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/ by Wilhelm Stekel ; authorized English version by Oswald H. Boltz.**

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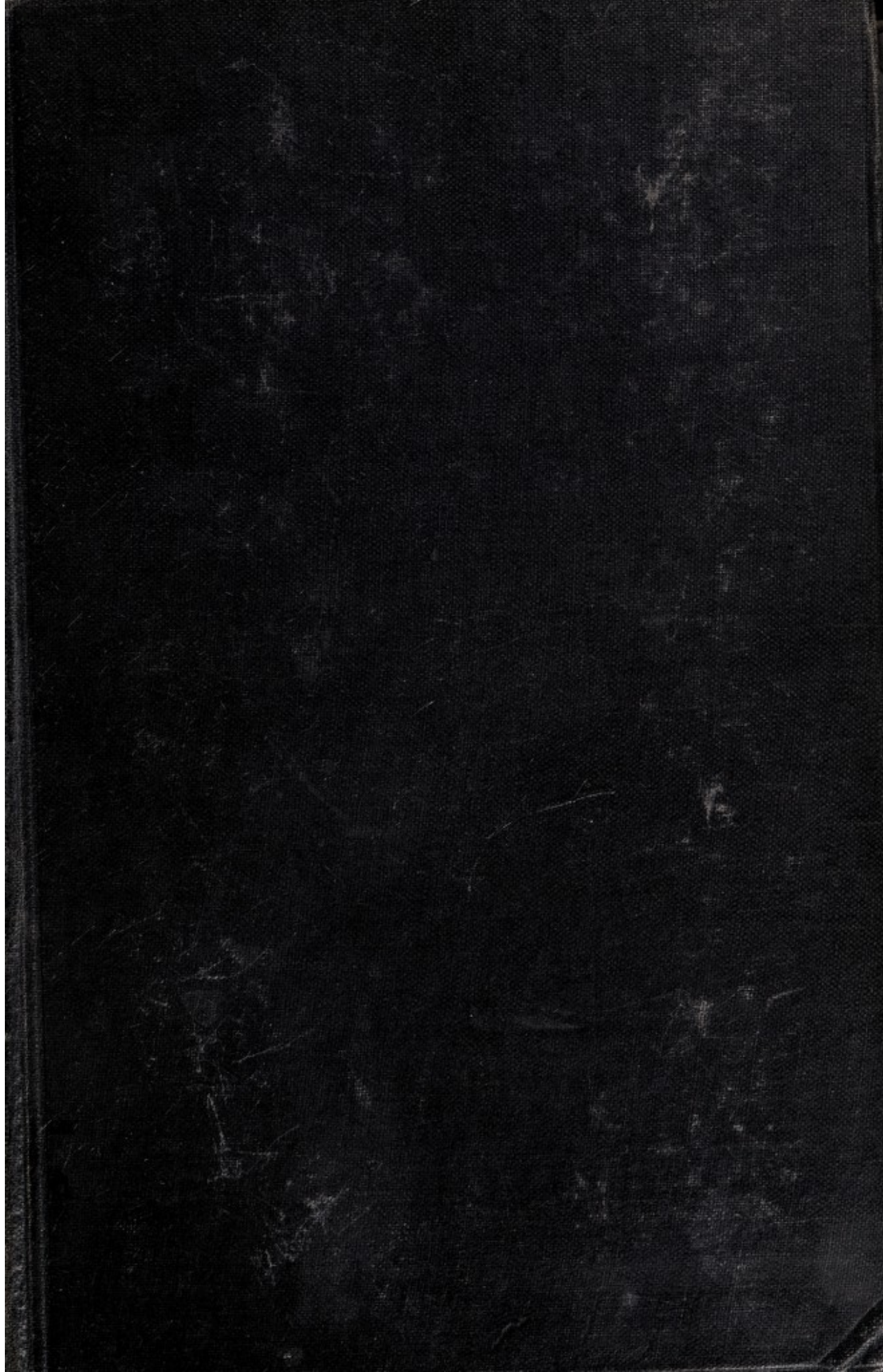
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OF SEXOLOGY AND PSYCHOLOGY
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IMPOTENCE IN THE MALE

Two Volumes—Vol. II

The sale of this book is strictly limited to members of the medical profession, psycho-analysts, scholars and such adults as may have a definite position in the field of physiological, psychological or social research

By the Same Author

SADISM AND MASOCHISM

SEXUAL ABERRATIONS

PECULIARITIES OF BEHAVIOUR

FRIGIDITY IN WOMAN

TECHNIQUE OF ANALYTICAL PSYCHOTHERAPY

IMPOTENCE IN THE MALE

THE PSYCHIC DISORDERS OF SEXUAL FUNCTION IN THE MALE

BY
WILHELM STEKEL, M.D.

Authorized English Version

by

OSWALD H. BOLTZ, M.D.

SENIOR ASSISTANT PSYCHIATRIST, MANHATTAN STATE HOSPITAL,
WARD'S ISLAND, NEW YORK CITY

Volume Two

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IMPOTENCE IN THE MALE

XII

THE PARAPATHIAC'S RELATIONS TO "TIME"

Efforts to arrive at a definition of hysteria which would be satisfactory to every one have to the present moment been ineffectual. It is even difficult to give a definition of parathy, although we all know what is meant by parathy. The introduction of "repression" and a consideration of the "unconscious" by Freud, however, brought us a bit nearer to this goal. Here it might be well to introduce a definition, which would run somewhat as follows: A parathy, in consequence of conscious and unconscious motives, is a condition in which the boundaries between reality and fantasy, *for a time*, fade away. In a paralogy (psychosis), fantasy, which one might call the reality of the unconscious, has completely repressed reality, or a definite part of reality. *The unconscious does not recognize any fantasies; it only knows realities.* Therefore, whenever this evaluation of the unconscious is permanently and incorrigibly accepted by consciousness, we then speak of a paralogy. But if the boundaries fluctuate and are constantly corrected, we may then speak of a *parathy*. *In a parathy, therefore, there is a sphere which lies between illusion and reality.* This sphere is at one time considered the property of consciousness, at another time, in part or in whole, left in possession of the unconscious.

The parathiac is revealed by his relationship to reality. As a matter of fact, he is not in a position to adjust himself to reality. He habitually tends to reject (to "annul") reality and substitute a fantasy for it. This failure to recognize reality sometimes takes on the most singular forms; it reminds one of exiled kings, for example the Orléans, who refuse to recognize the Republic and assume the title of king, name a successor to the crown, write letters to their faithful subjects, in short, behave as though the reality of the Republic did not exist. Like the parathiacs, they annul reality.

A 26-year-old, impotent man, suffering from an obsessional parapathy, describes an unusual compulsive act. In his right coat pocket he always carries a scrap of an old letter. He would be unhappy if this scrap of paper were not in his pocket and, though well worn and torn in several places, it has been kept in the same pocket for two years. It is a copy of an ostensibly "quite indifferent" letter of congratulation to a lady who got married two years ago. The woman in question was always a subordinate matter to him; he is at a loss to explain this unusual act. Analysis, however, reveals a deep, unconscious inclination toward this woman, which has prevailed for many years. The parapathy was actually released after the marriage of his sister and following the wedding of this woman, who was a friend of his sister. In both instances it concerned the loss of a loved person, one which was, no doubt, irreparable.

What, therefore, is the meaning of this compulsive act? *It annuls a reality and fixes a historical reality, which, at the present moment, is already a fantasy.* Our patient simply behaves as if the woman were still unmarried, and he has not mailed the letter of congratulation. She is still free and is waiting for him; he has not lost her forever. He annuls the reality of her marriage and replaces it by a fantasy agreeable to him, which again is only a fixed reality of the past. In fantasy the woman is still single. The letter of congratulation was not mailed, because she is still unmarried. He actually contents himself with a bit of reality, with a copy of the letter of congratulation, and uses it to bolster up his fantasy. This single example will serve for many. The patient, moreover, displays numerous other annulments! Inasmuch as he is suffering from a whole series of such acts of annulment, he is useless for practical life. We observe that he constantly ignores the present and undoes two years of his life; so far as he is concerned, time has not slipped by. In addition to other determinants (spite against his father), this also explains why he was incapable of pursuing his studies during these years. And why should he? Time meant nothing to him; he arbitrarily fixed the situation which prevailed two years ago.

The same patient shows still another symptomatic act which

can be explained very nicely through the law of "bipolarity." He carries another letter in his pocket. It is really nothing more than a transcript of a letter which his mother had once written to a childhood friend. One sentence in this letter reads: "Whence is our beautiful youth which brought us a superabundance of red roses?" At the time, he said to her: if one wanted to be mean, one could conclude, from this passage, that a love affair prevailed between her and her youthful friend. Whereupon the terrified mother altered the passage. But, for about six years, he has been carrying a transcript of the first draft in his pocketbook. To his unconscious, this document proved those suspicions which a parathiac family romance produces in enormous profusion. Here a "scrap of reality" was also used to support an unconscious fantasy. But it was not experienced in accordance with the principle of annulment. On the contrary, his mother's cancellation was not accepted, and the document proved its validity. Here a tiny bit of reality was welcome and served to bolster up a world of fiction. Both instances reveal the parathiac's partiality, and show that his psychic phenomena are placed at the disposal of wish-fulfillment. His impotency is more apparent than real. His attention is focused upon the friend of his sister with all the obstinacy of an obsessional parathiac: either she or no one. In addition to the tendency toward annulment, he also lives in a parathiac illusion; namely, she will divorce her husband and, out of gratitude, reward him for his faithfulness.

In another example, analysis revealed that the patient has such a violent transference upon an old housekeeper that she had to be discharged. The patient then gives up his household and boards in a hotel. However, a series of compulsive acts show that, in the unconscious, he rapidly annulled the reality of her discharge. After each noon-meal, he must ride home and lie down for several minutes, a thing which he never did before. In other words, he rides home to his old love; she has not yet been discharged. He must return home. On various pretexts, he goes to the empty kitchen every day and talks loudly to himself, investigates whether any gas is leaking, etc.—He pays a visit to his beloved sweetheart. In short, he is still living with her, and his dreams prove that her separation

had absolutely made no end of their relationship. The unconscious simply refuses to recognize realities which are unpleasant to it. One might now think that this tendency to annulment is only a special form of repression. But that does not correspond with facts. A lady experienced a severe psychic trauma in her childhood at the hand of a male cousin. Various compulsive acts turn out to be a repetition of the incident, which had been entirely "forgotten." In other words, *her unconscious knows what is barred from consciousness*. But how does the patient with the letter of congratulation behave? *His consciousness knows that the woman in question is no longer single. It is only his unconscious, however, which refuses to know anything about the marriage*. He ignores the unpleasant reality. Repression and annulment are both at the disposal of unconscious tendencies. Repression withholds the fact from consciousness and hands it over to the unconscious. Annulment likewise pushes aside a fact, but only in the unconscious. *To consciousness, however, the fact remains a fact*. Therefore, it is really a reversed process.

While in these cases the irreparable loss or, better expressed, the loss for all time, becomes ignored and annulled, we are also acquainted with cases where a reality is obstinately maintained and fixed forever, long after it has ceased to be a reality. Certain childhood impressions are not subject to the wear and tear of time. In these cases, the unconscious does not recognize time, *i.e.*, it does not want to recognize time. Every reality is actually a reality only so long as it is a perception. To perceive means to see the real situation. The parathiac has realities which preserve eternal value by not leaving the visual field of consciousness. Every perception is sure to become a reproduced perception, which we call memory. *The parathiac permanently converts memories into perceptions*. This tendency manifests itself in dreams, hallucinations, in a remoulding of the present into repetitions of the specific historical scenes or "clichés," as Freud has aptly called them.

In doing this, the parathiac must always disregard the important factor of time. Time, in the long run, destroys every reality. This destructive tendency of time is consistently ignored by the parathiac.

Let us take the well-known example of the adult parathiac who is erotically anchored to the person who raised him from childhood and who physically is really beyond love and desire. How is it that such an anchorage comes into being? Does the patient not observe that his once so beautiful ideal has become old and wrinkled? Yes, in consciousness he recognizes this, but nevertheless the affect (emotion) continues to prevail. Being an emotional creature, he really does not take notice of age. His unconscious refuses to recognize the ravages of time. There is in existence a very characteristic poem by Wilhelm Pfau, which bears the title: "Mama will always remain beautiful." A boy sees an old woman and makes a disparaging remark about her. His mother takes him to task for this and asserts that some day she too will look like the old woman. Whereupon the boy shakes his head and asserts: "Oh, no! Mama will always remain beautiful!"

Infantile ideals, therefore, withstand the ravages of time. That means that the parathiac constantly struggles with time. He turns back the hands of the clock of life. He remains a child and still has his young "mama," or he ignores marriage and continues to be a student. He scorns time and squanders it, like wealthy heirs who squander their money out of contempt for their father. This contempt for time is already an overcompensation, because, in childhood, the parathiac once overestimated time.

The problem of time is a tragic problem for the child. His parents are the "older ones"; they have all rights and liberties. He must obey them, because they are older. They have the advantage of time and are ahead of the child by so and so much time. From our psychoanalyses, we know how painfully the child feels this conflict. It would prefer to be its own father. It would like to be grown up. Time passes much too slowly. A year seems an eternity. Consider the great interest which the child has for birthdays; how proudly it registers each new year. The child constantly thinks about time and even about the complicated problems of eternity. As evidence for this, I would like to introduce here the primitive poems of six-year-old William.

The first poem is called: "The Jolting Train," and reads:

It jolts and jolts!
 Going in and going out.
 Changing and jumping off!
 Coupling and uncoupling!
 Hello there, Porter! come up
 And have a drink!
 The poem is over.
 The train jolts!
 The train jolts!

It is not difficult for the experienced psychoanalyst to discover the erotic symbolism contained in these simple lines. A second poem of this wide-awake boy, moreover, already shows his meditations on the problem of time.

"Lost Time"

Time flies.
 To me it seems, as if
 In a single minute
 Hours had passed.
 It seems to me, as if
 The days were devoured.
 Time flies.
 I am becoming old.
 My limbs collapse
 My hair becomes white.
 Time flies.
 Time flies.

Here we notice a well-marked identification with his father, whose first signs of old age are observed with malicious joy.

I have another poem written by the same boy in his ninth year; it also deals with the problem of time. It actually treats of love, but in variations: as a youth, as a young man, as a mature man, and finally as an old man.

Other children show lively interest for the ages of various kings, especially as regards the length of their reign. They preoccupy themselves with the thought of outliving all of them, a thought which never loses its pathogenic force and develops into a root for hypochondria. Fantasies about the end of the world, in which the child alone is preserved, are a daily oc-

currence. The wish to outlive the parents manifests itself in death-wishes against mother and father, concerning whose death the child very gladly talks (comp. with "little Hans").¹ The child also shows lively interest for the difference in age which exists between him and his parents. And thus a 5½-year-old boy, who astonished his entire family with his talent for mathematics, discovered a table in which was calculated that, with a very long life, the age difference between him and his mother would become smaller and smaller.²

1.....	20.....	twenty times	.....	(20	x	1)
5.....	25.....	five times	.....	(	5	x 5)
10.....	30.....	three times	.....	(	3	x 10)
20.....	40.....	two times	.....	(	2	x 20)
40.....	60.....	one and one-half times	...	(	1½	x 40)
80.....	100.....	one and one-quarter times.		(	1¼	x 80)

Despite these games, this child was consumed by a thought which is characteristic of all parapathiac children and perhaps all human beings: namely, "*I will never reach my father.*" Every parapathiac child would like to be its own father. "Little Hans" wants his father to sleep at his grandmother's. His father becomes grandfather, while he advances to father. At a later date, as parapathiacs, these individuals are always anxious about "non-attainment." They have definite realization that they can never reach their parents. Such parapathiacs again and again play the rôle of "non-attainment," whether it concerns catching a train or attending a theatrical performance—a matter which I have discussed in my essay, "*Der Neurotiker als Schauspieler.*"³

Dreams of "non-attainment" also occur in women whose husbands suffer from ejaculatio præcox. Men also have these typical dreams.

In coitus, especially, human beings sport and reckon with time. But all parapathiacs count the minutes or seconds of their sexual acts. The person suffering from ejaculatio præcox underestimates the duration of his performance; the patient with ejaculatio retardata or erection sine ejaculatione, overestimates it. From women, one often hears just the opposite to what their husbands state. Many a wife is satisfied with the

performance of her husband and comes to orgasm, while her husband complains of ejaculatio præcox and estimates his coitus at three seconds, which is denied by his wife, who gives the time as five minutes.

The counting among masturbators is well known. They are chiefly concerned about the intervals between the separate masturbatory acts. They want to know how long they can go without masturbating and count the days of abstinence. And thus a patient of mine had the lucky number twenty-three. It was his longest interval between two masturbatory acts, an interval of which he was very proud.

The problem of time preoccupies the parapathiac in a large variety of ways. Again and again they will complain about not using their time to good advantage; that they have killed time, and robbed our dear Lord of time. Platen expressed this sentiment when he said: "Who has ever known how to take hold of life correctly? Who has not lost half of it?" And in another place the complaint breaks through: "Alas! How did you spend your life?" But, despite all these complaints, the parapathiac has a talent for frittering away his time. He apparently always has something to do, but it is useless work which is intended to kill time. "I am absolutely incapable of accomplishing anything," complains a patient, "I waste too much time. Before I am dressed or get into bed, hours have elapsed." Another is unable to study, because he must first calm himself over his obsessions, a common form of squandering time.

A third obsessional parapathiac also shows several interesting phenomena relative to the problem of time. He is afraid that various objects will move closer to him. That this fear should become greater with pointed objects is readily understood and easily explained. Ultimate solution first demonstrated a relationship to his death-wishes: "*Each day death approaches nearer to us.*" The death of his aged father also drew nearer day by day; yes, hourly and each minute and each second, nearer. This patient occasionally feels so old that he will soon die, etc., quite like our little William whose poems we have become acquainted with. Here, too, the sensation

arises from an identification with his father and is an atonement for his wicked death-wishes.

This patient has a habit of always coming too late. Whereupon he imitates the process of his birth. He is the third child in his family. His envy for the first born arises, in part, from the fact that he came too late and the other one earlier. This patient would also prefer to be his own father.

A very frequent compulsive act in children, to wit, a frequent glancing at the clock or the impossibility and fear of looking at a clock, and, furthermore, disturbances of sleep, through the ticking of a clock, bear close relationship to the problem of time. A woman, suffering from an obsessional parapathy, could never pay a bill and was always in conflict with the clock. In the analysis, the bill turned out to be guilt. The well-known verse of Schiller proved to be a connecting link in this obsession and compulsive act:

"Settle your account with Heaven, bailiff!
Your watch has run down."

In the symbolism of clock, death symbolism also plays an important rôle. On the whole, those symbols are preferred which combine life and death, male and female, into a single picture (the bipolarity of all symptoms). Every symbol is characterized by an ability to express a multiplicity of pictures in a single one.

During treatment, all parapatliacs bring their "time-disorders" in relation to the physician. They either come too late or, like one of my patients, always several hours too early. They complain that the hour allotted to them is inadequate or check up the physician in respect to the length of the sitting, in order to be sure that he is not making it too short. They then produce resistances and waste their time which, in every respect, is so valuable. And thus one of my "anxiety" patients, a physician, for whose recovery I had allotted four months, met a patient who had been treated for over a year by another analyst. Three weeks elapsed with the strongest resistances; then the usual questions appeared: Why did not I also propose a year? How could I be finished in such a short time? What was he going to do if he were not cured after four months,

etc.? In short, he frittered away time and prolonged his treatment by a month. Then, too, the factor of not wanting to be a mild case also entered into the situation. In all parathiacs, this pride in the severity of their disorder is unusually great. They are actually disappointed when they are classed among the milder cases. His nearest relatives, in particular, for whose control and punishment the parathy was produced, ought and must believe that his case is a "severe" one. The length of treatment, therefore, must prove to be proportional to the severity of the disorder.

The significance of time for the parathiac is best shown by his unconscious calendar. His dreams betray that, in his mind, he constantly juggles with certain numbers, especially with dates of birth, death, and psychic traumas.⁴ Ill-humor and depression on certain days, in analysis, turn out to be annual commemorations of important events. Thus the parathiac whose housekeeper was discharged once more lived through the sorrowful scenes a year later.

A number of other symptoms would also point to a false attitude toward time. I have already mentioned "coming too early or too late." To be classed here is also doubt as to the correct time. Persons of this type have no sense of time. Events of the preceding day appear to them as belonging to the past; the remote past, as something recent. They sport with time. A day becomes for them a symbol which represents a year and a lifetime. At night they are tired, as if faced with the declining years of life.

The parathiac who gave us the table of figures on the multiple relationship showed phenomenal mathematical talent between the age of four and six years. In a few seconds he could add numbers of six or seven figures in his head without making a mistake. In childhood, the age of his parents constantly entered into his calculations. Every one predicted that the boy would have a brilliant future in mathematics. But already in the "gymnasium" he began to fail completely in that subject. During class he acted as though his mind were distracted, so that the instructor said: "The boy's mind is always somewhere else!" In other subjects he was one of the best students. It is evident that an affect (emotion) was associated

with the numbers and obscured a clear conception of them. The anxious question which moved the boy was: "Will I outlive my father?" In the race of life, he wanted to be the proud victor.⁵ The result of death-wishes against his father was an incredible hypochondria, which, on the one hand, served as an atonement and on the other emanated directly from a wish to live forever. He became a sportsman, a fresh-air fiend, vegetarian, etc. All questions melted into a single question: "Is this healthy?"

Believing that a retention of semen would prolong his life indefinitely, he also practiced sexual abstinence. A pollution was sufficient to make him profoundly unhappy. From a hypochondriacal tendency toward self-protection, he became impotent. He wanted to prolong his life at all costs. And sexual pleasure is always the highest price which human beings pay for this purpose. Among men the mystical notion that retention of semen prolongs life still prevails. Medical experience shows just the opposite. Only the erotic spendthrift prolongs his life. ("There is no money-box for spermatozoa.") Whoever begins to spend it early, preserves his sexual adequacy into advanced age. Our patient, however, literally counted every spermatozoon and, through retention of semen and hygienic living, wanted to extend his life to the utmost limits of possibility.

In parathiacs, the symbolizations of time are also interesting. Here the problems of time mingle with those of space. Time becomes an endless path which has to be traveled over, or a stream which must be crossed. Time and money, blood, semen and all secretions enter into a symbolic equation whose elucidation yields the most astonishing relationships.

That impotence in the parathiac shows most evident relations to the problem of time is clear. The parathiac is tired of waiting. He has lost his patience. This type corresponds to another, its bipolar opposite, for whom waiting is a great pleasure; who puts off all decisions in order to prolong the fore-pleasure. Finally the fore-pleasure becomes the main thing. Here, also, is betrayed a disorder which resulted from the parathy. The parathiac is incapable of seizing a momentary pleasure. Let us consider the words of Faust: "Would

that I might say to a moment, tarry awhile, you are so beautiful."

The person who suffers from *ejaculatio præcox* is already satisfied with the fore-pleasure and is the "impatient one"; in sexual intercourse, a man who is potent is also a man who can wait. A man behaves like his penis, or, better still, the penis behaves like the man.

The parathiac knows only the fore-pleasure of reality and the after-pleasure of memory. That is his secret punishment for not enjoying the only beautiful present, childhood. At that time, he wanted to be grown up.

From all these particulars we can realize the importance of the problem of time to the parathiac. The tendency to annul reality, as a rule, attacks the reality of time. According to an assertion of Freud, the unconscious does not recognize time. There is a deep psychic motive for this. It does not want to recognize time. In the form of wish fulfillment, it disregards time, and is without time or space. From this disharmony between a consciousness, which cannot exist without time, and an unconscious, which refuses to recognize time, arises many of the doubts and uncertainties which beset the parathiac. Between reality and fantasy lies an area in which the conception of time oscillates. The size of this area is an excellent means of judging the severity of the parathia.

The false evaluation of time may finally dominate the entire disease picture, so that these individuals completely lose their sense of time. They have an absolutely false conception of time.⁶ There are various authors who have described these conditions, although their material, unfortunately, lacks analytical investigation.

It is interesting to know that these conditions can be produced artificially. As a result of intoxication from certain poisons, a disturbance in the sense of time can be produced. Traces of these changes may be observed in alcoholic intoxication. Intoxicated persons often lose their ability to evaluate time. In a state of intoxication, time usually passes very rapidly. And we learn that parathiacs drink because they cannot tolerate time; because the emptiness of their existence and the hopelessness of their secret, sexual desires make life un-

bearable. Hashish, opium, and mescaline intoxication, yes, even chloroform narcosis, may produce a severe disturbance in the sense of time (see descriptions in the very interesting work of A. Pick). A hashish eater estimates a time interval of fifteen minutes at 300 years, and the intoxication only lasts a quarter of an hour. (An observation of Th. Gautier.) Serko describes his sensations during mescaline intoxication: "Experiences of the last half hour seem to be in the remote past, and the anticipation of the impending future is precipitate. Above all, one experiences a peculiar feeling of having lost control over time, as if it had slipped by, as if one were no longer in a position to retain immediate events long enough to see their end; one tries to cling to them, but they disengage themselves."

We are also familiar with the condition known as "flight of ideas," in which thoughts chase each other in a way that hours are lived in minutes. In danger of death, the same phenomenon occurs. One's entire life flashes past one's mental eye in a few seconds. In dreams the evaluation of time is subject to the same deception. A dream, lasting only a minute, may seem to deal with months of experiences. (The famous "alarm clock" dreams of Hildebrandt.) That proves that the evaluation of time depends upon the flow of associations. For persons who think or work with animation, time flies. The more rapidly they think the more they underestimate the time used. Daydreamers usually lose their sense of reality; they lose the reality of time.

I will now introduce several examples from my practice. They will demonstrate the practical importance of this phenomenon for understanding many forms of absolute and relative impotency.

CASE 88. T.Z., a soldier, previously quite healthy, was brought to my department two weeks after being buried by a shell. He described the following attacks: "Several times a day I lose my sense of the surrounding world and see everything much more rapidly. I glance at the clock. Its hands turn madly, as if they twirled around the dial. People hurry even more rapidly than in a 'movie.' Every movement takes place a hundred times as

fast as in reality. The attack lasts for ten minutes and everything is over."

This manifestation can be explained as an after-effect of shell burial. He saw the whizzing and hissing shell approaching; he felt imminent death and then saw his past life rush by madly. The attack repeats the horrible picture of the burial and contains a warning: "Do you see how fast your life is flowing! Be sure and make good use of it."

He asserts that during intercourse with his mistress he had a feeling as if he moved very rapidly and everything was accomplished in a second, although it had actually taken several minutes. Several weeks later this condition vanished completely.

From this example we can see how the after-impression of the burial called forth a false estimation of time. Now, every analyst knows how greatly the parapathiac is addicted to surrendering himself to dreaming, which often takes place in the tempo of a mad flight of ideas, though sometimes strikes a slower tempo, depending upon the requirements of the psychic situation. In doing this, they utilize the "tendencies to annulment," in order to flee from the reality of time into its irreality.

CASE 89. Mr. X. S., 37 years old, complains of an impotency which is of four years' duration. Until that time, he was always potent. Then an impotency developed in a very short space of time. Even morning erections are said to be absent. Organically he is absolutely healthy. The following relationships are revealed in the analysis. Four years ago he divorced his wife because she was a "damned wretch" and in many ways had shamefully deceived him. And, in addition, gave his money to her paramour. She was coarse and had no sympathy for him. Divorce was his only salvation. She always laughed at him whenever he threatened her with a divorce and said: "You cannot pull yourself away from me." But with superhuman strength he tore himself away from her. I say superhuman strength because he was sexually a slave to her. In her arms he felt joys which he had never even dreamt of before, and was unusually potent. He recalls having cohabited with her a dozen times in one night. On the day of the divorce he secluded himself in a dark room and cried very bitterly for several hours. Then he was apparently through with her. But a short time afterwards he became impotent. He no

longer gave the false woman a thought and forgot her entirely. He could not find any pleasure in other women, however, because his erection was inadequate. Analysis showed that he still loved his wife and wanted her passionately. But his impotency was something "wanted," and his physical inadequacy only an apparent one.

He constructed an "illusion" which could only have sprung into existence with the aid of annulment tendencies. His wife had remarried and lived in a fashionable residence with a wealthy man. She also gave up her fast life. He always inquired about her and, through the assistance of an old female servant, always secured information about her. He "annulled" her marriage, and harbored the illusion that some day she would knock at his door and, for lack of money, surrender herself to him. For that reason he became pathologically stingy and would not permit himself to spend much money. And, while consciously he wanted to have nothing to do with her, inwardly he insisted upon her possession. In his illusion he had assumed an astonishing restriction; namely, so long as he remained faithful to his wife, just so long could he hope for her return. This connecting link between impotence and illusion (called by me the "parapathiac conditional proposition," the "junctim" of Adler) held him firmly to his impotency. Then, too, he clung to the "parapathiac illusion" by means of the following act. He carried an envelope in his pocket which contained 1,000 crowns. He would never part with this dirty envelope, upon which was written the date of his divorce. I inquired after the significance of the envelope which I accidentally discovered when he took out his pocket-book in order to show me the picture of his former wife, which he always carried on his person. "I thought it was advisable to always carry some money around. One can never tell when it might be useful."

"But you can just as well carry it in your pocket-book. Why do you drag the dirty envelope about? Moreover, in your circumstances, this amount is hardly to be reckoned with. You undoubtedly carry a larger sum in your pocket-book. And of what significance is the date of your divorce?"

"On that day I thought, 'Now you will become reckless and spend lots of money. For that reason, retain 1,000 crowns in case of necessity.'"

He makes one excuse after another. The truth of the matter is that he clings to his "parapathiac illusion" and holds the money in readiness for the day when his ex-wife will come to him and

beg for money. Then he would point to the date on the envelope and proudly say to her: "You see, on the day of our divorce I knew that you would return to me with remorse."

He now annuls the fact that she is wealthy. In his fantasy he has absolutely no desire to know that she belongs to another. He still sees her as a young, attractive woman, although in the meantime she has become stout (which no longer corresponds to his taste), and the marks of drinking and gambling, sleepless nights and wild orgies have impressed themselves on her face. He carries her beloved picture on his person, in which she shows the touchingly naïve features of a genuine child-wife.

Without knowledge of these psychic mechanisms, many a case of impotency remains an obscure puzzle. An understanding of the "time-parapathies" is absolutely indispensable in those unusual cases known as "psychosexual infantilism." In order to amplify the subject of impotence, I will next introduce a striking example of this type. It always concerns men who have regressed into childhood and, through this regression, have given up gratification as a man. This flight from manhood into childhood is not the only earmark of this parapathy. It is characterized by an incongruity with time. The patient annuls the vicissitudes of time; neither he nor his environment become any older. On the contrary, he even goes backwards. With each day he becomes younger; and the longer the "infantilism" persists, the profounder becomes the regression, until finally it advances to the helplessness of the infant. Through idleness and indulgence in fantasies, time becomes divested of all value. And yet, analysis can regularly demonstrate an unconscious over-evaluation of time and a severe inner conflict, which proves that these patients, through the remorse of a guilty conscience, transform the paradise of their childhood into a hell.

CASE 90. Mr. O. P., 30 years old, is referred to me by his father for the treatment of impotency. The father had noticed a striking change in his son. He had withdrawn himself more and more from his studies and the affairs of the world, and suffers from epileptic attacks. Upon the advice of a physician, relief was sought through trying sexual intercourse. But he is impotent and cannot get well if the impotence is not removed.

O. P. is the only child of healthy parents; the family is otherwise free from parathiacs. Only his mother shows the prodromes of a "house-wife's parathia," which is not far removed from the limits of normality. Through an idolatrous love for her son, who, moreover, has become a tyrant over the entire household, she contributed much to the genesis of his parathia. Organically, O. P. shows no striking signs of degeneration, though as a rule he presents the picture of a "demented individual." He laughs to himself, makes all manner of grimaces, utters unintelligible words, and suddenly stares fixedly at a point in space. His demeanor is somewhat timid and excessively amiable; he maintains outward appearances without fault, speaks foreign languages, and in conversation displays no mental defects. The anamnesis reveals that he developed quite normally until his twenty-fifth year. His graduation examinations were completed with no unusual brilliance, though satisfactorily. He then attended lectures on the law, displayed all manner of interests, busied himself with music and light reading. Since he is the heir of a large fortune, it is unnecessary for him to work. A change of character set in at twenty-five. He began to neglect his lectures and required an enormous amount of time for all trifling pursuits. He became absent-minded, frittered away his time, and became more and more irritable; his attacks occurred more frequently; he withdrew from his friends and gave up one occupation after another. A daily visit to a coffee-house was the last remnant of his habitual mode of living. Here he would read the newspaper for a bit and observe the people. Finally, this too was given up with all manner of rationalistic reasons. He became more and more childish and dreamy.

Relative to his sexual life, he offers the following information. He began to masturbate spontaneously at eleven and to this very day indulges in the habit. At twenty-nine, his parents engaged a "lady" for him. Her efforts were crowned with anything but success. After playing with him for many hours, she finally produced a weak erection. Following the use of this erection for coitus, during which he had to play the succubus and she spared him all initiative, he had the misfortune of acquiring a mild gonorrhœa from the "lady," which made him more timid with women than before. Other attempts with women and girls and visits to brothels yielded absolutely no results. An erection, which constantly appeared spontaneously both night and day, could not be induced on these occasions.

Ostensibly he always masturbates with fantasies which concern women exclusively. In his fantasies a definite girl plays a great rôle. He is very fond of her and would like to have made her his wife, but his parents opposed the union. Then, too, he never openly expressed his intentions, because he comes from an old aristocratic family, and she, from a better class of tradesman. Moreover, he displays a well-marked, ridiculous, aristocratic pride. The decision would have been a conflict to which his psyche was not equal. In addition, he soon admits that homosexual fantasies also occur. It is interesting that his epileptic attacks, in part, are associated with his homosexual excitations. He was nineteen years old when he took a trip with his professor, whom he was very fond of. By chance they had to sleep together in a hotel. He had attacks of anxiety and wanted to call the professor. He was able to overcome this childish excitement. But, in the morning, while the adored man was dressing himself, O. P. stood up, obviously to carry out a sexual assault upon him. Before he could accomplish this, however, he fell over and had his first attack. Further on we will see that his attacks are overdetermined. Their relation to homosexuality is always very prominent. Whenever he is alone with a man, he always reacts with an attack.

