalytic terminology, the patient comes with resistances, but I do not believe that in every case these resistances must be removed, overcome or broken down in order to get results. This view could arise only on the basis of a psychoanalysis centered in the therapist, which could recognize in the defense against alien help only the "resistance," and not the self healing tendencies also contained therein.

The neurotic illness, as I understand it, includes from the beginning self-creation, no less than self-destruction, and I believe that a dynamic therapy should bring these constructive forces in the individual into play instead of forcing him to accept alien help, which naturally includes alien values and evaluations. In other words, I try to bring to fruition the autotherapeutic forces in the neurotic, which hide behind the so-called resistances, and often can only manifest themselves negatively. The autotherapeutic function of the neurosis, which has been revealed to me from the constructive understanding of the idea of resistance, expresses itself not only in

the general attitude of the patient to life, to analysis and to himself, but also in the particular symptom formation and symptom transformation as it ensues, not only in the course of the illness, but also of the healing process. I have never yet seen a neurotic who has not used his symptoms, earlier or later and more or less consciously, in terms of self therapy as a proof or test of power. In other words, he produces the symptom or in chronic cases uses it, in order to see whether he has already overcome it or can still do so. He does the same then with the treatment itself, not only after it has won a definite meaning for him but in a certain sense from the very beginning. We have already established in the initial situation, this conflict between seeking help and not being willing to take it. The same conflict is valid naturally for the symptoms appearing for the first time or reappearing in the therapeutic process. They are to be understood as gestures of independence with which the patient symbolizes his total situation; he makes himself sick again in order to prove to himself that he can also make himself well.

In this sense the reappearance of symptoms is also to be evaluated as a sign of progress, if one knows how to utilize it dynamically. However, since all symptoms in the last analysis mean fear, and all therapy, even self help, in the last analysis means the overcoming of fear, basically the whole question of the neurosis goes back to the problem of fear, which, as we have seen, is not merely a quantitative problem but also one of quality and direction. The question is not merely why the neurotic has more fear than the normal but also whether at the moment it concerns life fear or death fear, and finally

whether the fear, of whatever kind and intensity, drives him forward or back. Whatever the importance of the quantitative factor, it seems clear to me now that with a certain type of man the degree of fear corresponds to the strength of the life impulse; that is, the intensified death fear is opposed to an increased drive to life, which the fear must hold in check so that it will not spend itself completely. This transforms death fear into life fear which, in the neurotic, paralyze each other and so give the appearance of a complete inhibition, by which nothing can be lost but also nothing won. The type that may be able to free itself from this dilemma, if we dare schematize roughly, has a choice of two ways, either the ruling of the impulse life by will instead of fear, or the overcoming through love, that is, by a certain form of the giving up of self to the other, which is made possible by the fact that the individual receives as much as he gives, therefore is protected from complete loss of self. It is easily seen that the first way, the voluntary ruling of the impulse life, which the neurotic strives for in vain, leads to the productive type, while the love surrender corresponds to the biologically predestined dependence upon the other sexually. The productive type also turns, but in a less direct way, to others, whom, however, he makes dependent on himself rather than binds himself to them. He gives his work and not himself, unlike the average person who remains much more immediately tied up with life. The neurotic, on the contrary in contrast to both remains ego-bound, that is, not only his destructive but also his productive tendencies remain directed upon himself, from whose totality he can either

not free himself at all or only by too extreme a split.

From this viewpoint the neurotic is incurable in the sense of ever attaining the normalcy of a type differently adjusted, which is the goal of Freud's ideological therapy. The Freudian formula for the restoration of the capacity for work and pleasure, applies at no point to the neurotic. First of all there can be no question of restoration, for the true neurotic was never capable of work and pleasure in the normal sense, and neither can he be brought to this commonplace ideal. He *can* become capable of living, that is, of overcoming fear sufficiently so that it does not constantly keep him from life; in the most favorable cases he can even become productive (or again productive) which, however, is not identical with Freud's capacity for work. The cure of an illness seems to me almost always to mean more than a mere restoration, certainly in neurotic cases if the man becomes well at all, usually he becomes more healthy than he was before the illness or could have been without it, provided the treatment, organic just as often as analytic, does not destroy this self creative "super healing." If the man is only "restored" he is, as a rule, still sick, which may mean that he can easily fall into slighter illnesses. There are many men who get sick in this way without ever producing the strength or courage for a real illness, which could make them quite well, but perhaps could wholly annihilate also. It is then more a practical question, whether one can affirm of a man that he is sick and only well part of the time (which is not identical with healthy) or whether one emphasizes the good times, and deplores that they are interrupted by illness. At all events the

least productive humans seem to remain free from the crises of neurotic illness,[1] but the relation between production and neurotic illness has hitherto remained obscure. Certainly, production can be the creative working out of illness, but just so, illness can occur as a reaction to producing, whether it be a kind of exhaustion, whether it be guilt feeling because of success, or finally a toll to life. At all events, I have seen hysterical patients in whom a physical malady appeared only temporarily as a reaction to good intervals. They considered themselves ill, although chance often granted periods free of suffering. Naturally it all comes to the question with what frequency and intensity the crises occur, of what kind they are, and what the individual does in the intervals. One can't possibly say, however, that this person would do more or better if he were symptom-free, for perhaps his suffering is the presupposition of his capacity for producing or the price which he must pay for it. This naturally cannot be said in advance with certainty, but wide experience plus human (not medical) understanding of such cases will at all events protect one from misconceptions in the therapy.

Certainly in such cases, and perhaps in general, the symptom serves as a justification for certain inferiorities and guilt feelings, which in the last analysis again lead back to life fear, but the physical symptom makes out of a *not-wanting-to* a *not-being-able-to*. It makes the fear concrete, so to speak, and thus justifies it. Under certain conditions a symptom can even become the life goal for an individual who otherwise would be destroyed by the

[1] This is valid not only for most artists but as William Ostwald has shown especially for the scientific creative types.

idea of death. The life goal in such a case is to become well, but the individual never reaches it because, if he did, it would become clear that he has no other life goal and this would mean the end. For the neurotic, health is not a medical but a moralistic idea. To be well means to be normal, means to be otherwise, is more a symbol than an ideal, just as, moreover, psychotherapy, as a means for becoming well, has or acquires much more symbolic than practical meaning for the patient. Therefore, is it particularly important to understand this symbolic meaning of the therapy and the therapist? Only then can one estimate what it means that the patient seeks out the therapist on the one hand to be cured by him, on the other, however, uses him to show himself first of all that he can become well, that is, productive, without the therapist or even in spite of him. Likewise one then understands that the therapy itself is comprehended by the patient under all circumstances as a kind of higher occupational therapy, since by means of it he can, as it were, apply his creative impulse according to his own will upon the process, the therapeutic task instead of on himself. In this endeavor dynamic therapy supports him, otherwise he directs his neurotic destructiveness against the process as representing his own ego. In this case he destroys, in place of himself, the therapeutic work representing it, especially if it is the work of the therapist. If he has enough creative energy left over he will produce (which often occurs as an after result of an ideological therapy) a physical illness at the ending of the analysis, of which he then cures himself by his own strength. Many times this happens even in the course of an analysis ideologically conducted, and it

looks as if with the removal of psychic inhibitions, the physical restriction had become no longer necessary. However, it is at least just as much an expression of voluntary creative energy, which the ideological analysis hinders in its activity, and which accordingly can only manifest itself as resistance. On the other hand in this re-creative process which the illness represents, the destructive impulse also has a proportional share, so that the outcome of such an illness can be negative even so. It seems that here also Nietzsche was right when he said that he who is sound at the core, with whom, therefore, the creative drive is at bottom stronger in spite of all illness, yes, in spite of all cures, finally goes forth well and strengthened from all experiences of death, if only he wants to live; while the basically sick, in whom the inhibitive impulse is predominant, never becomes healthy as long as he does not overcome life fear.

This evaluation of illness as an expression of the individual creative force leads to a wholly different conception of the neurotic, yes, almost to an apology for the neurotic type who not only unites in himself potentially the possibilities of destructiveness as well as of creativeness, but also demonstrates them factually. The neurotic, although he is not successful in displacing these two basic tendencies ideologically from his own ego to objective work, nevertheless corresponds much more to a miscarried artist (productive person) than to an average man who has not achieved normal development. The attitude of scorn which the therapist type has for the neurotic, in spite of all his understanding, arises in the last analysis from the fact that he sees in him his own destructive self, just as the patient seeks to find in the

therapist his own creative ego, by means of identification. In this sense therapist and neurotic form two complementary types, whereby the therapist uses the patient in psychic terms exactly as the patient uses the therapist.[1] The misunderstanding of this situation has led to the misunderstanding already pointed out, that psychoanalytic theory, which represents a psychology of the therapist type, was maintained as a psychology of the neurotic while it is really only his therapy; in other words, that while psychoanalytic theory is therapeutically oriented, the therapy is ideological. The recognition of this fact leads necessarily to my conception that the healing factor of psychotherapy consists not in psychological self knowledge and its ideological formulation, but in the therapist type itself, whom the neurotic seeks and wants to use as the ideal completion of his own ego.

In order to be able to use this therapy of complementary types dynamically, it is necessary to understand the psychic play of forces which underlies it. We have seen how, to the original biological duality of impulse (instinct) and fear in human beings, is added the psychological factor par excellence of the individual will, which can manifest itself partly negatively as inhibition (control) and partly positively as creative energy. However, this creative drive, which we also saw at work in the process of illness, is not sexuality as psychoanalysis assumed, but an actually anti-sexual tendency in men which we have characterized as a voluntary control of

[1] See "Truth and Reality." In a notable book, which has come to my attention in working out this chapter, I found a similar comprehension of the transference relation which the author, Schulte-Vaarting, tried to explain sociobiologically by leaping over all psychological factors. "Neubegründung der Psychoanalyse" Berlin, 1930.

the instinctive life. Precisely formulated I understand by the creative drive, the impulse life put at the service of the individual will, and this naturally includes sexuality. When psychoanalysis speaks of the sublimation of the sex instinct, by which is meant its diversion from the purely biological function and its direction to higher goals, the question as to what diverts and what directs, is avoided by the reference to repression. Repression, however, is a negative factor which perhaps can divert but never direct. Also the further question remains open, what originally leads to repression itself. This question, as is well known, was answered with the reference to outer deprivation, which also means only a negative restriction, while I represent the conception that at least from a certain point of individual development on, voluntary control takes the place of repression and autonomous use of the sexual impulse in the service of this will, effects the sublimation.