As already stated, in his twenty-fifth year a change of disposition and a regression to the past set in. He began to preoccupy himself exclusively with the past and did it very systematically. He practiced a secret calander and once more lived through the same day of a year ago, two years ago, etc., in the minutest detail. Then he regressed to early childhood. He lived through his childhood, revived old impressions, and in thought spoke to persons of the past; he was a child and once more attended grammar school. He was fixed to his mother and liked to recall the occasions when he was allowed to be in bed with his mother and caress her. In addition to that, he constructed a whole system of games with numbers. Each letter represented a number. A is 1, B is 2, E is 5, etc. And thus, every word and every name could be represented by numbers. Then, too, the numbers of the year took their turn; every word showed relationship to the past. But soon there was no function of the day which was not utilized for play, *e.g.*, he could use a half hour to put on his shoes. Whereupon it was of importance whether the shoelaces were of equal or unequal length (in this way, the question: "Whom do you like more, father or mother," was to be solved symbolically). He

strove to attain his ideal: that the laces always be of equal length. Putting on his stockings and other apparel again offered a number of such problems, whose complete description would fill a whole volume. Dressing at first required 2, then 3, and finally 4 hours, so that he had to be dressed by a chambermaid, like a little child. A special record was made when he only required 2 hours, for which he held no small degree of pride. Inasmuch as his mother feared his temper, she gave in to him on all occasions.

If one did not anticipate his wish, he would fly into a rage. He passionately indulged his "will-to-power," and through his system began to press the entire household into his service.

While dressing it was necessary to see that everything was smooth. He would not tolerate rudeness. (In life he wanted to settle everything smoothly, clothes also made him think of smooth skin.) Then he would always glance at the hook where his clothes were hanging. In doing this, he meditated upon the past and thought of the objects to which he was fixed. He still had thousands of such games, which preoccupied him to such a degree that a whole day would fly past as if it were only a minute.

But most important to him were his pony-games. In the country he possessed a couple of ponies whom he was very fond of. He spent a great deal of time with them. And even now he would talk to these ponies all day long. The male pony, he called, "Excellency"; the female one, "Countess." He was in the habit of addressing them: "Good morning, Excellency! Did your Excellency sleep well last night? May I offer you a cigarette? Shall I read the newspaper to you? May I kiss your hand, Countess! Would you like to have a delicious breakfast? Would the Countess be good enough to take a short walk with me? . . ." At times this game would go on for hours and was an inexhaustible source of humor and stimulation for him.

With his mouth, he made all sorts of unusual movements which turned out to be acts of chewing, as he had observed them in the ponies. He identified himself with the horses and chewed all day long. He himself was a pony; he could eat hay. Like an animal, he could stare into space, apparently devoid of all thought.

In the analysis, it was very difficult to induce him to disclose his childishness. He guarded it like a valuable treasure and was ashamed to talk about it.

But one day the cause of these manifestations came under consideration. *He feared time. He reproaches himself for wasting his time and for not accomplishing anything useful. He fled from the demands of his conscience into the past. He was still a*

child and played with his ponies; life still stood before him. He annulled the present and played that life was still full of hopes and promises. And, with his clever system, he was able to arrange matters so that not a moment for thought was left and his whole day was filled up, for he trembled before empty space. He suffered from "horror vacui." He cared neither to think nor to be reminded of the demands of life.

For all that, he constantly reproached himself. He often spent sleepless nights when the voice of conscience broke through. He had days when he was full of resolutions: "To-morrow I will give up my childishness and begin life anew. I will go to the University and attend the lectures again. I will play the piano and read books. I will go to the theatre again." But he was too weak to fulfill these resolutions and again and again succumbed to his dreaminess. He did not want to be awakened. After a brief interval, he was again a demented child who invited the ridicule of strangers and relatives through his miserable grimacing and stereotyped chewing-movements. He would remain standing on the street and stare into space, wrapped up in his thoughts. He was incapable of experiencing reality and in constant danger of being run over, so that his conduct allowed a certain tendency toward suicide to shine through.

The decisive turning point in his life was connected with the two ponies. It is not by chance that he clings so firmly to the memory of the ponies, and himself acts the part of a pony. This identification must have deeper significance. One day he declared that both ponies must be poisoned, because they were bitten by a mad dog.

I have already stated that he had a tendency to break out in a rage whenever he felt slighted. This slight always had but one meaning: he felt that his striving for love was not accepted. His rage is a reaction to spurned love. On such occasions he would like to kill his love object. Such rabid thoughts were expressed to his mother and also to the chambermaid who dressed him. The rabid thoughts meant: "And if you do not go willingly, I will use violence!" He wants to have his thoughts anticipated. Secretly he expects them to come and seduce him, to save him the effort of an aggression. He is pious and wishes to enjoy himself in accordance with the principle: "Pleasure without blame." To this is also added the circumstance that all his sexual objects are subject to taboo (mother, teacher, the girl he loves, children, animals). The rape-fantasy, which follows biting and overpowering of the partner, he experiences in the epileptic attack. (In the chapter

on "Impotence and Criminality," we will become acquainted with a striking case.)

The poisoning of the ponies and the rabid dog awaken associations with two of his own complexes. He had played with fantasies of poisoning in order to come into his father's money, and thus become independent more rapidly. His father was the only person whom he feared and respected; who was unpleasant to him, who would not tolerate his tyranny, before whom he was ashamed, whom he considered a rival for the favor of his mother. Furthermore, he was himself a rabid animal. His sadism was associated with the feeling of manliness and with every aggression. He had reason to fear an aggression and, for motives of "self-preservation," had to flee behind the protecting hedge of impotency. *He would not and dare not be a man.* And what is more, he wanted to check development and then regressed into childhood. But his sense of guilt would not give him any peace, and his infantilism showed terrible interludes of agony and self-reproach, depression and *tædium vitæ*.

The analysis is still incomplete. But what is essential for an understanding of his impotency has been described in brief.

Epicrisis (three years later): The patient can be considered cured. The attacks have vanished; he looks hale and hearty, and exhibits a certain amount of self-reliance. The infantilism appears to have been overcome to a large extent.

And thus we see how the problem of time is mingled with that of impotency. In the next chapter we will show how the parapatheiac plays with time during coitus. The two main types of human beings: the patient one, who can wait; and the impatient one, who anticipates the end, will occupy our interest in several samples.

There are individuals who, on all occasions, have time for everything, who manage time like a valuable, entrusted possession. They also have time for love and the art of love. And love, to be sure, requires time, time and more time. Time is the money of love. The greatest gift that a busy man can give to his sweetheart is a part of his time. In genuine love, this gift yields the best interest. A man regains his time a thousand-fold through enhanced productive energy. But whoever allows himself no time for love because he loves time will flee into a "time-parapathy," which is intended to conceal his inadequacy to love.

XIII

THE PSYCHOLOGY OF EJACULATIO PRÆCOX

In no other branch of sexology prevail so many errors as in the conception of the theme about to be discussed. Most physicians, even the most eminent authorities in the field, maintain that ejaculatio præcox either betrays an innate weakness of the sexual constitution, a sign of severe neurasthenia, or else is the result of masturbation (also pollutions). Sometimes sexual excesses are also blamed. Even orthodox psychoanalysts hold this view. Freud believes that a patient suffering from ejaculatio præcox enjoys the entire act beforehand in fantasy, so that with a woman a few seconds are sufficient to produce an orgasm. Viktor Tausk, in his remarks on Abraham's essays on ejaculatio præcox,¹ asserts that ejaculatio præcox is to be regarded as one of the *reliable*, greatly contested, injurious results of masturbation. He furthermore states: "For the importance of masturbatory fantasies 'of anticipation,' in the exposition of ejaculatio præcox, speak the practices with which these patients seek to prevent ejaculatio præcox. These practices are attempts to exchange fantasy for the consciousness of reality; attempts to become conscious of the fact that now a real object, a woman's body, is at hand, in whom one can penetrate and penetrates; who offers everything that belongs to pleasure from beginning to end, so that an additional fantasy becomes useless, because everything tangible and palpable is attainable in reality. Only when a rejection of womanhood or of the normal sexual act (in consequence of a parathy, anxiety, etc.) is so strong that the real woman, on the whole, is incapable of acting as a stimulus, a second coitus will also end with an ejaculatio præcox, because in fantasy it winds off to the point of ejaculation. Ejaculatio præcox is to be considered an equivalent of pollution and to be brought into the same relationship with masturbation as the pollution.

Inasmuch as enuresis is an equivalent, so is the pollution as well as ejaculatio præcox."

Among the analysts, we thank Karl Abraham for the first, larger, and correlated work on "ejaculatio præcox."²

Abraham obviously starts with the axiom: Whoever brings all, will bring every one something. He states that in the phenomenon of ejaculatio præcox the following factors play a rôle:

1. The urethra is a favorite erogenous zone. He says: "We discover, excluding such reminiscences which relate to a strong, pleasure-emphasis of the voluntary act of micturition in childhood, that it was difficult to accustom the patients to cleanliness; that even as adults they often involuntarily lost urine in smaller or larger amounts; that they suffered until late childhood from "bed-wetting"; that they very easily react to all manner of excitement with an irresistible urge to urinate. Those same individuals, who acquired normal control of bladder function only late or only incompletely, also tend toward a premature, precipitate seminal emission."

2. The glans penis is less excitable in contrast to the sensitiveness of the urethra. The sexuality of these men has forfeited its masculine character and ejaculatio præcox is the same manifestation as frigidity in women.—These assertions are untenable constructions and in no way correspond with my experiences. Even Tausk has labelled these conceptions an "incomprehensible mistake." Abraham furthermore asserts: "All these patients suffer from a fear of castration. To them, the female genital bears a gruesome aspect, because the woman is looked upon as a castrated man. Furthermore, they are afraid of losing their penis through the sexual act. We are dealing with a phobia of being unable to withdraw the penis from the body of the woman and having to leave it behind. The ejaculatio præcox is a castration before the eyes of the woman. All those suffering from it are narcissists."

I will now quote Abraham verbatim.

The individual at a time when he should long ago have turned toward normal object-love, carries within himself a strong cause for tarrying in narcissism. Moreover, an overevaluation of the

penis as an organ of urinary function will become fixed to an immoderate degree in the mind of the child. Later, when the demand for real sexual function is placed before the organ, it refuses to act. The result then is that compromise which we have already known as *ejaculatio præcox*.

The libido of our patients tarries to a large extent in the phase of narcissism. In the same manner that the little boy wets his mother with his urine, which he is still unable to retain, so the parapathiac, through a premature ejaculation, wets the woman whom we now recognize with absolute clearness to be a substitute for his mother.

Hence an exhibitionistic tendency is also lodged in *ejaculatio præcox*. Through it the belief, associated with infantile narcissism, is continued that an irresistible stimulus is exerted upon womanhood (mother) through one's own merits—especially through the penis and urination. The patient would like to surpass his father, who is considered coarse and brutal, by means of refinement, and thereby supplant him with his mother. The notion regarding the brutishness of the father arises from certain experiences in childhood. The patient has spied upon a sexual intercourse between his parents and interpreted it as an act of violence on the part of his father. Upon reaching sexual maturity, this "sadistic theory" of coitus continues to be effective in the unconscious. The normal sexual act then appears to be a brutal act. The *ejaculatio præcox* to a certain extent makes an appeal to the feminine tenderness of the mother; it wishes to express: "See, I approach you more tenderly than father."

Ejaculatio præcox—especially when it occurs *ante portas*—is a defilement of the woman with a substance which is substituted for urine.

Another tendency is closely associated with the unconscious intention of defiling the woman. My psychoanalyses, in case after case, have shown that "bed-wetting" in women also represents an act of defiance. It is a mother's duty to train her child to cleanliness and control over its sphincter muscles. If the mother becomes an object of hostility and contempt, the child will then answer her efforts with vigorous defiance, which often enough is again met in the character of the adult neurotic. And thus in *ejaculatio præcox* we also behold a defiant relapse into an involuntary form of elimination characteristic of early childhood.

As already stated, every one of our patients maintains a passive attitude toward womanhood. He is permanently dependent upon

his mother and struggles against this dependency, which arises from his unconscious. The struggle to defend himself is manifested as a struggle against womanhood. But in this struggle the patient does not command the resources of powerful, masculine activity. He must confine himself to disappointing a woman, and, in this way, he avenges himself on every woman for the erotic disappointments to which he was exposed, as a child, at the hand of his mother, and which in later years repeat themselves.

Here we also have under consideration a condition of sexual rejection which emanates from narcissism.

From a prognostic standpoint those cases are to be adjudged less favorable where the ejaculatio præcox immediately became evident at the age of sexual maturity, and since then has again re-appeared over a series of years. Here we are dealing with cases possessing a strong predominance of urethral in contrast to genital eroticism, in whom the pleasure of ejaculatio præcox habitually surpasses the displeasure.

In this work, Abraham unfortunately was unsuccessful in solving the problems of ejaculatio præcox. On the contrary, he has confused the issues and set up general statements which are analytically clever, but consider ejaculatio præcox the result of an infantile attitude, which corresponds to facts as little as his statement that ejaculatio præcox occurring at the age of sexual maturity offers a worse prognosis than those appearing in later years. His comparisons with "urinary-eroticism" (the child wishes to defile his mother) will not be conducive toward spreading an understanding of psychoanalysis into wider medical circles.

After these necessary polemic commentaries, let us turn to the experiences of practice. Those cases in whom this phenomenon appears from time to time will bring us nearest to an understanding of ejaculatio præcox.

No man can say that he is absolutely certain of his potency. Yes, even Casanova had episodes in which, with shame, he had to admit his weakness. And thus every man, between intervals of normal cohabitation, now and then suffers from a premature ejaculation of semen. These cases of temporary ejaculatio præcox, above all, allow us to draw conclusions about the severer cases.

Ejaculatio præcox is a complicated symptom which may have numerous determinations, but one thing is certain: It is neither a result of masturbation³ nor the after effect of an infantile attitude in the sense of Abraham.

We may consider the sexual act the resultant of two groups of forces. The first group is of libidinous origin; it represents the demands of the sexual impulse. The other group comprises all inhibitions, safeguards, protective-functions, of the inner man. When the urge is strong, the inhibition is more easily overcome. With a very strong inhibition (the voice of conscience) the libido can only assert itself with difficulty. Ejaculatio præcox is a compromise between both tendencies. The libido becomes reduced by the rapid orgasm, because the inhibition forces a rapid settlement of the conflict.

Therefore, we have an ejaculatio præcox: 1. When the libido is not strong enough (absence of adequate gratification, a sexual object possessing scant stimulative value, with reduced libido in consequence of disease and weakness, undernourishment, fatigue, antecedent sexual gratification). Usually the second coitus lasts longer than the first. That is a relief to many sufferers from ejaculatio præcox. They are greatly excited (ejaculatio præcox in consequence of extravagant expectations) and soon come to orgasm and ejaculation. But if we are only dealing with an ejaculatio præcox resulting from fore-pleasure in fantasy and an "inability-to-wait," then the second coitus will show a much longer duration, often as long as a half-hour or an hour. At times, however, it is impossible to attain orgasm with a second coitus. In severe cases, ejaculatio præcox occurs just as rapidly with the second coitus as with the first one, often more rapidly. Indeed, I am acquainted with men who react to the first coitus with fair potency, to the second with an ejaculatio præcox.

2. The ejaculatio præcox appears as a result of inhibitions. Such inhibitions are: aversion, fear of infection, religious and ethical considerations. (For example, the teacher who cohabits with a pupil; a man who seduces the wife of his friend; a physician who wants to cohabit during his consultation hour; a clergyman who has had dealings with a confessant; a husband who is unfaithful to his wife, etc.)

3. Ejaculatio præcox as a protective function of conscience prevents an immoral or antisocial act. A husband tries to deflower his servant girl (a virgin). At other times, he commands an extraordinary potency. For the first time in his life he experiences a fiasco in the form of ejaculatio præcox ante portas. A second attempt produces the same result. Another example: A strongly potent lawyer, who is very jealous of his wife, has dealings with his stenographer, a somewhat care-free girl. There are absolutely no moral inhibitions. He is neither pious nor moral; she is man-crazy and expects a handsome gift from him. She is a higher type of prostitute. In a hotel, however, he has an ejaculatio præcox ante portas. He attributes this failure to long expectation and great excitement. He had wanted her for many months. He spent a whole night with her in a hotel. The same miserable result always occurred, so that he was hardly able to complete an immissio inter labia majora. *Cause*: He was superstitious. It concerned a secret *junctim*: "So long as I do not deceive my wife, just so long will she remain true to me." He dared not deceive her if he did not want to be deceived himself. This inner force prevented a normal expiration of the process of ejaculation and forced a rapid end. As if an inner voice (the "Id" of Groddek) ⁴ were to say: "Oh, if this act were only finished! End it! Do absolutely nothing!" And the "id" is effective, ends it, and then absolutely nothing happens.

We will only learn to understand these mechanisms when we allow ourselves to be posted by patients suffering from ejaculatio præcox. On what occasions was ejaculatio præcox absent? Whereupon we hear, what patients usually withhold and only rarely mention, that there were certain women with whom ejaculatio præcox was absent. Or we discover that the ejaculatio præcox alternates with a disturbance of orgasm. It may even occur that ejaculatio præcox and ejaculatio retardata alternate. If potency is once there, then the orgasm fails to appear.

From all these observations arises the fact that ejaculatio præcox is only the symptom of a parathy which exhibits a "disorder of time relations," as was described in the previous chapter.

A person suffering from ejaculatio præcox anxiously observes his coitus. The thought: "How long will it last to-day?"—or—"Will you come too quick again?" already acts as an autosuggestion and through fear creates the very condition which the parathiac sought to avoid.

Behind most cases of ejaculatio præcox lurks a fear, often fear of oneself (*eg.*, fear of one's own sadism), often only a fear of failure, often only a fear of fear, the autosuggestion of fear. Therefore, it happens that parathiacs who accidentally narcotize fear with alcohol or some other narcotic, to their great delight, overcome their ejaculatio præcox. (On the other hand, by overcoming inhibitions, alcohol may liberate criminal impulses which the "id" then proceeds to check with the artifice of introducing a still more rapid ejaculation. In the parathiacs everything is bipolar, and all symptoms have a dual aspect as well as a dual determination.)

The genuine parathiac counts the duration of his sexual performances. And it is not so very rare for men to accuse themselves of suffering from ejaculatio præcox when their potency is quite normal. The parathiac also displays his ambition in sexual matters. There, too, he would like to be the "first," would like to surpass all other men; he secretly fears that his partner is not satisfied and consequently will be forced into unfaithfulness. Behind anxiety about ejaculatio præcox lurks a good bit of jealousy. That is why these men resort to all kinds of paraphilias and erotic refinements. Cunnilingus and manual stimulation are supposed to increase the orgasm of the female partner to the highest possible degree. In most cases, observation of the partner enjoying her orgasm enhances the adequacy of the sexual power. Therefore, one sees ejaculatio præcox most often in men who complain of frigid wives. The women attribute their frigidity to the relative impotency of their husbands, whereas the frigidity is really the cause of the ejaculatio præcox (because one often discovers that these same women are also frigid with highly potent men). Naturally that does not exclude the fact that many women suffer on account of ejaculatio præcox and are justified in attributing to this anomaly the cause of their anesthesia. But it is hardly known that inclinations and aversions are, as it

were, telepathically transferred. The unconscious of one partner often perceives a resistance in the other partner and reacts to it with impotence and ejaculatio præcox. In the fire of genuine love, this disturbance vanishes and recedes to normal, usually super-normal, potency. I have never seen a couple who were really in love complain of ejaculatio præcox. Wherever such disorders are present, something is wrong with the love, and inner resistances prevail which have not been entirely overcome. A man marries a poor girl against the desires of his parents. In marriage, his potency turns out to be inadequate. Already on the wedding night ejaculatio præcox or absolute impotency often prevail. An "inner negation," so frequently mentioned in this book, prevents a complete unfolding of potency. In the name of the sorely disappointed parents, the "id" protests against the union. All delicate mechanisms, regression to the infantile, secret revenge, unconscious jealousy, injured feelings, the struggle of the sexes, can, under certain circumstances, release an ejaculatio præcox and, from fear of ejaculatio præcox, cause it to be permanently fixed.

In this place it is impossible for me to present exhaustive material on ejaculatio præcox. I will only demonstrate, with several cases, how we are to understand the psychogenesis of this disorder. In several cases, an ejaculatio præcox with a strongly erect penis progresses to an ejaculatio præcox with a flaccid penis. Here we are only dealing with a qualitative difference. The causes are the same. Nevertheless we will give the latter form (impotence paralytica) especial attention, and at first will only present cases of relative ejaculatio præcox. Later we will analyse cases in which the ejaculatio præcox has always existed, even since youth.

I will begin with those unusual forms who, despite priapism, display an ejaculatio præcox. With women, these men are impotent or only relatively potent and often suffer from ejaculatio præcox. With fantasies, priapism prevails. Here we are dealing with a deficiency of adequate gratification. These men have a secret sexual aim. Only a fulfillment of their secret love-requisites will unfold potency. We must bear

in mind, however, that in fantasy the inhibitions, which in reality prevent potency, fall away.

The first observation⁵ gives us a clear picture of this condition and would have been incomprehensible without an analysis.

CASE 91. Mr. L. K., 54 years old, vigorous, well-preserved, of youthful appearance, demands relief for his "priapismus nocturnus." During the day everything is quite all right; he is able to work; feels very healthy, and does not think about sexual matters. But so soon as he falls asleep, rigidities of his penis set in which are very painful and persist throughout the night. To the present moment, all treatments have been without avail. Bromides, morphine, antipyrine, sounds, hydrotherapy, electrotherapy, had no effect on the disorder. On the contrary! After introducing the psychophore the priapism was increased. The only thing which brings relief is to sit up in bed and open his eyes. After several seconds or minutes, the penis collapses. For that reason he thought the disorder was associated with sleep. As if the same organs which produced sleep also released his erections! Professor W., in whom he confided this hypothesis, prescribed thyroid tablets, which had absolutely no effect upon the disorder.

He is happily married, loves his wife, respects her to the last degree, and is faithful to her. Now he cohabits less frequently than formerly, once a week, often only once in two weeks, because he must take care of himself; for he has noticed that after coitus his nervous symptoms become aggravated. *With his wife, he usually experiences an ejaculatio præcox.* On attempting a second coitus, he is absolutely incapable of ejaculation and orgasm. Cohabitation with his wife also produces *a very slight orgasm.* Pollutions rarely occur; perhaps, one in six months. He never has paraphilic dreams nor thinks of paraphilic acts. He is married for thirty years, but only within the past ten years has the disorder become so severe.

I inform him that the case must be studied psychologically. He accepts my proposal.

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He reports that ten years ago he suffered from a very severe neurasthenia—restlessness, depression, insomnia, and agoraphobia. Several hydrotherapeutic treatments and sanatoria, were without success. He finally decided that southern air was not good for

him, so he changed climate and came to Vienna. Here his nervous symptoms very soon improved.

He admits suffering from obsessions ever since childhood, although he does not reveal the content of his obsessions. Then, too, he was not very conscientious about his marital faithfulness, (Patients do not mention such things at the first session!) and tried all sorts of paraphilias with prostitutes, but was always impotent. Ejaculation would occur in a few seconds, usually ante portas. His sexual life began rather early. At 15 years, he cohabited for the first time with a prostitute. With others, he only tried it several times *and was always a failure* (a striking contrast to the permanent erections occurring at night). He also tried several paraphilias, but, in doing so, was so excited that he immediately ejaculated, or it afforded him no pleasure. In his fantasies, fellatio and cunnilingus play a very important rôle. He cannot recall any fantasies preceding or accompanying his nocturnal excitement.

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He had a dream last night; it was followed by a daydream, but he has forgotten it all. Great resistance is offered. Finally he admits his specific fantasy. He has both active and passive fantasies of performing anum lambere upon a woman and also of allowing this procedure to be consummated passively upon him. In actuality he never carried out this act, merely moved his face toward the hind-parts; this would at once release an ejaculation, which was followed by disgust, so that he ran away. His fantasy is really as follows: The woman kneels upon him in such a way that she performs fellatio upon him and turns her buttocks toward him. At the same moment he consummates anilingus. This fantasy still haunts him. If he thinks about it during the day, which is very seldom the case, he at once has erections and goes into a mad state of satyriasis. Within recent years, the passive fantasy has stepped more into the foreground. He would not carry out the fantasy for fear of infection and fear of undermining his health. Furthermore, he suffers from obsessions of a sexual nature, forgets names, and suffers from a compulsive re-elaboration of past events. He is a dreamer who constantly preoccupies himself with correcting the past. (He ought not have done this or that, or should have done it in some other way.)

At the fourth session the entire disease picture is unraveled. Since youth he has struggled with an impulse to perform anilingus. During the day, he succeeds in completely suppressing this fan-

tasy. In his dreams, at night, the enticing pictures appear and are promptly followed by an erection, which can only be overcome on awakening, when the anilingus idea is repressed. Small wonder that this man cannot be gratified by normal coitus. His "adequate" gratification, which is clung to with all the obstinacy of an obsessional parathy, is anilingus.

This case helps us to understand certain forms of nocturnal priapism.

Unfortunately the patient discontinued treatment. He stated that he still showed no improvement (after four sessions); that he is more excited, and requests me to give him some internal remedy.

We have learned that behind his priapism exists a stubborn wish to perform anilingus accompanied by fellatio. But his priapism will not tolerate the scrutiny of reality. An attempt to indulge in cunnilingus already releases anxiety feelings and disgust; it provokes a defense reaction in the form of a precipitate ejaculation. But what is his relationship to his wife? With her the man who complains of painful erections is a weakling. Ejaculatio præcox or absence of orgasm are the result of his masked paraphilia.⁶

Ejaculatio præcox is always nothing more than a "relative" symptom; this is proven by those cases (which so frequently seek relief from the practicing physician) where periods, in which the ejaculatio præcox recedes to normal potency, can be established. These "occasional periods of potency" then betray the sexual attitude of the patient.

CASE 92. Mr. T. K., 38 years old, suffers since youth from ejaculatio præcox. The sexual act is usually consummated in a couple of seconds. Only a single exception occurred in his life. When he was 32 years old, a 62-year-old lady came to his office—he is a lawyer. She was well-preserved; had snow-white hair, but ruddy complexion and extremely beautiful eyes. The freshness of her body was still preserved. He was affectionate to her and found absolute sympathy. Following a vague impulse, he played the succubus with her during intercourse. To his astonishment the coitus lasted almost fifteen minutes and ended with a very strong orgasm. In the normal position, his potency was better than usual, but not the potency which he could attain when

he lay underneath the woman. To his embarrassment, he must always visit this woman whenever he wishes to convince himself that he is not actually impotent.⁷

This behavior betrays two determinants of his sexuality: gerontophilia and homosexuality.

The next case, which forms a supplement to a previous one, shows quite another psychic mechanism:

CASE 93. Mr. Z. F., 36 years old, married, the father of three healthy children, consults me on account of a priapism which appears every morning at 2 o'clock and prevents sleep. Cold applications to the penis and bromides help somewhat, but only temporarily. So soon as he lays down (he always gets up and runs about the room with the cold applications) and wants to sleep, he is awakened by a painful erection. In the morning he then has severe pains in the back and at times drawing pains in the testicles (so-called "fiancé pains"). Despite his priapism he is unable to alleviate his desire with his wife. *He either terminates the act of coitus rapidly, or he does not come to orgasm. Now and then he experiences a slight seminal emission without any trace of orgasm.* He attributes this behavior to the frigidity of his wife, who has never shown a trace of feeling and, therefore, offers absolutely no more attraction to him. He also believes that it is due to the results of masturbation, because he had masturbated rather frequently from his twelfth to his nineteenth year (3 to 4 times a week).

Two years ago, he suffered from insomnia and for that reason went to a sanatorium. Six years ago he passed through a similar episode.

I now take up the analysis of his condition. Perhaps he harbors a secret love affair which dominates him, which he does not want to admit to himself? He denies it. I question him about his employees and the members of his household. Whereupon the following fact is elicited.

For the past five years he employs a servant girl who is young, attractive, voluptuous, and very amiable. On one occasion, in the absence of his wife, he crept into her bed. *And there he was, an otherwise potent man, impotent. He already had an orgasm the moment he touched her with his genital.*

He describes this orgasm as being unusually strong. Now he admits—after being cornered—that he loves the girl. But after the unsuccessful attempt he never approached her again, although

he feels that the girl loves him, and recalls performing all sorts of stunts in order to see her naked. Thus, he has a key which directly opens his room. All at once he misplaced his key and was forced to go through the kitchen where the girl sleeps in order to reach his room. Although he never touched her again, the sight and odor of her bed are very agreeable to him.

An affair which occurred five years ago resembled the present one. On that occasion it concerned an office-girl whom he loved passionately, but did not approach her because he wanted to remain faithful to his wife; that was the occasion for his entrance into a sanatorium on account of insomnia. He recalls having dreamt about this girl practically every night.

Now I request him to discharge the servant girl. As always happens in these cases, he refuses to comply, because, according to him, he cannot get along without the girl. Then, too, it is impossible nowadays to secure another girl to take her place; she is so sweet and upright, etc., etc. . . .

Now we know the source of his priapism and why he cannot come to orgasm with his wife. For an understanding of *ejaculatio præcox*, this case serves as a text-book example. Here it was inhibitory ideas of a moral nature which forced a premature ejaculation with the girl. The *ejaculatio præcox* proves to be an important defense mechanism. The *ejaculatio præcox* with his wife, which often alternated with an *ejaculatio retardata*, had another psychic mechanism. In this instance, libido was absent. But if he forced himself to have a strong erection with the fantasy that he was cohabiting with the girl, he would not come to orgasm. His penis would not allow itself to be deceived.

And furthermore, this case plainly shows the psychogenesis of psychic priapism. An unappeased longing set in at two o'clock in the morning. His wish was to go to the girl and cohabit with her. He no longer recognizes this wish and considers the priapism a result of masturbation, wherein he was supported by the teachings of ignorant physicians.

The further course of the patient is unknown to me.

The power of religious veto, and the dangers of mechanical therapy in the treatment of impotence, are illustrated by the next observation:

CASE 94. Mr. D. V., 30 years old, a school-teacher, suffers for the past two years from ejaculatio præcox. He hardly has time to introduce his organ. In spite of a strong erection, he immediately has a seminal emission. Within the past three months, his power of erection during the day has absolutely vanished. Towards morning very strong erections appear. Masturbation was practiced in moderation between his fourteenth and sixteenth year. Now he very seldom has pollutions; he cannot recall that they were associated with a dream.

The disorder is all the more unpleasant because he loves a married woman who for his sake wants to divorce her husband. How would he dare to get married with his impotence?

The anamnesis states that three years ago he acquired gonorrhœa, which lasted three months. After this infection his potency gradually diminished. He believes that the ejaculatio præcox is associated with a disease of the prostate gland, although Prof. F. assured him that it was quite all right.

Analysis reveals the following facts. The first physician whom he consulted for his ejaculatio præcox treated him locally with injections of masculin, and massaged his prostate.

Since this treatment he suffers from itching and burning of the anus, so that it is necessary for him to scratch himself both at night and during the day.

The analysis disclosed that *the massage of the prostate had greatly increased his latent homosexual component*. He always had interest for attractive boys and was passionately devoted to his vocation of educating boys. He was never conscious of frank homosexual fantasies about boys, although they plainly appeared in his dreams.

Furthermore, he is very pious. He was brought up in a Catholic school and wanted to become a priest. Now he hovers between belief and disbelief, but from force of habit still attends Church every week; he considered his gonorrhœa a punishment from God. Extra-marital coitus seems to be regarded as a sin by his inner self. This patient, whose heterosexual libido was decreased by the stimulation of his anal zone, was unable to overcome a religious veto. For the past seven years he has been in love with a married woman, but lacked courage to marry her. An extra-marital coitus is always confronted with the inhibitory influence of an inner veto.

The results of the analysis were excellent. The woman he loved

divorced her husband and married him. His loss of sexual power was cured.

Interesting is a symptom which had given him much worry. Within recent years he suffered from very severe bladder and abdominal pains which repeatedly drove him to a physician. At first appendicitis was suspected, but finally the physicians decided that they were "nervous pains."

Analysis proved that these pains always appeared when he had homosexual fantasies, or when he traversed other "forbidden paths." The pains were reminders from his "sexual conscience."

A text-book example of the psychology of *ejaculatio præcox* is afforded by the next observation, for which I am indebted to a physician (well acquainted with my books) who submitted the following information about his sexual life:

CASE 95. "I matured very early and recall having been taught masturbation at the age of 8 by a cousin, and practiced it almost daily until my eighteenth year. By accident, a book fell into my hands which told about the terrible dangers of masturbation. I decided to give up masturbation and to visit women. My first coitus, with a prostitute, was consummated without difficulty. My potency was tolerably good. The act lasted several minutes, which, in my experience, represents a good, average performance. (Prostitutes later informed me that potent men who can prolong the act for 5 minutes are actually a rarity.) I also began to have affairs with various servant girls, copyists and stenographers, who were just as well satisfied as I was. Only on one occasion was I unable to have an ejaculation with a girl, although I made every effort. After coitus I had to masturbate in order to produce an orgasm.⁸ At 26 I became a physician and had ample opportunity to associate with women. Then I had a remarkable experience. In my office I always suffered from a certain amount of weakness, which increased in proportion to the rightful protestations of my conscience against my behavior, even though it concerned widows, long past deflowered girls, divorced women for whom I did a great favor, yes, who even demanded it from me. I was very busy and could not take them to a hotel. Only in one instance was I persuaded to go to a hotel. It concerned a beautiful 20-year-old, recently divorced woman who proposed that I take her to a hotel. She appeared to be very passionate, and I feared a fiasco, because with my *ejaculatio præcox*

I would win no favor in her eye. Lo and behold, the first coitus lasted about 10 minutes; I was able to hold back the ejaculation, which was previously impossible. And immediately after the ejaculation I was able to continue the act, so that coitus lasted 45 minutes. I was very happy over this success and hoped that I was permanently cured of my ejaculatio præcox. An attempt in my office with an attractive servant girl resulted in an unpleasant failure, which, however, was transformed into a complete success through the refined technique of a virtuoso in love. This failure and my previous success, I only understood later. With the servant girl, I feared a possible pregnancy and perhaps also gonorrhœa. With her, my conscience as a physician (despite her question: 'Are you also as skillful in love as in medicine?') was disquieted. I inwardly reproached myself. For that reason I was impotent in my office, and later on considered it a very beneficial precaution of my unconscious, but at the time cursed it. With the young divorcée all inhibitions fell away. For we were in a hotel; she made the proposal to me; she was divorced, and I was very fond of her. But to my great astonishment, my potency soon began to diminish with her. On the second occasion I was only able to consummate one coitus, which took place rather rapidly, and on the third occasion I struggled against my ejaculatio præcox with technique.