We have therefore to reckon in the growing individual with the triad, impulse, fear and will. The dynamic relation of these factors determines the present attitude, or, after the attainment of some kind of balance, the actual type. However unsatisfactory it may be to put these dynamic processes into typical formulae, still it remains the only way to approximate clarity in this complicated matter. If we compare the neurotic type with the productive, then it is clear that with the former the impulse life is repressed too far. According to whether this neurotic impulse repression ensues by means of fear or the will, we have the picture of fear neurosis (hysteria) or compulsion neurosis, the typical illness in the sphere of will. In the productive, on the contrary,

the will is dominant, with a far reaching control but no repression of the impulse life, which is thus freed for a creative social use that tends to ameliorate fear. The impulse life is relatively unrepressed in the so-called "psychopathic" type, to which also the criminal belongs. With this type the will affirms the impulse life instead of controlling it; that is, in spite of the opposite appearance, we deal with weak-willed human beings, who are subject to their instinctual impulses, while, quite the reverse, the neurotic, contrary to the common conception, represents the strong-willed type, but he can exercise his will only on his own ego and, on the whole, repressively. Quite schematically one could perhaps formulate it thus that with the neurotic, fear has the upper hand, with the psychopath, the impulses, and with the productive, the will, although in actuality these extreme types always appear mixed for the most part, and also do not remain constant dynamically. On the other hand, it seems clear that a complete love life of which no one of the three named types is capable, unites all three factors in an harmonious way. The impulse life is satisfied in sex, the individual will fulfills itself in the choice and creative transforming of the mate, while fear is overcome by the love surrender. Moreover, guilt feeling is produced in as slight a degree as possible because the different parts of the personality, the impulse ego, the will ego and the fear ego, work with, instead of against, one another, and because biological guilt to the partner, as well as the social guilt to the fellow man, is paid off through voluntary, yes, joyful giving.

With the three types described above guilt feeling is as unavoidable as the heat produced by friction in ma-

chinery. With the neurotic, guilt feeling is restrictive of action and serves like fear as protection against it; with the psychopaths (criminals) guilt feeling as a rule follows the impulsive behavior as repentance; with the productive, guilt feeling usually accompanies creation, upon which it can exercise a repressive as well as a furthering effect. (See the chapter on creative guilt feeling in "Truth and Reality.") The productive pays, however, not only to life, to mankind with his work, but also to death with neurotic suffering of a physical or psychic nature, and on the contrary many a product is the payment to life of a type basically neurotic. Accordingly it is possible to differentiate two fundamental types of artist, as there are also two great groups of neurotics, sometimes called the Dionysian and the Apollonic, and again the romantic and the classic.[1] In terms of our dynamic viewpoint, the one should be nearer to the psychopathic impulse type, the other to the compulsion neurotic will type; the one creates more from exhaustion and in compensation, the other more from vigor through sublimation. The work of the one is whole (total) in every single expression, the work of the other even in its totality is partial; the one lives itself out positively in work, while the other pays with work; not to society, for both do this, but to life from which the one type seeks to buy itself free through voluntary creating, while for the other type, work is the expression of life itself. Here again the predominance of life fear or death fear within the play of forces of im-

[1] Recently E. Von Sydow has designated these polar opposites from the standpoint of aesthetics as "love-ruled" and "love-ruling" art, "Primitive Kunst und Psychoanalyse" 1927.

pulse and will, differentiates this or that kind of creative type (artist, philosopher, etc.) and also the differing productivity within the same type. This is valid, as we have seen, for neurotic production also, which in the striving to lessen or avoid fear has to choose between total giving up or partial giving off, and must find both unsatisfying. Illness can be both, no matter whether it is more concerned with a protection against living (repression) or with a paying off to death. There are men who spend themselves in illness, as well as individuals for whom being sick corresponds to a saving of life strength. In general a psychoneurosis will always carry rather the character of parsimonious sickness, that is of repression of life, while the physical illness corresponds to a payment to death. In both cases however, the actual soul life of feeling and willing is exploded either in physical symptoms or in cerebration.

As I have shown elsewhere, emotion arises from impulse dammed within, in which the will bringing about this inhibition seems itself softened (Modern Education 1929). In this sense, every emotion is a mixed feeling of aggressive and submissive tendencies in which the first predominate in the affect,[1] the latter in the emotion. The aggressive character of the emotional life, its longing for expression, comes from the dammed instinctual impulse; the yielding, releasing character of the emotional life from the softening of the will. The hysterical physical symptom has the yielding character, compulsive thinking (or acting) is impulsive and aggressive. This is

[1] Translator's note: In Genetische Psychologie II, Rank defines affects as the alienating, painful feelings, such as jealousy, anger, hate, etc., while he uses the term emotion for the uniting, binding feelings.

connected with our earlier formulation, according to which the phenomena of hysterical illness are death symptoms represented in the ego, while apprehensions and wishes of the compulsion neurotic, on the contrary, correspond to the death fear projected upon the other. The compulsion neurotic represents exactly the will type, who has the tendency to kill the other in order to live, while the hysteric must die (kill himself) in order to live at all. In both types, however, illness (neurosis) corresponds to a denial of emotion, that is, emotion is either dissipated into impulsive action, or inhibited by will, or is hindered from expression by fear. For the expression of emotion tends always to totality, which means a giving up of self or losing of self, in the last analysis, death. He who does not perceive emotional expression as renunciation, that is, who affirms and does not fear it, will not need to use either a physical or a psychic illness to drain off his emotional life. The utilization of the rich scale of emotions of the human psychic life, with its capacity for feeling pleasure and pain in small doses, is the best guarantee for remaining well and being happy. The majority of neurotics, especially of the compulsion type, know that they suffer from emotional impoverishment or denial of emotion, but the therapy for this lack is neither a sexual living out (expression) nor a "sexual analysis", since the emotions arising from the sexual sphere, when they appear unmixed, are too impulsive, pressing too impatiently for outlet to be able to serve for a unifying of the ego or to lead to it. Sexuality can and also ought to serve as an outlet for emotions arising from other spheres, but these must first be awakened and accumulated, if they are to

have a constructive as well as a cathartic function.

The hysterical type represents all of his emotions, not only the sexual ones, with his body, as for example psychic suffering as physical pain, aversion as nausea, and so forth, while the compulsion neurotic emotionalizes his thinking. Psychoanalysis in both these cases has spoken of a sexualizing of the bodily functions, or of thinking, which is by no means the same thing. This viewpoint arises from the fact that for Freud the emotional life develops from the sexual sphere, therefore his sexualization in reality means emotionalization. Freud could not study the rich scale of the emotional life by means of the neurotic, since the latter suffers from impoverishment of emotion, actually from parsimony. For emotion pushes finally to surrender, at all events to giving out (expression) no matter what specific emotion is involved, and the neurotic exercises emotional restraint on the same grounds on which he inhibits every other expression of life, because one can lose one's self, renounce one's self in emotional expression, whether it be of the yielding or aggressive kind. The therapeutic relationship with its action-restricting and emotion-forming situations is accordingly in essence a learning to feel, a process in which the individual learns to develop emotion, but also must learn to recognize the emotion arising in himself, that is, must accept and bear it without letting it out in any way other than by thinking and speaking. Once the damming up in emotion is achieved, that is, once the individual can let emotion arise and keep it, then the first step toward the unification of the ego has been taken, a unity which was broken up by the fear of total loss. In place of instinc-

tual drive and repressive will which are in conflict in neurotics and balance each other dynamically, emotion enters, which not only represents both spheres but also binds them, in a word, represents the total personality on the last level of its evolution.

CHAPTER V



THE ROLE OF THE THERAPIST IN THE THERAPEUTIC SITUATION

"Das Geeinte zu entzweien, das Entzweite zu einigen ist das Leben der Natur."

"To divide the united, to unite the divided is the life of nature." —GOETHE

THE concept of neurotic illness just presented necessitates a discussion of the therapeutic agent, which we shall begin with a description of the role of the therapist. In the first place, it is important to emphasize that this conception of the neurosis does not lead directly to therapy, for knowledge does not lead to therapy anyway and is certainly not the therapeutic agent for the patient. Our knowledge of the neurotic type, as we have presented it, has been won therapeutically, not from the analysis of the patient alone, but also from the understanding of the therapeutic situation and especially of the role played by the therapist. Therefore we are not concerned to give a description of a "technique" which does not exist in the dynamic therapy of the neurotic. Every technique must necessarily be oriented from the standpoint of the therapist, and must contain

definite directions as to what to do or to leave undone. Dynamic therapy on the contrary is oriented in the patient, and indeed essentially in the particular individual as such. On the other hand, one can and must know in general what the patient does, that is, what he must do and what he should avoid. The following description in algebraic formulae, of the dynamics operative in the analytic situation, is only understandable if one presupposes the knowledge of the therapeutic agent won from the practice of psychotherapy which we have presented in the preceding chapters. This knowledge is not therapeutically used, however, but serves to light up the understanding of what goes on in the therapeutic process in its constructive and destructive aspects. The role of the therapist is given through the patient, who functions as author; the task of the therapist is rather that of producer, who has to see to it that the performance runs successfully and undisturbed, and who must be always ready to take over any role that is demanded.

Already this comparison points to the multiplicity of roles falling to the therapist in the course of a treatment which are inherent in the case itself. Regardless of whether the patient gives to the therapist the role of a parent or spouse, of a brother, sister or friend, of a superior or inferior, temporarily or persistently, the therapist must penetrate beyond the concrete content to the ego of the patient and its division, if he is to understand and utilize the dynamics therapeutically. For the patient assigns to the therapist alternately the roles of a partial ego, whether it be now the impulsive ego, now the willing ego, or again the restraining fear ego, and of these selves the life relationships of the

moment (parents, spouses, etc.) are only symbolic representatives. In other words, the first therapeutic effect, which as a rule appears soon after the beginning of the treatment, is a projective unburdening from the conflict of the inner ego split, which is displaced outside and made concrete. In contradistinction to the usual life projection upon parents, spouses, etc., the therapist takes over the role of an assistant ego on the basis of his attitude, whether he is conscious of it or not. The patient will probably first assign to the therapist the ego part felt as most disturbing, but in consequence he will soon seem to fight against the therapist in this very role.

With the successful objectification of a part of his ego, there takes place at the same time a decisive alteration which, as one sees here, is not brought out by any kind of treatment, but by the situation itself which makes possible for the patient this new ego division. (The so-called "character analyses" of which a few advanced Freudians speak and in which a character alteration is striven for, is, therefore, at bottom the process of alteration introduced by the patient himself through his neurosis, which we have characterized as voluntary re-creation of the own self.) The neurotic defends himself against having the therapist want to change him, and this with right if it implies an alteration in terms of a predetermined schema, but he alters himself continuously, and his regressive tendencies only prove how strongly he struggles against it, because change means development and development means life, which finally leads to death. In the dynamic therapy, which is based on the understanding of the role of the therapist, the patient is forced to change just through the fact that the therapist accepts

the ego role assigned to him temporarily, and with the objectification of a part of the ego, a new dynamic situation arises inside, which in its turn effects another economic division of energy.