"At the age of 32, I became engaged and made up my mind to lead a different life. I loved my fiancée and tried to remain faithful to her throughout my engagement. I succumbed a couple of times and was very unhappy about it. Through marriage my moral self hoped for a complete change for the better. Finally the wedding night arrived after months of abstinence. I was tolerably potent and during the first few months of my marriage always cohabited two or three times a night. To be sure, the quality of my potency was not extraordinary; the first coitus only lasted 1 to 2 minutes, the succeeding ones 5 to 10 minutes.

"For two years I remained faithful to my wife. Then the critical period of her pregnancy and childbed arrived. I have always had a slight aversion to pregnant women, but overcame it in the case of my wife. Various complaints made intercourse during the last few months impossible. Now I had to be abstinent again, and formerly I had never been able to do this. Furthermore, there were constant temptations in my practice. I was a much sought-after gynecologist. Then, too, there were female patients whom I massaged bimanually, which brought me into the greatest state

of excitement. I broke faith and had an affair with a girl who was still a virgin. After prolonged petting I wanted to deflower her. Indeed, a promptly ensuing *ejaculatio præcox* saved me from it during the first attempts. But on one occasion the girl came to me after I had previously consummated coitus, and I then succeeded in making a penetration and cohabited for a minute, which was sufficient to deflower and impregnate her.

"Now there followed a terrible period in my life; it was spent as though I were in a state of intoxication. I had no thoughts for anything else but women. Already in the morning I thought: 'What has the day in store for you?' I was very busy and had to ride about a great deal. Hardly a day passed that I did not indulge several times in coitus. I visited women and girls who were all pleased to receive me. Despite my modest potency, I knew how to bring them to orgasm, and it was always difficult to get rid of them, more difficult than to seduce them.

"I plunged into my physical self; my ideals became stunted; I became big and fat, a sensual creature, a glutton, a cynic, deceived my wife, lied to her in every respect, became involved in countless unpleasant affairs, trials, paternity proceedings, blackmail. I injured my practice and was about to move into the country or emigrate to America, when my wife died and left me with a child, a girl of ten years.

"In my thoughts, I had often wished for my wife's death, and whenever she was ill, my first thought had been, 'Will she die this time!' I had been unhappily married. We were neither physically nor mentally compatible. For me she was too cold, too narrow-minded, too much tied to her household, too small and too Philistine, whereas a wild, free nature surged within me, which, however, could only be revaluated into sexuality.

"She had died and I was, therefore, alone. Now my potency visibly diminished day by day. Various girls and women asked me to marry them inasmuch as I was now free. I begged for time, postponed all plans, by degrees dissolved all my ties and only wanted to keep somebody for my gratification. But several weeks after the death of my wife I was already impotent. I could not arouse an erection, either by external manipulations or by internal medications.

"I was 48 years old and felt that the end of my sexual activity had arrived. But on one occasion, towards morning, I had a dream in which I cohabited with an old woman who sat on top of me. I awoke with an erection. Then I realized that my dis-

order might be mental and submitted to analytic treatment, where I learned the facts which have already been utilized in this composition.

"In the short analysis I recognized that my impotency was an atonement for a death-wish against my wife. I had longed for her death in order to give vent to my impulses. Then she died, and my conscience very obtrusively forbade a life of pleasure.

"During analysis a complete ability for erection again appeared. I began to play with several women and girls, although my physician had forbidden it. But my conscience kept strict vigilance. I could kiss them; in doing so had strong erections and would come to orgasm. Coitus was impossible. With every attempt to introduce the penis, I reacted with a rapidly ensuing flaccidity of my organ, or an ejaculation with a semi-erect penis, while attempting a penetration, would occur.

"Upon the advice of my physician I abandoned these attempts and confined myself to kissing a girl who was very sympathetic and amiable to me, who always visited me in order to help with the household and to play with my daughter. She was a virgin and obviously only intended to enjoy herself sexually without forfeiting her virginity. She helped me over the trying period of transition. I had strong erections which assured me of my potency, and after a few minutes of passionate kissing and petting could come to an ejaculation with tolerably strong orgasm.

"However, I did not take this petting seriously. During the analysis a great change took place within me. I again became ambitious; took an interest in art; displayed a liking for nature; and gave up playing cards, to which I formerly devoted several hours each day.

"During this period of intellectual re-awakening, I became acquainted with a married woman whom I was very fond of and with whom I rapidly fell in love. I believe it was the first time in my life that I had ever loved so deeply and passionately. My love was reciprocated, and it was a foregone conclusion that she was to leave her husband and marry me.

"With her I had erections which lasted hours without coming to an ejaculation. I now felt potent and like a real man. I knew that now the object of my yearning had been found. The petting parties with the girl were also abandoned and, as incredible as it may sound, I lived in a state of abstinence for two years, during which I felt perfectly well. I waited for the completion of her divorce, which was not possible because complicated financial cir-

cumstances had to be settled, and her husband fought the divorce tooth and nail. He did not want to give up the woman whom he loved. But she had married him as a result of an "imaginary love" and during her 14 years of marriage was absolutely frigid. She experienced orgasm for the first time when I kissed her; although we went no further than ordinary petting. These performances, however, already showed that she would melt in my arms.

"Then the War broke out. Her husband was called to the colors; she accompanied him and acted as a head nurse in a field hospital. In the great excitement of the first months, the pain of the separation was less perceptible. Now and then I received brief letters and devoted myself assiduously to my patients, whom I treated in a hospital. I was an experienced surgeon and now had to manage a large surgical division, like many other gynecologists with surgical training.

"I hoped for a speedy termination of the War and nursed the thought that the husband of my sweetheart would be killed. Then she would be free, and I could live happily with her.

"But everything turned out differently. He was wounded and confined to bed with a fever. She trembled for his life and felt that only great happiness would save him. She decided to sacrifice her love for the sake of her husband. When she was on duty, he always looked into her eyes with a tremulous, inquiring expression. But one day she showed him the farewell letter which she had written to me, and, before the picture of the Mother of God, swore to leave me if God would save her husband. He improved and she bade me farewell forever.

"I realized that her decision was irrevocable. I had lost the woman who meant more to me than my life.

"A violent hatred for all womankind set in. I was immeasurably jealous and would not consider her sacrifice, only thought that she loved her husband more than me.

"What was the use of being abstinent now? I was 51 years old. How long was I going to live and enjoy myself? I flung myself to every woman that came my way. My potency was only fair, but seemed to satisfy the women. I once more became a Don Juan, hankering after prey—and this at 51. But I soon discovered that at this age one could make conquests more easily than in youth. As a young physician I would have given anything if the women had pursued me like this.

"I reported for field duty in order to drown my suffering in

'work and blood.' I was posted at various field and temporary hospitals; also served for a time at the Italian front. The nurses then became my speciality. I seduced them as a pastime; it was not so very difficult. Once I was stationed for six months at a large hospital in the interior where about 40 nurses were employed. Of these 40, I possessed all but about five. Four of the latter were already in firm hands and only one was unapproachable.

"Among these nurses was a 19-year-old girl, the daughter of an Aulic Councillor; she was very cute, attractive, highly educated and refined. I did not dare to approach her. But one night, when I was on duty, she came to my room and asked for some drops, because she was so excited and annoyed with palpitation of the heart. Whereupon she placed my hand upon her breast. I was in bed. In a twinkling, she was all mine. And to my astonishment, she was also no longer a virgin. However, I did not ask her when she had lost her virginity. She took a fancy to me and loved me fervently, even seemed to remain faithful to me. I was tolerably potent with her, was able to accomplish a second coitus after a half hour, and felt reassured.

"In the meantime I had an unusual experience. I was in Vienna on a furlough and met a Dutchwoman with whom I had already had brief relations on a former occasion. She was one of the first upon whom I wanted to give vent to my passions. Both of us went to hear *Tristan*. I recall having attended this opera, in which the most sensuous passion bursts forth in tones, with the hotly loved and never-forgotten woman. We kissed each other again and again in the background of a box, and almost died with longing. However, I did not touch the woman and on that occasion waited until she would some time be all my own.

"Now I was again at a performance of *Tristan* with the Dutchwoman. The old, suppressed longing reawakened with tempestuous force. Where now was the woman who had sworn everlasting faith and whom I still passionately loved? I could hardly wait for the end of the opera, so unspeakable was my pain and longing. After the love duet, which brought tears, I hurried off with my Dutchwoman to her home. Here I experienced the first great thrill of my life. I was never so potent before. After the first ejaculation, which came in 15 minutes, I was able to continue coitus. Our cohabitation lasted two hours without interruption, during which I ejaculated three times. I now realized that my

entire love for the woman who was lost forever was displaced upon the Dutchwoman.

"And the woman was so happy and enraptured that she overwhelmed me with gratitude and assurances of love. I, too, thought that at last my sexual ideal was found. I, an impotent or always weakly potent man, could now accomplish such wonders. My exalted feeling of being a man was increased, and I thought the same performance could now be accomplished with every woman. One attempt, however, showed that it all depended upon my attitude toward the Dutchwoman who, in build, somewhat resembled my beloved sweetheart.

"She had to depart, and after the *Tristan* night we could only see each other once more, whereupon I was still quite respectably potent, but in no way could accomplish the wonders of the first occasion.

"After a separation of one month (she was visiting friends in the country) we met again, and to my mortification it was all off with the wonderful potency. I was able to conceal my weakness with the aid of my erotic technique and substituted mentally what was lacking in physical tenderness, so that my companion was satisfied. (I had explained to her beforehand that such *Tristan* nights only occur once and never again.)

"I gave up my commission of Army surgeon and, for the time being, accepted a position in a Sanatorium. I was once more care-free and began to flirt with several women. Among them was a 28-year-old woman who had divorced her husband because she was being ruined by an unhappy marriage. Moreover, her husband was unfaithful to her. In all her eight years of married life, during which she gave birth to three children, she never experienced a thrill; her husband was weakly potent. Her parapathy was the result of a conflict which had developed between her abstinence and her passionate temperament.

"I reproached myself for having entered into a new love affair and said to myself: 'You have the Dutchwoman as well as other women and girls; what is the object of this new affair?' But this woman enticed me with the first kiss. On account of an unexplainable timidity, I did not dare to go any further. I noticed her passionate temperament and feared a fiasco. Would I be satisfactory to her? I was no longer a youth, had passed my fiftieth year, and realized that she could only use a highly potent man. But after four months of petting and anticipation, our first intimacy was consummated. To my great astonishment the won-

der of the *Tristan* night was repeated. I was able to maintain my erection for almost two hours, so that she cried out: 'You are not a human being! You are a God of love!' And everything became more and more delicious.

"At first I thought it was chance, considering my prolonged erection a manifestation of old age. But one night a young, blossoming girl came to my room and woke me out of my sleep. Without a word she crept into my bed and kissed me violently. 'Take me! I am yours!' I declined. But the girl became still more passionate and finally my sensuousness got the better of my will and good resolutions. But fortunately an ejaculatio præcox ante portas occurred, so that I could send the girl home intact. Also a second and a third attempt with another woman, whom I had already possessed on a previous occasion and who now asserted her rights, ended with the same result. My potency was the same as formerly. Only with my new friend I was as highly potent as before.

"For a whole year my potency did not decrease. On the contrary, it even increased. It became more and more delicious. Now I noticed that I loved her passionately, that I had found my physical and spiritual redemption in her. We got married, and I can assert that during our two years of marriage my passion has increased. My potency is usually such that I can hold back the ejaculation from one to one and a half hours, which only requires effort during the first ten minutes. Only when we have had slight differences of opinion—great ones never occur—the ejaculation takes place more rapidly, also when I am very busy, upset about something, or in the woods; in short, whenever some inhibition prevents me from completely unfolding my potency. On the other hand, whenever I can devote my entire time to my beloved wife (vacation, Sundays, days off), I can once more be a God of love. I would like to emphasize that, in the course of years, my pleasure did not diminish, but rather increased.

"Therefore, after the fifties I attained my greatest potency and hope to keep it for many more years. Excessive sexual indulgence in no way brought about a decline. I have become younger; received a luxuriant growth of hair; the greyness, which had previously set in, receded; I am wonderfully supple and mentally alert; always healthy and never with a cold; feel like a 'fish in the water' and laugh at those scholars who talk about dissipations and the injuriousness of coitus interruptus. In order to avoid pregnancy, I must always practice coitus interruptus. Un-

fortunately I am incredibly fertile with my wife. Whereas formerly I could cohabit with young and old women without impregnation and, in this respect, was very careless, I have now acquired a very unpleasant degree of fertility. I attribute this to an 'erotic tropism' which exists between my wife and I. A slight caress and I already feel an erection.

"It is also untrue that habit produces a dulling of sensations. Where genuine love is absent, where real, individual 'erotic tropism' is lacking, the first stimuli fade and orgasm demands new ones. I—a Don Juan and woman-chaser—have become the most faithful of husbands. Furthermore, it must be added that my wife shares in all my interests. She reads and plays music with me, in short, shares her entire life with me, and we are never bored with each other. In life and love, time is always too short."

Here this interesting report, which is as instructive as a whole text-book on sexology, comes to a close. We observe that the acme of potency only depends upon the sexual object which is placed at a man's disposal. We learn that there is an "erotic tropism" which determines the strength of potency, and that ejaculatio præcox corresponds to an "*I will not!*" and an "*I am not equal to it!*", an imperative of the inner man. In the same person we notice an alternation of periods of stronger potency with periods of weaker potency. During the period of strongest potency we even see ejaculatio præcox appear when inhibitions are present which express an irresistible "inner negation."

Not every man is as fortunate as the author of this life confession. Not every one finds his sexual ideal. Hundreds of thousands go to their grave without having found their sexual fulfillment. They are persons who are "eternally seeking," the "eternally ungratified," who are described in sagas in the form of Ahasuerus, Faust, and the "Flying Dutchman."

It might be well to add, by way of supplement, what my colleague told me personally and suppressed in his life confessions; namely, that formerly he wanted to taste all the variations of love and experienced every paraphilia, at one time more, at another less (cunnilingus, coitus in anum, fellatio, coitus inter mammas, etc.), yes, even played with the

thought of becoming homosexual. Now he only desires normal caresses, although is not averse to the others. They do not stimulate him any more. He perceives the height of sensual possibilities in a spiritual and physical union, in an amalgamation of two beings into one. All else has fallen away.

This is an observation which we can often make. Paraphilias temporarily serve to quiet an ungratified longing by means of a strong stimulus. But it always returns. Voluptuaries are persons who seek their ideal and have not found it. They have isolated sensual pleasure from their personality, but it refuses to be isolated. There comes a day when they lose their capacity for pleasure. A revolution of the inner self sets in, as happened in the case of our colleague. They either become impotent, ascetics, hypochondriacs, parapathiacs, or they find themselves and become as happy as is humanly possible.

It often occurs that I am consulted by a man who made an attempt with his fiancée and with terror discovered that he was impotent or had an ejaculatio præcox, which was not far removed from absolute impotency. From my previous observations, this form of ejaculatio præcox is readily understood. We are dealing with a question of conscience and an "inner negation!" With coitus, his fate is sealed. He must then marry the girl. Now there are men who look with contempt upon any woman whom they have once possessed, even if she is his fiancée. The possession is a path to freedom. Now that he has had her, his wish is fulfilled and he can go. He will not admit this secret rascality to himself; it is always a matter of unconscious tendencies. In other cases, he requires impotence and ejaculatio præcox in order to assure his path to freedom, to be in a position to say to himself that, as an impotent man, he could not marry any way. Perhaps impotence on the wedding night is only an "inner negation," which declares: "*I do not wish to give up my freedom! I do not want to tie myself to you forever!*" The next case is a striking example of this.

CASE 96. Mr. I. P., ex-physician, member of the clergy, now a candidate for the legal profession, 32 years old, consults me on account of relative impotency. He is engaged for the past two

years and is afraid to get married because he is impotent. Various attempts ended in a failure. I advised him to avoid all further attempts with his fiancée until after the wedding and to submit to a short analysis. Two months later he came under my care and handed me the following anamnesis:

"As a child I was brought up along strict, Catholic principles. A so-called 'nervous hereditary predisposition' of a mild degree is present. I was the favorite child as well as one that required constant care. There were no serious illnesses. Masturbation occurred spontaneously at the age of six, was indulged in a couple of times until puberty, then to a varying degree throughout my entire life; this was constantly interrupted by shorter or longer intervals of struggle against masturbation. During the act, the image of a woman hovers before me; sadistic or masochistic ideas never assert themselves. At first I was always timid in my associations with the female sex. *Already in youth, the notion entered my mind that I was worthless with respect to women.* This idea was strengthened by failures on my first attempts at sexual intercourse between the age of 18 and 19. My first successful coitus (at 23) awakened a peculiar feeling of relief. From then on, cohabitation occurred seldom, almost exclusively with prostitutes. Coitus was always successful with the exception of two or three occasions when the sexual object was perhaps too unattractive. But I always regretted the absence of a preliminary petting, which I avoided *from fear of becoming infected.* Later cunnilingus was often practiced, although it offered no great satisfaction to me and was only performed from fear of infection and because coitus condomatus also gave little gratification. Cunnilingus is followed by coitus. With a better class of girl (seldom), coitus interruptus and mutual masturbation were practiced. Real love was never actually present.

"Ejaculation occurs quite rapidly; with antecedent use of alcohol, later. A second coitus, completed on the same night, lasts longer. Symptoms of spinal irritation following coitus are not present, although these are present after masturbation since I have read about its dangers. Normal coitus occurred several times with sympathetic prostitutes, especially after cunnilingus. At 18 years, pains in the testicles and legs after reading popular novels. At 28, prolonged illness; incapable of work for a year. At first there were symptoms of cardiac disorder, probably as a result of abusing alcohol and tobacco; they improved with abstinence and hygienic measures, but I include masturbation as a third etiological

factor. Anxiety neurotic conditions also appeared—attacks like those described in your book: *Conditions of Nervous Anxiety*.

"In early life, these reached a high degree, and, although all proved to be harmless, they nevertheless made hospital care necessary on several occasions. Even now, of course, they appear in mild form, although only under definite situations, especially when I have to solve difficult legal problems alone. They manifest themselves in a feeling of restlessness, flatulence, and eructations, and were also the cause of prolonged abuse of veronal and bromides. At the present moment I am tolerably free from them. The notion of being weakly potent asserted itself with great force when I entered into relations with the daughter of my chief, at that time 14 years old. This relationship was favored by her parents, because they wished to have me for a son-in-law. At that time (7 years ago), I also went to a sanatorium and submitted to treatment, although could observe no results. The affair gradually broke up, because I neglected the girl, who loved me. As a so-called psychic trauma I would like to mention a remark by Professor M. in Graz who treated my penis with electricity and declared that it was flabby. I now considered myself incapable of marrying a young girl. The difference in our ages was 18 years. Two years ago the girl entered into an affair with another fellow, at which time I suffered a small breakdown, because I had not entirely given up the idea of winning her back. We then lived in the same house for two years without ever speaking a word to each other. In December of the previous year, I became acquainted with my present fiancée, corresponded with her until September, visited her at a sea resort, became engaged and the very next day attempted coitus. I cohabited three times; in the absence of contraceptive measures, extra vaginam. The ejaculation occurred quite rapidly. In E., I tried regular coitus with a condom. Her vagina is actually small. I became fatigued by my attempt and held out hopes for a future date. My erection, however, was of sufficient strength. We then indulged in mutual masturbation. I also performed cunnilingus on two occasions, which apparently gratified my sweetheart. Upon your advice, doctor, we avoided intimate relations at our later meetings. Erections appeared on kissing and embracing. Whether they are of sufficient strength for coitus, I do not know.—*Until the engagement, love was not really present. It only appeared later.* At New Year's, I left the locality where my first fiancée lived. For the past 7 weeks, I am leading a dissolute life. I now

have neither living quarters nor clothes and laundry with me. With these more material worries, the fear of being impotent steps somewhat into the background. At our last meeting, eight days ago, my fiancée pointed out my instability and weakness of will. I flew into a fit of temper, but we soon came to a reconciliation. That I am a parapathiac, I already told her before our engagement. She considers me a hypochondriac. Since youth I have suffered from hypochondriacal ideas; only the object varies; the anxiety is more of a hypochondriacal nature. Definite delusions are not present. My heart, formerly a delicate point, now enters to a lesser extent into my symptoms.

"Since my illness, at 28 years, I suffer from obsessional counting. I count the days on which I do not masturbate or use alcohol and tobacco. At times I could hold out for 100 to 150 days, then succumbed first to masturbation and rapidly in succession to the other two also. I pledged myself with divine oaths, and stoical writings, and at times would tumble from one to the other. Since I last met my fiancée, I am completely unstrung, no longer am capable of making any decisions, or living an ordered life. And must think of the proverb: 'A woman forgives everything but the weakness of a weakling.' To the idea of being impotent or semi-impotent is now connected the thought of being incapable of conducting my business. My entire, to be sure, dissolute early life feels like a load upon my chest. I consider myself unworthy of a woman's love. I believe I love my fiancée and that she also loves me. She has shown enough patience with me. I wrote her a letter stating that I did not dare to unite her fate with mine, with the life of a mental cripple, and awaited her reply. It arrived in the meantime. She declared that she would remain faithful to me under all conditions, and laughed at my apprehensiveness concerning my impotency. Indeed, she probably understands the situation. She is an actress, though not active at the present time, recently played in America, a serious vocation, Ibsen, Strindberg, etc. She is an energetic, clear-sighted person, the opposite of me.

"I am now fully decided upon making another person out of myself, if it is possible, one who is worth something in life, without having too high aims. Only, I have completely lost hold on myself and lack energy to regain it.

"Without my fiancée, I do not believe I could live any longer. I also dread being alone. Within recent months my hair has be-

come grey, and, despite ample nourishment, I have become thin, although my appetite and sleep are good.

"Masturbation occurs now and then. My wedding is supposed to take place in 5 to 6 months. On the one hand, I would like to postpone it; but on the other, think it would be better if I were to plunge directly into it. I felt that I could only hold myself together for several days longer and would then have a breakdown. To be sure, it is quite possible that I consciously or unconsciously wish to flee into illness in order to create sympathy, to make myself interesting, because, in accordance with former assertions of Prof. M. and Dr. H., etc., I am unquestionably hysterically predisposed.

"Relative to incestuous thoughts, I would like to mention that formerly the image of a deceased aunt often appeared to me. For a time, she took care of me in place of my mother. Naturally, she did not seduce me as a child, but I awoke directly before a pollution and surprised myself in the act of cohabiting with her; the pollution did not occur.

"I am not very familiar with my dream life, because I pay too little attention to it. Yesterday, however, I dreamt of my first fiancée. At first it was she, then *she changed into a child* whom I saw on my last visit to my second fiancée. I continued to dream, though unclearly. Finally I was supposed to drown in a huge amount of urine, whereupon I awoke and thought I had wet the bed, which never happens to me. At all events, I was quite dry.

"I would like to mention that the indecision, present at that time, was not always there; that I often undertake things with the greatest zeal and consistency, but just before I attain my goal, run away. The same thing also happens with women and the few girls with whom I entered into relations. Through every conceivable manner, I made them love me, and then separated from them more or less brutally, apparently because I do not dare to arrive at the final goal, coitus. Then, if they turn away from me, usually grieved and disappointed with their faith, I feel sorry. *I would like to mention that, as a youth, I decided to become a priest, whereupon chastity assumed the highest virtue to me. I also entered an order, but left it, because I lost my faith.*"

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Here the interesting report comes to a close. Indeed, we will soon discover how incomplete and inadequate all these descriptions are. They suppress the most important factors. His dream

indicates that he has a certain interest for children. Also the pleasure in urine can only be explained as an expression of sexual infantilism. However, he denies all sexual interest for children. He has always been exclusively interested in women. At all events, his first inclination was for the 14-year-old daughter of his manager. A material interest, however, was also involved. He held hopes of taking over the successful department of his future father-in-law. His manager was always very friendly to him. He lived in his home. His wife was also in love with him. But nothing further happened between him and the woman except fleeting kisses. . . .

"Why did you stop courting the girl?"

"I do not know. I believe she was getting too fat. I cannot bear fat women. It was a painful situation. I lived in their house and paid no attention to their daughter, although I knew she was passionately in love with me."

He gives us information about his family situation. His father was unhappily married, and his mother was very irritable, domineering, and tormented and tyrannized over her husband.

I discover that since childhood he suffers from a "fear of women." He is very overbearing and always wants to carry out his will.

"It seems that the image of your overbearing mother has become fixed in your soul. Perhaps you have made up your mind never to be subdued by a woman in order not to experience the fate of your father?"

"That is quite true."

We soon learn that his love for the girl ceased when, having grown into maidenhood, she showed a strong will of her own. He was also afraid that his second fiancée would be too domineering, and he might become hen-pecked. He wanted to be master in his own home. With this evidence, the first session was concluded.

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He now believes that he is not quite over his first love affair. They started to quarrel when another man began to court her. He would not admit his jealousy. Indeed, he began to estrange himself from the girl. He is now absolutely helpless and unsteady. He wanted to be independent, but cannot find enough energy to seek living quarters and furnish them. Does he still love his present fiancée?

With hesitation, he admits that his fiancée was not a virgin; he

is afraid she will be unfaithful on account of his impotence. He mentions several dreams which contain various fantasies pertaining to urine and feces.

He brings the following dream to me.

I am seated in a theatre. Two tenors appear, one of whom is unknown to me, the second is Slezak. Both begin to sing. The stranger sings higher and, at first, better than Slezak. At all events, he is later drowned out by Slezak who sings lower. Suddenly the higher tenor begins to sing falsely and Slezak cannot sing at all and gasps for breath. Behind me sit two Polish women, one of whom I can see somewhat more plainly. They begin to talk loudly into the silence of the hall and assert that it is unheard of to offer such a performance at such a high price. I request them to be quiet and, with great determination, declare that, inasmuch as I do not speak loudly in Galicia about Polish affairs and criticize them unfavorably, so it is not up to the ladies, here in Vienna, to criticize Viennese conditions. One word leads to another, but we do not come to any further argument. During the debate, I do not turn around, and visibly make great endeavors to preserve a courteous tone.

The dream content changes. I am lying in a canoe and gaze up into the beautiful, starry heavens. I am particularly struck by the constellation of Pleiad, from which an extremely beautiful, sparkling star comes out into the foreground and then assumes a soft lustre and again recedes. This play steadfastly repeats itself. I draw the attention of the ladies, one of whom is one of the above Polish women, to this phenomenon. We also discuss what star it might be, because it sparkles like Sirius, but lies in the constellation of Pleiad. Finally I contend that it is really Sirius. The dream picture becomes somewhat vague. Furthermore, the Polish woman does not give me the proper attention.

The picture again changes. I am on terra firma; next to me stands the Polish woman. Now I see her plainly. She is short, has elderly features with wrinkles, but does not look ugly. She complains about living for a long time without her husband who was either taken a prisoner or killed in battle, and she longs for love. I also tell her about my troubles; that I am constantly forced to stare up at the stars from a rocking canoe and desire a firmer position than this infernal lying on my back in a rocking canoe. Although these three pictures, especially 1 and 2, were unusually clear, I cannot recall what followed. And yet, I feel

that we embraced each other out of sympathy. Certainly nothing further happened, because I awoke immediately after that.

The interpretation is quite clear, and will only be described insofar as is necessary for an understanding of his paraphilia. The two singers represent the two persons within himself. He is a dual personality. The inner (higher) voice was originally the stronger. The conscious one (external—Slezak) is now singing falsely. When the inner and outer self do not harmonize there exists a disposition to parapathy. The Polish women (again observe the duality) represent his first scorn and depreciation of the analyst who criticizes him.

The star (Sirius in the Pleiads), which appears luminously and repeatedly vanishes, I would like to interpret as his first sweetheart. Her image has seemingly vanished, but at times reappears with its old brilliancy. The fluctuations of his soul is wonderfully expressed by the rocking of the canoe.

But it strikes him that Sirius is a man while the Pleiads are an allegory of the seven most beautiful women.

Homosexual attitudes during puberty occur to him. At the age of 17, he adored boys in short trousers if they had shapely calves. In Church, he would only gaze at the boys in front of him. Little girls between 13 and 15 years also aroused him sexually, especially in recent years since the image of the boys has receded, though at times, during masturbation, the ideas of boys with short trousers and shapely calves (Sirius!) returned. Some-time ago he went to a hotel with a prostitute. She stood before him in short under-drawers. Ejaculation immediately occurred. Whereupon he was absolutely impotent and lay with her all night without attempting coitus.

We will observe that the short underdrawers of the prostitute formed an association with the boys. His sexual aim is now a boy in knee pants. That is why he had to be impotent with the prostitute.

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At the next session, everything becomes clear. He loves his first sweetheart whom he knew as a child and who made an everlasting impression upon him when, at 13, he saw her dressed as a boy. Her image was impressed upon his mind, and he desired no other woman. As long as she was a child, she pursued him and looked upon him as demi-God. But the adolescent virgin observed his love for her mother. She was jealous, and quite justly so, because between her fiancé and her mother more than harmless pet-

ting occurred. We recall his first story about this. It was a lie. He even indulged in regular sexual intercourse with her mother and saw to it that she gave him her child in marriage. But the virgin noticed, with the acute penetration of one in love, that of the heart of her fiancé only half belonged to her. She noticed how helplessly he pursued her mother. She became defiant and tried to carry out her will. She made him jealous, amused herself with other young men, so that he broke the engagement. In consequence of disappointed love, a regression to an infantile ideal (boys, urine, and fecal fantasies) set in. However, he only loved his first fiancée. He rationalized his aversion by saying that she was getting fat. He looked for her faults, and plunged into a second love affair in order to free himself from the first. The strength of his love and defiance can be measured by the circumstance that he and his ex-fiancée lived in the same house and for two years never spoke to each other. He wanted to do his very worst by marrying some one else. But he was impotent with his second fiancée and so lacked courage to marry her.

He put the question before me whether he should venture to marry despite his ejaculatio præcox. I answered this question in the negative and described to him the outlook of a marriage with an unloved woman, for he had the unforgotten sweetheart in his heart. I advised him to become reconciled with the girl and leave the locality, so that he would not be pursued and tormented with the idea of incest with his mother-in-law; and if he was able to come to an understanding with his conscience, relative to marrying the girl, he ought to do it.

"My eyes have been opened!" cried the patient. "Of course I will marry her and take a trip to America. I will not be impotent with her. Quite assuredly not."

"How do you know it?"

"Because I had intercourse with her for three years, of course secretly and with all sorts of precautions. But I was always potent and there was no ejaculatio præcox."

In the afternoon, I received a visit from his second sweetheart who spontaneously requested me to tactfully disclose to her fiancé that she could not marry him. She had found a former suitor, a friend in youth; they at once became intimate. He is a real man. She wants to marry him and open up a business. I should very carefully impart this to her fiancé.

And thus both parties were helped. My patient departed, and I have not heard anything about his further course.

Here we see an *ejaculatio præcox*, in consequence of deficient love, serving a protective function. With good potency he would have married the second girl and become unhappy. Now we understand his dream about drowning in urine. He lives in unparalleled filth: has relations with the daughter and her mother at the same time, and wants to rescue himself from this marsh. The breaking up of his engagement to the daughter was not unwelcome to her mother. That explains the circumstance why he was still permitted to live in this home for two years without speaking a word to their daughter. The entire household was in love with him. Also her father, to whom he had become indispensable because he had to suffer a great deal from the caprices of his wife before our patient came.

But let us consider that we are dealing with an inwardly pious individual who, for a time, was a member of a religious order. How could this man count upon good potency when he lived in such a sinful environment and had a rather sensitive conscience? Unfortunately he broke off the analysis abruptly and went to his ex-fiancée. He could no longer live without these three persons, because he was fixed to all of them, father, mother and child.

Fixations upon the family are also frequently found in the anamneses of *ejaculatio præcox* patients. Often one sees the sons of very moral parents again and again trying to free themselves from the parental imperatives and play the rôle of "men of pleasure." The attempt usually fails miserably, and their erotic relationships, in consequence of deficient potency, never blossom into full bloom.

The next case is a very typical example:

CASE 97. Mr. Z. R., a doctor of philosophy, 40 years old, consults me on account of sexual weakness. He is just able to introduce his penis into the vagina before an ejaculation will at once occur. His sexual impulse awakened early. Ostensibly, never masturbated. At 16 years his first intercourse occurred with a prostitute, whereupon he had a seminal emission before the penetration. From the age of 21, he constantly had affairs with girls, although his experiences usually turned out bad. They were unfaithful to him, some of them even with his own friends. His present affair has lasted for a year. Potency has improved some-

what, so that he can already wait for two minutes before the ejaculation occurs. He was never in love. There was only a single occasion when he had a somewhat warm feeling for a girl who was engaged to another man.