That this first unburdening can as yet work no healing is clear. First, it is not lasting and leads accordingly to new unburdening projections; secondly, the situation itself must be given up sometime and with it the assistant ego; and thirdly, even with its continuance it would be only a partial living in which the patient would lead, as it were, a parasitical life. The therapy ought to bring him finally to an emotional ego totality, on the basis of which he can at last express himself emotionally and thus buy himself free. Here it becomes comprehensible that the emotional life actually represents a kind of conventional means of payment like our paper money, which is taken for actual money only in trade, that is, in mutual exchange. Emotion is never a real loss but only a fictitious one; no actual giving is involved as it remains fundamentally always mine and as a rule only finds expression when it is answered by the other, that is, is given back. Moreover, emotion, even when it is of the yielding kind, is always only an apparent giving, for it remains either entirely in the ego or is immediately restored to it. Therefore, usually only that is given and only so much as one is sure to get back from the other. In other words, there is in the individual the tendency to the maintenance of a certain feeling quantum, by means of which the ego compensates momentary losses, that is, can avoid or lessen fear reactions. This explains many a riddle of the emotional life; for example, why the individual can feel guilty because of

his feeling for another; because it is just feeling and not more, that is, is not actual giving but only a gesture, which simulates giving in order to free the individual of his guilt, which it really only increases. Accordingly one often finds very egoistical persons like the neurotic, capable of strong emotional perceptions with complete inability to express emotion.

The patient in the therapeutic situation develops intense emotions, which he, as a rule, keeps to himself, although he could express them. He receives from the therapist, it is true, no expressions of emotion but he does get help, for which he must pay in some form. His giving back, however, takes place in the purely egoistic form of the development of an emotion for the therapist, which he keeps for himself and which accordingly makes him all the more guilty. At the same time there goes on the process described by psychoanalysis as libidinal, which in dynamic terms, consists of the fact that the neurotic who has never learned to use the conventional feeling payment, with every giving out, however slight, drags in his whole gold treasure in order to pay in actual currency. He must first learn to make good with the expression of his emotions, be it only a symbolic (verbal) expression as a potentate repays the services done for him, through insignia. What we have here described in allegory, amounts dynamically to the conflict already spoken of between partial and total. The neurotic in giving at least chiefly in giving, can only be total, and is not able to operate with the emotional surrender which represents only a symbolic part for whole. The normal gives emotions in smaller doses in order to be able to keep everything else, that is, the whole self

for himself, while the neurotic thereby incurs the danger of making the emotion total and losing himself entirely in it.

As a powerful means of expression for this partial giving, verbalization of emotion is to be noted here. The first improvement in the treatment which we have ascribed to the ego unburdening, is usually explained as the effect of the "confession," for the psychological understanding of which much is still lacking.[1] What we can contribute to it here is based on a recently published ethnological study of the confessional and touches its first magic stage with the primitives.[2] The primitive is naïvely convinced of his continuing existence and ascribes illness and death to the mysterious effect of harmful matter penetrating him from without; his therapy consists therefore in putting this matter outside again and thereby making it harmless. This may be accomplished either through blood letting, as for example in many South American peoples, or through the taking in of an emetic, as with various North American Indian tribes. More symbolically it may be effected by the removal of pieces of clothing as parts of the self or by washing; finally, the well known drawing out of the alien body causing the illness, through the medicine man can have an astonishingly suggestive healing power. This giving up of ego or physical parts in place of the whole ego (dying) which I should like to conceive as a sacrifice in the sense of partial buying off, led finally in the penance of the church during the middle ages to

[1] Compare Th. Reik's well known attempt to explain the confessional psychoanalytically from "compulsion to confess and need for punishment" 1925.

[2] R. Pettazzoni: "La Confessione dei Peccati" (Bologna 1929).

lighter and more difficult works of mortification (killing off). There is also the fact that the magical confession used since earliest times, in order to banish the illness with magic words, means just such a giving out of the poison matter from the inside. For, say the Kagaba, "to confess means nothing other than to know what is within" (l.c.38). Therefore, the verbal formulation of illness is a rejection of the illness in words, in which the idea of sin, which seemed to be absent from the original illness magic, is already presupposed. In the beginning illness and death are caused from outside, without personal guilt, by the evil of others. The unavoidability of these occurrences seems to have led to the comprehension of the guilt as individual and it was then defined as doing wrong (sin) most frequently as sexual wrong doing, because in sexuality as a potential death, the body is weakened.[1]

At any rate these reflections show that verbalization, which constitutes the only emotional expression in the therapeutic situation, is not only a symbolic substitute for action or emotion but also actually represents a rejection (putting out) of parts of the ego. The same thing can be seen in the symptoms substituted for feeling or speech, as for example vomiting which corresponds to a partial giving (or giving back). In the therapeutic process, however, the poisonous stuff of sins separated out from the ego is put over on the therapist who, as a matter of fact, in the consciousness of many a patient retains the role of a scapegoat. Psychologically speaking he becomes in the course of the treat-

[1] For the causal derivation of death as punishment for sins, see my discussion in "Seelenglaube und Psychologie" (1930, S 109).

ment a dumping ground on which the patient deposits his old neurotic ego and in successful cases finally leaves it behind him. For in the meantime the patient has undertaken the revaluation of his whole attitude to life, which is accomplished with the recall and partial reproduction of the past. In order to be able to accept this self, which he earlier rejected, he must re-create the past symbolizing or representing this self, in terms of the new strengthened ego. Compared with the historical truth, one can designate this description of his past as "falsification of history" but in this sense almost all historical writing is not only viewed in the light of the present but also proves its actual worth there. Therapeutically, however, this falsification of the past is necessary in order that the individual may form a new ideology from his new interpretation of his life. The search for actual truth in relation to the past, or even to the present, which is very dubious in the psychic sphere in general because there are no historical documents except memory, is therapeutically unnecessary. The individual often lives better with his conception of things, than in the knowledge of the actual fact, perhaps is able to live only with his own conception of things. Finally it is only the inner past that determines the present ego, and this can be revealed from the actual events only by understanding the individual's attitude toward them.

What has been said is valid also for the patient's therapeutic experience which, in the course of its development, becomes past in the sense just given. In the ideologic therapy, the analyst is inclined to measure the condition of the patient, his progress or the task still to

be done by what has come out in the analysis, while dynamic therapy judges the therapeutic situation at the moment according to what it means to the patient in general and at the present moment in particular; in other words, by what he makes of it, what kind of history formation he has undertaken to create, what role he has assigned to himself and what to the therapist. I do not think, however, that it is always necessary or curative to destroy this illusion of the patient with reference to the difficulties of reality as he assumes them, or to show him how he also seeks to falsify the analytic experience post festum. For reality is at bottom not arranged differently, but there collective or at least socially recognized illusions function in place of the individual illusions appearing in the therapy. What the patient first of all can and must learn is to live at all, and this seems to me possible only with illusions. Analysis prefers to use the term sublimation, but can only mean illusion, for the one is based on the other, is at bottom the same. The concept of sublimation includes the denial of something else, which indeed may be more primitive but perhaps stands closer to life, is more real, and so stamps sublimation as a self deception after the principle of the sour grapes. It seems to me, however, that no man and no type of man can live, or wishes to live, on the primitive plane and that it finally comes to the question on what level of illusion one lives. I am not referring to the so-called natural man who, however primitive he may be from a certain viewpoint, still lives in far greater measure than we on a super-real level, into which his magic world view lifts him. It would lead too far here and remains therefore to be dealt with else-

where, to discuss the different levels of illusion which cultivated times and peoples up to our modern civilization have held in readiness for the different types and classes; we refer in general to religion, art, play, sport and certain professional ideologies, which not only lift man out of his everydayness, but out of himself, not because he needs recreation, diversion, distraction, something higher, but because he could not exist at all on the plane of his own primitive self.

The neurosis represents a peculiarly gross, because self-determined, form of this lifting out of man from the biological plane of life, since it isolates the individual and accordingly makes the play of illusion neurotic or unreal, while the ideologically founded levels of illusion just mentioned, place the individual in a larger or smaller group and thus preserve a more or less real connection, even if they are not actual (as for example religion in ritual). The therapeutic situation offers the neurotic a plane of illusion [1] on which he not only can live as long as he has it, but on which he can learn how to live on a plane of illusion, which is necessary in the society in which he exists. However, in order to be able to accept for himself any of the conventionally sanctioned illusions, through which it loses for him the character of illusion, he must first create in himself the presupposition required for it. This consists of finding an inner level of illusion of his own on which all experiencing as it were plays itself out potentially, like the shadows in Plato's cave without actually occurring.

[1] By "illusion" Rank does not mean falsity or self deception. He refers rather to a level of play, which permits us to make reality our own, a creativity of everyday living, as it were, not for a moment misunderstood or confused with the reality of the "not-self."

This inner illusional level of our modern human type is the emotional life itself, which permits an inner experiencing without outward living, but when it comes to the expression of emotion, as a rule it is confined to one of the socially provided planes. Emotions, therefore, as the neurotic shows, can simulate living, without the individual's becoming conscious of their illusional aspect; the neurotic longs for a normal emotional life as his ideal, without knowing that the normal person uses his emotions much more as protection from actual experience than as means thereto.

If the inner emotional plane is the stage on which the therapeutic relationship essentially plays itself out, we can understand the meaning which the dream life could gain therein. All dreams here would be at once a dream within a dream, as it were a double refraction of life on the emotional level, for the therapeutic situation itself corresponds to life lifted to an illusory play level, which the dream represents over again symbolically. Accordingly the dream during the therapy can represent either the situation as such, or the emotional self of the dreamer, or life, as represented here on a make-believe playground. For in spite of all difficulties and conflicts, the therapeutic experience is not "earnest as life," and possesses if not the alleged gaiety of art, its existence as appearance. The neurotic, who has taken everything too earnestly, too totally, learns to play here on a plane of illusion, that is, to work with substitute forces and substitute goals, thereby learning above all to play a role instead of being engaged at every moment with the whole self, which in ordinary everyday living is not suitable either, yes, perhaps not possible at all. The artistic

life plan created through the therapeutic relationship is only gradually and not ever essentially differentiated from the illusory life plan, on which we all live ("Life is a Dream"). The neurotic is the type who can play no role in life because he either wants to live on a wholly primitive impulse level, which he can only do in physical symptoms and attacks (hysterical type) or because (compulsion type) he has recognized behind the role the true self, and accordingly is no longer capable of illusion. In analysis he learns to live on the plane of illusion, which the therapeutic situation represents in the last analysis in spite of all explanation and rational interpretation. The therapeutic situation differentiates itself from the actual in this, that in the former the individual is free to live his own illusion, while in real life certain social and collective illusions are given, which one must serve. In this connection note that the artist is that type who unites both spheres, that of the individual and that of the collective illusion.

Life under the individual illusion of the therapeutic situation is certainly more pleasurable than life under the collective illusions of society, but dissatisfying in the absolute repression of the primitive impulse life for which, in real life, enough leeway is given. In terms of our conception of the neurotic as the negative impulsive human, for whom avoidance of fear is more important than pleasure gain, we must here consider the frequently discussed question as to the nature of pleasure. Is it as Schopenhauer thought, a negative quality, a condition characterized by the absence of fear and guilt, or is it a positive quality? I have discussed in another place the pleasure-displeasure problem in relation to the time

factor,[1] and there expressed the belief that the essence of the pleasurable lies in a certain brevity, that of the unpleasurable in a prolongation of a feeling state. If we relate this temporal consideration with our quantitative theory of the whole-part problem, it might seem as if pleasure were not only relatively short but also relatively small, that is partial. This would then give the definition that pleasure is the result of a successful partialization in which the avoidance of fear, which would accompany the totalization, cooperates to increase the pleasure. Every pleasure feeling includes therefore, besides the positive satisfaction of successful partialization, always also a saving in terms of fear, totality, life. The saving feature Freud has recognized as essential for the pleasure of wit and in a broader sense for aesthetic pleasure in general. I believe, however, that this is valid for the essence of pleasure generally, whose purest form according to the philosophic view is aesthetic pleasure. The partial character of pleasure, as we understand it, Freud has apparently taken account of in the "fore pleasure," in which the end pleasure in our meaning would correspond to the summation of satisfaction in the achieved partialization, and the spared expense in life energy. This theory conceives of pleasure, therefore, as a positive gain in terms of the prevention of fear, which is not to deny the possibility of pleasure arising also as a result of the removal of an already existing pain (tension, fear, guilt).

In this sense all doing and feeling falling within the field of sublimation, from the purely aesthetic to the simple emotional, would be not a substitute for actual

[1] "Truth and Reality," Chap. VII.

life and experience forced upon one from without, but a self willed creation of a sphere of illusion in which a make-believe life with less expense and therefore with less fear, that is, with a pleasure gain, is possible. The therapeutic situation, according to our conception, provides such a play level, and we can now with better understanding discover what roles are assigned to the therapist and what to the patient upon this stage. The projection of a part of the self upon the therapist, which we have designated as a first unburdening of the inner conflict, appears on the other side as the vanishing of the difference between the self and the other, the not-self (reality). The two selves become one, and the patient can now find in this enlarged self the differentiation necessary for life. This results chiefly through the development of the emotional life, through a differentiated feeling life as the analytic play level brings it out, and as so-called real life demands. This new phase of ego development in the patient may be characterized best by the two concepts, distribution and selection, both of which correspond to a partial living in terms of adaptation, that is, the individual no longer is forced to live in every moment either totally or not at all, but he now possesses the ability to distinguish important from unimportant situations, and to invest in both only a certain, or one might say, the correct amount from his own ego. On this basis the individual may endure every experience as such without tying it up causally, totally or finally with all the rest of his life, or with what goes on in the world at all. The person then lives more in the present, in the moment, without the longing to make it eternal.

Distribution and selection in terms of experiences or reactions do not follow automatically, but are developed and ordered by the intellect positively and with conscious purpose. Many patients in this phase make the observation that they now control themselves much more intelligently in life situations, and analysts also speak in such cases of the falling away of inhibitions in the use of intelligence, without explaining it more carefully. Here again psychoanalysis lacks the dynamic viewpoint [1] and as a rule is content to speak of consciousness, which is valued only as a passive organ for the reception of inner or outer stimuli. Thinking, however, which takes place in consciousness, is an active function; intelligence especially, which comes in at this point in our discussion, seems to me very closely related to will. This would explain the fact that intelligent men are for the most part of very strong willed natures, and would also account for the coming into play of intelligence just in that phase of the treatment in which the patient has learned to will again. I am almost inclined to look upon intelligence as the executive organ of the will, by means of which the voluntary ruling of reality is accomplished. In contra-distinction to intelligence, the previously mentioned "play-levels" are ruled by phantasy, which is not only the expression of will but also of the impulse life. Between the two stands symbolism, which indeed is not real but substitutes for reality by means of part for whole, while intelligence alters it according to its will, and phantasy pays no

[1] A famous exception is found in the Budapest analyst Imre Herman, who in a series of works sought to come to grips with the problem of intelligence

attention to it at all. If I have at one time designated consciousness when it goes beyond a certain breadth or depth as destructive ("Truth and Reality"), now while still maintaining this, I would exclude expressly intelligence, which represents exactly the factor that can realize the conscious surplus constructively if one succeeds in putting it at the service of the will.

Disturbances of the life process with its new inner adjustment are only possible in consequence of outer influences, which, however, are not so hard to handle, if the inner differentiation has progressed so far that the individual can react to ordinary stimuli suitably. In fact, the inner differentiation even longs for outside stimuli in order to win the desired wholeness through the inclusion of reality, instead of wanting to maintain it through its exclusion. The individual then no longer seeks to assimilate the world to his ego but to make his ego, at least potentially, as manifold as reality, since he is in position to react suitably to its stimuli. The best proof is in the end phase of the therapeutic process where the assistant ego, the role of the therapist hitherto, becomes a real ego, that is, when the loss of the therapist is no longer perceived painfully as ego loss, but can be accepted as the breaking in of reality to the ego life. This giving up of the assistant-ego with simultaneous acceptance of reality, appears to me as the most important problem of therapy, for the solution of which careful preparation must be made in advance and carried on throughout. For this purpose and not for an enforced "cure" of the patient, which of course is impossible, the setting of a limit for ending the experience is necessary. From what has been said before, it is evident

that when the moment for ending comes, the time which one allows for the solution of the task of adaptation just mentioned is not reckoned on the basis of a rule, but decided according to the individual case. More important than that, however, is the fact that one knows what is going on in this end phase, what forces come into play, and which factors are therapeutically important.

Our previous presentation now gives us the advantage of being able to answer these questions in a systematic way, which perhaps is not wholly suited to the dynamic nature of the theme, but at all events might bring some clarity into its complexity. First of all, in this end phase the patient will have to come to a basic understanding with the problem of the whole-part reaction, and attempt the overcoming of fear in the way he find most possible. Although this will be decided individually in every case, still there are certain typical reactions of which we wish to mention those corresponding to the two main neurotic types. We are concerned essentially with a description of what the patient experiences in the end phase, the "how" is left as it were to his individual taste. In the simplest formulation derived from my experience, the end phase of the therapeutic process in which the therapist has come through and beyond his role of assistant ego into his real meaning, can be represented as a battle for life heightened to the utmost between two individuals, one of whom must die that the other may live. Before we go into a psychological explanation of this formulation, it is important to anticipate what the task of the therapist must be in this battle of life and death, and to see wherein lie the dangers of his failing in his task. There can be no doubt

that in this duel the patient must remain victor if he is to feel himself healed, that is, capable of living, and the danger of the therapist lies in the fact that he himself instinctively wants to be victorious, that is, to live and not be killed. However the therapist may disguise his self-maintenance tendency intellectually, or justify it therapeutically, he will be caught by it unless he recognizes it in himself and is able to restrain it in the interest of therapy.

In this dilemma he can succeed only through his intellectual and emotional superiority not only over the patient but over the situation itself, which is equivalent to a superiority over life itself, such as not many human beings, and still fewer therapists, possess. For to this superiority belongs far more than the belief that the patient does not struggle personally against the therapist but against a father, mother, or some other image; in other words, that the situation is not a real, but an unreal one. At the very least one needs to know that the patient in this battle for life and death fights out the conflict between his own destructive and constructive tendencies, and that he must kill the destructive ego finally in the therapist, who during the process has symbolized the constructive ego which now the patient takes into himself.

A peculiar difficulty arises for the therapist in relation to the correct understanding and handling of this situation, from the fact that he himself represents the creative type who does not want the other to create, much less to destroy, him. There occurs accordingly in the last phase, a complete reversal of roles, since the patient has to take over the active, creative function hitherto as-

signed to the therapist while the latter becomes the symbol of the destructive neurotic ego, which must be destroyed. This tendency of the patient is naturally to be understood only in terms of a total reaction, with whose destruction he easily falls from the *all* into the *nothing* ideology, and instead of the other, kills himself, remains neurotic. The tendency to self-destruction with the simultaneous incapacity for aggressive self-protection, we have already recognized as the negative life attitude of the neurotic. His restoration to health consists essentially in the freeing of the creative powers, which must first be released in the therapeutic process in an aggressive way [1] before they can be applied to the constructive governing of life. If there is still doubt up to this point that the whole illness and healing process plays itself out in life and death symbols, there can be no doubt in the end phase, so openly does the symbolism enter into dreams and also into other reactions of the moment. The clearer it becomes, however, the more danger there is for the therapist type to react to it with his healthy instincts, that is, in an unfavorable way for the patient.

In the analytic ideology, these crass reactions of the patient are usually stamped as infantilism of a sadistic or masochistic nature, and make a prolongation of the treatment appear necessary. Whether this end conflict is represented in unequivocal symbols of life (sexuality) and death (self-murder, murder) or in the specific sym-

1 This unburdening upon the outside hinders the destructive powers from carrying out the killing inside, as the best known expression of which I should here like to mention violent repression, or better, denial; but also the normal forgetting corresponds to a dying, as denial to a killing, "He is dead for me."

bols of health (life) and illness (dying), in every case both tendencies are always mobilized so that one of the roles of the divided self falls to the therapist. But it seems just as hard for him to detach the patient from a false role as to take over the correct one himself. There remains always the question which self the patient leaves behind in the therapist, and in the situation which he abandons, and which self he takes with him into life, the sound creative self, or the sick neurotic self, after he has once partialized his total self into these two fundamental egos. But even if the patient succeeds in leaving his neurotic ego behind, and in destroying it by going away, yet as a rule he will be able to do this only with guilt feeling, otherwise he would be no neurotic type and would not come for treatment at all. This guilt feeling, one can explain to him as following necessarily from the situation, and so make it more bearable than if one seeks to explain it ideologically from infantile sins, and denies or misunderstands its actual source. In no case will one be able to do away with human guilt feeling, as little as with the neurotic character, but it makes a great difference whether the patient has fear and guilt reactions without visible reason, or whether he experiences guilt feeling as the result of exercising his own will. In the first case the individual feels doubly guilty, that is, he has guilt feelings because of the unmotivated guilt, in the second case the guilt feeling forms a valuable index to show the individual an attitude adapted to his goal.

The neurotic guilt we have described before as a moralized fear inhibition against growth, which in truth necessarily brings death with it. If the individual gives

in to this death fear rationalized as guilt feeling, then he falls into the Charybdis of guilt consciousness against himself, which springs from life fear. This shows itself, however, not only as the most fundamental life problem in general, but also as the essential problem of all psycho-therapy, since the guilt feeling arising from the individual himself as also from earlier bearers of it, is projected upon the therapist, and it is from a deepened understanding of this unavoidable guilt projection of the individual, that its fundamental meaning in human psychic life becomes evident. For the individual just on the grounds of his individuation, cannot suffer this most natural of all life processes, growth, simply because the acceptance of his independent existence necessarily bound up with it, strives against it. In order to maintain ourselves, and still more in order to grow, we must continuously take in nourishment, that is, alien life, whether of a physical or spiritual nature, and we must be able to compensate for this in particular partial acts. Since the neurotic with his total attitude is incapable of this partialization, he therefore refuses to accept anything which may often appear symptomatically as a rejection of nourishment. In the therapy the acceptance of the nourishing material (mother situation) has fewer diffculties than the giving up of this one-sided situation, to which one has abandoned himself in order to take, and which demands no return. The better the patient has adapted himself to this therapeutic situation therefore, the harder will be for him the final breaking off, as with him any separation of *mine* from *thine* can only succeed with difficulty. He tries then either to leave there all that he has received or to offer

all that he has (himself) as return for what he has received. Neither is a constructive solution because it substitutes for the actual problem of independent growth, the ethical fictitious problem of taking and giving, because the first would be final but the second is partial.