It turned out that he could have fallen in love several times, but always nipped every excitation in the bud. At home he leads a veritable marriage with his elderly parents, who control each and every one of his movements, and treat him like a little child. Although, each day, he makes up his mind to free himself from this tyranny, nevertheless he is not in a position to do it. His parents quarrel from morning until night, and were they to remain peaceful for a couple of hours, this quietness would seem unnatural and unbearable to him. Every year he goes to the country and pictures the good fortune of being able to live several months away from his parents. After two weeks are up he usually becomes so homesick that he sends a telegram for his parents to come or returns home to them. It is proven that he is absolutely subject to the moral imperatives of his parents. In addition to being fixed upon his mother and father, a profound, inner, religious tendency comes to the surface. He is a diligent Churchman, ostensibly because he is so fond of hearing divine music. During coitus, moral considerations act as an inhibition.

He always cohabits before the eyes of his parents. And though he is 40 years old, he is treated like a little child. He is home every night for supper. Should he happen to go out of an occasion to visit his girl, a long inquiry is forthwith started by his parents: "Where are you going to-day? How long will you be out? Let's hope you will not be in bad company? Don't come home late?" His father adds: "Take care that you do not become infected with a disease!"

Should he stay out for a somewhat longer time, he becomes disquieted and reproves himself. His conscience bothers him for leaving his parents alone. He talks a great deal about marriage, but makes absolutely no preparations to come in closer contact with a project. His parents act in the same manner. They constantly talk about marriage, suggest a fiancée to him, speak with match-makers, but tremble over the possibility of losing him, for, in that event, they would be absolutely alone and would quarrel still more, and because they are both fixed upon him.

Later he had intentions of marrying a girl whom he was very fond of and who was also very wealthy. (Like all wealthy paraphiacs, he suffers from fear of poverty, which, despite the un-

usual conditions after the War, is not justified, because he owns a great deal of real-estate and several factories.) But he postponed matters so long that the girl took another man. He pretends to be impotent, and even his feeling of inferiority (he considers himself short, ugly, bowlegged, bald-headed, and Jewish-looking) serves more as a protection against his boundless ambition and desires for expansion than it oppresses him.

Further analysis reveals a strong homosexual fixation upon his father, with whom he quarrels all day long, from whom he differs in every respect but from whom he is unable to free himself.

He is a doubter and a skeptic and also transfers his father-attitude upon the analyst. The analysis makes no progress. He ridicules everything; the interpretation of dreams and his unconscious homosexuality; and demands the impossible: a good potency with his puella, with whom he has no spiritual rapport. He dreads those days on which they are to meet, because he has nothing to talk about with her. He is bored in her company, constantly wants to educate her, and the result is a violent quarrel. Whereupon they go to a hotel. He is full of doubt and resentment. She is indifferent, obviously only tied to him for the sake of his money and presents. Small wonder, then, that he has an *ejaculatio præcox*! If he at least had a mistress (*lucus a non lucendo*!) who was sympathetic to him! Analysis shows that he would never pick out such a girl. Naturally, he calls it bad luck. But we discover that he prepared the bad luck for himself. He is afraid of love and women, because he cannot live without his parents, especially his father.

He even admits that, despite being 40 years old, the thought occurs to him: What would your parents say if they were to see you now?

He has remained a child and considers this form of gratification immoral. He suffers from hypertrophic piety, the piety of his father, which he always ridicules; as an "inner negation," it paralyzes his manhood.

Like many patients suffering from *ejaculatio præcox*, he recalls having been very potent with a special lady friend. He was unusually fond of her. But she was overbearing, and he was afraid of becoming hen-pecked. He broke up the affair rather abruptly.

Such episodes will often be described by family slaves and avaricious individuals who wish to marry a wealthy girl at all costs and who do not realize that love signifies the greatest wealth and most precious dowry.

Just think of it: the man who wanted me to cure him of his ejaculatio præcox found a sexual object with whom he could unfold very good potency, and broke up the affair because he was afraid he might tie himself; because there was an inner feeling that he might fall in love, and because he was afraid he might become so accustomed to the woman that he would have to marry her. But he, a millionaire, is only seeking money and still more money. Ostensibly he requires the money because he is incapable of work, and every day winds up by saying that he is a "poor wretch" despite his millions. During treatment he also proves to be stingy and mean. Each day of analysis is anxiously counted and he always asks impatiently when the treatment will be ended. He demands good potency with his present, unsympathetic affair, whereas his heart is still with his old sweetheart, whom he abandoned, because his greed for money was victorious over his love. He makes all sorts of endeavors along artistic lines to convince himself of his unfitness for his father's business. But it is nothing more than comedy and superficiality. He is merely awaiting his father's death in order to develop into a brilliant business man. His ejaculatio præcox is only a self-protective measure against the enticements of a wicked world. Whenever this protective measure ceases to function and recedes to the power of his sexual instinct, as happened with the lady friend mentioned, his intellect then steps in and makes a rapid end of the affair. *Therefore, he only chooses those love objects with whom he cannot be potent, and then runs to a physician who is supposed to make it possible for him to be potent with an unloved person who is not dangerous to him.* An impossible task.

If we review the above cases, we will look in vain for the absurd theses of Abraham. In these cases, chosen from a large series as representative examples, the infantile roots do not come under consideration as the most important psychic determinants. In one patient, anilingus haunts the mind, whereas he wants to carry out normal coitus. Another loves his servant girl and is impotent with her on account of his sexual conscience, and with his wife, in turn, he is only weakly potent because he desires another. A third suffers all his life from ejaculatio præcox (always on account of his sexual conscience and want of a love-object), but after the fifties finds

recovery and astonishing potency. The fourth is a patient who cohabits alternately with a mother and her daughter and wants to tear himself away from the latter; then takes an unloved fiancée in order that his ejaculatio præcox might protect him from marriage. The fifth, finally, chooses objects who do not arouse him; in that way he prevents his scheme, a big "money-marriage," from slipping out of sight.

In all these cases we see the obvious effects of psychic forces. They are inhibitions of various kinds which make their influence felt. And we, moreover, see that there is only one real form of therapy for ejaculatio præcox: *love*. *Amor omnia vincit!* No doubt the physician can eliminate the inhibitions through psychotherapy, at least uncover and point out to the patient how to overcome them. And then the real master physician is love and the sexual instinct. We constantly see individuals who have used violence against their instinct. They seek, though upon byways; they are afraid; they overdo their "self-protective measures" and protect themselves with a weakness about which they then complain. They overestimate the physical factors and only in the course of treatment come to realize that psychic forces can also effect potency.

I would like to close the chapter with an observation of this sort:

CASE 98. Mr. U. J., 36 years old, on his "second honeymoon," consults me on account of his impotency. He married ten years ago and, at the beginning of marriage, was always potent. But by degrees his potency receded and an ejaculatio præcox always occurred. This weakness increased to such an extent that he had to divorce his wife. But the astonishing feature was the fact that extra-maritally he was always very potent. The ejaculatio præcox and later absolute impotency only took place with his wife. They had been divorced for two years. But he only now realizes how much he loved his wife. He adores her; finds her charming; she is a perfect woman; is attractive; has a superb character, and is a beauty, more beautiful than any woman he has ever possessed, but he is impotent with her, while with prostitutes, whom he does not love, he can *always* be as potent as he wants to be.

It is to be added anamnistically that 14 years ago he recovered

from lues and several attacks of gonorrhœa (no organic disease demonstrated). With prostitutes, he now and then indulges in paraphilic acts, but in most instances confines himself to the normal.

He emphasizes that his wife is very voluptuous and expects sexual intercourse. His impotency threatens to bring their happy marriage on the rocks, because he and his wife never have any differences. It was the most perfect marriage that one could conceive of until the fatal impotence set in. Naturally, he inquires whether he ought not to visit prostitutes in order to train himself once more and to increase his feeling of manhood, which I strictly forbid. I also forbid all sexual intercourse with his wife, familiarly the best regulation for curing a temporary impotence in marriage. The analysis, moreover, yields the following facts. He has always had a downward urge, and shows a tendency, common in many parathiacs who suffer from a separation of tenderness and sensuousness, to overestimate his wife. With his wife, he never dared to indulge in caresses which he gladly practiced in his liaisons. The affairs were not always confined to prostitutes, though were always very brief. These caresses were absolutely necessary for a stimulation of his libido and for the enhancement of his fore-pleasure.

Despite my orders, he made an attempt with a girl whom he approached on the street. The result was an ejaculatio præcox after several seconds.

The analysis continues. He promises not to make any more careless experiments and also not to cohabit with his wife. He can easily make this promise because he is absolutely impotent with her.

His wife came from a distinguished family. He is a self-made man. She is highly cultured; he, a simple tradesman. She is smitten with artists. Unfortunately she has an evil habit of constantly trying to educate him; to point out his faults; to improve his manners and diction. He is never elegant enough for her. All these instructions are received with gratitude. But inwardly he resents them. He feels inferior to his wife.

His impotence is the result of an inner "resentment"; it is only a weapon in the struggle between the sexes.

Proper instruction to his wife to desist in her superfluous attempts to educate; instructions to the patient to use little introductory caresses with his wife and to reduce the overestimation of her personality work wonders.

Two days later he comes triumphantly to me.

"You will be angry. But I have disobeyed your orders. My wife was so sweet to me all day. She realizes that she had committed grave errors. She no longer wants to educate me. I should remain as I am; just love her dearly. And what do you think? During the night—actually towards morning—I had a strong erection, and we united in love. I was affectionate to her; dared to kiss her (tongue-kisses, which I never dared to practice with my wife before), kissed her breasts, her feet—I am somewhat of a foot-fetishist—and the result was far beyond my expectations. I was never so potent in my life."

His potency remained permanently good; and the marriage became a very happy one. The wife had lost the potency of her husband through her attempts to educate him, and her fault-finding. He promises to give up all his liaisons and to concentrate his whole sexuality upon his beloved wife. His escapades were nothing more than acts of revenge for his humiliations.

Another important factor, in the discussion of *ejaculatio præcox*, ought to be mentioned. There are cases where the wife is to blame for the disorder, because she loves another man. Her aversion works telepathically upon the husband. I could easily mention several analyses of such cases. But unfortunately this chapter has already been unduly prolonged. I will only briefly mention the case of a man who was always very potent and suddenly suffered from *ejaculatio præcox* with his wife. Analytically no cause for his disorder could be found. But his wife admitted to me that her husband's disorder appeared when she fell in love with an artist; this had transformed her inclination for her husband into an aversion, which she kept carefully hidden. . . . He instinctively felt what she would not tell. The result was a reduction of his potency.

From all these examples, we may conclude: *Ejaculatio præcox is not fate, nor is it the result of an abnormal sexual constitution.* It comes into being through a special psychic constellation and recedes to psychotherapy and the all-powerfulness of love. The problem of the analyst is to clear away the path to love for the man and, with that, to normal potency.

XIV

IMPOTENTIA PARALYTICA

Various authors ascribe "impotentia paralytica" to various dissipations, excessive masturbation, and coitus interruptus.

It is that form of impotency which most of all embarrasses and oppresses a man. The power of erection appears to have been entirely abrogated or confined to a very small degree of function. In rare cases speedy erections occur which forthwith disappear; in most cases, only an indication of a slight enlargement of the organ; in intermediate cases, only a semi-erection. The organ becomes semi-erect, so that an introduction into the vagina is impossible. In the worst cases, the power of erection has apparently been entirely lost. They are the cases in which the morning erection is also absent. The seminal emission follows with more or less strong orgasm, which at times may also be entirely absent, the organ remaining flaccid.

Usually the process is as follows: A man afflicted with this disorder will already ejaculate, the penis being flaccid, on kissing or embracing. At times the ejaculation may already occur with a flaccid organ upon seeing the sexual object or with lascivious conversations. Such patients also report that their pollutions proceed in the same manner. They kiss or embrace the sexual object, in the dream, and ejaculate with a flaccid penis. This form of impotency also occurs in homosexuals, and in my experience, not so very seldom. A number of fetishists, who confine themselves to hand-kissing (hand-fetishism) or other small caresses, suffer from impotentia paralytica. Many patients declare that, on reading certain books (masochistic and sadistic literature), an ejaculation with a flaccid penis takes place.

From my experiences, these cases are only a variety of ejaculatio præcox. We are dealing with the effect of psychic inhibitions. I have never seen a case of paralytic impotency which was on an organic basis, with the exception, of course,

of severe cases of tabes and other spinal cord diseases. In all my cases, I could establish the presence of an intense conflict between libido and morals. Impotentia paralytica is also a form of protective function of the inner self, and demonstrates the mighty power of the conscience.

The psychotherapist then experiences, with surprise, that the impotentia paralytica recedes to normal potency and at times, by way of transition, even to a transitory priapism.

The first case I had to treat was a young philosopher, 23 years old. For the past four years erections have entirely vanished. Whenever he embraced the woman of his desire, ejaculations appeared with a flaccid penis, which showed no trace of excitation or enlargement. The analysis disclosed a suppressed sadistic tendency of the worst kind. It concerned a "passion-murderer." After analytic elucidation and conscious overcoming of the sadistic attitudes, rapid recovery set in. At 27, marriage was consummated with very good potency. The next case shows us a similar example in somewhat broader execution:

CASE 99. Mr. I. O., 24 years old, at present organically entirely healthy, complains of severe impotency. His mother is healthy, and he has four absolutely healthy brothers and sisters. His father died of general paralysis when the patient was 7 years old. He masturbates since earliest youth. His first recollection is very characteristic. He sees himself masturbating on the corner of a table (by pressing his penis against the table), his mother appears, admonishes him, *and warns him that he will die if he does not give up this game*. Thus we find here that the first sexual act was associated with an admonitory imperative from his educator. At 14, he gave up masturbation because he gleaned from the conversation of his class-mates that it would produce impotence and dementia. He was always a brilliant student, the best in his class, but timid and reserved. This timid, anxious trait is still present. At 10, he began to stammer, which disappeared spontaneously a year later. At 18, he made his first sexual attempt with a servant girl, whom he invited to his room. While he was undressing her, a blue vein was discovered on her thigh, which repelled him very much. Her legs were not as shapely as he had pictured them to himself. An ejaculation occurred with a semi-erect penis. He did not make another attempt until three

years later with a prostitute. She disgusted him, and he again had an ejaculation ante portas, with a semi-erect penis. These ejaculations also occur when he kisses or embraces a girl, already with the slightest contact. As a child of seven, he was already in love with an older female cousin, and, until two years ago, always had a strong desire for love. Now he feels old, feeble, unmanly, and harbors thoughts of suicide. He is dejected and seclusive. During the day he has erections now and then. Towards morning, while in bed, always strong erections. He further reports that, for many years, before falling asleep or in the afternoon, while in a drowsy state, pollutions occur with a *semi-erect* penis when he is pursued by erotic thoughts.

He has always been timid and absent-minded, never in fighting trim; in company could never converse naturally. He recalls an incident in childhood which left a great impression. A woman plunged down a flight of stairs and, being injured in some manner, had to be carried back. He repeatedly dreams of this plunging woman.

He is very suggestible; it is hard for him to contradict, and he shows empathy for whomever he addresses.

At the age of 18, after his graduation examinations, a severe depression set in. He began to have pulmonary trouble and had to visit Alland. Inwardly he had faith in a complete recovery, just like he now believes I will relieve him of his impotency. But occasionally he is overwhelmed by a notion that his disorder is incurable. As a child he had an indescribable longing for love and affection. But he was always at boarding schools and had to forego the love of his mother. Now he has lost his appreciation of it. Something within him has been torn.

Last night he had an interesting dream; decided to remember it for me, but then forgot it (resistance). His sister, two years his junior, with whom he always spent the summer, is his favorite. As a boy, she was his playmate, and to this very day seems to be his ideal. . . .

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His first dream: I was selling cigarettes and some other object, I do not know what. I could not calculate their cost, nor determine whether I had made a good or bad sale. I endeavored to figure it out, but was unsuccessful. This took a long time. I believe the price was 800 crowns.

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The dream shows doubt over the feasibility of a transaction. The man had given up (sold) his fire, his passion, his masturbation, in exchange for the promises of faith. He now doubts, with perfect right, whether the transaction was worth the high price. He had exchanged earthly pleasure for heavenly pleasure.

His favorite subjects are geography and mathematics. He would like to make long trips and, in foreign lands, seek the happiness and affection which he has not found in his own country.

He always fears a sexual fiasco, but most of all is afraid of making himself ridiculous. When alone, he has anxiety states of an indefinite character. He is envious of strong natures, whether good or bad. He hates lukewarm natures, people who are neither good nor bad, like himself. His consolation is resignation. In society he feels like a blind man, since the consciousness of his impotency humiliates him. Suicide, he thinks, would be the best thing for him. He also practices mental masturbation; he pictures girls to himself and is overtaken by an overwhelming desire for love and affection.

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Last night he had a typical dream which occurs repeatedly:

I am going to a railroad station. On account of a large crowd, it is very hard to get in. With great effort I succeed in reaching the platform in a roundabout way. There I wait for the train.

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Interpretation: A longing for a goal which is difficult to attain. He admits having a constant longing without knowing why. He is fond of nature and music, because they allow him to dream and enthuse. He hates pathos and all deep feelings. His ideal was Aloscha in *The Brothers Karamazov*; he, too, would like to be just as gentle, pure, and removed from all passions. In childhood he heard a great many stories about the saints and in school was told so much about their lives that he decided to become one. But he soon realized the impossibility of this, and went toward the opposite extreme. He became a free thinker, an atheist.

The dream is explained as follows: The train goes into eternity. He cannot find a direct path to his infantile religiousness; he will return to his faith in a roundabout way. His asceticism is the detour. . . .

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He cannot tolerate injustice. During the War he suffered greatly because he always stood between both sides and wanted to do justice to each.

He can only bear the society of pure and chaste individuals. Affection in public (kisses before the whole world) is disgusting to him. Sensuous girls go against his grain. His masturbatory fantasies form an antithesis; in them, he has sexual intimacies with all his acquaintances. To him this is not an antithesis, for every one ought to conceal his sexuality. He is a dreamer. A dream may be elaborated for days. Now he has "aviator-dreams," flies to Paris, brings home food and presents. And thus many days are spent in dreaming. His sexual fantasies also have continuations; they are really novels with daily installments.

Only clean jokes provoke laughter. Erotic ones are unbearable. He can no longer cry. In childhood, he suffered from crying spells, but since the age of 12 he never cries. His guiding principle is self-control. And how many years has he longed for affection! Therefore, he became embittered, could no longer be gay, and felt uncomfortable in jolly company.

He never observes faces, only names and figures. Mathematics is his passion. Here doubt is lacking, everything is certain, constant. Justice is always dual. While studying law, he must always fantasy; this never happened in mathematics. Also in church during many hours of devotion he succumbed to fantasies. Whereupon sexual fantasies, which became enhanced during devotions, set in. At 9 he lost his faith in the dogma and became a skeptic. Now he only believes in mathematics.

He can neither ask nor give thanks for anything. All conventional phrases are obnoxious to him. After speaking in this strain for a time, he produces something important. At boarding-school he was in love with a classmate. That was nothing unusual. Every pupil has experienced such homosexual "crushes." Nothing happened. We were only teased about it. But he only concealed his love and would not display it to the boy. Now the homosexual fantasies have entirely vanished.

A dream:

My cousin gave birth to a boy, with whom I played. He showed marked resemblance to his father. He was very much sought after and every one wanted to be affectionate to him.

The dream is a reminiscence of early childhood, and the antith-

esis of his later life. It is also an allusion to his masturbation.

He is very fond of his cousin and her husband. His demand for affection transferred to the boy. The dream arises from a feeling of envy which always appears when he sees a boy being caressed by some one. In childhood no one was affectionate to him. He was always away from home among loveless, indifferent persons. His endless longing for love remained unappeased. Why, therefore, ought one not to become lonely and embittered?

He is very unhappy on account of his timidity, so that a certain indifference and resignation are present. An unpleasant feeling comes over him when he sees children being lead out in a group from a boarding school. He recalls the terrible years which he spent in boarding schools: the prayers, "running to church in the morning," the confessions and his many sexually exciting conversations with the other boys, which were then continued in masturbatory fantasies. He never confessed his masturbation because the act was never performed with the hand. He always masturbated by pressing against a table or pressing his thighs together. With difficult problems in school and with fear of not passing, he would always masturbate. He did not realize that it was sinful. His sojourn in a Trappist Convent (7-10 years old) was the curse of his life. There he saw the severe flagellations; there he acquired a gloomy mind; there he was inoculated with asceticism.

At the age of 10, during the summer, he fell in love with a female cousin. There was only kissing and affection in the presence of their parents.

At 18 he was very fond of a girl whom he could have loved, but he discovered that she smelt like salt water fish. He disparages every girl and thus protects himself from falling in love. If a girl is courted by other men, it enhances her attractiveness. He could look at girls, speak to them, and, in doing so, have an ejaculation with a flaccid penis (protection against the dangers of love).

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Several hours of distinct resistance. One observes that new elucidations are about to come. He complains about his seclusive tendencies and a sense of guilt which was absolutely without foundation. He brings the following dream:

A former classmate died from a severe grippe-like epidemic disease. I cried over it. During his illness I called upon him and had no fear of being infected. It was so sad that he, an only son, had to die. Later on I confused this friend with a cousin

in Vienna. I was supposed to inform his wife about the death, and it was such a difficult task.

I was in a jolly crowd of young girls and boys. We went on a very nice picnic, walked around somewheres, and finally climbed up trees. Afterwards we were in a tavern, and then every one departed for home. Only two girls still remained, because they wanted more amusement. I felt sorry that they would have to go home alone, and so I waited for them. Towards morning we arrived home.

I rode in an automobile. Some one else was with me. We had to overcome many hindrances. It was especially difficult to climb the muddy streets.

An interpretation cannot be made at the present time. The friend actually died as well as a male cousin, whose wife was left all alone in a state of pregnancy.

Not until the following day was further enlightenment brought by a dream:

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The weather was fine. I rode up a serpentine road in an omnibus. The landscape was wonderful. Several people were there. I was afraid that later, in going down the incline, it would be difficult to hold the omnibus back.

Afterwards I dreamt that I killed a man and his son with a brick.

As to the man whom he killed, his father comes to his mind. Then the Œdipus attitude comes spontaneously. (He is not familiar with books on analysis and has never heard anything about the Œdipus complex.) The interpretation is clear. He killed his father and his brother. The preceding dream also expresses his subsequent grief over the death of his father. He was 7 years old when his father died. In the last years of his father's life, he, on account of his illness, was somewhat brutal with the patient's mother. There were conflicts in which he passionately sided with his mother. Best of all, he would like to have killed his father. He was in the country when news of his father's death arrived. He showed no signs of grief, for which he was severely reproved by his uncle. This situation is shown in the foregoing dream. He hears of the death of his friend (male cousin, who represents his father) and is supposed to notify his mother, but, instead, gives himself up to pleasure.

He wished for the death of his father. The news of his death struck him like a thunderbolt. Did Heaven fulfill his wish? Were

his thoughts omnipotent? Was he master over the life and death of other people?

From this experience arises his deep sense of guilt. He is a patricide. He is unworthy of love and pleasure. He must atone and pay for the old offence, through self-denial and suffering.¹

The two girls are his two sisters to whom he is fixed. He always said he would only marry a woman who resembled his younger sister in every respect. He waits for his sisters (—"and I waited for her" . . .) Then comes a description of his dangerous path of life over muddy streets. This dangerous situation is expressed in the next dream by the serpentine road (winding, snake-like path—the path of sin).

He often thinks about his younger sister; his mother also hovers before his mind as an ideal. The image of both women always appears when he intends to judge girls. They intrude, as inhibitions, into his sexual thoughts and are, perhaps, implicated in his caprices of potency.

He has an uncle who is his ideal and with whom he always identifies himself and, therefore, believes that he will have no children, because his uncle has none.

Last night he had the following dream:

I am going on a trip. Most beautiful country. On the heights is a magnificent castle. A feeling as if I had already been there in childhood. The path is steep; I slip a couple of times. I know I will get inside of the castle and yet cannot find the entrance. On a tablet, in front of the castle, stands: The Meadow of the Jesuits; on another tablet: Alleegasse.

It is the path to faith, which he must now travel. (Our Lord is an impregnable castle.) The castle is a church; it is a child's faith (the castle in which he had once found himself in childhood). The *Alleegasse* in Vienna is characterized by a cherry tree, which crowns its highest point. The meadow of the Jesuits is an allusion to his sojourn in a Trappist monastery and to his Jesuitical, hypocritical nature. Neulengbach also occurs to him. From there he made a trip to Schöpfl (the association leads to "creator" [Der Schöpfer]), although he could not find summit. He is dominated by a fear of no longer being able to find the path to God. His impotence makes sin impossible, and is adhered to for ascetic reasons.² . . .

After a week of preparation, during which he has very little of importance to say, he spontaneously begins to talk about his sadistic fantasies. He makes a pious, benevolent impression and is as gentle and timid as a lamb. His inner life turns out to be quite different. At times he feels like running around with a revolver and shooting every one down. Or he would like to rush into a crowd with an automobile and run over everybody. They are not really serious fantasies. "They are merely a joke," he asserts.

"I also have a desire to soil well-dressed people by throwing mud at them. Whenever I see one of these swells walk past, or a very fashionably dressed woman, or girls in white dresses, I would immediately like to throw them into the mire and smear them with mud. I would like to do the same thing as the man who burned the clothes of fine ladies with corrosive acid on Kärtnerstrasse. Or I picture a crowd going past my house, and I suddenly explode several hand grenades into their midst. How they scream and run helter-skelter! That would be a pleasure!"

He narrates several characteristic episodes from the days of the revolution. He wanted to shoot down a man; often shot madly into the air, gladly would have taken part in the war; was not so pleased that he was found unfit.

He shows interest for passion-murders; felt that he, too, could do something like that, although denies ever having any sadistic fantasies of a sexual nature.

He would like to permit all superfluous people to die; loves to paint fantasies of earthquakes and the end of the world.³ Would like to go to Africa and fight against the aborigines.

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Complete power of erection already appeared during the analysis. The patient has erections lasting for hours, without coming to an ejaculation. He is cautioned against making an attempt with prostitutes. These inwardly pious individuals, as already stated, only become potent in marriage.

We see a series of causes for his impotency, in the first place, his incredibly strong sadistic attitude. At the end of his treatment he frankly admits that in childhood he repeatedly occupied himself with the fantasy of a "passion-murder."

In the War, he offered himself as a volunteer and was sorry to have been rejected. He would gladly have fired upon the enemy with a gun. During the transition from war to peace, he was in the country and with several comrades constructed a sort of bul-

wark against the predatory rabble, who loafed about his vicinity. Once he arrested a tramp whom he surprised in the act of stealing. Two comrades were also with him. He had to restrain himself from shooting the man.

The death of his father and also his fixation upon his mother and sister come into consideration as other determinants of his impotency.

Epicrisis: Two years later he married his cousin (a typical incest compromise among parapathiacs). In marriage, his potency is quite normal.

These cases often end with suicide. It is the *pœna talionis*, which the patients execute upon themselves. In my essay on suicide, I have formulated this fact as follows: "No one ever kills himself who did not first want to kill some one else."

The next case also shows us the result of a bad conscience and offers many new points of view.

CASE 100. Mr. L. N., 40 years old, physically well, of healthy parents, states that he suffers from impotency for the past six years. So soon as he approaches a woman and kisses her, he already has an ejaculation, the penis being flaccid. His longing is very great, but repeated attempts of the same sort always end in a failure. He is able to have an ejaculation four times in several hours.

Masturbation was practiced very little. He shows no striking paraphilic inclinations. Before his potency, he had already indulged in cunnilingus, now and then allowed fellatio to be performed upon him. But the erection is now over in several seconds. With ejaculation he has a strong orgasm, though not so strong as formerly, when normal potency was still at his disposal. An interesting fact is that before the period of impotency, he was very potent. *It was an easy matter for him to prolong coitus for three-quarters of an hour* by inhibiting the ejaculation and appearance of orgasm through diversion.

He carried out his last coitus, lasting a half hour, with his wife, whom he divorced on account of mental incompatibility and for material reasons. For the past 6 years he is a free man.

We may assume that his disturbance of potency is associated with the divorce. Of course, he denies this association. He never loved his wife and she became indifferent to him. Even during marriage he was often unfaithful to her, was always lucky with

women. Even prostitutes were well-disposed toward him and preferred him to all the other men. This good fortune remained faithful to him. He could possess the most beautiful woman; they easily fell for him, but he cannot overcome his impotency.

It is self-evident that I examined him carefully. I was unable to demonstrate any organic trouble which might account for his disorder.

In the first place, he blames his disordered "feeling of self"—and quite justly so. There are many men who can only cohabit when they can feel superior. Thus I am acquainted with men whose potency is at hand when they are in uniform, but in mufti suffer from ejaculatio præcox or absolute impotency. Whereupon they always cohabit in uniform, without undressing. They are lovers of excursions where the whole business can be consummated in the bushes. At one time, our patient was very wealthy. He had an unfortunate propensity for gambling and lost his large fortune as well as a large part of his wife's through gambling on the stock exchange.

I inquired after the first occasion on which his impotency occurred. In the chapter, "Impotency and Masturbation," I have already pointed out how the notion, "*You are impotent,*" which takes root after a sexual fiasco, as an autosuggestion, may act like a constant inhibition and fix the disorder more and more.

His first experience after the divorce took place as follows: He had left his home to his wife and moved into a hotel. There he found a distinguished American family, a married couple with a strikingly beautiful daughter. He flirted with the girl; engaged her in conversation, and in a few hours brought matters so far that she promised to visit him in his room in order to see some etchings. He was very affectionate to her, and, through stimulation of the clitoris, he was so skillful in arousing her passions that she no longer defended herself, helplessly allowed him to undress her and said: "Now you can do whatever you please with me." She was a virgin. Was that the inhibition? Or was the farewell scene with his wife still on his mind? Despite fervent endeavors, he had no erection. The penis remained semi-erect, ejaculation occurred three times; even a cunnilingus could not increase his potency. The girl was violently aroused, swore that she only belonged to him, and requested him to come to the health resort for which she was to depart on the following day with her parents. He promised to come and decided to follow immediately, but the next day wrote her not to expect him. Os-

tensibly he had to remain at home on account of business conferences.

Now he tells us about the farewell scene with his wife. He noticed that she was grieved and heartbroken and rebuked himself for his reckless mode of living. And when he arrived home, he cried for a half hour. Whereupon he believes the whole thing came to an end.

But it turned out, however, that inwardly he is still very much preoccupied with her, because unfortunately one of his two children died a short time later. Involuntarily he made a "junctim" between the death of his child and his divorce, because previously he had not welcomed the birth of children very much, even wished for their death, since he was unhappily married and children would hinder a divorce.

Therefore, he had good reasons for having a bad conscience and for punishing himself with impotency.

Then there was also added a reduction in his feeling of self. He could only be potent when he felt like a wealthy and distinguished man. Through bad luck on the stock exchange, he was absolutely ruined. He, who previously had thrown away thousands, suddenly had to reckon with a crown. He was employed by his brother whom he had developed into a big business man. This relationship humiliated him and blighted his feeling of self.

After a short analysis, recovery occurred in an unusual manner. His brother had a very wealthy wife who, in addition, had many good traits and was not without charm. His brother neglected this woman, fell in love with a widow and urged his wife to accede to a divorce, to which she remained deaf.

The patient began to console his sister-in-law, and was so successful at this that they fell in love with each other. She separated from her husband, who by this means secured a divorce and in no way blamed his brother for the emancipation. Forthwith, on the wedding night, he was absolutely potent, whereas, previously, all attempts were unsuccessful.

Indeed, this woman showed rare tact. Upon my advice my patient informed her that he suffers from psychic impotence, and that she should not expect any great heroic feats from him. She replied that she was happy when he kissed or was otherwise affectionate to her, that, despite his impotency, she wanted to live with him anyway. But already on the wedding night he overcame all inhibitions and found his old potency again.

Interesting was the transition from ejaculatio præcox to potency. Previously, he always had an ejaculation immediately, even with a flaccid penis, as I mentioned at the onset. During the honeymoon, he could kiss her for hours without coming to an ejaculation.

Hence we plainly see that the ejaculatio præcox corresponds to an imperative of the inner self: "Make an end of the business. You are not equal to it!" or "It is forbidden!"

At the moment, when all inhibitions were removed (the first wife was financially richly compensated), he once more found his potency.

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All three cases described here show us the power of a bad conscience. In the second case, it was the death of a father; in the third, the death of a child, which weighed heavily on the conscience.

In the last case, abandonment of the first wife and gambling away her fortune also came into consideration. His sister-in-law, by whose marriage he did a great favor to his brother, was enormously wealthy. It was easy for him to repay his former wife the sum he had lost. His feeling of self was again enhanced, since he became the possessor of many millions.

The cure of impotentia paralytica is one of the most gratifying results of psychotherapy. It demonstrates to us the mighty power of the conscience and the disturbing influence of inhibitory ideas upon potency. But it also shows how careful one must be in offering an unfavorable prognosis in impotency.

The next case offers a much severer prognosis, and, like no other, will make the psychogenesis of paralytic impotency comprehensible.

CASE 101. Mr. I. L., 34 years old, complains of a weak potency since the dawn of manhood. He is hardly in a position to consummate the sexual act. Only two, or at best, three frictions and an emission already occurs. A second coitus is no longer possible. In addition, he suffers from a severe obsession that he has made a mistake. In his bureau, he must examine his calculations several times, must recount the money several times, must return in order to convince himself that he has locked the door

properly, that he has closed the safe well, that everything is in its right place.

He cannot marry on account of his miserable impotency. He is now at that age when a man must establish a home if he does not want to remain a bachelor. He even made attempts with a better type of girl, but always succumbed to his fatal weakness. He loved a girl (Olga) very passionately (it was 8 years ago), and wanted to marry her. His parents opposed it because she had a bad reputation. Almost daily, this girl comes to his mind. Perhaps he would have been potent with her.

With the exception of a blind sister, his family is quite healthy. He tells us that he was always very sensuous. He repeatedly took advantage of his sister's blindness to see her undressing. Once he wanted to go to her at night, uncover and play with her, but she woke up. In childhood his sensuousness was limitless. He also played with animals, abused hens, attempted to use a bitch, was surprised in a barn as he was about to use a mare. As a child he would lie on the floor in order to look under women's skirts. From 12 to 14 years he masturbated excessively and then read Retau's book on *Self-Abuse*. He at once stopped masturbating; afterwards the results of the "vice" set in. He considers his present disorder a result of masturbation.