The freeing from this guilt involvement cannot result through bringing up infantile repressions and fixations, because one would come undeniably upon parental influence and from there through generative morals to the original sin, in which, however, we have already recognized the problem of individuation. The solution accordingly is possible only dynamically in and from the therapeutic situation, and indeed only on the ethical plane of the will-guilt problem, which presents itself in the individual as the fundamental life problem of growth and death. As guilt feeling arises on the one hand from the inhibiting death fear which does not let the individual grow and become independent, on the other hand from duty to the own ego, to which one owes the possibility of life and free development, so must the solution touch both aspects of the guilt problem in the same way. This is only possible if the therapeutic experience affords to the individual a potential living out of the hitherto suppressed or denied side of his personality, no matter whether this is the impulse ego or the will ego. Through this emotional realizing of the hitherto denied ego parts, the individual is in a position to compare, and on the ground of this comparison to choose, although naturally this is not a conscious choice. While this therapeutic release of the hitherto blocked portions of the ego is used by the patient as protection against real experience, it has at the

same time the value of a developmental level which no longer needs to be merely potential. For, insofar as the guilt feeling arises from self-reproach due to the repression of one side of life, the emotional experience of this repressed or denied side in the therapeutic situation relieves it, while the opposite source of guilt feeling arising from the fear of release and of actual experience, is transformed into self-responsibility by the choice now open to the individual.

Now one sees that all "technique" is nothing further, and can be nothing more than a skilful balancing of the therapeutic level of illusion with the actual life plane, but also that in every case the fundamental evil is and remains fear, which is first of all to be freed from all its disguises and rationalizations and brought back to the fundamental life and death fear polarity. The next therapeutic step is the overcoming of this fear through total surrender of the self to the therapeutic experience, with simultaneous emotional differentiation of the ego, which thus becomes capable of partial experience on a plane of illusion. The last step finally is the freeing of the acting creative self in the end phase whereby in place of the therapist who is to be given up, reality is taken for assistant ego, not a static reality as the original neurotic totality attitude demanded, but a reality changing with every experience, to which the individual becomes equal through the inner differentiation. The greatest danger of failure in therapy lies in the fact that the patient wants to end the process either totally as he began it and therewith be quit of his guilt to life and himself in this potential experience, or he seeks to buy himself free with a too small partial payment in

the therapeutic situation, from it and from life. In both cases the ensuing guilt feeling because it is guilt against life, remains neurotic while in case of a successful freeing of the creative self, guilt enters unavoidably, it is true, but does not remain unconquerable.

CHAPTER VI



THE END PHASE AND THE THERAPEUTIC AGENT

> "Death and birth resemble each other, say the Rabbis. Suppose a child in its mother's womb to know that after a lapse of time it will leave the place it occupies. That would seem to it the most grievous thing that could happen. It is so comfortable in the element that surrounds it and protects it against outside influences. However, the time of separation approaches, with terror it sees the protecting envelopes torn asunder and it believes the hour of death has arrived. But the moment of leaving its little world marks the beginning of a nobler, more beautiful, more perfect life which lasts until a voice again sounds in its ear proclaiming: Thou must leave earth as thou didst leave thy mother's womb, and stripping off this earthly vesture, thou must once more die, once more begin life."—(Extract from the Talmud)—ARSENE DARMESTETER

THE giving up of the therapeutic relationship signifies for the patient separation from an ego part whose characterization as assistant ego makes intelligible its expression in birth symbolism, as separation from the mother. The separation symbols observed by Freud, which he explained not dynamically as reactions to parting, but historically as the effects of a complex, are

better understood under the general viewpoint of ego division. First, as far as castration is concerned, the separation reaction of the man observed by Freud as typical, signifies a real ego part, not a biological part like the mother, nor a psychological one like the assistant ego, and accordingly is still to be considered as "neurotic" because it works itself out negatively on the self. Likewise the typical feminine reaction to separation, which Freud has described as the wish to present a child to the own father, must be designated as neurotic, because it does not go beyond the infantile guilt level of sexuality. The ending reaction as representing the patient's own birth, described by me as valid for both sexes equally, is not only more universal, but also has constructive elements which are lacking in the reactions described by Freud. Naturally this difference in observation cannot be explained from a difference of material, but only from a difference in technique. The assumption seems justified that apart from the possibility of a different kind of interpretation, it was probably my technical use of end-setting which brought out the birth reaction in my patients.

Again we meet with the difference between the ideologic and dynamic therapy. End-setting was originally a purely therapeutic measure for shortening the duration of treatment, with a simultaneous forcing of constructive tendencies in the individual. The castration or child symbolism in separation are results of an ideologic therapy, no matter whether these symbols were used frequently by the patient during the analysis, or whether his ending reaction was interpreted thus in terms of the theory. The latter must probably always

have been the case, for otherwise Freud would have been able to interpret even the castration complex at the end also as a wish to leave something there, to buy himself free with a part in order to keep the rest, which the feminine wish to give a child clearly expresses. On the other side, the child is also something which the woman receives from the man, takes with her, a symbol of union, and so both symbolisms seem possible only in the final phase of an analysis which has not succeeded in going beyond the guilt feeling of the patient and his tendency to buy himself free of it. If one interprets these ego reactions libidinally as Freud has done, I cannot see how such a therapy can be constructive, unless it be that the patient himself has enough strong positive tendencies to work himself out of this dilemma.

Birth symbolism, as it was apparently provoked by my setting of an ending, meant a long step ahead, at least in the field of dynamic therapy, although in the meantime my first rough conception of it has been essentially refined, and has become therapeutically more effective. From one aspect, however, birth symbolism from the beginning was distinguished therapeutically from the ideological interpretation of the end reaction, through my acceptance of separation as constructive, since the split off ego part, whether designated as mother or assistant ego, becomes the outer world. The distinction from actual birth, as I should now like to formulate it, lies in the fact that dynamic therapy transforms the always total embryonal self, as the neurotic presents it, into a more highly differentiated ego, which reacts to the birth trauma constructively and not like the infant, with helplessness. This constructive reaction is due

to the fact that the separation is no longer perceived as ego loss, but is utilized for ego enrichment, since the individual can react on the higher emotional level of ego development, instead of with his total self; at the same time the capacity for the emotional bearing of the trauma, of which the infant is incapable, makes possible an inner completion that compensates for the separation loss. This solution is possible, however, only when the guilt feeling is not ideologically inhibited but has become creatively effective, otherwise, in leaving, all the oral, anal and genital partial reactions appear, which as symptoms of a still hovering guilt feeling aim at paying off and buying free. Just as neurotic is the other extreme also, that is, the completely total reaction of the individual who feels himself entirely lost at the separation. In other words, the patient must have learned in the course of the therapeutic process that living is partial, just as dying is; that not all experiencing at every moment is necessarily final, but can be comprehended as an episode.

A second aspect which distinguishes the end reaction from the birth situation, is the fact that the patient has learned to understand in dynamic therapy, that the giving up has to do only with the loss of his old neurotic ego with which he has identified the therapeutic process in the course of the treatment. Naturally this can only succeed if the therapist has carried through his role as assistant ego consistently, so that he represents not only the ideal, active creative ego of the patient, the will to health, but also has let himself become the representative of the neurotic tendencies, which the patient leaves behind on his way to health. As the therapist to a certain degree always symbolizes both aspects of the in-

dividual, the positive and the negative, it is obvious that it is possible for the patient at the conclusion of the treatment, to leave behind the real ego instead of the false one, kill it, as it were, and go away with the old neurotic self.

This problem of the self, divided between two persons, one the therapist, who should become objective reality, the other, the own ego which should become inner reality, that is, capable of living, represents the climax of therapeutic action. The understanding of this seems to me the presupposition of every real result. With the neurotic, the old self, that is an earlier phase, not only of development but of the whole personality, continues to live actually. This "fixation" however, is not libidinal but fear-conditioned, and tries to deny life, that is growing, maturing in order to avoid death. There are various ways in which the individual seeks to be rid of this old double of his present self. The defense against the old self described as neurotic consists of a repression or denial of it, which, psychologically, approximates a killing, that is, a making non-existent. In the case of a particularly strong-willed person, this struggle with the old ego, which does not want to die and at the same time keeps the present self from life, may even lead to attempts at actual killing appearing as suicidal tendencies. For I can conceive of actual self-murder only as an indication, however momentary, of strength of will. Experience also seems to show that it is rather the strong-willed who tend to suicide, yes also to neurosis, since only those with strong conflicts are capable of a real neurosis. At all events we make this assumption tacitly when we are willing to exert ourselves thera-

peutically. The little that I have seen of cases of suicidal tendencies during treatment, has made me certain that psychologically it concerns a stage in the struggle between the two sides of the personality where it is not merely that one side of the ego has won the upper hand over the other, but that the one side wants to kill the other, will rid himself of it completely.[1] Whether it has to do with the "old" self which stands in the way of the new development, or with the "bad" self, which is condemned by the moralistic ego, depends on the individual case. In any event, the knowledge that suicidal tendencies in the end phase of analysis, even when expressed as threat, can have a constructive meaning, is therapeutically vital. We may be sure it is always an act of will directed against the own person and on that account more destructive, but it can be constructively applied, if it can be turned against the neurotic ego projected upon the analyst. Such would-be suicides are not actually dangerous provided one does not misunderstand them entirely, for as long as the individual must still punish himself neurotically there will be no suicide, because life provides harsher punishments. Only when the person wants to live, that is, has strength and courage for it and yet cannot, is he strong enough to kill the sound self that will die rather than accept a living death. Naturally the patient with suicidal threat can also show that the therapist cannot heal him, but even so he wants to prove that he can do it himself, therefore he may at the end, as we have already pointed out, leave the sound self there and take the sick self

[1] See "Der Doppelgänger" (1914) for my contribution on this subject.

away, that is, psychologically speaking, kill himself instead of the other, which, in terms of a destructive tendency directed against the own person, is actually self-murder, not merely an attempt at suicide.

When the old ego lives on neurotically in the present, we have an inhibition of development through life fear, indicating the incapacity of the individual to allow even a lived out part of himself to die. This often gives the impression of self-punishment, as for example in the well known painful dreams, in which the successful individual puts himself back in an unpleasant past situation not because the situation is painful but because it is past, that is, brings back to the dreamer an earlier period of life. Like Polycrates, the ego sacrifices success in order to avoid the evil of death, or at least to put it off. There are cases in which one finds such a developmental inhibition through life fear with comparatively little conflict, although they do show symptoms. The conflict ridden neurotic type, on the contrary, is already in a struggle with the old self, from whom he seeks to free himself in a radical way. The typical neurotic crisis, as has been already indicated, seems to break out at a certain age when the life fear which has restricted the ego development, meets with the death fear as it increases with growth and maturity. The individual then feels himself driven forward by regret for wasted life and the desire still to retrieve it. But this forward driving fear is now death fear, the fear of dying without having lived, which, even so, is always held in check by fear of life.

We have already shown how the therapeutic situation enters into this dilemma helpfully, since it creates for the patient a "play-level" which is differentiated from

reality not sharply, but gradually, and on which he learns to live partially as he begins to experience emotional differentiation. The emotional experience provides the inner balance which he requires, but it is just as important to make accessible to him in place of fear, will and impulse as driving power, not the instinct life to which psychoanalysis would like to bring him back but, I repeat, the will. Of the instinctive life he is afraid because he cannot govern it as he wishes. So the education for willing (not to be confused with the education of the will as the task of pedagogy) is the essential therapeutic agent. This willing, however, has not only impulsive but also inhibiting significance. It works itself out constructively, not only in the governing of reality, but also in the organization of the impulse life.

This will awakening or will affirmation in the patient makes it superfluous for him to project his impulsive or inhibiting ego upon the therapist or his own family, since the will represents the only unifying force in the individual. On this account the neurotic, governed by impulses and restrained by fear, is always divided, always in conflict, the one ego against the other with all guidance lacking. It is true that creativity causes conflicts too, but only to create implies that at least part of the time one puts all the forces together and organizes them. The will conflict from which the neurotic suffers at bottom, seems to me now to be the most important problem of the end phase, where it manifests itself in its full strength and presents itself in its full meaning. When the patient in the first phase of creativeness has projected upon the therapist his positive willing, it is to be counted as success, if in the end phases he takes

over this role himself, and now sees in the therapist the essential hindrance to his freedom of will and expression. The inner will conflict manifests itself here even more clearly than in the course of the treatment as an external conflict between dependence on the therapist and the wish for independence, in which the tendency to independence brings out will reactions, the need for dependence, guilt reactions. This strife between emotions, which always includes the problem of healing, must as a rule be reduced to the internal will-guilt conflict which the dependence conflict only represents externally, and which the patient's doubt regarding his cure only symbolizes. For no matter whether symptoms appear again or not, the patient always finds himself in doubt in the end phase as to whether or not he is healed, a doubt which in truth the Freudian analyst as a rule shares with him and tends to solve by prolonging the treatment. For the patient, the question whether or not he is healed is for the most part a rationalization of the dependence-independence conflict, behind which is hidden again the will-guilt problem. One of my patients solved this problem with a chance visit sometime after the ending of the treatment, when he remarked that he assumed that he had not been analyzed at all, for otherwise he would always have had to ask whether or not he had been cured.

If the question of his cure becomes for the patient a symbol of his will conflict, the therapist ought to know, and share his knowledge with the patient, that there is no criterion for "cure" in psychotherapy, yes, perhaps no "cure" in the medical sense in terms of the removal of a disturbing cause. What is given, however, in dy-

namic therapy, is a criterion for the ending of the treatment, whose timely and correct conclusion is the most essential therapeutic instrument. For the really therapeutic agent is the freeing of the creative tendency in the individual, and allowing its utilization in the creating, transforming and endless destroying of the therapeutic relationship, which represents the self, and finally even more the sick (neurotic) part of the ego. This is only possible, however, if from the beginning the role of the active creative ego is relinquished to, shared with, or permitted the patient so that at the end he cannot react in any other way than the right one. In what special form he does it, that is, what individual content and dynamics he utilizes, is of subordinate importance compared to the right general attitude. The self creating of his role is a truly therapeutic experience, as every experience is creative, but the patient can never foresee this because he has been incapable of experiencing; besides most patients come with the more or less clear idea of releasing an earlier, unhappy experience of life, which ideological therapy as a rule also has in view. Dynamic therapy gives them a new experience instead of releasing the old, and insofar as the latter is ultimately "released" therapeutically, it is because the new experience makes it possible. In general the therapist should guard himself against the ideology of "wishing to release," for nothing can be released once and for all, least of all the therapeutic process, especially if it is a dynamic one. Like birth, it represents much more the beginning of something new than the end of the old, and can also be borne thus by the individual much better because it is not final.

End setting, therefore, has not the purpose of completing the therapeutic experience, but of furthering and intensifying it. The question which is often put as to how one can tell when the time has come for the ending of the treatment, is answered in dynamic therapy. The difficulty and lack of success reported by psychoanalysts who have tried it, is explained by the fact that the dynamics of end setting has no connection with ideologic therapy, which always judges quantitatively according to amount of material already produced, and cannot make the dynamic play of forces a criterion independent of any content. Often the patient can decide just as well, many times even better than the analyst, at least according to his feelings, and so from a certain moment on he will betray more or less clearly his wish for self-dependence. This moment cannot be recognized by the ideological therapy of psychoanalysis, still less utilized, on grounds which I have already formulated but on account of its importance I will recapitulate briefly. The chief reason is this, that the strengthening and invigorating of the ego in the patient, which can express itself negatively just as well as positively, is interpreted ideologically either as "resistance" or as mere "wish" to which no real strength is to be accredited. Dynamically, however, both resistance and wish are comprehended as will expressions of the strengthened ego, and accordingly can be utilized constructively. The revolt against the analysis on the part of the patient, can only be interpreted as resistance under the tacit assumption that the individual protests against the analyst or the ideology (authority) he represents, a conception which is implied by the analytic interpretation of re-

sistance as resistance to the father. If one knows, however, that the patient is struggling in this way for his inner freedom, resistance against the on-going of the analysis at a certain moment becomes the first and most important criterion of recovery. The patient has then received enough strength from the therapist to attack him, a paradoxical but not so unusual a situation, like the typical test of strength of the hero who often even as a child is able to kill his begetter.

In dynamic therapy the end setting thus wins its original form and meaning as a provocation of the constructive tendency of the patient to independence, but from the very beginning he is encouraged to this self creative attitude. Thereby at best one avoids a misuse of the therapeutic situation, which the patient many times wishes to withdraw from, especially if it puts too great claims upon him emotionally. Also in this case one must not blindly condemn the resistance, but rather weigh it to see whether the individual who is under the compulsion of ideological therapy, is not perhaps right to withdraw from an ideal of adaptation for which he was not made. In other words, it is a question whether the individual does not instinctively know better than anyone the limits of his ability to adapt and do, and whether one should not prize, in the resistance to going farther analytically, the act of will as such, instead of condemning it because it is directed against further treatment. That on which the will of the patient is strengthened, however, is not the symbolic aspect of the analytic situation, but the real side, which becomes more and more evident in the end phase. Genetically also the will is a product of reality, a result of the op-

eration of the outer world upon the individual, and on that account strengthened will and the will expression of the patient are the essential criteria of his attitude toward reality, as is the development and differentiation of the emotional life in relation to the inner self. By means of the will one can become independent of reality and mankind, but the impulse life is directed to the outer world for its satisfaction, and also the superego manifests itself as moral dependence or domination in relation to the other. The independence of the patient, which actually means only the necessary sound self responsibility, is prepared for constantly in the course of the treatment and not developed in the end phase only. Nevertheless there must be an end phase and not a gradual expiring or a sudden breaking off, and this end phase must be constructively utilized in order to guarantee the therapeutic result.

Once in a discussion I gave the spontaneous definition of end setting as a "last hour" prolonged. At that time I meant the last hour of treatment, in which so much that is unresolved seems to offer itself if one has had no foresight in regard to its release at the proper time. In the light of my present conception, this "last hour" contains a deeper meaning, as the patient actually reacts in case of an ending not prepared for, as if his last hour had come. In a prolonged end situation he learns not only to die gradually, which we have recognized as a fundamental life principle, but he also learns gradually to live and represents then, at the actual leaving, the surviving and not the dead part. To achieve both these essential changes of attitude it is necessary to treat the therapeutic situation itself dynamically, and to con-

trol it like a medicament. Accordingly I make use of various means in the final situation in order to meet the inner dynamic of the patient, which already functions freely, sometimes too intensively, by a dynamic of the external situation which corresponds better to reality. According to the type of person and the situation, through postponing, leaving out, lengthening or shortening of the regular treatment hour, as well as through other alterations of the customary therapeutic situation, I bring an outer dynamic to bear upon the inner conflict which perhaps may irritate the patient, but is still perceived by him as an unburdening of his ambivalence and is utilized in terms of adaptation to reality. By this means, first of all a field is opened for the positive and negative will reactions where the patient can operate without causing damage. These will expressions are necessary, not only to air the heightened conflicts, but to leave a freer path to the emotional development which is required to work through the separation trauma.

Since the patient's neurosis actually represents an extreme judgment, a condemnation of himself and his own will, it is onesidedness and not ambivalence that characterizes the neurotic, a onesidedness which perhaps represents a violent solution of the ambivalent conflict by the condemnation of one side. Dynamic therapy through revaluing this condemned side, reinstates the ambivalence and enables the patient with the help of the therapeutic situation to balance the two conflicting tendencies on two different life planes. These two planes speaking psychologically, are the emotional plane which we discussed in the preceding chapter, and the will plane which we have just discussed. While the emotional plane

represents a purely inner experience, the will has pre-eminently a relation to reality. In the dream, which represents an inner will experience, both are united, although in the course of treatment, dream life develops always more and more from the feeling sphere over into the sphere of will. In reality, emotion means dependence, will, independence; psychologically it seems to be just the reverse, since emotion makes one independent of the other, at all events it has this tendency, while will needs reality for its fulfilment, otherwise it turns neurotically upon the own ego where it is unable to work itself out creatively. The therapeutic situation offers to the patient that plane of which he is momentarily in need for a balance; that it can do this is essentially to the credit of the patient who automatically uses it for that purpose, and of the therapist, who does not hinder him in it. Also, the end situation, if it is constructively led up to and handled, affords in spite of the separation conflict, this function of balancing, although it now concerns a wholly different division of forces. The therapeutic situation itself is made ambivalent, the assistant ego as it were becomes impossible to leave, and the patient brings his whole will into play to win his independence. At the same time his emotion makes him dependent and only the inherent ambivalence of this dilemma shows him the way out, since the will for independence seeks for occupation in reality, while emotion lends to the individual the self assurance of inner independence.

CHAPTER VII



THE INDIVIDUAL AND THE SOCIAL

> *"Die Auszendinge sind dazu da, dasz man sie benützt, um durch sie das Leben zu gewinnen, nicht, dasz man das Leben benützt, um die Auszendinge zu gewinnen."*
>
> "External objects are there that one may use them, in order through them to win life, not that one uses life to win external objects." Spring and Autumn of Lü Bu We. Translated by R. WILHELM

THE authentic meaning of the therapeutic process, as we have seen, comes to expression only in the end phase when the therapist by setting an ending and by the change of attitude bound up with it, is transformed from assistant ego to assistant reality. Reality in spite of all difficulties and pain, is not just the enemy of the individual, as it might seem from the neurotic viewpoint, but also a great help to the ego. While the average human being has to learn to use reality therapeutically, something which the neurotic can attain only in the therapeutic relationship, this could never happen unless the possibility had been given originally in reality itself. It is not unsatisfying reality, but a wilful turning away from this natural therapy as given, that char-

acterizes the neurosis. The neurotic has a bad relation to reality not because reality is bad, but because he wants to create it instead of using it. He attempts the same thing with himself also, by trying to re-create himself instead of accepting and making use of the self that has been given to him. One might oppose to this optimistic conception of a reality, which when correctly utilized represents a helping curative factor, the fact that the human being apparently must always imagine or create a second "better" world, in order to be able to live in and with reality as given. But that seems to me less explicable on the basis of need for a better world because of unsatisfying reality, than from the necessity of having a second world by means of which we can carry out the fundamental ambivalence of the inner life. Certainly this second world is self-created, but that does not imply that it is better as compared with the first, only that it is different in relation to our momentary necessity and desires. To express it simply, we would not exchange the other world for this, but we need both in order to be able to live at all. Our "better" world is not a substitute for this reality, but its completion in terms of human ambivalence.