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At first he only visited prostitutes. After he had known them for a certain length of time, he was successful in introducing his penis and making one or two movements before ejaculation. With Olga he had violent erections, so long as he was not alone with her. When he was alone with her, a seminal emission would already occur when he came in contact with her body. With other girls he also made unsuccessful attempts. He is the manager of a large office and always found office girls who were willing to oblige him. Every erotic approach ended with a sexual fiasco.

He leads a dreamy existence, can gaze into space for hours and think about absolutely nothing. He is often melancholy and tired of living; in company, feels slighted; has lost pleasure in books and the theatre, and now lives pretty much alone.

Last night he dreamt:

I was with a woman who complained about making ends meet. Life is very difficult here. I told her it was an easy matter. Inasmuch as she handles money and is at its source, she might help herself and buy whatever she needs. Then she could purchase

hats three miles broad and wide ribbons to her heart's content.

I woke and later had another dream:

Two of my fat geese were strangled or perished. I was greatly wrought up about it.

A third dream toward morning:

I had a quarrel with Dr. Stekel—for heaven's sake, I will surely lose my position if I remain here so long. For us this is an enemy country, in which I am permitted to stay, at most, six weeks.

The woman in the first dream is the already-mentioned girl (Olga) whom he loved passionately. He describes how all his attempts to possess this girl had ended in a sexual fiasco. The girl did not defend herself. Indeed, he would always have an *ejaculatio præcox*, so that Olga became angry and called him a used-up man, a "boob" who ought to leave girls alone.

The reference in the dream to handling money lacks fact. Olga was formerly employed in his office, but she was very exacting about money matters. He himself is a model of scrupulousness. Some one else must always check up his calculations. Such over-exactitude about money matters is usually a compensation for an impulse to steal. In fact, as a child, he committed various thefts. His father was an officer of a temple. The patient had often emptied the collection box and on a high feast day (the day of atonement), when one must fast, he stole money from his father's collection box and bought delicacies. He was found guilty, severely rebuked, and whipped. This incident seems to have served as an *eternal warning* to him.

The first dream, in the analysis, usually contains the patient's most important psychic dominants. The dream only becomes comprehensible when we know that, in dreams, money indicates love. The hat is a well-known phallic symbol (Freud), as well as the ribbons. Hence, translated into ordinary language, the dream means:

I am still thinking of Olga. I preoccupy myself with the problem of how she is getting on in marriage. To be sure, the dream fulfills my wish and allows her to be unhappily married. (His consolation, she is at the source of money (love), is to be understood as ironical and hypocritical. It signifies: now you have your highly potent husband with a big phallis; he can gratify you as often as you wish. His boundless jealousy spins this train of thought further and leads to the "goose-dream.")

They are sadistic factors which break forth and which he

dreads to tell me. He would like best of all to be already finished with his treatment. He shows the "flight-reflex" of all sadists who have endeavored to repress their sadism. He can only remain in Vienna for 6 weeks. He is an official in Poland and was on a leave of absence. He calculates that the cure cannot be ended in this time. Therefore, he had better end it now.

The dream about the "geese" is over-determined. The two geese which he has strangled are to be understood as the overcoming of two inclinations. Hitherto we have only heard of one girl, Olga, who appears in the first dream and to this very day dominates all his thoughts.

The second dream betrays that he sacrificed another love. The second goose is a girl whom he passionately loved at the age of 26 years. The girl was poor and he could not decide upon leaving his mother. And so he passed up two great loves.

The third dream shows the onset of a resistance against psychoanalysis. No one performs such difficult work as he; no one is burdened with such responsibilities; no one is so unhappy, and no one has such a severe disorder.

He must always think about his bowels and stomach. When he has a good bowel movement, he feels relieved, liberated, and his headache vanishes. If he eats too much, the thought of a full stomach will already provoke headache. At night he becomes "shaky in his feet." They become fidgety; he must rub them, must get up and walk about, also suffers from fear of draughts and catching cold.

If he locks a safe, he must examine it 7 or 14, yes, even 15 or 16 times; must knock and shake to determine whether it is closed; whether the lock is closed. With the house door, he must look back 7 times to see whether it is locked.

He still masturbates at times, during which he has fantasies about Olga or some other lady friend who pays him an occasional visit. Hence, we already have three women with whom he has had relations.

He cannot tolerate the sight of blood, and faints when he sees it. In childhood he was very cruel, tortured flies and animals. Hence, this intolerance of blood is also an over-compensation for sadism.

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At 8 years, he fell in love with a schoolgirl. This fanciful love lasted several years. About this time he was taught masturbation by an older pupil, 4 years his senior. He then indulged in solitary

masturbation with various fantasies. His first fantasy concerned a very buxom housekeeper, whose corpulence excited him very much. At 14, he first attempts sexual intercourse with a servant girl. The act was always rapidly concluded. In addition, mutual masturbation with other boys; at times competitive masturbation as to who could ejaculate the farthest. At that time he suffered greatly from fear of blushing. He was ashamed of his weak potency. After a pause, he often tried a second and a third coitus, but he always had the same misfortune. Recently the ejaculation already appears with a semi-erect penis, so soon as he comes in contact with a woman's body. For that reason he abandoned sexual intercourse entirely and for the past 5 months leads a life of complete abstinence. Strong erections in the morning.

His father asked him whether he masturbated. That was when he was 15 years old. He denied this question, and wondered whether his father had noticed anything. His father told him about the terrible consequences of masturbation.

He recalls that many of the hens which he had abused perished as a result of injury. Their vitals were completely torn open. At home every one was at a loss to explain his conduct.

A supplement to the "goose-dream":

Now we at least have 200 crowns' damages, I said to my sister, and suggested that we eat the geese even though they fell down dead or had been killed in an unorthodox manner.

Supplements to the dreams, which are only brought on the succeeding day, usually contain highly important material which has been repressed by the censor. Being a pious Jew, he is only permitted to eat poultry which has been killed in orthodox manner by a kosher butcher. He proposes eating the strangled geese to his sister, *i.e.*, he wants to inveigle his sister into doing something that is forbidden, to commit a grievous sin.

It is incest that he proposes to her. Yet, he brings no association which might confirm the existence of such an inclination at the present time. He admits having had a desire for all of his sisters in childhood, and, best of all, would like to have recruited a harem from his family. There now follow various details relative to his incestuous attitude, reminiscences of games and disrobing.

But his dream also brings necrophilic and cannibalistic tendencies to light. He wants to possess Olga at all costs. If not

alive, at least dead. Corpses cannot defend themselves; they also cannot bear witness to his sexual fiascos.

Several necrophilic fantasies from childhood appear under great resistance.

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Last night he dreamt:

I have had a quarrel with a Mr. Alter on account of some food. I said I needed it for various male acquaintances. I cannot give it all to him. It was a question of 1,600 crowns or 1,600 kilos.

I had to guard a box containing monkeys. They were as small as rats. They jumped out. I called upon my cook (female) for assistance, to hold them in check. She disobeyed me, and so I scolded her. I crushed the monkeys with my feet, and later drenched them with hot water.

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We now understand his obsession about closed boxes. These boxes symbolize his soul. He must constantly assure himself that everything is locked up: whether his wild impulses are securely bound. What is the nature of these impulses?

The dream about the murdered geese gives us a clue. We inquire about his inclinations toward cruelty in childhood and learn that a kosher butcher lived in his neighborhood. Pious Jews are not allowed to kill their own poultry. It must be killed in orthodox fashion, otherwise it is impure. He was very fond of seeing animals butchered, which, among the Jews, is accomplished by cutting the neck. Often the animals are not killed at once and writhe for a time in the throes of death. Ducks, in particular, were very stubborn and that was a favorite spectacle for the little sadist. He also visited the slaughter house where oxen were butchered, and was very glad to be a spectator.

These sadistic impulses were symbolized, in the monkey dream, as monkeys or rats (timid, obnoxious animals, who practiced their monstrosities in dark sewers). He wants to kill these impulses; to hold them in check. The cook (a symbol for his parapathy, who boils out obsessions) must help him. Among the Jews, during Easter, impure objects are purified (sterilized) with hot water. He also drenches the rats with hot water. He wants to liberate himself from his wild impulses.

The first dream concerns a quarrel with me. I am Mr. Alter. He does not want to give up all of his truths (food). The 1,600 crowns refers to a sum of money which he lost during the War.

Moreover, the figure 16 has another meaning. He counts to 7-14-15 or 16, often to 23-24, wondering whether the safe is well-locked. His sadism began to develop at 7 years, and reached its height at 16 years. (Lacerating hens during coitus.) Then came his religious conversion, and the transformation of the primary impulses into parapathiac symptoms. At the age of 24, the parapathy was already completely elaborated; the rampart against the impulses was erected; the monkeys were incarcerated in a cage.

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Dreams:

I took a walk with a physician, a psychiatrist, and he enlightened me and tried to cure me. Suddenly I awaken in the dream and ask the maid for the time. She replied: "8 o'clock." Whereupon I am very angry, scold her, and tell her that she should have awakened me at 6 o'clock, because I had an appointment with the doctor. In the meantime, I go to the courtyard and convince myself that it is still quite dark. Whereupon, it proves to be exactly 6 o'clock, because around 8 o'clock it would not be so dark.

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A gypsy woman comes begging to my mother and asks for a piece of bread. Mother refuses her request and does not want to give her anything. The gypsy woman, ashamed, wants to depart, but is held back by mother and receives her alms.

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Removing clothes from one place to another. Mother objected to me putting the clothes where the flour (bread?) belonged. I gave in and moved my clothes away with the words: "Well, now, are you satisfied?"

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The first dream is purely one of wish fulfillment; it serves to spare him from getting up. He comes to me every morning at 8 o'clock, which, of course, is not very convenient to him. In the dream he already discontinues his treatment and states that he still has time; it is only 6 o'clock.

But his soul is still in darkness. As yet, the analysis has not peered into the depths of his soul.

The gypsy woman, in the second dream, is himself. He was always called the gypsy. Bread is a symbol of love. He begs his mother for the nourishment of physical love. Clothes are also symbols for our feelings, especially for love (the mantle of

Christian love for one's neighbor). He dare not approach his mother with his sinful thoughts.

He describes many little traits of his mother, to whom he was attached with passionate love. He slept in her bed; often lay between his father and his mother, but does not recall observing anything in particular. He always watched his mother during her entire toilette.

At night he displays compulsive acts. He must hold his purse in his hand and then must always feel whether it is still there. He has anxiety lest his letters might contain something improper. He is terribly afraid of fire, and always examines the stove very carefully to determine whether any fire is present, whether poisonous gases might be formed. Before retiring, he always looks to see whether there is any fire in the house. (Anxiety about his inner fire!)

He wants to talk about his mother and makes a slip of the tongue, saying "my wife" instead of "my mother."

His parents lived in constant dispute; he always sided with his mother. Later, his mother also complained about his father, so that he at times hated him and often took him to task. At the death of his father, he showed very little grief.

He has three sisters, whom he had often spied upon as a youth. He enticed his blind sister into the cellar, where he would read a newspaper to her. He would always place her on the higher steps so that he could look from below between her legs, which she spread widely apart—unintentionally as he thought.

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Last night's dream:

I went bathing and while swimming met a girl named Ethel. I wanted to flirt with her. At this moment her lover appeared. I at once sought to escape by swimming away. Many hindrances (ships, etc.) beset my departure until I reached shore. Whereupon, I quietly dressed myself. However, I noticed that the cabin in which I was dressing myself was not on the beach, but was a small cabin in a municipal garden. The cabin was so small that I had to dress myself in the open door, for otherwise I had no room. At the last moment the girl came and said: "Look how innocent I am. I will now receive a good scolding, and we did not do anything after all." Just before I wanted to depart her suitor appeared and pointed a revolver at me. I awoke with a loud outcry.

The dream contains a terrible warning. He is living in the

same house with the wife of a friend. She is very kindly disposed toward him. He already plays with thoughts about flirting with her. Only my interdiction, not to make any sexual attempts during the analysis, and his impotency held him in check. In the dream he connects this recent temptation with an episode which he experienced with Ethel. She was an office girl, whom he visited in her home. No sooner was he with her when her lover, an army officer, knocked on the door. He saved himself by jumping through a window. The dream warns him against folly and against a quarrel with his friend whose wife he would like to seduce. His impotency is his best protection.

To this dream, he recalls many details about his youth. He had often seen both his mother and sister naked.⁴

He tells us about his megalomaniac fantasies. In his day-dreams, he is a commander-in-chief, an emperor; he mows down thousands of enemies with a machine gun; decides upon the campaign. He has an enormous potency; he can cohabit 20, yes, even 30, times in succession without any reduction of potency.

In the toilet, he always looks back to see if he has left anything behind.

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Another dream:

I returned from a trip and met my male and female acquaintances. We did not meet in my office, but in a garden at a table. Olga was also there. I described how beautiful and pleasant it was in Vienna. I wanted to remain a bit longer, but finally lost my patience. Meanwhile another female acquaintance arrived and apologized by asking whether she was not intruding, whether I was otherwise preoccupied. She wanted to ask me something.

A supplement to this dream also occurs to him. He went off with a female acquaintance and left Olga alone. All his thoughts center around Olga. She is now married and does not live in his home town. He constantly indulges in fantasies of meeting her again and how he will avenge himself and would neglect her. The dream expresses this situation. He jilts Olga and takes another. He spontaneously asks me if I thought he would have been potent with Olga as his wife. His mother hated Olga and told him that she would deceive him ten times a day, she was no wife for him. Then, too, she was a Christian, while he was a pious Jew.

His father would already awaken him at 5 o'clock; he had to attend synagogue. While his father went into the toilet, he lay

down in order to sleep at least a couple of minutes longer. His father would then be very indignant and would always scold him. When his father was affectionate to his mother, even spoke a kind word to her, he would then suffer indescribably and wish for his father's death.

He recalls that one of his sisters used to play with him and urinated into his mouth.

He always has "water-closet" fantasies. He would like to be underneath the toilet seat and observe everything, would like to play with the girls while they defecate.

In the temple, he was often furious because he had to get up so early, and cursed God. He would then say that Jesus was greater than Jehovah and praised all the heathen gods; would disparage the wicked Jewish God.

As a boy of 12 years, it already afforded him great pleasure when he could listen to the maid who almost always slept with her lover. That brought him into great excitement and caused him to masturbate.

Within recent years, he has slept in the same room with his sister. It was unpleasant for him when she got up at nights to urinate, or when she undressed before him. He deprecated her, found that she was old and ugly, although she was actually a beautiful woman who had again married for the sake of love. But he could not understand how any one could love his sister.

One may observe how, with the aid of a tendency to annul and to depreciate (Adler), he converts the beloved and admired sister into a person who is quite indifferent to him. But he never would have come for treatment if his sister had not gotten married. He feels like a contemptibly deceived suitor, and many fantasies of revenge, which are directed against Olga, refer to his sister. Olga is a "sister-imago."

His impotency, in part, arises from this sister complex. He is still a very pious Jew and fears the punishment of God.

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Last night he dreamt that he had to leave his sister, whereupon he wept bitterly. Resistance against treatment appears for the first time. He would like to depart for home, but fears difficulties with the police.

Under great travail, he reports an important reminiscence which obviously determines his entire disorder. He was 4 or 5 years old when his sister, eight years his senior, and her friend, played with him. They played with his membrum and allowed themselves

to be touched by him. He also believes that he performed cunnilingus on both of them. Now, however, he has an insurmountable aversion to fellatio and cunnilingus.

After ejaculation, he has a great aversion toward every woman. This disgust obviously arises from an accompanying fantasy. He directly admits: "I love the girl in question [Olga] so much that I would have even licked her in front and behind."

This assertion already allows us to have insight into his paraphathy. It seems we are dealing with a paraphilia in which licking plays the greatest rôle. This desire is obviously completely repressed.

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In the next dream, we again have an allusion to licking.

Last night's dream:

I returned home from my trip and unpacked my things. Among them was a jar of dainties which mother provided for me. I said to mother: "Look, mother, you gave me so much that I had to bring some back." My housekeeper would not even accept any. Meanwhile, I became hungry. After we had no more bread at home, I went to the first neighbor (female) to borrow some. She gave me a piece of black, *almost unused, bread having a bitter taste, which I could not eat*. Whereupon I said: "I will eat dainties with noodles which mother cooked for me." In the open box, I also saw besides that crumpets and liver and other good things to eat.

Supplement: I returned from K. Mother said: This woman loves you because she has no one else. I reply that she has a little grandson who is even older than I, and whom she loves much more than me.

Later another dream occurs to him:

I was lying next to a prostitute with whom I usually cohabited. My penis was very stiff. I did not want to introduce it, because I had no condom with me. To my great satisfaction was able to play with her for a long time without having an emission.

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The dainties (plum jam) of his mother allows deep insight. The first dream indicates: The dainties of childhood; the love of my mother means more to me than anything else at the present time. In comparison every other love (bread) seems bitter to me. The woman in the supplement refers to his treatment and symbolizes the analyst. He begins to strive for my love. He is dissatisfied, because I concern myself so little about him. He

recalls having been potent on only a single occasion. He took a trip with a friend into the woods. They took a somewhat "happy-go-lucky" woman with them. His friend possessed her first and was soon finished. Then his turn came, and the woman was very much pleased with his potency. This additional supply of potency arose from homosexual sources.

The dainties also contain a hint at his various paraphilic inclinations: to lick women. He would like to have licked women during menstruation, if it would not have disgusted him.

For the first time he shows distinct transference dreams which refer to me. He is instructed about the bisexual attitude of man. A number of homosexual reminiscences from youth occur to him: mutual masturbation with other boys. They also masturbated an elderly, feeble-minded man. In addition, there were memories of his father, who made absolutely no bones about his children, so that on countless occasions he could admire the large membrum of his creator.

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A dream:

I rode to N. and there met a school teacher (female), I. S., my first love. I was greatly astonished to meet her there, and asked her how she happened to be there. She informed me that to-day was her wedding day. She would only get married by proxy. Whereupon I was greatly astonished. After she was already married, I inquired from her brother-in-law as to the reason for her divorce. Perhaps her husband, who cannot do anything, is at fault. . . . He replied: "Oh, he can even do it 2 and 3 times."

At the present moment he still loves this woman and regrets that he never married her. The dream is one of consolation. That is what would have happened to you if you had married her.

On the other hand, the dream works with tendencies to annul. In the dream the school teacher (female) is still single; he can still make good his great mistake. His parents opposed a union with the school teacher. She was still too young, and he was still only a child. Furthermore, she is poor. Nowadays, an official without money is a "beggar." Throughout his entire life, he has been afraid of becoming a beggar. His father was an officer in the temple and a poor school master. He wanted to become successful, wealthy, and distinguished. He sacrificed his love to mammon.

He is a severe "stool-hypochondriac," and only feels well after

he has had a decent bowel movement in the morning. He observes himself all day long. At home he had permanent erections from 3 to 5 o'clock in the morning, but not here in Vienna. As a child he wanted to be a woman, because one comes to a woman; she is courted; a man must be humble and implore. He often examines his posteriors and finds a similarity to those of a woman. Posteriorly every man is a woman. Frequently he has fantasies of cohabiting with Olga, during which he is now a woman, now a man. In fantasy, he causes her great pain. She entreats him to stop. It is enough. She cannot bear it. But he strives for greater intimacies; bites her, and almost squeezes her to death.

As a child he was unusually pampered and was a tyrant toward his mother and sisters. Toilet odors were very exciting to him. He stuck his head into the hole in order to observe something in the adjoining privy, also took candles along. He readily becomes sadistic in fantasy if something occurs against his wishes. At such times, he can tear, bite, and stab everything. For a long time he shared a bed with his sister and they lay closely locked in each other's legs. Nevertheless, he declares that he did not have any form of erotic sensations at that time.

Homosexual play with boys (*coitus inter femora*) in his fifth to seventh year plainly emerges from memory.

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A vague dream:

I was assigned to the telegraph department and, during my shift, there were many girls on duty. One of the most attractive of them, who worked in my office, moved up close to me, so that I felt flattered; at this moment the door opened, and Olga (W.) saw that I was petting another girl. It was a great satisfaction for me to observe that she was jealous. Standing at the office window, she wanted to buy something from me. I entreated the young girl to wait upon her, because I was angry and did not want to serve her.

This is a very transparent dream of revenge. Olga should see that other girls love him; that the most beautiful girl in the whole office is his sweetheart. And Olga stands before the window of his soul and begs for admission. Here is a girl who flatters him. Whereas he always had to flatter Olga.

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All his life he strove for the love of his father, whom he adored greatly, and who had made a strong impression upon him. Whenever his father spoke a kind or appreciative word to him,

he would experience a pleasurable thrill over his back and a tickling sensation in his genitals. But he also had fantasies of robbing his father if he were to die.

At 7, he was in love with a boy and at that time thought: I could take his membrum into my mouth. He is interested in every man's penis. He would like to possess the largest penis. In a book he read that in Paris men abuse hens which are fastened in a machine. When the man is about to lose his "nature," the hen is decapitated. He pictured this scene in fantasy and even, until recently, during masturbation.

He also admits necrophilic fantasies, as well as ideas of ravishing, abducting, and raping women. He would like to possess a penis capable of bursting, and giving a woman such violent pain that she would cry out and implore him to stop. The more she screams, the greater his pleasure; the deeper will his penis be inserted.

He also masturbated with the aid of dogs and attempted to insert his penis into bitches. He always locked the barn door whenever he abused hens, so as not to be surprised by his father. (Hence the compulsive act about locking doors.)

He has fantasies of being a woman or an animal; that he has breasts; that during masturbation he milks himself like a cow; that he has milk. He likes to slap every man on the back or buttocks, whereupon he exclaims: "He is a solid fellow," also grasped a nephew by the breast because he seemed to be so firm.

His ideal: A severe woman who torments and domineers over him, with whom he is furious but, for all that, must love her.

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The idea of another man possessing a woman strongly excites him. Olga has a handsome lover, a smart-looking officer. He would love to possess her immediately after the officer. Then he would surely be potent. He also has a fantasy of his wife being possessed by a friend just prior to him. As a second he is sure of being very potent.

He is jealous of all his friends when they are friendly with other men or women.

His libido increases in the toilet. The odor of feces is pleasant to him and has an aphrodisiac effect, also the odor of his own flatus and soiled linen exert the same stimulus. A strong odor emanated from the arm-pits of his father. As a child he was proud of possessing the same odor.

He envied animals for being able to commit incest unpunished. A dog could cohabit with its mother; for man it is a crime. . . .

A dream during childhood occurs to him:

A strong whirlwind envelops and robs me of my senses. Then comes a huge, black man, like a chimney sweeper—I believe it is my brother—and seizes both my legs. He has nails on his legs which injure me. I lose my senses.

The homosexual attitudes toward his father and brother become plainer and plainer. He has a vague recollection of some trauma with his brother.

Now he recalls a dream which occurred 5 years ago:

I am married by my father. Whereupon my friends knock on the window and exclaim: "Can you come with us?" I begin to cry. And the following day I go to my father and violently reprove him for having married me at such an early age.

His father had prevented his marrying with the school teacher. The dream reverses the facts. His father had married him, and he was now unhappy. He had lost his golden liberty. His colleagues go to the tavern, while he must sit at home. He fears the slavery of marriage. He is afraid of sexual bondage. He knew that he would be a slave to Olga if he were her husband. He wishes to be master. The psychic dominant of his sexuality is a passion for power; his masochism is only the polar antithesis of sadism.

This dream shows his anxiety about marriage, and proves that the society of his male friends is more important to him than marriage.

Yesterday he dreamt: Trifai was raped and moreover will no longer live.

Furthermore: I bathed with many boys, all of whom were drowned.

Towards woman he has an attitude of sadism associated with hatred; towards men, masochistic. Whenever he was whipped by his father, an electric current passed through his entire body from his penis to his neck, and he felt a violent tickling sensation.

He recalls a dream which occurred four years ago: A professor, who at the same time is a master butcher, examines him. He passes the examination.

Now a womb-fantasy occurs to him. He imagined that, when his father cohabited with his pregnant mother, the penis must

come in contact with the mouth of the foetus. This gives him the greatest pleasure if the child suckles upon the penis. The child is nourished by the semen of its father. In addition there are a number of other conscious womb-fantasies.

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Dreams:

From the management of the post office at L. comes a telegram to the local post office saying that several prostitutes will arrive to-day as office girls. I go to the railroad station, for I am curious to see who is coming. Among others I see a woman dressed in black—or was she only veiled in black?—whom I recognize as Olga.

Looking rather slovenly, I leave my home for the café. It was not at its usual location, but in a Jewish school. On the way I greeted a woman, who was looking out of a window with her husband and children, with the words: "My respects to you." The salutation was returned. Only the children did not return my greeting. The parents called their attention to this, so that the children hollered greetings to me which was very irritating because it was unpleasant for me to speak Ruthenian, as this language is now so strictly forbidden. In the café, I coached the card players who played upon a platform. All at once, Olga turned up accompanied by several girl friends and said: "I beg your pardon." Greatly pleased by this address and extremely courteous, I said: "I will come immediately; I am only dressing." Whereupon I apologized for my appearance. It was very hot. One cannot endure being dressed. I was without my drawers, so lightly was I clad. I at once inquired whether she was still nursing her child, and added that another colleague would come to-morrow and classify her in the service. I am only substituting for him to-day, am on leave of absence. With astonishment she said: "Six weeks! So much!" I replied: "Last year I missed 3 weeks. I want to make up for it this year. I give no presents to any one." She: "Yes, for yourself, you forget nothing. But for some one else—you watch—" She seemed large and pregnant to me.

.

He depreciates all of his female colleagues. Only prostitutes are employed at the post office. Of course, Olga must again appear. She is in mourning. Her husband is dead. She is again free. Moreover, she is pregnant, which was always a strong sexual stimulant for him. Olga begs forgiveness (she begs his pardon). The school is a reminiscence of his home. He thinks he is defying his father, when he marries Olga. An acquiescence

to the imperium of the dead is accomplished with the greeting⁵: "My respects to you!" He wishes to retrieve his neglectfulness toward Olga. He is no longer her chief, and now has no moral scruples about making her his mistress. But still he makes her angry. (Parapathiacs never forget anything for themselves.)

He often dreams of cohabiting with his blind sister. Last night, too. . . . Olga is a sister imago.

For him everything in life must occur rapidly. If he orders a suit of clothes, it must always be ready by the following day. All work and every intention must be carried out speedily. Therefore, a train is his ideal. Everything must go by express. We can plainly observe a disorder of temporal control, which is lacking in no case of ejaculatio præcox.

As a matter of fact, he hates and has contempt for women. In the office he curses at the girls and prefers one man to ten women. His mother often said, and he repeated it: "When a girl is born, the heavens cry." Hence, whenever he hears that some one has received a baby daughter, he feels disappointed.

Until recently, he had a habit of moving his bowels upon a piece of paper in a room. That was done to enable him to observe his excreta better. If his stool was ample, he felt delighted and very proud. He is a well-marked anal-erotic. Women with handsome nates give him much pleasure. As a matter of fact, he never sees the breast, only the nates.

He still masturbates at times; it is always accompanied by the resolution: This is the last time.

He always has fantasies of being assaulted. He is beaten up; some one attacks him from behind and plunges a knife into his chest. He feels the murderer's bullet in his body. At night he is often tormented with great anxiety (homosexual fantasies).

He is superstitious and has a number of magic formulæ to exorcize the "evil eye," etc.

He is always angry. A carelessly spoken word may irritate him so that he would like to tear the speaker to pieces, chop off his head, to annihilate, pulverize, strangle, and make him innocuous.

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A dream:

We are sitting in the temple. From where the schoolboys are sitting, a terrible stench suddenly arises. We laugh and suspect each other. In the front bench, with his back to the boys, sits my father and laughs. I had a feeling that the boys knew the "musician" was my father.

He is the person who is so full of rottenness that he emanates

a stench. But his adorable father is lenient and forgives. He understands him. Was his father any better? In the dream he makes him the "musician." His father had a habit of making flatus before the children. The odor of these gases was always pleasant to the patient.

His father was always too strict with his mother, so that he had sympathy for her and would gladly have avenged her.

.

Resistance—dreams: He wants to consult a physician who will treat him organically.

Furthermore:

His father addressed him in the following words: "When will you become sensible and end your treatment with that crazy doctor?" There occur quarrels and scimmages. During the tussel, we fall under the divan. My father also receives a thrashing and mother helps him to escape. After the fight, I say to him: "Listen! To-day I am already 33 years old. It is not right for you to whip me!" I recall that after he was dragged from beneath the divan he was quite crushed and his whole body perspired. Mother said: "Just see how he looks! He is covered with perspiration!" Whereupon I continued: "Every person consists of two parts: an inner and an outer. In me, the outer is fine, good and affectionate. I inherited it from my mother. The inner part is coarse, brutal and wicked; it was inherited from father! Now you know my opinion about you. In my anger I would sometimes like to say to my chief: "You idiot, I will not do it!" Whereupon the maid, who was present, became alarmed and said: "Yes, you will lose your position if you say that!" But mother said: "But he only thought it! He did not actually say it!" My blind sister was present during the entire situation.

The analysis of this dream yields a number of new details. For a long time, he harbored strong ideas of revenge against his father and wished for his death. His father died from a stroke of apoplexy. On the day of his father's funeral, he was unable to cry. He was terribly excited, very near to insanity. He suffered from a feeling of guilt about being the cause of his father's death. Indeed, he had often wished for his father's death. Now he is afraid of retribution. God, who sees and knows everything, will severely punish this patricide. When? Naturally, this very day of the funeral. He had terrible anxiety about not being able to survive the day and also about having to die from a stroke of apoplexy. It was necessary for him to consult a physician, who had diffi-

culty in calming him. He demanded medication for his heart. One could hardly appease him.

Daydreams: He is king of the Jews, and builds tunnels which connect Jerusalem with London. He possesses the largest fleet, and the only effective army. Bolsheviki are everywhere except in Judah. Judah must bring order to the entire world.

As in childhood, he still enjoys stench, has ideas that his feces tears open his anus. Homosexual fantasies during childhood become conscious. His father's penis should tear open his anus.

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On the following day, he brings a dream which throws light upon his coprophilic desires:

I dreamt of soiling my trousers, whereupon I had a pollution. After this evacuation, I had an unusually great sense of gratification. In the dream, I compared this satisfaction to a soda water bottle which explodes and allows the carbon dioxide to bubble up with a rustling sound. I went to the toilet to wipe myself. Whereupon the scrub woman (female attendant) said: "You must remain in the hospital for at least 14 days. At all events, you can feel relieved, because there are much sicker patients in the hospital. And thus, for example, Miss W. lives here with a patient whom every one fears, because he wants to kill them all." I also felt somewhat apprehensive lest he wanted to kill me too. . . .

A representation of his analytic treatment and purification in coprophilic form. Further memories are produced which prove his strong anal sexuality. As a child he suffered terribly from itching in the anus after a bowel movement. His mother always had to wipe him with a moist rag. He felt as if a long feather were there, and irritated him. In his sixth year, games with comrades.

His language betrays his anal character. He always use such phrases as: "Oh, s—t!" He can kiss my a—s," etc.

The anxiety attacks begin at the anus and then migrate to the legs. On seeing a wound, tickling and creepiness in the anus. In the toilet, he rubs his anus seven times, in order to escape the tickling. The idea that after a bowel movement some feces might remain clinging, produces itching.

As his next association comes the fact that, with a full stomach, nausea occurs. Whence there follows a direct stream of thought to coprophagic fantasies. . . . He admits that until rather recently he still devoured various secretions, especially snot.

He was very fond of seeing hens lay eggs. With evacuation of

the bowels, he had the sensation: I am a hen and lay eggs. He envied the cow, because she could be milked.

He often rubbed his father's back when he had pain. His father's skin was so fine that it gave him great pleasure. As a child, he often inserted his finger into his anus, in order to wipe out the stool. Now and then, to this very day, he does similar things.

Great resistance to revelation of his anal-erotic attitudes. Fantasies: If a phallus were to wipe out his anus, the itching would then cease and he would perhaps be well.

In his fantasies, he preoccupies himself a great deal with God, would like to know how God became God, imagines that God is an immeasurably large body upon which prayers rain like gold coins.

As a child and even later, he would urinate into a hole in the ground and then insert his finger into the moistened hole to feel its warmth. Also used urine as a toilet article, in order to improve his complexion.

Often he studied himself before the mirror; boxed his ears, and played the transition from laughing to crying and vice versa.

Even now, at times he bores his fingers through his drawers into his anus, in order to allay the tickling.

As a child, he often threw stones at his stool, believing it was a living object, and wanted to kill it.

On riding, strong erections appear. Riding and cohabitation mean the same to him (fantasies of sodomy).

At night, he cannot tolerate the striking of a clock; it makes him nervous. On urinating, he has a notion that he is allowing blood to flow. (For urination, a Croatian proverb says: "One allows blood to run from the cock.")⁶

On kissing, he bites. During coitus, he screams and crows and behaves like a wild animal.

He saw, and still likes to observe, rats being caught and tortured, drenched with petroleum and set on fire. When the animal squeals he has a pleasurable sensation.

He is irreconcilable and never forgives an insult.

He always used to beat his sister on her bottom. Whereupon, she was often angry, although it would not prevent him from repeating this habit.

He was often unmercifully beaten by his father. He recalls a terrible thrashing when he was only delivered through the inter-

vention of his mother. But soon afterwards he was again laughing and playing with the other boys for money and buttons, and was lucky too. He declares that the beating brought him good luck.

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He only desires large, strong women, with whom he feels assured against his own sadism. He produces a large amount of material which shows his sadism. As a child, he used to re-butch geese and cut off their necks. Until his tenth year he never ate plums without first symbolically sticking them. For him the plum became a goose or a human being. He took a knife and cut off the plum's neck and pressed out its seed. His anxiety about fire can be traced to his incendiary impulses. He harbored the notion that every house must burn down sometime, as every person must die.