I refrain from following out this viewpoint historically and culturally, as we must confine ourselves to the present civilization which has produced the neurotic type. This much may be said in characterization, that the primitive differs from modern culture in the "other sidedness" of the second world, which with the oncoming of civilization becomes ever more "this sided." The increasing domination of natural forces and the development of technical method has enabled man to real-

ize the second, self-created world in ever greater measure. Modern man has realized these two worlds in terms of his vocational or professional as against his private life; two spheres which could only be separated with the increasing development of the individual and his personal freedom on the one hand, and complex organization of society on the other. Most neurotics come to the therapist with two overt problems, a personal and a social (vocational) problem. Freud considers the personal problem of the patient's love and sex life to be the most important, and it does indeed press into the foreground, because the individual on the one hand feels himself more responsible for his private situation, and on the other also hopes in this area to be able to do something for the relief of his misery. Adler, on the contrary, considers the social problem, that is, the general attitude of the individual to his fellow beings, as more important, and this is justified insofar as it includes the love relation. Jung, who seeks to introduce a middle standpoint in the therapy of the neuroses, actually distinguishes cases which must be approached from the Freudian and others which must be approached from the Adlerian viewpoint.

If one has in mind from the beginning an harmonious balancing of the two spheres, it becomes less important from which side than in what way one attacks the situation; at best it should be from both sides simultaneously and equally, which in any event always gives the most favorable prognosis. For in these cases, the individual himself is already prepared for the equalization which should take place during the treatment. Certainly everything will remain centered in the personal

side, not in terms of psychoanalytic ideology but in the sense of individual psychology. For the chief therapeutic task is and remains, as has already been pointed out repeatedly, not the adaptation of libido to reality, but the acceptance of the self with its individual ego and its volitional and emotional autonomy. Reality, however, is therapeutically necessary to this inner stabilization, therefore not an unavoidable evil, which one must accept because there is nothing else to do. For if we had not reality to project upon we should not only be shut off from the most pleasurable experiences, but what is far more important, we should all have to create within ourselves the denials, limitations and hindrances which we need for balance.

In this last sentence it is easy to recognize a description of the neurotic type, who must erect within himself all the limits which he avoids externally. The outer world thus proves to be the second, complementary world of which we have spoken before, and man with his inner life the only actually experienced reality, which needs the outer world and its human representatives in order to be able to exist harmoniously. The two worlds in which civilized man lives therefore, are not a real one and an unreal one which serves for recreation (as art, and sports), they are both equally real or equally unreal, according to how one lives them. What we seek in the outer world depends on what we have found in the inner, but there are certain things which one finds more easily or exclusively within and others which one finds without. One must at all events know how to seek and to choose, in a word, to balance, which presupposes the capacity for partialization. If an in-

dividual has too much inner freedom and independence, which is not so rare as one might believe, he will not only accept dependence and compulsion externally but actually be obliged to seek them in order to be able to live harmoniously. If, for example, an individual is very free in his professional life, then he may be inclined to bind himself strongly in his love life, but will in turn fight against these chains without getting free because this complete freedom would be for him still more unbearable. The individual seems to tend automatically to such equalizing corrections which somehow for the majority brings about a balance. Why in spite of this there are relatively many persons, the neurotics, who do not succeed, is explained by the totalization tendency already spoken of and the corresponding human ideal of unity, which has found social expression in the concept of character.

Our striving for totality, at the bottom of which lies the fear of loss of ego, makes it difficult to bear a life on two different planes, necessary as it still seems to be. Character as an expression of this striving for totality serves to justify this fear. We ought to wish to remain the same individual in all life situations, accordingly we perceive as painful every change of attitude, instead of not noticing it at all because it is constantly taking place. Fear seems to be erected here as a dividing line between the ego and the world, and vanishes only when both have become one, as parts of a greater whole. Death fear is therefore utilized as a justification for ego maintenance, it demands egoism, a cutting off from the world, which then manifests itself as life fear. Again we see the individual hemmed in between these two

poles of fear; if he will live totally, he has death fear, the fear of losing himself, if he cannot live partially he has life fear which is maintained as a constant factor through the dualism of the ambivalent split. The solution is to be found only in reality, not in a reality opposed to the ego, but in a world of which the ego is a part, and which on the other side forms a part of the ego. From such considerations and the experiences underlying them it is evident that the therapy of the neurotic can be no purely psychic affair. Psychotherapy can only bring him to the point where he himself can utilize reality therapeutically, not because he must but because he wants it for harmonious balancing. Therefore, most psychotherapeutic or psychoanalytic aspirations for an inner freedom from complexes, and an outer capacity for adaptation on the part of the patient must fall away to give place to the goal of dynamic therapy, which leads the patient over the primitive phase in which he needs an assistant ego and the contrasting phase of inner independence in the emotional life, to the development of the will, which is able to make use of reality with all its advantages and disadvantages in the service of the ego. The much discussed acceptance of reality is in actuality never a passive taking over of the given, but an active appropriation of it for individual ends. In peculiarly favorable cases this voluntary adaptation may lead to transformation or new creation of reality, but usually in the case of a well adapted individual there is merely a utilization of the given reality, which works therapeutically, since it becomes one with the ego.

Having arrived at this ideal formulation, we must still keep before us the difficulties of its realization in

therapy in order to get a correct picture of the problem as a whole. I have seen neuroses, or better said phenomena which appear to be neurotic, which I should like to designate rather as sound reactions to an unsound situation than as symptoms of illness. Yes, one can perhaps, even as Freud has implied in his "Civilization and its Discontents," view the neurosis in general as a last reaction of the healthy instincts against an overpowering civilization. Certainly Nietzsche's question to alienists whether there are not also neuroses of health (1886) is so intended. In such "false" situations against which the individual defends himself with right, we are concerned for the most part with those realities which, whether created or provoked, are at least suffered by us until they finally become unbearable or are outgrown. The freeing from such situations as a rule is accompanied by reactions which, in terms of the earlier attitude of the ego, or compared with the one usually held, impress one as "neurotic." Here the individual must alter more in his reality than in himself, in order to set up the lost equilibrium or create a new one. These situations demand more individual, but also more creative, reactions toward reality than the typical neurotic possesses, who does not know how to begin anything.

At all events the use or alteration of reality must come about individually, and is certainly determined for different types. It is important to remember that in the last analysis the neurotic remains as to type that which he was before the treatment, just as the psychopathic and also the creative type will always maintain their essential quality. If one conceives of the neurotic as a type, with psychological significance in itself, and not as a

person deviating from a social norm, then one can see that there exists a place for this type socially, yes, a real need, otherwise he would perhaps not have come into existence in our civilization at all. If the fundamental life fear of the individual leads, figuratively speaking, to the end that he has no other choice than to be slain or to slay, the question is who are the sacrifices that must constantly fall in this way? I think it is the type which we today designate as neurotic and whom Nietzsche in the ideology of earlier times has described as the slave type. These humans who constantly kill themselves, perhaps to escape being sacrificed, need at all events not be killed any more in order to be utilized as fertilizers of civilization (Kulturdünger, an expression used by Freud who applied it in another connection). In offering themselves up as it were in a false Christian sense, they make it not too hard for the others who slay, the lordly natures, the men of will. In view of the difficulties of the therapy one must ask whether it is not a vain therapeutic ambition to want to transform this sacrificial type into god-men, and even if this were successful, where shall be forthcoming the necessary hecatombs for the creative type.

However that be, in the therapeutic situation we have to do with these two contrasting types and their mutual dependence. Often the therapy only strengthens the neurotic character of the patient, which is also a way to "healing," because then the individual at least can seek and find a place suited to him in society instead of tormenting himself with the effort to change himself into the other type. On the other hand he may drag about with him the assistant ego of the therapist,

and so give the appearance of strength which he does not have and perhaps never can possess. This transformation, caught half-way as it were, of the weak dependent type into a strong and independent one, is a not unusual result of psychoanalytic treatment. In any case it is less desirable than the strengthening of the patient in his neurosis in a way which is not equivalent to illness but rather a constructive adaptation, yes, perhaps, the secret ideal of the much prized adaptation to reality which breeds patient docile Philistines. The fact that the neurotic cannot adjust himself, speaks just as much in his favor as against him. With the treatment is installed a provisory assistant ego, and a provisory assistant reality, in which it is shown whether the patient will remain neurotically dependent on the assistant ego or whether he can use the situation constructively as assistant reality. Both are possible and good outcomes if the patient carries it through consistently to the end. Even in the first case, the patient may become socially valuable and personally satisfied and happy as a life long dependent. However, before the analyst has found out which solution is more favorable for his patient, or which is possible at all, it may be too late, and a half baked product such as we have just described may be the result.

This is probably the place to consider besides the general type, the problem and the therapeutic possibilities of man and woman. The man as a rule has divided his ambivalent conflict between vocation and love life, while the woman shows more clearly the purely human conflict between her biological role and her individuality. In the last analysis that is also the primary conflict of

the man, whose individuality expresses itself in the calling (in work). The modern woman is caught like the man in the same conflict, and one will probably not go far wrong if one finds in this basis of the masculine neurosis, one of the causes of increased nervousness in women also. However that may be, therapeutically one dare not overlook the fact that analysis in treating the woman essentially as an individual, at the same time brings to view her "masculinity complex" or at least its temporary increase. At all events it seems to me a mistake to deduce a "masculinity complex" from the masculine reactions of the woman in analysis, for not to be treated as sex object is for many women equivalent to masculinity, apart from the identification undoubtedly existing with the male analysts who are in the majority. In every case, however, the masculine reactions in the analysis have other than purely historical meaning. We know that the biological terms, masculine and feminine, are used almost universally for activity and passivity, also very frequently for the contrast between intellect and emotion, even by individuals who know better. I have often found in analyses of women, that masculinity comes to light just at that point where the patient is about to accept her original self, her feminine role. The masculinity appears then not only as a compensatory reaction against the feminine self, but also because the patient now projects upon the therapist her will as such, which has been actively awakened by the dynamic therapy, in order to be able to accept passivity (femininity). It has to do therefore not with a masculinity complex, nor with identification with the male analyst, but the reverse, with a splitting off of the mas-

culine activity in the analyst for the purpose of accepting the feminine role. The typical difference in the reaction of the man and the woman to the separation I have already treated thoroughly elsewhere. The man is inclined to react destructively, the woman conservingly, due to the fact that the man is in general more wilful (destructive and creative) in his adjustment, the woman more emotional (preserving). This difference of attitude shows itself here as a special case of the previously mentioned dualistic typology of dependent and independent characters, although according to our earlier deductions, the matter is not so simple as to justify a generalization that emotion makes for dependence and will for independence. I mean only to make this one point, that one type cannot take the opposite type for an ideal, but as long as we must have ideals, only the extreme of one's own type is suitable. The inner ambivalence seems to permit this only in the rarest cases and under peculiarly favorable conditions. Normally this ambitendency finds its solution with the help of reality, which permits us to realize the contrary type slumbering in us in the other, in favorable cases in the other sex. This is the love reaction which seems to be the prototype for every human relation, since it includes in it besides the sexual completion all other complementary possibilities also emotional and impulsive, active and passive, moral, psychological and characterological.