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The solution of his impotency is only brought by the next dream:

I move from my home to that of my lady friend, W., whose home is located in a swampy area just outside of the city. In this vicinity, malaria is endemic since it has become an inspection center for hogs. Despite the fact that every one is hurrying away from this locality, since many physicians perished from the disease, I move to it. A woman assigns a room to me, next to my lady friend, O., with whom I am angry. At night, a Miss N. appears and requests that a room be assigned to her. I am very morose and uncomfortable on account of being disturbed by Miss N., but, to my great satisfaction, she is turned away by the lady of the house. I see many people boisterously moving to the city in little carts and growling that they will complain to the proper official. I become reconciled to Miss O. She appears in a chemise which is pretty well perforated. I embrace her. My semen already seems to come. I awaken without a pollution.

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He cannot lead a life of sin! He lives in a swamp (malaria); all wise persons save themselves through marriage. (The people who leave the swampy area in little carts.) His exaggerated anxiety about infections (syphilophobia) is his anxiety about sin. The first-mentioned woman in the dream is a very upright girl who was suddenly talked about. The dream tells him: "In living carelessly, your semen will always flow off first. Leave the swamp and get married!"

Murderous thoughts plainly emerge through the vague dream pictures. He was always afraid of being alone with Olga. In a fit of jealousy, he could have strangled her. The girl, N., disturbs his plans for killing Olga now. The "perforated chemise" is explained by an incident. He once saw the corpse of a murdered woman whose chemise was perforated with holes. He wants to stab Olga in the same manner, and mangle her beautiful, radiant body.

That is his infection, his malaria. His inner self is a malaria swamp, which is now being purified by treatment. He must flee from it if he wants to get well.

Will he marry Miss N., whom the lady of the house, his mother, turns away, to his great satisfaction? His mother offered opposition to his budding inclination for Miss N. She was a poor girl and had no money. The same thing once happened to him with a school-teacher whom he loved hotly, as he tells us afterwards, and whom he did not marry on account of his family, who expected a wealthy match.

It came to light that he was in love several times, with good, middle-class girls, but, through unexplainable timidity, allowed them to slip away. Olga, the care-free and jovial one, to whom clung the aroma of many suitors, was his type. He allowed himself to hate, scorn, and desire her. With her, his jealousy justified murder.

Indeed, he was a passion-murderer. In the same manner that he tore apart hens and tortured animals, he wanted to mangle women (whom he hated and desired) with his penis and torment them to death.

Necrophilic and cannibalistic excitations plainly became conscious to him during his treatment. He realizes that corpses stimulate him sexually. The fantasy of a murder and subsequent defamation of the corpse has repeatedly preoccupied him, but was repressed and only manifested itself in a great interest for all forms of repulsive criminal cases in which rape and indecent assault occurred. He then wondered whether he, too, could commit such a crime, and answered this question in the negative. In this masked form, sexual intercourse with corpses and wounded persons was his favorite topic. As a result of the Russian invasion, many such cases were told from mouth to mouth. He showed special interest in hearing all these gruesome facts to the minutest details.

From fear of his aggressive impulses, he fled into impotency.

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He now has strong erections both day and night. He kissed the wife of his friend without having a pollution. He now realizes that he must change his mode of living. He no longer wants to commit foolish acts. He wants to rehabilitate his life. What shall he do now? He cannot live without sexual gratification.

The patient is advised to get married, because it is just such cases that get well only in marriage. But he can only marry one girl, whom he really loves. He must hunt around and see whether Miss N. is still available, because he had thrown away his chances with the schoolteacher.

Despite my advice to the patient against extra-marital intercourse, he wants to convince himself at home whether the analysis had overcome his inner inhibitions and so he attempts coitus in a brothel. The result is a miserable one. Whereupon I receive a woeful letter. I point out to him that his impotency can only be cured by marriage. His inhibitory ideas of a moral nature are too great. During every intercourse, the pietist within him utters its inner protest.

He promises to stop all extra-marital attempts and to consummate a marriage of love.

Let us make a survey of this case history which, in hardly surpassable clarity, brings the psychogenesis of an impotentia paralytica before our eyes. It concerns a person who ordinarily is a very fine, quiet man who is averse to all excesses and boisterous pleasures and who strives to manifest a higher conception of life through good reading and attendance at theatres. In his official duties, he displays almost painful care and conscientiousness, so that as the most efficient official in his department he is always chosen for the most difficult and responsible work. He always handles the finances and must look after all important financial problems. The first dream already shows us that this conscientiousness represents a compensatory superstructure for a tendency to kleptomania. (Hebbels justly states: "Our virtues are the bastards of our vices.") His severe obsessional neurosis, which till now has not annoyed him socially, can be explained as a reaction and self-protective measure against his criminal impulses. He must examine calculations several times, must return to his

office several times to assure himself that the safe is well locked. Similar compulsive acts are shown in relation to all doors. He strives to barricade his soul against all temptations and criminal tendencies. Before analysis, he succeeded in repressing all these impulses. To be sure, the price he had to pay for this was his parapathy and receipted his criminal sexuality with an *impotentia paralytica*. But we see that his parapathy already represents the onset of his recovery, the moral reaction of his conscience, the beginning of a liberation from the bondage of infantile sexuality and criminality. Of course, a complete cure could only follow after a conscious condemnation and overcoming of these infantile attitudes.

He also made several dashes to liberate himself from his infantile ideals and to overcome hatred with love. He fell in love, wanted to marry a poor girl, and lead a new life. His family opposed his inclination. But he only gave in because his family had an ally within his own bosom. As a child he had been taught that money liberates a Jew from disgraceful bondage and procures the respect of his fellow citizens. In his town there lived several wealthy Jews who were very much respected and mingled in Christian circles, whereas he and his other poor fellow believers had to taste, in succession, the whole disrespect which the Poles, as a rule, held toward the Jews. But he defended himself against the money-complex, which became a symbol for the Judaism within himself. He first started out with the vocation of trader and, after necessary training, became a model official who so distinguished himself, through strict fulfillment of his duties and great intelligence, that he rapidly advanced and held an executive position at a youthful age. His misfortune was the presence of so many office girls with whom his position threw him in contact. With them he could never be potent because his conscience always said: "A real chief would never allow himself such liberties!" Although the other officials made a harem out of the office (I call attention to the dream in which prostitutes were employed as office girls), he wanted to be different from them, wanted to force his sexuality into normal channels through an early marriage. He also wanted to marry Olga, the much-loved girl, but his mother opposed it. Whereupon a regression to

infantile ideals set in. Intercourse with prostitutes was also forbidden to him by his religious and his inner "sexual conscience." In youth, despite his numerous paraphilias, he had the intention of entering marriage "pure," like his father who, as he was aware of, had entered marriage as a "Bocher" (a Jewish expression for a youth who has not indulged in sexual intercourse). Among the orthodox Jews in the East, one will rarely find husbands who did not enter wedlock as a "Bocher." Most of them have only known one woman in their whole life: namely, their own wife. That may also help to explain the proverbially ideal family life of these people, whose sexual ethics represent a superstructure over their Oriental temperament, but, on the other hand, makes their predisposition to parapathy also comprehensible.

Many a reader will have read the analysis of the unconscious and preconscious impulses of this man with horror and dismay, an analysis in which Pandora's box is opened and all terrible vices spring forth. With this opportunity, I would like to emphasize that, in this respect, the various races and nations show absolutely no difference. I have been able to demonstrate the same complexes in Germans, Englishmen, Norwegians, Americans and Italians, in Turks, Jews and Christians. In their inner sexuality, various races differ in no respect. Only the expression of sexuality shows characteristic differences. In other words, each nation reacts differently to their sexual complexes. By way of two examples, we find that the Englishman is more veiled, the Italian more open.

In this case, we also see how infantile sexuality, in a moral individual, must lead to a paralysis of aggressive power. Impotentia paralytica proves to be a self-protective measure of an individual against his asocial tendencies. What is ordinarily written about the dangers of masturbation, coitus interruptus, and sexual excesses proves to be false and cannot stand up against the experiences of analysis. Immoderate masturbation, which is practiced into advanced age, and excesses are already a symptom of parapathy, and in many cases they represent nothing more than a self-protective measure. Excesses are only an attempt to guide criminal and paraphilic impulses into another channel. Masturbation proves to be a protection of

society against the criminal and asocial impulses of an atavistic individual, and fulfills an important social function. If one were to suppress masturbation, the number of sexual crimes would be immeasurably increased. Impotency also represents a social self-protective measure. The individual excludes himself from reproduction so long as he considers himself unworthy and incapable of it. I do not want to speak in favor of a teleological conception of these problems; I merely state the innate relationship of these disorders to the imperatives of civilization. Sadism has always been an enemy of civilization. Thus the subject of paralytic impotency leads us to the most important problems of humanity.

The last case plainly shows us the psychogenesis of *impotentia paralytica*. We see sadists who are afraid of themselves and must paralyze their sexual impulse. We appreciate the terrible punishment which conscience places upon a pleasure whose justification has been forfeited. But we also see that the cases are curable, that only self-knowledge and self-liberation can redeem people from this hell of degradation. And we, moreover, learn that love is a mighty power which can redeem these patients, but may also cause these disorders if it is degraded and disowned. We become acquainted with persons who are controlled by hatred, terrible hatred, which can only be overcome by genuine love.

I have seen the happiest marriages among sadists who had conquered and fettered their sadism with genuine love. They were happy and grateful. Man is always grateful when he can be good. A sadist who loves out of gratitude for being able to love becomes sexually enslaved to a woman. Many patients suffering from paralytic impotency have rescued themselves through love, which, at the same time, made it possible for them to overcome their old attitude of hatred toward womanhood with complete manhood.

The union of hatred with absolute potency creates the sadist, the passion-murderer, the sexual criminal. The amalgamation of hatred and impotency is a curative tendency of the inner self, and, despite suffering and degradation, can attain the paradise of love, if the patient finds a competent leader.

XV

A CASE OF PARALYTIC IMPOTENCE WITH UNUSUAL FAMILY HISTORY

By KARL W. GERSTER, M.D., Giessen

In his book, *Impotence in the Male*, W. Stekel carries on a controversy against the differential diagnostic procedure by which Steiner wishes to differentiate the incurable cases of constitutional impotency from those which are acquired. The latter tells us that they are to be considered inaccessible to analytic therapy if clear-sighted technique does not yield results. Stekel quite justly opposes such differential-diagnostic procedure. He furthermore attacks Steiner for assaulting, without selection, many cases with the dull weapon of the incest-complex.¹ In what follows it will be clear that this weapon was also dull when it was the proper one, as such, although falsely applied.

The case about to be described here rests mainly upon an incest-complex, and yet, though correctly interpreted, did not recover after a previous analysis conducted with that in view. Afterwards I had the good fortune of entering a complete result following eight weeks of treatment despite the fact that, in consequence of an unusually bad family history, the case did not seem to be rich in prospects.

This constantly gives us renewed cause to consider that, from a hereditary taint alone, one ought not to draw conclusions, without anything further, as to the presence of organic inferiority, endocrinopathies, etc. In our serologized era, an offshoot of the one-sided materialism which still prevails, the psychic factors cannot be stressed any too much. Though we are already inclined to consider many cases of parapathy a disorder of the internal secretions, on the other hand, we cannot emphasize enough that not alone the nervous system and mental activity are dependent upon them, but, inversely, also the

psychic disorders can influence the internal secretions to a considerable degree. I hope to publish a case, in the near future, in which a homosexuality acquired at the age of six, with greatest probability, had acted upon later development in such a way that the secondary sexual characteristics became abnormal.

In the constitutional impotencies which, according to Dr. Steiner's classification, were recognized as such, there remains, at most, the possibility of attacking the disorder with organotherapy, medications or Steinach's operations. I believe with Stekel that, among these cases, a number will be found who, despite everything, recede to psychotherapy. In the following case I, too, could have had my doubts about a result on account of the foregoing reasons. But its conclusion taught me better. The case, furthermore, is interesting because I could observe it to a successful end, which unfortunately is a rare opportunity. The patient, who was incapable of every form of decent living, showed many psychopathic traits which seemed to make the prognosis more grave. In a classical description of his own family, which he produced in writing at my request, he expressed so much superior, healthy satire concerning the unhealthy atmosphere which prevailed there that, from this alone, I ventured to offer a more favorable prognosis. The patient was an unusually gifted person who, in part, facilitated the treatment, and in part also made it more difficult because he always tried, if possible, to anticipate the facts revealed from the material of the analysis in order not to be robbed of this knowledge by the physician—also a type of resistance. In what follows, I will allow the patient to speak whenever possible, and will delete what is unessential. Let us allow him to begin with his family history, which he handed to me after the analysis was under way for two weeks.

Paternal side:

CASE 102. *Grandfather*—died young, nervous, hot-tempered, hurled his coachman from a wagon; was gloomy and morose.

Uncle (brother of father)—a hypochondriac. Forty-eight years old; looks very old; single; twice engaged, but broke the engagement himself; considered a sadist; always led a soli-

tary life in the country; formerly lived with his mother, who idolized him. She died recently.

Father—very nervous; anxious; depends upon others; consults five persons before he does anything; before the War had constant twitching of the face, which disappeared during the War; tremors occur with any excitement; no occupation; has absolutely no memory; reads newspapers and then cannot recall their contents. He is henpecked; cannot tolerate contradiction; very sensitive. With sad plays and books, he cries. He is constantly afraid of fire, robbery, bankruptcy, and Bolshevism.

Maternal side:

Grandfather—a woman-chaser; very gifted; impetuous; died young from phlebitis; married for money; made a brilliant match.

Brother of my grandfather—an ardent woman-chaser; also considered a homosexual; hot-tempered; pursued his valet on the street in his underdrawers; attacked an adjutant with a sabre. As an old officer had to resign on account of riding down a non-commissioned officer with whom he was angry; complexion permanently blue.

Uncle (brother of mother)—Homosexual; loves soldiers, especially hussars and sailors; has feminine figure and gait, wide hips; squeaky voice; well-developed beard; no vocation; only goes out from one to two in the afternoon and after 9 o'clock evenings; deeply in debt; a spendthrift; probably a victim of extortionists; lives with his mother who idolized him until her death; suffers from attacks of depression; constantly dissatisfied, undecided, unstable, easily influenced; purchased homes and businesses for his "swains"; associated only with the relatives of these people.

Mother—sleeps until 11:00 A.M., and in the afternoon from 2 until 5 o'clock; rules the house through her tenacity, otherwise unstable and easily influenced; associates with no one; terribly jealous and anxious; only interested in food, doctors, and medicines.

Brothers and sisters:

Brother—only interested in shoes and fine clothes. A spendthrift, gambler, gives beggars 50 and 100 marks;² always in debt; cannot leave a store without ordering something; gives

excessive tips. A disapproving glance from a waiter mortifies him; in better hotels, refuses to know his family, because they do not look fashionable enough; gave away a gold cigarette-case for a piece of cake. Often a victim of fashionable swindlers. For a time kept a valet without being able to afford one; in money-matters, only deals with his father through a lawyer; sexually normal, although always takes yohimbin (probably not potent enough?!); mostly in a depressed mood on account of debts.

Elders sister—Has had at least 17 love affairs with women and girls; constantly annoys them with letters; runs after them; is terribly jealous; cries when no letters arrive and acts wild if a small quarrel occurs; soon afterwards she will no longer answer letters; leaves the party concerned alone and takes up something new; (it is all probably Platonic, however?!) Considers herself very important from an intellectual standpoint.

Sister (the younger one)—constantly has at least 4 young people on the string; in addition, usually a serious affair with an older gentleman; very gifted; paints and draws; recently very nervous; always requires a change; must always be the center of everything; cannot bear the country.

Youngest sister (dead)—already masturbated excessively at 7 years of age and always talked about it; at 8 years fell in love with various officers, about whom she would then write little stories, and to whom she would then write letters without permission; died at the age of 11 from blood-poisoning.

"My last semi-annual treatment consisted of an analytic cure in M. The doctor said I must be sexually fixed to my mother and one of my sisters, which I could not verify. My chief complaint is absolute impotency. For the past two years I no longer have any erections. The treatment just mentioned did not bring about any change in this respect; it consisted solely of an explanation of a stereotyped dream, in which I allowed some one else to perform an irrigation upon me. Now, even this dream has vanished; it no longer plagues me, but I feel very old and useless. Formerly I tried my luck several times with girls, whose disrobement and close contact only caused palpitation of the heart, states of anxiety and perspiration, but no erection. At the present moment I feel asexual; it is indifferent to me what kind of sexuality I receive, only my present condition is unbearable!"

After long silence, the patient is requested to tell me about his early life.

"As a child I suffered a great deal from constipation; for that reason I often received irrigations, which made me very angry. The entire family were concerned about it. Many promises were made to me if I would be obedient and allow them to give me the irrigation, but I considered it a disgrace before my brothers and sisters. I believe I can recall a scene from earliest childhood. I was lying naked upon a swaddling-chest; behind my back was a governess filling a rubber syringe with water and next to her a cook. I believe the exposed position was unpleasant to me. (I doubt the genuineness of this experience.) Later, when these irrigations became more pleasant, in consequence of awakening sexuality, I was on one occasion very sorry that a housemaid, who often had to make the irrigation on me, was discharged. During this procedure, the passive position, in particular, was pleasurable to me. A wish to exhibit myself set in. I can recall that between 12 and 14 years, with occasional illnesses, I surreptitiously sought an irrigation through clever pretexts. From 11 to 17 years, excessive masturbation with fantasies of being irrigated, accompanied by stimulation of the anus until the strongest orgasm set in. At 16, I read about the injuriousness of masturbation and began to suppress it. With abstinence, pollutions occurred as much as three times a week, which was very disquieting to me. I looked through many books until I found that pollutions may also be normal. Then I tried to give up the stimulations of the anus, but it made me very nervous. At 14, I indulged in a performance during masturbation whereby I stood in front of a mirror, in reversed position, and observed my legs and anal region, at the same time stimulating myself. Around 16 and 17, I began to believe that I was a passive homosexual; attempted on three occasions to have dealings with homosexuals, but only experienced a fiasco, because I found no gratification. I was especially attracted to a highly potent homosexual, but only platonically. At 16, I fell excessively in love with a twelve-year-old girl. This romance lasted four years, but was doubtless of a purely erotic nature and not sexually colored. I only spoke to the girl about five times in my whole life. She was blonde and undeveloped; her presence brought me into a sort of ecstasy; I could never speak to her about my admiration; the mere sight of her provoked palpitation and anxiety. At the present moment, I am only interested in boyish-looking girls with small hips and weakly developed breasts. Well-shaped legs, to a certain extent, have an exciting effect. I would feel inferior with a woman who is larger or

broader than myself, and therefore could not have any dealings with her. To interest a girl of 16 years in sexual matters is a delicate affair; younger ones, still more so. Nor can I make advances to older ones, because, as already stated, they are too large.

"Perhaps my disorder is only an attendant symptom of my general anxiousness. Among my brothers and sisters, I was distinctly favored by my mother. She only wanted me to take trips with her, etc., so that everybody noticed it. That was very unpleasant for me. I have very little to report about my father. He is hen-pecked and mentally a nonentity."

On the next occasion, the patient reported that he was somewhat better, but immediately utilizes this opportunity for filling out the time with other complaints.

"In the morning, on awakening, I was suddenly overwhelmed by highly unpleasant thoughts, *e.g.*, I have not properly mastered my lesson for college; I will have a row with the professor; will never pass my examination; Bolshevism is coming and my finances might be ruined. At all events, they are extremely bothersome conditions. Under such circumstances, I require an hour to get up, and, during the day, time often passes in the same manner. I am always in haste and excitement; and the day always passes too quickly for me."

Observe this far-fetched manner of playing before himself the part of a worthless, morbid person.

"I am very easily influenced and allow myself to be persuaded into everything. I have bad luck with my associations because I always fall into the company of psychopaths (naturally, because he always seeks their company). In shopping, I am straightaway at the mercy of a clever salesman, in spite of being angry about it. Everything that I want does not materialize; things only come my way when I do not desire them. The same thing will probably happen with my sexuality. If, for example, I had firmly resolved not to concern myself with it, I would forthwith have an urgent hankering after normal sexuality. In youth, everything was granted to me; it went so far that it probably would have been a pleasure to me not to be able to obtain anything."

His present psychic attitude is built in accordance with the same system. *Things which are attained through the roundabout way of negation offer enhanced pleasure.*

"If, for example, I was invited somewhere, I would decline whenever my relatives desired me to attend. Then if I created difficulties through my refusal, I would have an urgent desire to

accept it again (*force majeure* = *my attitude*. *Even in my simplest every-day acts, I will seek to maintain the passive position of my sexual fantasy*—frankly, a form of larvated psychic masturbation). I exhausted myself through perpetual contradictions and in a struggle with my laziness. And so I would make the most hellish difficulties for myself about my examination. One professor is unsympathetic; another too old and might have an attack of apoplexy before I finish up my work. Then it would have absolutely no value; no one would read it. Why should I take this examination anyway? I am not interested in the subject. It is much too laborious for me. I also have no inclination to work merely for the sake of marks."

After the analysis stood still for several days and after I questioned the patient several times about his mother, whose influence he always tried to belittle, he suddenly began to devote more attention to subjects previously avoided and unravelled the picture of his thoroughly pathological personality.

"My mother gave me preference over all the other children in our family. When I entered the University, I was probably for the first time free from her and alone. At all times she anxiously dogged at my heels, but, above all, had learned how to read everything from my face, which could rouse me to boundless fury. On rainy or foggy days, I could not go outside, and had to remain home from school. She copied the principle of this incredible guardianship from her own mother, who did the same with her son. This fellow was a homosexual. He was always held up to me as a warning, so that as a child I looked upon this trait as something terrible. My paternal grandmother practiced this same abominable deification upon her son. Some time ago, before I left home, a well-marked hatred for my mother had developed within me; this was perhaps only superficial, for now I am again more inclined towards her, *and her death would be an inconceivable loss to me*. The servants at home were amused by the favoritism which was bestowed upon me. No sooner have I left my room in the morning than she will see whether everything is done correctly; what the temperature of my room is; whether the windows have been open too long; whether a hot-water bottle is there, etc. She usually is of a melancholy mood. Often she will sit around the house for hours in an apathetic state; has no lady friends; is also not very intelligent, but, for all that, domineers the entire family. Until I reached 16, she even supervised my bath. Only with effort and through immoderate out-

bursts of anger was I finally able to shake her off. My eldest sister is hysterical, perhaps a Lesbian. At all events, she is only interested in women. My youngest sister is now 16 years old; formerly she hated my mother. Now they get along better. That I would get married was to mother always a thing that was fully undiscussable and far removed from all consideration. *Furthermore, she is aware of my impotency.* My youngest sister is also an unusual person. During her dancing lessons, she collects suitors. And in order to have a lot of them, she constantly changes her dancing schedule.

"Two years ago, I was completely out of sorts; suffered from perspiration, tremors, and pains in all my limbs. The doctors treated me for everything imaginable, Basedow and such like; but not for nervousness. Finally old Professor Erb treated me with bromides and arsenic, but without success. As already stated, my mother's brother was raised just as foolishly as I, was sexually abnormal, and is now insane. *Sometimes I have a notion that if my potency were normal, I might become stupid.* When, with normal sexual excitations, I felt drawn for the first time in my life to a distant relative who visited us, I felt quite absurd and philistine."

With further progress and closer investigation of his relationship to his mother, deeper and deeper insight was gained. The patient, who at the onset felt it necessary to state that his mother had had no influence upon him, spontaneously admitted (whether sincerely or to disguise his previous resistance) his astonishment at the reminiscences referring to this which constantly became more and more obvious.

"The tender favoritism of my mother toward me acquired such grotesque dimensions that the whole town talked about it. However, the physician in X declared that I must undoubtedly have had incestuous excitations for my mother, although with all effort I cannot recall them. At all events, I must admit that I am greatly influenced by her. I hardly know what would happen if she were to die [his repeated reference to the death of his mother very nicely shows his suppressed hatred for her powerful personality]. I recall that it was very unpleasant to me when the servants talked about the favoritism bestowed upon me at home, whence my present uncertainty about dependents probably arises. Only with effort is it possible for me to give an order to a waiter or a servant. Despite everything I harbored a terrible hatred for my uncle, who reproved my mother for the absurd favoritism which

she bestowed upon me. Frankly, I wish the devil would take him. My intellectual relations to mother are absolutely indifferent. She would have preferred, best of all, to see me without a vocation, because work brings destruction and makes one nervous. At most, I ought to travel with her. On trips, she lies around for days, lazy and inactive. After several months of aimless sojourn, she rides, without rhyme or reason, to another locality, only to return home again from her trip just as tired and cheerless as before. I am not supposed to read, because it tires my nerves too much. Her interests are limited to the kitchen, doctors, and medicines. The latter was an idiosyncrasy of her own mother. To this very moment, she still incloses in all her letters to me a slip of paper containing a list of questions relative to my small and smallest requirements, with a request to fill out this questionnaire with the greatest care and return it to her. Every week I receive at least two questionnaires. Thus I am in a position where I have nothing to worry and ruminate over. Hence, perhaps, the aimless dreaming away of my daily life, so that I am in no way faced with the healthy need for some one to take an interest in me. (Here the independent anticipation of analysis comes classically to light. The patient had a seductive and dumbfounding aptitude for rationalizing his parathiac traits. According to his interpretation, the root of his impotency sprang from the maternal guidance mentioned above.) My mother even had a telephone installed between her room and the nursery, so that she could call and control me at any time. Every row in the family always centered around me, and was then, as a rule, let loose upon my father, who was henpecked. Against the efforts of my mother to protect me from work and nervous exhaustion, I succeeded in getting only as far as my last year in college by pretending that I was merely doing first-year work. (A very favorable prognostic sign.) When I later told her that I had passed my final examinations, she began to cry in sympathy for me. Whenever I was sick, she would not leave my bedside and insisted upon sleeping in the same room, which made me terribly excited and even furious! I could not bear it (obvious repression of incest). During convalescence, she babied me in such an absurd manner that she and I were hardly to be tolerated any longer. Whereupon we were both irritated to the last degree.

"After I departed from X, having completed my treatment, I felt relieved. But after I had spent my vacation at home, hell was loose again. And when I bring those times back to memory,

I must admit that I was always better so soon as I was away from home. In mother's opinion, I ought never to seek any company. She asserted that going out with careless friends only leads to overexertion and catching cold.

"My days here are often ill-spent and disgusting. I bum around aimlessly and occasionally make repeated attempts to work, which are unsuccessful, because I require hours of preparation to do anything. Above all, I am diverted by my older friend who lives here; we squander many hours in the streets, shops, and cafés, and I constantly allow him to impose upon me."

As a sign of beginning transference, there now followed a certain amount of resistance. On one occasion the patient missed his appointment. On the succeeding day, he had no excuse to offer, whereupon the analysis came to a complete standstill. Four days later, he had a lame excuse for taking a trip. On the next occasion, he came ten minutes late with the excuse that he had forgotten his watch. There next followed an explanation of the transference, which the patient received with incredulous laughter. For all that, the analysis made rapid progress.

"Formerly I felt best whenever I had a real physical illness, for then I was at least not the center of all interest without reason, and there was cause for concern about me. My interest in my surroundings; my whole mental development and experience in earlier years, especially in youth, were never actually clear, conscious events. It was more like a boundlessly fanciful staggering along in a chaos of perceptions coming from the individual senses, which I was able to melt into a vaguely pleasant feeling. That is how I often felt on trips, *e.g.*, illuminated railroad stations, at night, would stimulate such moods, although they also emerge in bright daylight on the streets of a large city. To-day I am less nervous and, in addition, experience everything more coldly and critically. That is almost irksome to me. I would almost like to exchange it for my dreamlike somnolence, even at the price of my former nervousness."

The following day brought a dream: "I spoke to my friend about something, and, strange to say, the conversation was about my friend having to give me an enema. He showed me a bottle of fluid and said that he made the enema for himself, whereupon I was very dissatisfied, but thought I must not show it."

Concerning this friend (whom I already knew as a psychopath), the patient relates the following:

"He, on his part, had urged me to move to his quarters, surely

with homosexual intentions toward me. I know he is an active homosexual. (This suspicion was already expressed by me at intervals, but was at first declined.) Since knowing, with certainty, that I, too, am somewhat affected that way, I already feel much freer. The dissatisfaction in the dream I would explain by the fact that it angered me to see my friend manage to get along by himself without me. It was surely a homosexual impulse, if I was disappointed."

A request for his associations concerning the bottle of fluid met with stubborn resistance and a thrice-repeated energetic reply: "Nothing." . . . "Yes, now something unusual comes to me; it again refers to the irrigator. At a drug-store, I recently saw in a showcase a box labelled 'Irrigator Tablets.' They were antiseptic tablets for women. With this, I have a vague recollection about an antiseptic fluid in childhood. . . . I now think of a woman's douche syringe with many holes. . . . I once saw such a syringe lying in a bowl on my mother's washstand. . . . As a boy I recall having studied a catalogue with great interest; it contained a picture of a medicine chest beneath whose cover was attached an irrigator. Now it occurs to me that in youth, during masturbation, I used the fantasy of an irrigator-syringe and a woman's douche. I had also procured one of them in order to stimulate my anus. Now I recall a number of such manipulations during masturbation, which probably have no significance. For a similar purpose I used: a glass rod, paper which had been twisted together, a twisted moist towel, a glass flagon filled with Cologne-water, a red rubber ball. I once threw the latter away in a fit of temper, as the whole business became disgusting to me. That often occurred after such acts. We had a small nozzle with a hose to play with; this was also pressed into service. After I gave up the irrigator fantasy during masturbation, I became very nervous, though the fantasy of a normal cohabitation was substituted in its place.

"Whenever I think of my friend, I think of his paraphilia for amusing himself with little boys. It may be true that I am attracted to him in some way, though not consciously. The man is thoroughly obnoxious to me. The thought of a man's body, his skin, odor, etc., is, in general, very repugnant to me. A discussion of my tendencies, in this regard, is perhaps unpleasant to me, because I would not at any price care to be a homosexual." (Compare this with his previous statement: "If I could only feel some form of sexuality within me, it would be indifferent to me what it is.") "If I were one, I would again prefer the old irri-

gator habits." (The patient had already made this statement on two occasions.)

This dream history as well as the associations belonging to it were produced two days after clearing up the transference. We will remember that at the onset the patient ridiculed the transference. Now resistance once more brings it to the fore in an attempt to depreciate and discontinue treatment because his sexuality threatens to become conscious. The physician, representing a friend, approaches the patient with the irrigator. This secret path of escape is clearly pointed out to the patient, an explanation which he now entirely accepts. Furthermore, after the last clarifications, the entire disorder stands out more definitely. In the first place there is revenge against everything feminine: the first individual to whom he had to yield was a woman, his mother; in the second place, as a counterpart to the hatred, an unshakable faithfulness to his powerful mother to whom, despite his doubts, he is more fixed than he would admit to himself; in the third place, the unrealizable love-requisite, to allow himself to be gratified, more bestiarum, by a woman armed with a phallus, is an exquisite guarantee of his faithfulness to his mother. (She is also aware of his impotency.)

"Formerly my erogenous zones were partially confined to the skin of the posterior, superior, inferior thigh and gluteal regions. In front, I never had any feeling. Now my earlier erotogenic zone is also without feeling."

After a thorough discussion of the foregoing material, the analysis rapidly advanced to a considerable degree. The patient, who formerly entertained rather eccentric plans, began to adjust himself to healthier thinking, as his subsequent account shows.

"My notion of becoming a playwright, cherished for the past seven years, has completely vanished. I am ambitious to make a name for myself and, as I now believe, harbored a secret desire to make my mother's preference appear justified. Furthermore, I wanted to accumulate a large income as rapidly as possible. Therefore, I planned to live in solitude in the country and become famous through my writings. It is only now that my eyes are opened to the fact that such work, being purely theoretical and devoid of experience, is nonsense."

Further reminiscences of his youth then appeared:

"In early youth I suffered from sudden anger, tyrannized the family, and *in fury would throw a knife or a pair of scissors at my brothers and sisters*; was very much given to moodiness. A

tempest, heavy rain, an electrical storm and such like, as well as insignificant happenings of the day, the characteristic odor of a butcher shop contrasted with a bakery, called forth peculiar music-like sensations which might increase to states like intoxication. Games, during childhood, were of a thoroughly masculine type—soldier, building ships and the like. I already had contempt for dolls in my seventh year. In my sixteenth year, I bluntly expressed an aversion for everything feminine until a love affair with the little girl occurred. During this period, I was acquainted with a young man who had a love affair with my youngest sister. I was very much satisfied with him. My friend had many love-affairs. I was his 'postillon d'amour.' ”

Here the bisexual anlage of our patient comes plainly into the foreground. Upon urging, he admits that the love-affair mentioned only began after he had met the young man. I recall another patient who would only start an affair simultaneously with his friend. When one broke up an affair, the other would do likewise. And when the patient just referred to seriously fell in love with a girl, his friend avoided him, and developed a severe parapathy. The same situation prevails in the case at hand. And though otherwise very timid with friends, he secured a number of female acquaintances for his friend. He himself reports that, a couple of times, he mustered up enough courage to approach girls on the street for the sake of his friend, although he never would have ventured this for himself. Hence, the value of his friend increases, and it is a sublime exemplification of secret homosexual excitations when, in this manner, he makes a Don Juan out of him.

“I was a great lover of animals. This went so far that I, for example, was positively exposed to mortal anxiety lest dogs on the street might be run over by a wagon or a street car. I have an exaggerated respect for strange dogs even to this very day. In youth, we had a large watch-dog in the yard; perhaps that was the origin of my anxiety. Whenever he broke loose, every one was in a uproar. As a general rule, I am always anxious lest some one assault or attack me from behind.”