Various types of persons may be differentiated in their social relationships according to the complementary use of the other person. The neurotic type stands in a more negative but in a certain sense a greater dependence upon his fellows than other types, but his de-

pendence is more moral than libidinal in nature, more total than partial, and has more of will than of feeling. Therefore the neurotic can change or give up the assistant ego only with great difficulty, because he loses therewith not only an object but the moral support which he seeks and finds in the complementary type. The finding of the correctly adapted partner is most important for everyone because, going far beyond the sexual satisfaction, it balances the relation to reality. Certainly a too successful balance in this field may disturb the relation to the rest of the world and is then perceived by the individual as inhibitory. The poets have rightly symbolized by death all-absorbing love, as the complete loss of individuality. The much misused slogan of the modern man that marriage destroys love, loses much of its value through the consideration that perhaps this is the goal of marriage, not of necessity to destroy love, but to moderate it so that it is possible to live with it, since pure love kills the individual as a social being because it means a total giving up of the individuality. The pleasurable aspect of this condition does not as a rule seem strong enough to overcome the fear and so we see the individual, with peculiar clarity in the creative artist, flee complete love as passionately as he seeks it.

We must here consider, besides the general typology of the neurotic, the productive, and the average, the different attitudes of man and woman to the partner and to the rest of the world. In general the man seems more inclined to make of the woman an ideological symbol, while the tendency of the woman is to take the man rather as real completion; in other words, the man pro-

jects himself, the woman identifies more with the other. In general the relation of the woman to life is more concrete, that of the man more abstract, although he has apparently to struggle with hard reality, while she is protected from it in her home. But in our civilization this hard reality is for the man, on the whole, an ideological world of abstraction, while children and the home continue to represent very concrete tasks and at the same time have preserved a bit of the primal reality. For the average man, as a rule, the wife and family mean the only reality that has remained to him, and perhaps that is one of the reasons why he bears it so ill and wants to withdraw into ideological illusions. On the other hand the man fears much more the object loss (of the woman) while she, as Freud says, also fears the loss of love. For she has other realities, which bind her to the world, before all the child, while the man retreats ever more into an abstract sphere and finally holds on to the woman as the only reality. It may perhaps flatter the chosen woman, may even be an inner need, to be lifted by the man from her own real sphere into his ideal one, but at bottom she will still want to be loved not as his symbol but as herself, that is to say, as woman. The question is how far a true love without idealization and ego assimilation is possible, or may even be wished for. Certainly it is not the goal of the woman to be desired only as a woman, that is, merely for the sake of her sexuality. Often enough one finds that love must justify sexuality, and is set up in consequence of a physical relation. However that may be, the difficulties and conflicts in modern love life are in great part to be traced to the increasing likeness between the sexes, which seems to

be a consequence of increasing individualization. Instead of seeking or finding the complementary type, human beings today seek to find preferably the same or similar type, and sexuality remains the only difference, the object of conflict or avoidance.

A deeper study of the love life makes it clear also that human beings depend more on the one who rules them than on the one who loves them. Love, where it exists in such cases, is then taken only as proof that this ruling will not be too severe or earnest, that one will be punished just enough to spare self-punishment, but that this punishment will be no death punishment. Another more social form of paying off is work, however satisfying or creative it may be. Work to which so many men allude when they speak of painful reality, is not only frequently a source of positive satisfaction but in every case lightens the inner punishment tendency. This important viewpoint has only recently found entrance into psychoanalysis, which has given very little value to the work life of the sick as a therapeutic factor, although it would have played an important part with the numerout patients who were or who became analysts. The chief ground for this neglect seems to me not so much in the libidinal orientation of analysis as in its purely psychological orientation. (Detailed treatment of this point will be found in the chapter on vocation of my book on Modern Education). The human being is not only an individual but also a social being and both sides are important, at least therapeutically. The psychoanalytic goal of the purely psychic achievement of balance of the individual, is an ideal which is not only beyond reach, but is misleading. The social factors, how-

ever much they may encroach upon the individual, are still finally the only therapeutically effective ones, that is, those which help the individual to objectify his inner conflicts and his original ambivalence. For this one needs persons and situations which lie outside of the self. The problem of the neurotic type is that he cannot make use of these situations because he does not understand how to divide, to balance, to partialize, but must totalize or negate every single situation, every relation, even every action.

If one approaches life so totally that one wants to receive everything from one person or situation, one must to that extent become disillusioned, just as one has to deny, if one will take nothing at all from the outside and must find and do everything in oneself. One must be able to take and give different things on different sides, that is, to bear dependence, which, however, is no longer perceived as such when one feels oneself as part, not as an undivided and indivisible whole. The being able to divide oneself is an art which must be learned, otherwise it leads to swinging from one attitude to another, which, while it can be productive, always remains painful. On the other hand there is the danger of mixing or interchanging the two sides into which one has already divided one's self. I have seen cases in which the individual wanted to do that in his private life, in other words, to treat men as ideologies. The so-called professional men who never fall from their social role, are actually strong egos who have barricaded themselves behind the calling, and then interpret the world in terms of this professional ego. There are also types who with all freedom and lightness in living never reveal the real self,

even to themselves. Also it is true in therapy that the therapist learns to know the patient only from one side, and that certainly is not always the best. There are people who always hide a part of their ego, in order to keep the best for themselves. One could characterize the neurosis as secretiveness with regard to the self, and the necessary modification of this attitude in the therapeutic relationship would explain in part the therapeutic effect. On the other hand the therapeutic process with all honesty still offers rich opportunity for hide and seek, since the secret self projects itself upon the therapist and must be read off from there.

The human being has an inherent aversion to playing two roles, while at bottom he is so dualistically conditioned that he cannot live with one only. Ideological therapy with its psychic balancing strengthens this idea of unity of the individual, instead of, figuratively speaking, putting him on two legs. Vocation and private life, work and leisure, complement one another anyway, indeed actually force the modern man to a change of roles. That sounds banal enough but seems to me worth emphasizing, in view of the analytic concentration upon psychological details which perhaps have laboratory interest, but certainly no therapeutic value. For the only therapy is real life. The patient must learn to live, to live with his split, his conflict, his ambivalence, which no therapy can take away, for if it could, it would take with it the actual spring of life. The more truly the ambivalence is accepted the more life and possibilities of life will the human being have and be able to use. If he only understands how to live in harmony with the inevitable, that is, with the inevitable in himself, not

outside, then he will also be able to accept reality as it is. This is no fatalistic and passive acceptance, but rather an active constructive utilization. Finally, therefore, everything depends on the attitude of the particular individual to the given factors, including primarily himself. In the last analysis therapy can only strive for a new attitude toward the self, a new valuation of it in relation to the past, and a new balancing in relation to and by means of, present reality.

COMPLETE LIST OF PUBLISHED WORKS OF DR. OTTO RANK

in Order of their First Publication

Der Künstler, 1907

Der Mythus der Geburt des Heldens, 1909. English translation, *The Myth of the Birth of the Hero,* 1914. Italian translation, 1921

Ein Traum der Selbst deutet. Jahrbuch für Psa II, 1910

Die Lohengrin Sage, 1911

Das Inzestmotiv in Dichtung und Sage, 1912. French translation, 1934

Die Bedeutung der Psychoanalyse für die Geisteswissenschaften (with H. Sachs), 1913. English translation, 1915

Psychoanalytische Beiträge zur Mythenforschung: Gesammelte Studien aus den Jahren 1912–14, 1919

Der Doppelgänger, in *Imago,* 1914

Homer: Psychologische Beiträge zur Entstehungsgeschichte des Volksepos, in *Imago V,* 1917

Das Volksepos: Die dichterische Phantasiebildung, in *Imago V,* 1917

Don Juan-Gestalt, in *Imago VIII,* 1922. In book form, 1924

Eine Neurosenanalyse in Träumen, 1924

Sexualität und Schuldgefühl, 1926

Entwicklungsziele der Psychoanalyse (with S. Ferenczi),

1924. English translation, *The Development of Psychoanalysis,* 1925

Das Trauma der Geburt, 1924. French translation, 1928. English translation, *The Trauma of Birth,* 1929

Technik der Psychoanalyse. Vol. I, 1926. Vol. II, 1929. Vol. III, 1931. English translation, *Will Therapy,* 1936

Grundzüge einer genetischen Psychologie auf Grund der Psychoanalyse der Ich-Struktur. Vol. I, *Genetische Psychologie,* 1927. (Given in lecture form in English for the New York School of Social Work, 1926.) Vol. II, *Gestaltung und Ausdruck der Persönlichkeit,* 1928. (Given in lecture form for the New York School of Social Work and the Pennsylvania School of Social Work, 1927.) Vol. III, *Wahrheit und Wirklichkeit,* 1929. (Given in lecture form for the Pennsylvania School of Social Work, 1929.) English translation, *Truth and Reality,* 1936

Seelenglaube und Psychologie, 1931

Modern Education, 1931

Art and Artist, 1932

A NOTE ON THE TYPE IN WHICH THIS BOOK IS SET

The text of this book was set on the linotype in Baskerville. The punches for this face were cut under the supervision of George W. Jones, an eminent English printer. Linotype Baskerville is a facsimile cutting from type cast from the original matrices of a face designed by John Baskerville. The original face was the forerunner of the "modern" group of type faces. ¶ *John Baskerville (1706-75), of Birmingham, England, a writing-master, with a special renown for cutting inscriptions in stone, began experimenting about 1750 with punch-cutting and making typographical material. It was not until 1757 that he published his first work, a Virgil in royal quarto, with great-primer letters. This was followed by his famous editions of Milton, the Bible, the Book of Common Prayer, and several Latin classic authors. His types, at first criticized as unnecessarily slender, delicate, and feminine, in time were recognized as both distinct and elegant, and both his types and his printing were greatly admired. Printers, however, preferred the stronger types of Caslon, and Baskerville before his death repented of having attempted the business of printing. For four years after his death his widow continued to conduct his business. She then sold all his punches and matrices to the Société Littéraire-typographique, which used some of the types for the sumptuous Kehl edition of Voltaire's works in seventy volumes.*

COMPOSED, PRINTED, AND BOUND BY H. WOLFF, NEW YORK. PAPER MADE BY S. D. WARREN CO., BOSTON