The language of the patient betrays more and more plainly the components of his parapathy. Sadistic traits also appear. Now and then he uses such expressions as “bloody ambition” and “bloody villainy.” A few days later he reports:

“I am now considerably improved. My cousin often asks, with a lurking expression, how I am feeling. As you know, I am

absolutely no longer in a mood to participate in his psychopathic loitering. This angers him; he feels that I am better than he. I recall that formerly he sought to teach me that a sensible person must be homosexual. Everything else is nothing. I, too, would surely be converted sometime. Furthermore, I recall that at that time for a short period I felt deeply smitten with a girl who resembled my mother. I never spoke to her. It was also hopeless, because she was very ill. I absolutely cannot recall having any sexual feeling toward my mother; but, on the other hand, she at times appeared in my dreams in relation to the "irrigator habit." My friend of whom I have just spoken never awakened any homosexual feelings, so far as I can remember. He is very effeminate. In that respect, only a thoroughly masculine individual would be suitable anyway."

Despite this rationalization, or just as a result of it, the picture constantly comes more sharply into the foreground. His friend represents the feminine bearer of a phallus. His aversion against the presence of his mother while bathing; the fury over sharing a bedroom with her during his illness, were an excellent protection against the consciousness of incestuous excitations. His mother could only approach him at night in the dream with the irrigator ("pleasure without blame"). After a temporary recession, strong resistance again appeared.

"To-day I am feeling badly. I have a unilateral headache. Last night I had a pollution. After these, even formerly, I would always have a headache. My recently mentioned persecutory anxiety is surely of sexual origin. Whenever I am treated by a psychiatrist, everything is better, although, several weeks later, the anxiety once more appears anyway. I would like to carry out an aggression against a girl, but with things as they are, it would serve no purpose. Formerly, my pollutions were always associated with the irrigator fantasy, in which my mother also participated. My youngest sister also appeared in the pollution dreams, but I do not recall in what relationship." (The reader will recall that a young man became his friend on account of a love-affair with his sister.)

"Since my treatment in X, the pollutions have occurred less frequently and finally disappeared altogether. In the dream, only girls who are unknown to me have appeared; they were usually dressed and nothing more than a fleeting embrace took place."

A day later the resistance became still greater. "I feel miserable. The tremors and feelings of tension in my neck have re-

turned. *I am coming more and more to believe that, through the prolonged habit and upon the basis of organic inferiority, I have lost my sexual aggressiveness. I now actually believe that giving up the "irrigator habit" was a mistake; things should have been left as they were, then I would be better off.*

The resolution of this resistance produced considerable difficulty, until it occurred to me that, several days ago, I had sent a bill to the patient's friend for treatment which had recently been instituted. I assumed that the patient was not only ambitious, but also stingy. It was quite possible that he saw the bill. I ventured to broach the subject to him, whereupon rapid insight followed.

"That is quite possible! Furthermore, on Sunday afternoon my cousin exerted an evil influence upon me. He gave me a brochure to read (Kirchhoff, "Sexuale Anomalien"). From which I concluded that I had an infantilism based upon a deficient puberty gland.

"Then, too, I must tell you that on Saturday, while riding fourth-class, I saw directly next to me, in the crowd, a strong, tanned peasant girl around 18 years old who aroused me so that I had a strong erection. *Whenever there is occasion for sexual desire, that is, when I am in the company of a young girl, I plastically visualize the female genital. I cannot help it, but then all further excitation is tied up and impossible.*"

Several days later, there occurred a new pollution dream:

"I sat on the edge of a bed in a hotel. A young girl appeared to whom I gave 10 marks. She said: 'It is nice of you to give me such a large tip!' She stroked my hair. I seized her by the waist. She lay on the bed with me (with her clothes on); I awoke with a pollution. The striking feature about this is that, for the first time in my life, I felt well after a pollution."

The giving of a large tip allows us to anticipate a favorable outlook, where the mental situation of the patient would soon be such that it would enable him to give away something big (love). In the further course of the analysis, the patient now and then attempted to produce resistance; frequently missed his appointments; and would not appear for days. The deepest root of his parathy, sadism, threatened to break through. At last the patient would not come at all any more. He fled from the final disclosures in the nick of time, and, indeed, so thoroughly that the parathy vanished completely. Several weeks later I received a letter from him, in which he heartily thanked me for all my efforts (a rare occurrence), and, moreover, described his depar-

ture as more or less of a flight. Recently he had made the acquaintanceship of a young woman which he had prudently concealed from me, and said she was his direct opposite: broad, vigorous, rather coarse, formerly a globe-trotter, athlete, a swimmer, and without refinement, etc. She was very much interested in him and soon fell in love. His further, rather drastic, description runs as follows: "The situation was very agreeable to me, because I came into other circles and found opportunity for getting on without my friend. The latter, on hearing about it, went into a terrible tantrum; acted half-crazed; declared that I would ruin him forever if I left him; that he would become insane and such like. I informed him that I would not return next semester and that we must separate. Whereupon he turned upon the young lady under consideration, constantly pursued her and implored her to leave me alone. For hours, he tried to persuade her and, when finally everything was of no avail, resorted to slander in order to make our presence impossible. In a short time, he actually succeeded in making things obnoxious for us, so that we had to change our residence. We then spent several days in a health resort, and I decided, first of all, never to return home again. I believe I can say that your treatment was successful in every respect. I am potent, and in a position to consummate the sexual act under thoroughly normal circumstances. Mentally I am also very greatly improved. The depressions are as well as gone. In my opinion, our relationship is somewhat unusual. I am delighted to know that the girl loves me. I am in a psychic union with her, which I require, but I do not love her. And sexually she is quite indifferent to me. In vitality and physique she is superior to me, so that she might pass for my mother. She also calls me her little child. According to this, there undoubtedly exists a danger that I will succumb to the same dependency upon her as with mother; and that she forms a substitute for mother. In the first place, I would like to know whether I could permanently lose the habit of psychic dependency upon a woman, to which I was addicted for many years in the case of mother? The young woman is now her substitute and perhaps in this way I will not break the habit, but merely increase it still more. In the second place, from my present frame of mind, I would require two women: one who is physically far superior to me, who influences me psychically, with whom I do not have any sexual intercourse at all (mother-imago); and one, physically far inferior to me, a doll, with whom one can

do everything in sexual intercourse (sister-imago). But that is probably an untenable situation anyway.

"Beyond all doubt, my present dependency is immeasurably better for me than that upon my mother, from whom, I believe, a complete liberation has taken place."

After the patient's first successful intercourse, I dared to believe in a complete victory. His friend had played an interesting rôle. Before I began to treat our patient, he came to me with a request for hypnotic therapy on account of persistent insomnia; it was to take place in his home. Through persistent appeals, he succeeded in obtaining his request against my better judgment, and declined an analysis, because on a former occasion it proved to be fruitless. Then, too, he was unable to be hypnotized, though he urgently sought a cure by this method. After I had treated him several evenings with hypnosis and he informed me of his failure to see any results and his inability to sleep during the hypnosis, he brought our patient to me for treatment. The latter informed me, after hypnotherapy on his cousin had been discontinued shortly before that on account of its uselessness, that from that day he continued to sleep excellently. *Thus I was only placed on trial to see how far my powers would reach.* After the hypnosis had obviously turned out to be a failure, without further ado, he could also confide his young friend and cousin in my care with the absolute certainty that my treatment would again prove unsuccessful. Hence the vehement outburst after breaking off their relations. I answered my patient's letter and allayed his various doubts, although I did not fail to point out that it would have been wiser if I and not he had determined the end of the treatment; that he would do well to allow himself to be treated once more for a short time. His reaction was immediately one of defiance. For about a year I received no reply. In defiance of me, the patient managed to get along perfectly with the residuals of his parathy, and, after this long period, he sent me a typical letter, of which many parts ought to be incorporated in a modern text-book on psychopathology. At all events his recovery was associated with it. I will quote the following lines from this letter: "I believe that I have now overcome the chief inhibitions in my nature. Egotism, that process of constantly referring everything to oneself, above all, seems to be most pernicious for a person like myself. Is not despair of the world after all only possible through one's egotism, because this world does not satisfy our thirst for glory, for wealth, etc.? Every under-

taking, every act, and every result is considered from the standpoint of what harm it will bring us, and what benefits will be derived from it. And, after all, must we not recognize that this cannot be determined in advance? Hence, we are absolutely at the mercy of this world, which constantly injures and never does us justice. I believe that a beginning megalomania, that is, an egotism which has become defiant, lies at the bottom of every one of these conditions. To this is added a diseased condition of fantasy. Since egotism must look upon every act and every deed in relation to what kind of dangers they have in store for us, it attains a virtuosity in pessimism, in the anticipation of the impossibility of every act and of a failure of every undertaking, which then leads to inertia. The fear accompanying this 'self-concern' becomes a disease. Whether it is a fear of burglars or murderers, fear of bacilli or public gossip, or whatever the fear may be, we are everlastingly apprehensive about this concept of self. Health, however, is restored the moment we lose this self. This will probably be attained through religion, after many centuries have elapsed. For the present many will have to be satisfied with finding the duties which they owe to the group. A person who is capable of action will be able to act in that moment when he gives up the thought: What will this work bring for me; will it make me wealthy or famous; in short, when he does it for its own sake. A person with agoraphobia will be able to cross a place when he gives up the idea of a self which might become injured; as soon as he no longer recognizes this concept; as soon as he becomes a fatalist or a believer; just as soon as he is indifferent as to how long he will exist upon this earth or whether he will be run over sooner or later, or never! Unfortunately it was impossible for me to come again, nor do I believe it will be necessary."

At all events, this letter is a satisfactory document of how the patient got the better of his psychopathic reactions, or how far he already stands above them.

During the analysis, too, I naturally did not fail to investigate, unaware to him, why his preceding analysis had been unsuccessful. Whereupon the following was ascertained: The patient had declined a transference, no doubt, for a reason which lay in the technique itself. In the first place, he had been questioned at most of the sessions instead of being allowed to produce his thoughts by free association. Under such con-

ditions, of course, the patient has ample opportunity for depriving the physician of a view into the structure of his parapathy. The psychic field of vision in the interrogating physician is quite different from that of the patient, who, partly consciously, partly unconsciously, always tends to color his answers to direct questions. Despite this technical error, the incest complex was properly recognized as the main pillar of his parapathy. But, as happened in this case, it was a mistake to confront the patient with the brutal fact of incest prematurely, and before he himself had adequate insight into the unconscious material. Naturally, he would not accept this explanation and retained the most serious part of his disorder. We may calmly believe him when he declared that he had absolutely no facts to show that he felt drawn toward his mother or sister in an unnatural way, as he made clear to me at the onset. The foregoing analysis shows very nicely how the complex, by degrees, became more and more accessible to consciousness; and, under overwhelming evidence, finally succumbed to rejection and conscious condemnation.

The impotency shows three main roots: 1. An infantile bisexual attitude. 2. A protective measure against the excessive power of the female, who had oppressed him immoderately in youth. 3. Faithfulness toward his mother, with whom he was still united, as it were, by a kind of psychic umbilical cord. For that reason, the impotency had to appear the very moment when, as a young man, he left home to attend the University. In defiance, the parapathy even became cured before the analysis was actually completed, hence, before the deepest roots were uncovered.

A review of the foregoing analysis shows that methods which have stood the test of time, as happens in all branches of medicine, are unfortunately not always used with adequate skepticism, and hence lead to easily understood failures. Many men may possibly be quite right when they maintain that nowadays altogether too much analysis is being done.

XVI

DISORDERS OF ORGASM IN THE MALE

PART I

Strength of orgasm, on the one hand, is individual; and, on the other, different in relation to time. There are persons who groan with sexual pleasure, almost lose consciousness, cry aloud, and writhe with lasciviousness (as every one knows, Napoleon is supposed to have always suffered from an epileptiform attack after orgasm). Others will only report a strong feeling of tickling, a very pleasurable sensation. In between there are all sorts of transitional stages. Orgasm also varies with age and the sexual object placed at one's disposal. It may become enormously strong when a specific love-requisite is fulfilled, or may be so small that it is hardly perceptible. Persons having a sensitive psyche, which also indicates sensitive potency, show an extraordinarily sensitive orgasm. It varies according to one's mood, frame of mind, and excitement.

Often a disorder in the love-life is first manifested by a change in the orgasm. A knowledge of these disorders is of the greatest importance, because it gives us reliable information about inner processes. When, for example, a husband maintains that he loves his wife passionately, but has noticed a diminution in his orgasm, one must assume that his love has slackened; that certain tensions are present on account of the struggle between the sexes, or that he has cast covetous eyes upon another sexual object. We may differentiate the following disorders:

1. The orgasm is no doubt pleasurable, but is followed by unpleasant sensations: pain, paresthesias, fatigue, disgust, anxiety, etc.

2. The orgasm is simultaneously accompanied by pain, which may manifest itself in all possible gradations. Often it is nothing more than a suggestion of pain, but is sometimes so severe that it drowns out the pleasurable feelings and tends to

make the patient renounce coitus because he is afraid of the pains.

3. All feeling of pleasure is absent, but, in its place, is a more or less intense pain. This pain is usually localized in the glans, though it may also radiate to the perineum and display the character of testicular pain.

4. Ejaculation occurs without orgasm. The semen flows off without the characteristic feeling of pleasure. The anticipation of pleasure is followed by marked disappointment.¹

5. After very long coitus (often to an hour) a very weak orgasm is forced.

6. Orgasm occurs without an ejaculation. (Rare, but has already been observed by the author on two occasions.)

7. Despite hours of effort, no orgasm and no ejaculation can be attained. This condition is very tormenting. The patient again and again believes that he is able to produce an orgasm with a couple of frictions. To a certain extent, he stands before the gates of paradise and is denied admission. Often these men exclaim, "Now! Now! Now, it comes!"—but it does not come, and exhausted, they give up all further effort.

The sexual hypochondriacs, several times already mentioned, are a transition to these cases.

With endless frequency, we have opportunity to advise men who complain that, after normal sexual intercourse, they have to suffer all sorts of more or less severe pains. Coitus is consummated with more or less strong orgasm. But already after a brief interval or on the following day pains set in. The pains are diversely localized: now, in the occiput (as if the brain were attacked) or in the legs; mostly, however, in the spinal cord (as if the entire spinal cord had run off). After masturbation such pains, in consequence of autosuggestion, are a daily observation, and many physicians have considered these medical artifacts as objective proof for the injuriousness of masturbation. Then, too, there are physicians who have confidence in the patient's statements, who make no further investigation, who confirm the injuriousness of coitus, and recommend further limitation of sexual pleasure to an already very anxious patient.

Often coitus aggravates symptoms which are already present. A neuralgia becomes worse after every coitus; the gall-bladder pains regularly reoccur after coitus, and myalgias may directly increase beyond endurance after coitus. Toothache is even given as a result of coitus.

The pains which these sexual hypochondriacs experience after coitus are described as unbearable and unusually excruciating. In most cases, a sexual cause is given as the source of these pains. Such causes are ostensibly excesses in venere, coitus interruptus, fellatio, cunnilingus and very often a definite coitus in an uncomfortable position. Coitus in the upright position, in particular, is gladly pronounced the cause of lancinating pains. We are not always dealing with well-marked hypochondriacs. In many cases, the pains after being unmasked, turn out to be an assurance against an impulse to obtain tabooed pleasure, as the next, highly interesting observation proves:

CASE 103. A 52-year-old tradesman, N. D., declares that for the past four months he is suffering from severe pain in the knees, which makes walking intolerable. In addition, he is plagued by pains in the occiput, in the shoulders, and in the back along the entire spinal cord. The disorder arose because he had attempted to cohabit with a woman in the upright position. The attempt was a complete failure. She was very small and the position uncomfortable. To my question if other factors had not prevented the cohabitation, he declared that the woman was not his wife, but a stranger. He had desired her passionately, and for a long time had tried to seduce her. At first she offered protracted resistance, and then there was no opportunity. Finally, they found a dark corner in a hallway. It was indiscretion personified.

Two days later he visits the woman in her home, where they are absolutely undisturbed. Again he is impotent. The same after a second attempt in a hotel, where they spent a whole night. And yet, at home, he is so potent that the mere thought of his wife already releases an erection. Relative to his sexual life, he states that maturity set in rather early; that at 13 he already consummated his first intercourse with a prostitute. He has masturbated since early youth, and indulged in all sorts of "games," by no means harmless, with comrades. At 17 a relative impo-

tency set in. He was not always able to function sexually where or whenever he wanted to, and especially not when diseases were to be feared.

During the early part of marriage, he was absolutely healthy until the children came. Then he began to practice coitus interruptus, which made him very nervous. About four years ago, an unusual condition developed which disappeared entirely and only returned again after the experience alluded to above. Directly after sexual intercourse he usually felt very much relieved and refreshed. Now and then, six or more days later, there appeared excruciating pains, which he attributed to coitus. After a momentary interval of alleviation and refreshment, there arrived a period of great pain about 5 to 6 days later. His legs would become so heavy that he could not move them, his head felt like an iron ball resting between his shoulders; his backache was unbearable and at night awakened him from sleep. On such occasions, he is unable to work, is impatient and ill-humored. This lasts for several days or several weeks. Remissions also occur during which he feels free from all pains and immediately becomes lustful again. But, during the presence of pain, all desire is in abeyance. As a rule, he constantly seeks pleasure and was never faithful to his wife. In addition to her, he always had other women. Faithfulness is only kept while he has the terrible pains. So soon as he feels better, he is the same old reckless fellow again. Already during his first year of married life, he had an affair. After each cohabitation, he felt like a new man, but at night always had to cohabit once again with his wife (his liaisons occurred during the day), "so as not to cut down on his wife."

He has a feeling that he experiences two kinds of cohabitations. With the first, everything proceeds normally, and he feels greatly refreshed. After the second, he feels as if something in his brain had become displaced. We already know what has become displaced. The refreshing acts are those in which he desires his wife. The others are the result of a displacement. He simply craves another woman or another girl. Her image obtrudes itself between him and his wife, and, in his fantasy, his wife becomes the other woman.

Since youth and even now he has been anxious about spinal-cord disease. Indeed, he no longer believes, as he did in youth, that semen flows from the brain during coitus, although he still has a notion that spinal-cord disease comes from "fast living." There-

fore, he has always practiced self-control. He could have cohabited daily, or even several times a day, with his wife, but was afraid it would have an injurious effect upon his nerves. His whole life was a constant struggle against his strong impulses. However, he was firmly convinced that coitus was very injurious and that every sexual act affected his spinal cord.

That his symptoms correspond to an imaginary spinal-cord disease can be easily recognized. For a time, the patient wandered from physician to physician for the purpose of being examined. He was firmly convinced that he was suffering from spinal-cord disease as a result of too much sexual intercourse in younger years.

He only made one appeal: namely, that I might believe him and take his complaints seriously. He has terrible pains. It hurts him to hear physicians say: "Your pains are only imaginary."

This reminder was associated with a demand for another physical examination. He had already had this condition on a previous occasion, and had consulted Professor Freud, who examined him and ordered treatment with the psychrophore. Out in the country, where he lived, such an instrument was unavailable. Whereupon his physician asserted: "I will treat your genitals with electricity; it amounts to the same thing." He received faradization daily. One electrode was placed on the perineum and the other anteriorly over the bladder; then followed electrical massage of the penis. He asked me if I would care to try this method. The effect was so evident that, during the electrization, he had strong erections. And, as the patient felt embarrassed, the physician reassured him by saying: "That happens to be its usual effect."

"If I had not committed the stupidity of cohabiting in the upright position, I would be well to-day. . . ."

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The second session brings several corrections to his first statements. He reports that formerly he felt the pains immediately after coitus. Hardly ten minutes elapsed before a drawing sensation in his legs and occiput would appear; his back and especially his loins were exquisitely painful. But, since the electrization, his condition took a turn for the better. The pain only comes a few days later and always disappears again when he cohabits.

He stresses the organic character of his pains and declares with emphasis: "Of one thing I am certain . . . If I ever get well again, I will be wiser and not commit such foolishness again."

This remark refers to the "coitus in the upright position," but we recognize a resolution to give up all cheating and to remain faithful to his wife.

On the next occasion, he reports that he is unable to sleep all night on account of pain. Last night he awoke at 12 o'clock and could not fall asleep again, so great was the pain in his legs.

"Did you take notice of the dream which awakened you?"

"It was not the dream that awakened me, but the pain. However, I did take notice of the dream."

"Kindly describe it to me."

"Oh, . . . an unimportant dream. It has no meaning."

Whenever patients talk like this, they have good reason to depreciate their dream and to withhold it. "One either has no dreams, or one dreams interestingly," said Nietzsche, and he is right. Therefore, I insist on hearing the dream. The patient said:

"I dreamt that I had a violent quarrel in my office with my representative. I charged him with communicating with the central office without my consent. He is an ambitious fellow and wants to rob me of my position. In excitement, I shouted to him: 'You will not get the better of me!'"

As a matter of fact our patient is on leave of absence and has a younger substitute who has attracted attention in an unpleasant manner. Within the past few weeks, he again and again wondered whether this young fellow had not reckoned on his fine position. He believes that the dream is only an echo of his thoughts during the day. But we know that such dreams do not exist, that events of the day only furnish us with material; that the structures which the dream builds from it represent a dwelling-place for deeper conflicts. This dream shows that, in the patient, two forces are struggling with each other: the young and the old; it is the former which leads him into foolishness, while the latter consults the voice of conscience and would prefer to be an upright husband who remains faithful to his wife under all circumstances. This interpretation at once meets with the lively concurrence of the patient, who declares:

"You may be right. The old and the young are still struggling within me. Whenever I am free from pain, I am as fresh and young as if I were 30 and not 52 years old. Then, too, I at once become sensuous and immediately require a partner. However, I have four daughters and six grandchildren. Then I say to

myself: 'You old ass, you ought to have more sense. What would your children and grandchildren say to all this?' Unfortunately, I was never able to remain faithful to my wife. As I have told you, it already began the first year of our marriage. I repeatedly sought other women. The impulse was stronger than my resolutions, than all the vows which I solemnly swore. At forty, I said to myself, 'Now you must end it!' But it was only a short time before I had another relapse. . . ."

"Now I understand the remark you made yesterday: 'You will become wiser and not commit such foolishness again.' It means that I will be true to my wife and lead a different life."

"For the present, you can only enforce faithfulness by means of the pains. Has it never occurred to you that the pains are a punishment for your unfaithfulness?"

"It has often occurred to me: it serves you right. . . . I wanted to wean myself entirely from intercourse. Unfortunately, I was unsuccessful. If I swore off for three or four weeks, the pains became terrible, and I relieved myself . . . by means of sexual intercourse. Whereupon the pains disappeared, and I again had peace for several days, until, as a result of this intercourse, the pains again made their appearance."

I explained to my intelligent patient that these pains represented a form of protective-system, a rampart which protected him against immoderate passions. But he again talks about the coitus in the upright position, so that I notice the presence of a strong emotion behind this incident and feel obliged to go into it somewhat more closely.

Indeed, I hit upon a whole series of important facts. It concerned the young wife of an acquaintance, one might almost say a friend. It is evident that the inhibitions, of a moral nature, must have been quite extraordinary. And then we learn that the coitus in the upright position was preceded by another which took place in the home of this woman; it occurred *lege artis* and was associated with a strong orgasm. Afterwards no pains set in. Hence the patient found himself in great danger. The woman was younger and handsomer than his wife, and spiritually was better suited to him. They understood each other much better. . . . He quite obviously was in love with her but would not admit it to himself. Tossed on the billows of passion, he sought protection and found it in his pains and relative impotency; for he not only failed in the corridor, during coitus in the upright position, but also on two occasions afterwards in her home. The 'youth' in

him was willing, but 'maturity' refused. Now his only salvation was in the pains, which pre-occupied him all day long and would not permit him to think of his paramour. He also admits that he rarely goes to his wife with a direct desire. Often he has an indefinite longing or a longing for another woman, and then arouses himself with his wife. . . . When he postpones a date with a paramour, he forces himself to cohabit with his wife.

"Do you see, it is always after the postponed appointments that the pains set in? Your moral self rebels against this deception which you commit against your wife."

"That may be true. But why do the pains awaken me at night, so that I cannot sleep?"

"Are you absolutely sure that the pains awaken you? Perhaps a dream, in which another woman is concerned, awakens you."

"That, also, has occurred. Especially with the last-mentioned woman."

"Do you think of the other woman at night when you cannot sleep?"

He hesitates a moment.

"Yes. . . . I think about her. *I force myself to think about something else, and then the pains come, and I can only think about them.*"

"Now you can see for yourself that the pains indicate a warning from the 'old fellow' within you, when the 'young fellow' becomes bold. I almost believe you are in love with this woman. . . ."

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And so he was. He reported that he had heard yesterday that this woman was in Vienna and had looked for him.

He cannot sleep because he thinks about the woman and longs for her. The pain only serves to protect him, to divert his thoughts into other channels. He fears this woman, because he feels that all his desires and emotions belong to her.

"And what am I to do? The woman wants to meet me to-day. . . ."

"If you want to get well, you must make the sacrifice and write her not to expect you. Blame it upon your illness. For otherwise . . . you will sink deeper into the passion and your disorder will get worse."

"I will tell her not to expect me. . . . But can a person be so blind as to imagine pains and to suffer them in order to spare himself other pains, mental pains? What are these pains anyway?"

"The voice of your conscience, your eudæmonium. You are surely familiar with this word from Plato?"

"Certainly. . . . Indeed, to-day I understood its meaning for the first time. . . ."

At the next session, he prefers not to talk about his disorder. He believes that if he would not think about it, he would get along much better. A definite resistance is present against throwing light upon his dark problems. He admits, however, having slept well last night, and that he is much better.

"How is it possible? Yesterday I felt so badly and told you that I could not think of considering myself a man nor conceive of carrying out a coitus. Then I met a female acquaintance and took a walk with her. Much to our amusement, we discovered that we were living in the same house in Vienna without knowing it. On departing, she gave me her hand. Something flashed through me like an electric shock, and I forthwith had an erection. . . . For all that, I slept more soundly than in many months, and I feel much better. . . ."

The patient had won a victory over himself. He admits that, for a moment, the thought of starting something with the woman haunted him. He knows that she is not prudish and is available to a good friend and for a little gift. Her circumstances are not the best, and she must make ends meet in this manner. However, he withstood the temptation and returned home alone, thought about his absent wife, and wrote her a passionate love letter.

To-day's improvement can be traced to this moral act. His system of assurances became dissolved, because this meeting had convinced him that he could still withstand temptation. On the whole, his mood is one of elation.

As a new factor for understanding his last adventure, during which he was impotent, came to light the fact that his wife was aware of his interest in the woman. Some one had underhandedly informed her about it, and she told him that the affair would not be tolerated. . . . And so he had one more inhibition: namely, the knowledge and request of his wife. But his wife is a thoroughly good woman, an angel, an ideal wife, and he would not hurt her at any price. His wife is really very passionate, but, since she knows that coitus is injurious for him, she persuades him to hold himself in check and to be economical. He again describes his symptoms following coitus. Immediately on ejaculating semen,

he feels how strength is leaving his legs, as if the semen flowed out from his legs.

The patient reports a very unusual manifestation. During the periods of pain, the penis retracts and becomes small. But as soon as the pains have vanished, the organ is large and full.

This phenomenon occurs, because, during the pain-free intervals, he is always sexually excited and goes around with a semi-erect membrum. One very frequently runs across this increased turgor in persons who are pansexual, and who constantly pre-occupy themselves with sexual fantasies. Often the fore-pleasure of this semi-erection of the penis replaces the end-pleasure of the whole act. Among impotent men, in particular, one not infrequently finds individuals having a semi-erection from which they draw so much pleasure that the orgasm of the end-pleasure becomes superfluous.

To-day the patient wants to take a trip home. He is required in business and was urgently requested to return. To be sure, he had promised to remain four weeks in Vienna, but circumstances had changed. As a result of this, he was unable to sleep half the night. But finally he admits having thought about the woman in question and that a coitus in an adjoining room had aroused him so much that he was unable to sleep. He had also thought over the treatment he was receiving from me. He hoped that recovery would follow. Now comes a long list of physicians who had only diddled him out of his money without producing results. I point out that he is now mistrusting me; that he is directing his resistance against further elucidation of his disorder. To-day he cannot conceive how such terrible pains could arise mentally. He admits all this, but clings to his motivation; he must by all means go home.

Suddenly his behavior becomes clear to me. The woman whom he loves must have departed for his home town. He becomes embarrassed and verifies this assumption. Yesterday he discovered that the woman was on her way.

"But you told me your wife arrived in Vienna several days ago?"

"Yes. . . . She will remain here."

"Do you see! The thought must have occurred to you. Now you can cohabit uninterruptedly with the other woman; your wife will not bother you."

"Fleetingly this thought came to me, because the husband of my

lady friend is also going on a trip, and we would be absolutely undisturbed."

"Quite obviously it gives you no peace! You want to possess this woman. You want to prove yourself a man. You do not want her to consider you an impotent man. . . ."

This he also confirms and requests a remedy for his pains. Whether he ought not to take steam baths? Or electric baths? (A few minutes ago, he declared that all these procedures had been useless!) As soon as I point out that he must finally conclude peace with himself and once and for all renounce the loved woman if he wants to lose his pains, since his conscience cannot bear this moral strain, his misfortune and his entire love break through.

"I cannot! I cannot! Every day I swore never to pass her window again. I must. It is stronger than my otherwise so strong will. I swear to myself: 'To-day you will not go to see her.' I swear it upon the life of my wife and children! But I must go anyway and am then tortured by bitter remorse. I am a weak person!"

"You love this woman!"

"Yes, I love her! I love her and feel that I cannot live without her. I will probably go home, though I have already promised the contrary to you. Only one thing can prevent me. . . ."

"Your pains."

"Yes, my pains. Whenever I have those pains, I forget everything."

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The patient discontinued his treatment. The last days of treatment passed without pains. My explanation was that the pains represented his bad conscience, and that he could spare himself the bad conscience if he decided to mend his life and declare himself "old." I am convinced that there are still important concatenations to be uncovered. But most important, probably, is that the pains, on the one hand, are the result of his abstinence; on the other hand, the effect of moral inhibitions; and that my advice to have frequent sexual intercourse in matrimonio had the best results, because months afterwards the patient reported to me that he had almost entirely lost the pains and felt like a new-born person. "I am once more a young man," he wrote, "but with the experiences of an old man."

In this case, we very plainly see how an apparent "*I cannot*" is motivated by an inner "*I will not*." We observe the expression of a struggle between two forces (with especial plainness in his dreams). Both forces fight for control over his body and soul. The "inner negation" expresses itself in the pains, which enforce virtue, and naturally are not agreeable to his other ego.

I call attention, moreover, to a very similar case which I have already published (*Conditions of Nervous Anxiety*. Case 46.) It concerns an elderly gentleman (64 years old) who deceives his wife, and after each coitus suffers from pains in the legs. In consequence of enlightenment, the pains, as well as intractable vertigo (by many "specialists" diagnosed as arteriosclerotic vertigo), disappear entirely. However, two years later, excessive weakness in the legs already appeared, which also proved to be a protective measure. After three sessions the hysterical paresis vanished completely. But orgasm after coitus remains absent. Ejaculation occurs without orgasm.

Among men, absence of orgasm at the end of coitus is not a rare symptom. It represents a peculiar form of impotence. To women, such men appear very potent although they look upon themselves as impotent. I know men with whom women come to orgasm six or seven times, while they themselves cannot even attain an ejaculation. This situation is not to be confounded with a similar one in which a man can voluntarily postpone the orgasm by diverting his attention and thinking about other things. If he again directs his thoughts to the woman whom he possesses, ejaculation and orgasm will then appear. Men who are impotent in relation to orgasm are greatly prized by women and are considered sexual athletes.² To the men, however, the condition is a very miserable one. They exert great effort, become bathed in perspiration, are completely exhausted, and finally force an ejaculation which is associated with a very weak indication of an orgasm or complete absence of the same. In these types, however, an unpleasant feeling sometimes occurs in place of an orgasm, yes, even more or less intense pain.

It is very characteristic for these men to consider themselves

impotent. They have no confidence in their potency, because it also happens that an erection does not occur and coitus is impossible. Or, after several movements, *ejaculatio præcox* sets in, which may also take place without any orgasm. Indeed, fluctuation between *ejaculatio præcox* and *ejaculatio retardata et sine voluptate* is really the rule, so that these men are now impotent, now semi-potent, now apparently very potent.

In all these cases, we are dealing with complicated mental processes. They partly represent protective measures against the domination of sexuality, partly a sexual aim which is concealed from the man and which he cannot find in the sexual object just possessed by him. Thus a man who has very cruel sexual instincts (beating, strangling, stabbing, the sexual partner) will be able to maintain a normal coitus of very long duration without being able to attain the onset of orgasm. Orgasm will only appear when he produces the specific, sexually existing situation in a mild, or unglossed, form. Then orgasm rapidly occurs. Often these men tell us that they were able to obtain an orgasm with this or that woman. Here a specific love-requisite happened to be fulfilled. Homosexuals very frequently mention such experiences. Among these patients, we also find very many who are not conscious of their strong homosexuality. The diagnosis is then very easily determined from the anamnesis or from their dreams, even though these men do not want to admit their homosexuality and usually assert that they have a deep aversion to homosexual acts. However, we already know that disgust is only a negatively stressed desire, a rampart against the craving. Strong aversion toward homosexuality, in particular, makes us suspect that its bearers suffer from repressed homosexuality. When a man who suffers from ejaculation without orgasm says: "I cannot listen to such things, for then vomiting at once occurs,"—we can safely infer the presence of an important homosexual component.

Here I would like to describe several cases of deficient orgasm, which, in addition, display other noteworthy aspects.

CASE 104. F. C., a physician, 38 years old, married for 11 years, complains that he never experiences an orgasm with coitus.

Only once in his life has he ever felt an orgasm. That was in his twenty-fourth year with a very fast woman. *However, she had boasted that she could now do anything she wanted with him; that he would probably marry her. As a result of this, he broke with her and avoided her society.*

His anamnesis is very interesting. He was the son of a very wealthy man of pleasure. His father always kept several women, with whom he would appear in public. His mother was very unhappy. *For that reason, he had decided to be different from his father.*

In these investigations, we have repeatedly stressed the phenomenon of differentiation. Daughters of prostitutes may become excessively moral women or girls who have absolutely no desire to get married. Thus, I am acquainted with a girl whose mother is very fast. Every one thought the care-free girl would be like her mother. But, instead of that, a striving for purity and a higher conception of life developed within her, which constituted her endless conflict, so that she became severely parapathiac. Our patient had already made this decision in early youth. He was sickly and, at eight, had to spend a whole year in bed. At that time, a great change took place in his character, and he decided to become a noble, upright person if he were to get well. *It was a contract with God in which he sacrificed his sexuality for the sake of health.* He soon recovered his health and displayed pathological diligence and ambition. He wanted to repress his sexuality entirely by means of diligence; to substitute ambition for his sexual impulse, a transformation which he carried out successfully.

He wished to uphold, at all costs, the vow of eternal chastity which he had sworn to God during his illness!

The significance of prolonged illness in the production of parapathies has not as yet been properly evaluated. One frequently observes a change of character subsequent to diseases; it often becomes radically transformed into the opposite. The misery, long days during which one can meditate and the proximity of death quite easily induce a patient to swear something in the event of recovery. A cure is then considered a grace of God; the illness, a sign of fate. This was so in our case. . . .

His diligence would not allow sexual thoughts to appear. At fourteen, however, he had an unusual experience. He fell in love with a classmate, who was a strikingly handsome boy. He maintained a true friendship with him and was jealous whenever another boy approached him. After a time, he had dreams in which

he lay next to the boy in bed and touched him from behind with his phallus. Whereupon he perceived an unexpected feeling of pleasure, and an orgasm which he never again experienced in later years. This incident quite plainly shows us the homosexual origin of his sexual disorder. His heterosexuality is not at all strongly developed.

At 18 his father spoke to him and wondered why he had never sought the society of women. He gave him lots of money for this purpose, but the patient always bought books with it. . . . His father then sent him to the family physician, who advised him to seek the company of women. The boy asserted that he was afraid of infection. Whereupon the doctor replied: "There is no such thing as infections. 'Clap' is a joke, and syphilis is very rare and nowadays very easy to cure." Thereupon he went to a brothel, where he exerted himself for a time with a prostitute. She said to him: "It is already over. You are finished." He had absolutely felt no orgasm and wondered what pleasure people could find in such "swinishness." After several attempts, he finally attained an ejaculation, and then returned to the brothel again because the family physician felt that it was necessary for his health. Not long afterwards, he acquired gonorrhœa, which was cured in several weeks, but caused him to have a disgust for women and a fear of infections. Since that time he always uses a condom.

And then he entered high school, where he stood at the head of his class on account of his enormous diligence and great talent. Every week he visited a prostitute, because it had been recommended to him, and consummated a pleasureless coitus, which often lasted for an enormously long time. Paraphilic practices were just as unsuccessful in producing orgasm as the normal act. After receiving his doctor's degree, he had several adventures with demimondes. Among these demimondes who attended the clinic and were the mistresses of many physicians was one with whom he experienced a complete orgasm, the first and only time in his life. He abandoned her, ostensibly because she made the remark mentioned above; in reality, however, because he fled from sexuality and its dangers. It was as though a voice had said: "Avoid women, or you will be like your father."

He returned to his home town and soon held a big position. He devoted himself entirely to scientific and sociological pursuits and had no time left for women. However, he began to love the wife of his best friend and said to himself that, with this woman,

he could experience pleasure and be happy. That is a characteristic sign of parathiacs who flee from love. They seek out objects who will not become dangerous; persons of high position whom they adore at a distance; or women who already belong to some one else. Hence, unattainable ideals, so that they can deceive themselves and say: "I would have married her, *if*." In reality, they would have fled from these women in the same way as from all other sexual objects. It is clear to those who are familiar with my works that actually he only loved his friend, and that the love for his friend's wife was a mask of his homosexuality.

His friend advised him to marry a fashionable girl with good connections. Although he did not love this girl, he obeyed his friend and proposed to her. During the first few years, his marriage was nothing more than genuine friendship. They had both agreed to live together as brother and sister. However, he suffered from all sorts of anxiety conditions. He soon studied my book: *Conditions of Nervous Anxiety*, and discovered that there was not a single phobia or symptom of anxiety-parapathy which he had not suffered from. Then he decided to indulge in coitus regularly and gave his wife my book to read. She asserted: "If it is necessary for your health, I will not refuse you."

He soon consummated the defloration and practiced regular sexual intercourse. But he could never attain an orgasm and the ejaculation was apt to be unpleasant to him. His wife, however, soon acquired a taste for her marital duties and often requested him to cohabit with her. . . . Meanwhile, great mental differences between his wife and him became perceptible. He only lived in and for his social work. His wife considered it absurd for him to sacrifice money and time for common good and for others, and wanted him to save more for himself. And so there was constant friction. Inasmuch as his wife was very overbearing, it was never possible for them to reach a friendly agreement.

Meanwhile, there awakened in him a demand for satisfactory sexual gratification. He mingled, socially, a great deal with women, and began to lay aside his shyness with them, although he always timidly avoided enticing opportunities for erotic escapades. And if he happened to slip, he was certain of failure. Thus, to his embarrassment, it turned out that he was impotent with a beautiful woman, so that now he had to be afraid of fiascos and would not have dealings with any woman. Attempts with prostitutes, which he undertook on his trips, usually ended with coitus sine voluptate.

Finally, he found a girl with whom he fell in love. While his wife ridiculed and displayed very slight respect for him, this girl adored him passionately. In the analysis, the roots of his anti-sexual instincts came to light. In his process of development, the patient remained anchored to homosexuality, and the prelude for turning away from womanhood was given. But his antipathy toward homosexuality was much stronger than toward women. Now a number of inhibited heterosexual forces could be liberated. He separated voluntarily from his wife, whom he had married without love upon the advice of his friend, and lived in free-love with the girl. Orgasm was immediately present with the first coitus and remained preserved.

There happen to be persons whose mental life is organized with unusual fineness. Such individuals cannot love upon a command nor obtain pleasure with every woman. With them all mental and physical requisites must be at hand in order to make copulation possible. They are very sensitive toward women in relation to their feeling of personality. They cannot tolerate an overbearing woman and tremble for their sorely pressed ego.

In this patient, we see a definite attitude of hostility toward womanhood. He did not want to submit to women, nor become a slave to them, like his father. He did not want to allow women to pull him out of his customary mode of living. As a youth, he already planned to keep women from being triumphant over him. Therefore, he fled from the woman who boasted that she could do whatever she wanted to with him. He wanted to be a Samson who saved himself from Delilah in the nick of time. For that purpose, he used religion, untiring diligence, and his impotency. *He must not perceive pleasure if he did not want to become submissive.* The overbearing attitude of his wife undermined the foundations of his marriage and made reconciliation impossible. The unpretentious girl, who adored him like a god, was able to avoid the most dangerous abyss, the struggle between the sexes, and, in that way, cured his impotency.

We must bear in mind that all parapathiacs suffer from excessive hatred, which they desire to convert into love. Hence, their eternal longing for love, which, in part, verifies their in-

capability to love. With them, under the influence of tension differences of a psychic nature, love can be converted into hatred much more easily. Long before hatred breaks through, however, a deficiency of love may be betrayed by an absence of potency, an absence of orgasm, or other disorders of the sexual act. Just as dyspareunia in women is really an admission, and, despite all protests to the contrary, can simply be translated: "I do not love this man"; in the same way, absence of orgasm is a reliable symptom of impaired love, even when the men loudly maintain the opposite. They simply deceive themselves. We have already learned how difficult, at times, it is to detect such self-deception and to uncover the true state of affairs.

CASE 105. Mr. T. Z., a 42-year-old man, complains of pain during coitus. Within recent years, an unpleasant condition has developed. Formerly, at the height of orgasm, he perceived such an intense feeling of pleasure that consciousness was almost lost. Now, however, an intense pain instead of orgasm appears with ejaculation. He describes the pain as follows: "It is like a stabbing pain which extends from the sacrum to the penis. The pain is so severe that I must retract the membrum and would like best of all to scream. Something like a cold chill passes through my entire body. It is extremely unpleasant. Just think, I am anticipating the greatest pleasure; my entire body is focused upon this pleasure, but, instead of that, comes a nasty pain."

He has been married for 16 years; it was a marriage of love. He adores his wife and ascribes all virtues to her. I inquire about the onset of his disorder and learn that it has already existed for two years; that it is also combined with temporary periods of impotency. The patient attributes this impotency to a fear of the pains, which is logically founded and highly probable. We must, however, assume that his love for his wife has vanished. It is quite possible that he has fallen in love with another woman; that he only forces himself to cohabit with his wife. By degrees a matrimonial tragedy, of which dozens occur daily, is disclosed. Whereupon we learn that love-marriages are not necessarily an assurance against unhappy marriage. On the contrary, it is well known that they may be transformed into the worst forms of marriage when the transition from deification of the partner to simple human nature (the period of deprivation of divine attri-

butes) does not occur by degrees, but suddenly, with great disappointment. In this case, a disappointment was justified, because, unfortunately, he discovered that his wife was not a virgin. In tears, she informed him that, as a girl of 14 years, her guardian had cohabited with her. She was quite innocent and had no realization of what he wanted of her. He took her into his bed and at first played with her; this lasted for several weeks. Then, however, sexual intercourse took place, and he deflowered her under great pain. Being very much ashamed of herself and greatly in love with her guardian, she told no one about it. Several months later she heard in the confessional that it was a great sin and fled from the house of her guardian. Owing to the death of the guardian's wife, she was supposed to manage his household.

This confession of his wife, who was a good, sweet, and chaste creature, agitated him violently. He felt, however, that his wife could not help it. In the meantime, the guardian had died, so that the patient could not call the man to account for his deed. He became reconciled to his fate, although a certain amount of bitterness remained anyway; and, for many years, he had an obsession that he must always think about the scene between the guardian and his wife. Meanwhile, however, other differences came between him and his wife. He was very fond of serious music. During the honeymoon, his wife also shared this fondness, but now she is beginning to be bored by Wagnerian opera and always wants to attend operettas. During *Tristan*, she fell asleep. Then, too, she only reads trash and novels of the worst quality, while the best is none too good for him. An abyss began to yawn between them more and more. To-day she is spiritually quite estranged from him. In other respects, too, she did not share the same interests with him. During the honeymoon, they indulged in many sports. Now she has become fat and comfortable. And, for him, fat persons have always been an abomination. ("They smell of perspiration, and I can't bear that!") Furthermore, his wife has an uncontrollable appetite; devours twice as much as he, and always eats farinaceous food, which a physician had forbidden her to eat.

Now his sexual disorder might be explained. It turns out, however, that his pathological change is determined still more deeply. For he tells us that he moved to another bedroom to escape his wife's odor of perspiration. During this period, he cohabited with a servant girl and experienced a normal, quite strong orgasm. His wife, however, found out about it. Terrible

scenes occurred at home. He gave his word of honor to remain absolutely faithful to her.

"That was not so easy," he continues, "because our bedrooms are separate."

"Does your wife sleep alone?"

"No, my daughter sleeps with her."

"How old is your daughter?"

"Now . . . fourteen. . . . No, what am I talking about, sixteen years." (I at once notice that there must be some association here with the experience of his wife, who was 14 years old when she was deflowered by her guardian.)

"Does your wife come to you or do you go to her?"

"The idea of such a thing, doctor! Surely, I would not make my wife get out of a warm bed at night! (A choice rationalization.) I always go to her . . . and just at this time rather frequently, because I had hoped to lose the pain. I had a terrible urge to go to my wife, though I never found any gratification."

"Aren't you ashamed in front of your daughter?"

"Oh, she is young and sleeps so soundly that absolutely nothing is heard."

This man had absolutely no presentiment of his domination by incestuous fantasies; his "terrible" urge arose from a desire for quite a different person than his wife.

Several days later his wife called upon me. Her object in coming was to beg me to dissuade her husband from carrying out his nocturnal expeditions as long as her daughter lay next to her. She would gladly go to her husband every day. However, she lacks courage to oppose him, because he is terribly irascible and tyrannizes over the entire household. Every one is afraid of him. At the beginning of marriage, she was in love with him, but his tyrannical nature has killed it. He will not tolerate opposition. From a sort of childish defiance, she then ceased to be interested in everything that was dear to her husband. Many times she had contemplated divorce, but the children had prevented her from pursuing this course. Her husband is coarse, violent, scolds her in front of the servants, beats the children, gives her little money, and repeatedly upbraids her for not having been a virgin. Indeed, within recent years, he suddenly believed that his second son was not his own, and treated the child with terrible injustice. However, everything else was far more tolerable than this regular, nocturnal annoyance, during which he behaves so unruly that he surely awakens the child. . . .

"Is the girl well-developed?"

"I should say so. At 14 she was already a mature woman, like myself . . . exactly like myself. At 13, I was already 'unwell,' and at 14 was so full-bosomed that all the men followed me on the street. . . ."

"Have you observed that your husband pays altogether too much attention to your daughter?"

"Yes, indeed! At meal times, he occasionally looks at her in a way that makes my flesh creep. Then he began to drink. On one occasion he was intoxicated and insisted upon having the child on his lap; he squeezed her most disgracefully."

The patient tells me when the pain during coitus first appeared. One day the memory of his wife's experience before marriage came to him with particular vividness. He became angry and at first wanted to beat her. Instead, however, he became greatly aroused and cohabited with her. On that occasion, his 14-year-old daughter lay next to her mother. Whereupon, he had his first pain during coitus. Further analysis reveals that he had pre-conscious incest fantasies in relation to his daughter. As quick as lightning, the thought once flashed through his mind: *The only punishment for your wife would be to do what the guardian did. She deprived you of virginity; she must now make amends to you with her child.* This thought was repressed with all his might, so that he was soon unaware that it drove him to his daughter. He was unable to explain the pain. The pain, however, arose because he constantly cohabited with incestuous fantasies, and the reality announced itself as pain. He admits that his wife has a large vagina; that he always longed for a tight one. The image of his daughter pervaded his entire being and, besides, made him severely parathiac. Thinking about his wife's episode with the guardian was only a reflected image of his own conflict, which had almost made an alcoholic of him.³

The child was placed in a pension. The urge to go to his wife at night vanished forthwith, and he was absolutely impotent with her. His obsession also vanished very shortly. I only saw the patient several times. He lived quite far from Vienna and could only visit me at long intervals. Afterwards

I found out that his wife had left him on account of an affair with another woman. I have described the case in such detail because it shows us drastically the origin of a paradoxical sensation of pleasure which turns into pain. This disorder is much more frequent in women than in men. I have described it in, "*Frigidity in Woman*," in Chapter VIII, "The Will to Unpleasure."

The next case, in many respects, is without equal. We will become acquainted with a patient who allowed himself to be treated for six years, on account of an absence of orgasm, by a physician who belongs to the best in his specialty. This example will teach us the power of transference and counter-transference.

CASE 106. Mr. Victor—as we will call him—a 30-year-old lawyer, complains of impotency. Until seven years ago, he was highly potent. Then he acquired gonorrhœa, which was followed by various complications. When he again visited a prostitute, after recovery from his disease, he noticed that impotency had set in, and immediately consulted a physician once more. Finally he came under the care of the famous and very eminent neurologist, Dr. X., who treated him unsuccessfully for six years, so that the patient became tired of life and wanted to kill himself. He no longer considers marriage.

As a child, he was sexually enlightened rather early, and began to masturbate prematurely. At 19, masturbation was given up, and he was immediately able to cohabit without hesitation. Until the infection with gonorrhœa occurred, he never had to complain about his potency. On the contrary, he could prolong coitus for a long time and sometimes was fatigued before orgasm arrived.

He is very skeptical about treatment, because Dr. X. had tried all the remedies in existence. He was massaged, electrized, and took all sorts of medications. But he made no improvement. These assertions were made in the presence of a friend whom he frankly trusted and from whom he kept no secrets.

First, he would like to write me a comprehensive letter. It is impossible to talk about all the details of his treatment, which had robbed him of many years of life.

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On the succeeding day I received the following remarkable letter, which I will render in very abbreviated form.

"My dear Doctor:

"Before I place myself under your care, I must give you a faithful report of Dr. X.'s treatment. Then you will understand why I accept the promises of physicians with such little confidence. Pardon my poor German. I am a Slavonian and do not entirely have command over your beautiful language.

"In April, 1908, I consulted Dr. X. in W.; he was recommended to me as a first-class neurologist and an authority, because I suffered from sexual neurasthenia. Dr. X. immediately gave the matter especial attention; examined me very carefully, and inquired, in particular, from what girl I had acquired my gonorrhœa; whether I had exerted special effort to reach the girl; furthermore, how long the infection lasted, and whether its treatment was associated with great pain. Dr. X. also inquired whether I had sexual disorders before the gonorrhœa, and whether the symptoms set in with the onset of the gonorrhœa. He examined my urine, and notified me on the third day that he could promise a *definite result*. Nor must I fail to mention that Dr. X. was indignant when I told him that I had already been under medical treatment for several (5) months without any signs of improvement. Mrs. Y., a sister of Dr. X., asked him how it were possible for me to show no recovery despite several months of treatment. She was informed by Dr. X. that I had been *improperly treated*, and that he was the only physician in Vienna who could cure me, with the remark, 'The other Viennese physicians would never have made him well.'

"With these expectations, I submitted to Dr. X.'s treatment. At first he electrized my hand; after a week, the upper part of my body (arms, chest, and back). Each treatment lasted 15 minutes and was followed by a blood-pressure determination. After 14 days, Dr. X. asserted that I was already markedly improved, which he also reported to Mrs. Y. Four weeks later, I informed Mr. Y., with whom I associated intimately, at that time, that I still felt no improvement, whereupon he became indignant and replied: 'Uncle said that you were already much better.' At that time—the latter part of May—I was near the end of my judicial practice and had firm intentions of taking office as a recorder of minutes in the country. For that reason I asked Dr. X. how long the treatment would still last. Dr. X. replied: 'At most two months and then you will be well.' He made daily blood-pressure

examinations and frequently assured me that the treatment was making progress. By the end of July, when, according to the prognosis of Dr. X., I ought to be well, though I was still as impotent as in April, Dr. X. went on a vacation, while I took a trip on leave of absence to my home. The doctor informed me that he would return to Vienna by the middle of August, and that I would then very soon recover. He gave me further instructions, which must be strictly observed (abstinence from beer, wine, coffee, etc.). I remained at home from the beginning of August until the middle of August, at which time, in the hottest summer heat, I travelled from the country to Vienna against the wishes of my father, who laughed at me for allowing myself to be tormented with electricity for so long.

"At the beginning of September, I resumed my electrical treatment. Although Dr. X. had previously electrized only my hands and upper part of my body, he now electrized my thighs and feet. Thus, week after week elapsed without any improvement in my condition. At that time, I developed an inclination toward a girl and thought of marrying her. But since I was not certain, by reason of my illness, whether I ought to get married, I asked Dr. X. what he thought about the matter. He declared that he had no misgivings about it. 'When I say you will be cured, you will be cured.' This claim was asserted during the middle of September. At the beginning of November various nervous symptoms set in (anxiety, frequent micturition, pains), which I described to Dr. X. He constantly reassured me, stating that they were only of a transitory nature, that in a few weeks I would be entirely well, at most, my condition could only last a couple of months. He could make this prognosis with absolute certitude, since he possesses great experience in sexual matters and has cured several such cases; one patient is already a happy husband and possesses a healthy child. But in order to get well real soon I ought to come to his office twice a day. With the supposition that more frequent electric treatment would lead sooner to the goal, I visited Dr. X. twice a day. Beginning in January, a marked change set in. I wanted to obtain the office of a recorder of the minutes in the country. I informed Dr. X. that, before long, at latest middle of May, I was going to the country and requested him to cure me by that time. Dr. X. promised solemnly that I would be entirely cured, at the latest, by the middle of March (1909). In this connection, I call attention to the fact that, in September, 1908, Dr. X. had promised a complete

cure, at latest, by the end of December, 1908. Again I visited Dr. X. twice a day, and was again given electrical treatment twice a day with the strongest currents. There was no trace of improvement, unless one would call symptoms, like anxiety conditions, especially *fatigue, absence of thoughts, and absent-mindedness during work, ill-humor, depression, confusion, etc.*, a result. Nearly every day I reported new symptoms to Dr. X., who always assured me, again and again, that I would recover entirely and that everything would end satisfactorily. But one thing I can now say with absolute certainty, to wit, that all the symptoms which I had during the electric treatment were previously absent. So the middle of May approached. At that time, I had a definite feeling that I would never be cured by Dr. X.'s treatment, and repeatedly said to myself that a treatment which is the proper one ought to attain its goal after 1½ years of application, at all events, ought to show some improvement. My opinion, in that respect, was strengthened through various circumstances.

"By the middle of May, I had made a firm resolution to end my treatment, but then Dr. X. came one day and said he would *hypnotize* me.

"May, June, July, passed, and Dr. X. had still not begun with hypnosis. He always said that I was much too impatient and mentally excited to begin a hypnosis. Inasmuch as I suffered from severe *depression* that time, I also began to visit Dr. X. *every night*. In order to remove my depression, he applied *electricity to my abdomen*. Since, at that time (for 10 months), I held no position and had to live on ready money—Dr. X. was informed of all this—I had firm intentions of leaving Vienna for the country, but then allowed myself to be restrained from keeping my firm intentions through his persistent promises of a cure. Again and again Dr. X. assured me that, in a few weeks I would be well, that I would have been cured long ago if my material circumstances were better, and I had had greater peace of mind. But, despite the electric treatments, my condition remained unchanged. The depression continued. Not only at business, but on other occasions, I was tired, absent-minded, *low-spirited, moody, and melancholy to a high degree*.

"During the middle of July, 1909, Dr. X. went on his vacation, and returned to Vienna early in August. I again submitted to his treatment; was again electrized with the strongest currents; and each day had my blood-pressure taken. Once more, I received

daily assurances of an early recovery. I was already in despair—small wonder, after one has received electrotherapy several times a day for $1\frac{1}{2}$ years. In the middle of October, 1909, Dr. X. began with hypnosis. It would work wonders. He began to close my eyes; to stroke eyes, forehead, cheeks, arms, and chest. During hypnosis he spoke words of comfort to me: 'You will surely get well! I can positively assure you of this on the basis of my previous experience! Take my word for it, you will get well, etc.' I did not fall asleep and heard everything Dr. X. said to me. At that time, I visited Dr. X. three times a day: in the morning at 8 o'clock, at noon, and in the evening. I frequently told Dr. X. that, during hypnosis, one ought to sleep, whereupon he would always say that he would put me to sleep all right. Dr. X. always complained to his relatives about my impatience by saying that I would have recovered long ago if I had been more composed. And so, by degrees, December 1 (1909) arrived. My patience came to an end. Then, too, I was very busily engaged in the country with a lawyer and wanted to depart by the early part of December, of which intention I advised Dr. X. He was very indignant at this; walked to and fro in his office like a madman, and cursed blood and murder over my great impatience. 'When I say you will be cured, you will be cured.' At most, it would take until Easter (1910). Through these assurances, I was persuaded to return again.

"Dr. X. continued with hypnosis. I would not fall asleep. So by degrees, February arrived. Father died in the middle of that month. And when I complained to Dr. X. (Easter, 1910), that I was still no better, though he had promised an early recovery, he blamed *the excitement associated with my father's death*, for this failure, then, too, my great impatience, lack of confidence in him, and my bad material circumstances. However, he declared that by Whitsuntide, 1910, I would be absolutely well. 'You are pursuing the best course for recovery.' Dr. X. hypnotized me again and again twice a day—at noon from $\frac{3}{4}$ to one hour, sometimes $1\frac{1}{4}$ hours, at night, 1 to 2 hours. In the morning and afternoon, the upper part of my body was treated with electricity; at night, my abdomen. I would not fall asleep, nor would I have much rest; merely closed my eyes and listened to the assurances and comforting words of Dr. X. Then came something new. He gave me 2 tablets of luminal, which were intended to produce marked quietude and thus enhance the success of hypnosis. Still no results. Whitsuntide, that charming feast day, arrived,

but not my recovery. Dr. X., however, declared that I was on the right track and 'recovery was near at hand.' The nearer summer approached, the less I would fall asleep.

"Then, for 14 days, he gave me large doses of bromide, although sleep could not be induced. And one day Dr. X. came and said that he knew of a remedy which would promptly induce sleep. He brought veronal, a drug whose disastrous effects I unfortunately discovered too late. This was at the beginning of July. Every day around 8 o'clock in the evening I came to Dr. X. In his waiting-room was a glass of water and 2 powders. I had to take these before the hypnosis. Whereupon I stepped into the office and was amiably received by Dr. X. He first electrized my abdomen and then stroked me with his hands until I feel asleep. I remained in this state until around midnight. Whereupon I departed, tired and weary. Every day I complained to him of unusual fatigue. This made him very angry and he cried: 'What do you want anyway? I sacrifice my evenings and entire time for you. Is that your gratitude?' This hocus-pocus was continued until the latter part of July, 1910. Dr. X. again went to the country. At that time I was absolutely incapable of doing work. Dr. X. comforted me with the remark that he would only treat me during September and October, 1910, and then I would be entirely well (potent), and would remain so into advanced age.

He then recommended reading for diversion, the works of Stifter, Grillparzer, Halbe, etc., and prescribed *tincture of valerian*, and, after wishing me a pleasant summer, departed.

"At the beginning of September, I returned to Vienna and was received most cordially by Dr. X. He had studied my case, and the entire literature on the subject very carefully; often *meditated whole nights on my case*, and was now quite certain what would lead me to the desired goal. He began anew hypnosis and electrotherapy; once more prescribed veronal powder and pills. I again fell asleep and snoozed until 12 to 1 o'clock at night. It was late in October, and I was just as ill now as at the commencement of his treatment. Beginning November, 1910, Dr. X. declared that he would now stop giving the veronal powders for several days, and consoled me with the words, 'You might get well in a few days, and need only have patience.' He brought me Goethe's poems and Darwin's works, allowed me to read in his office for an hour and dismissed me with the remark: 'You are distinctly better.' He examined my blood-pressure and declared that he could guarantee a complete recovery not later than the end of

February, 1911. This prognosis was made the early part of January, 1911, and made me laugh. He again resumed hypnosis without veronal. I would not, however, go to sleep, and despite constant electrotherapy, felt no improvement. The middle of February approached. I informed Dr. X. that, on March 1, 1911, I had to leave Vienna and would discontinue treatment on that date. I expressed my doubts about ending my treatment on March 1st, a well man. Dr. X., however, assured me that, at most, it was only a matter of a couple of days.

"Finally, I slept for several days and, *on two occasions also perceived a sexual stimulus on awakening.* This occurred toward the end of February. At the beginning of March and the whole time until the middle of March, I again could not fall asleep and no longer felt any sexual stimulus. My physician declared that the only reason I did not get well was because I had no composure, otherwise I would have departed in the middle of March absolutely well. I ought to devote my next vacation to hypnotherapy. He gave me several important instructions. At night, in particular, I must secure profound rest, which presupposes an awakening of the libido sexualis. And so in the middle of March, 1911, I departed for N., remained there until October, 1912, and returned to Vienna, where I submitted to hypnotherapy under Dr. X. He again hypnotized me without producing sleep. *Toward the middle of November, 1912, I felt a pleasant feeling in my body, which Dr. X., in the course of days, increased through his stroking.* (The sexual organs, however, were not drawn into sympathy.) Already with the appearance of the pleasant feeling, Dr. X. declared that, in a few days, I would be entirely well; that all the other physicians had not helped me, because, unlike him, they had not penetrated into the nature of my disorder. *Although I perceived a well-marked sense of well-being over my entire body, absolutely nothing stirred in my sexual organs.* In the middle of December, I had to travel. Upon my departure, Dr. X. declared that, after the examination, I ought to return to Vienna for 14 days; this period would be sufficient to restore my health. I arrived at N. and wrote Dr. X. that for the present I would take a position. Dr. X. replied that I ought to postpone the rest of the treatment for a while. 'Try to awaken intense feelings of pleasure and *do not consult any other physician.*' At the beginning of July, 1913, I returned to Vienna, whereupon Dr. X. resumed hypnotherapy. Through massage and stroking, I again felt *very pleasurable sensations* over my entire body, although

the sexual organs were not affected sympathetically. *During the treatments, I felt very excited and nervous. He always told me that he had meditated on my case a great deal and was convinced that it was curable.* After hypnosis, he gave me his hand and assured me that he would guide me to the desired goal. Whenever I visited my physician, I had a distinct sense of well-being. But when I was away from him, I was extremely restless and nervous, suffered from insomnia; had no appetite, and longed to talk with him, etc. So Dr. X. treated me for several more months. During his treatment, I suffered from great restlessness and inattention, so that my friends noticed how nervous I was. At night, especially, I perspired terribly; suffered from anorexia, and anxiety states. There was no sign of potency. I had absolutely no desire for women. Dr. X. declared again and again, with tragic monotony, that he would surely guide me to the proper goal. My condition became worse and worse. My whole body trembled. The nervousness was positively intolerable. Then, too, I suffered from insomnia, for which Dr. X. prescribed adalin. After consultation with an internist, Dr. X. began with injections of cacodylin. The injections were to 'crown' my recovery. Then, too, he prescribed sperminum Pöhl and arsenic.

"I constantly became more nervous and excitable. My entire thoughts centered around my treatment, and my entire day was spent in trotting to and from Dr. X.'s office and sleeping there. In the morning, I awakened with palpitation of the heart and rushed off to Dr. X.'s. In the afternoon, I would receive my first hypnosis, and often remained there for 3 hours. At night, it was long after midnight before I left the physician's house in a dazed condition and deprived of my senses. It was a craving like alcohol or morphine. I realized that Dr. X.'s treatment was absurd, but was unable to tear myself away. I always came to him full of longing and departed unsatisfied.

"It was as if I expected something unique, though it never appeared. I constantly became more restless, more and more useless for the activities of life, and withdrew more and more from the society of women and girls.

"I became irresolute and lost all energy. If I had not confided my difficulties to a friend, who was indignant over all I told him, I also would not have come to you [Stekel]. He brought me to you, and I hope your skill will be successful in giving me life once more.

"It is now March, 1914. My treatment has lasted almost six

whole years. And I feel a certain dependency upon Dr. X. If he were to call me to-day and definitely assure recovery within a few weeks, I would then have to go to him again. I am in his power and cannot defend myself against it.

"You are my only salvation! Help me to regain my health once more and to construct my new life."

So much for the history of Victor's illness. Despite all abbreviations, I have quoted it at considerable length on account of its unusual instructiveness, and because it shows the various phenomena of transference and homosexual attitude with unusual clarity.

First of all, I would like to point out, in justice to Dr. X., who is really a good neurologist with excellent clinical training, that he did not treat this patient so long on account of material interests. He allowed the patient to pay him a small fee on only a single occasion, and then refused to take anything further, saying that he could only accept money when the patient was cured. We analysts know how dangerous this principle is. The patients then have no motive to get well. Their defiance and feeling of superiority becomes challenged. Whereupon a contest between the patient and his physician ensues in which the latter must yield, for he is absolutely at the mercy of the patient. If a patient does not want to get well, he simply will not. In the last chapters of this work, we will return to these inner tensions between patient and physician. One must never allow one's self to be placed at the mercy of a parathiac in this manner.

Dr. X. treated the patient for the sake of love! In this instance, it is not merely a phrase for a gratuitous treatment. It is the truth. Without knowing it, he was homosexually in love with this patient. In the same manner, Victor transferred his entire love to Dr. X. Under these circumstances, he would never have attained a heterosexual inclination, and we believe that, through this "excessive therapy," Victor became fixed upon Dr. X. All this stroking and massage, these hypnoses, these hours of lying in the physician's office, must have brought the patient into a state of enormous, emotional tension, into a state of libidinous expectation, where a homosexual act would

have been a relief. This act did not occur because both parties were unconscious of their homosexuality. The "crowning" of his recovery through the "injections," occurred with injections of arsenic instead of semen, which was only taken in the form of sperminum Pöhl. They were a symbolic substitute for the absence of the real act. I have my good reasons for assuming that, during the veronal states of sleep, no acts took place. It would have undoubtedly brought an improvement in his condition, even though Victor, perhaps, would have been thrust into the path of homosexuality forever. Thus it only went as far as fore-pleasure, which manifested itself in an agreeable complacency. The skin, as an erogenous zone, was so long stimulated that it finally produced pleasurable sensations and the genital zone, which would have treacherously unmasked the nature of the treatment, was put out of circuit, at least in the beginning, because later, as we will hear presently, it was quite different. It is interesting how Dr. X's love was manifested. He was afraid of losing his patient, who each day robbed him of several hours of consultation time. He constantly thought about him. To be sure, not about his lover, for he lacked courage to admit this to himself, but about the interesting case.

In the first place, however, I was interested in the variety of impotency which afflicted our patient. Whereupon I discovered the astonishing fact that it was not a question of impotency in the usual sense. *The patient only complained about a complete absence of libido.* In discussing homosexuality, we have already stressed the importance of gonorrhœa in the origin of homosexuality, because heterosexual activity becomes ruined by anxiety and aversion. Here, also, a loss of heterosexual libido only set in after an attack of gonorrhœa. And yet this case in particular will teach us how many forces work together to create a symptom.

After the gonorrhœa, as came to light, Victor tried several acts with prostitutes. *His erection was faultless—but, despite all effort, an orgasm absolutely failed to occur.*

Hence, we were dealing with a case of absent orgasm, which so frequently occurs when the sexual object at hand and the secret sexual aim do not cover each other. Women considered

him potent. A servant girl, with whom he had made several attempts, could not be grateful enough to him for his extraordinary potency. Hence, he was only impotent in relation to detumescence. The contrectation impulse (Moll) was fully at hand. To be sure, with the progress of his treatment, the attempts at sexual intercourse also ceased, and his libido dissipated itself in pollutions and occasional masturbatory acts. During the last two years of treatment, he once more resorted to masturbation, for otherwise he was afraid of becoming insane. Here we again have proof that masturbation must replace the adequate sexual act and, for that reason, is valued more highly than coitus.

The treatment brings still another factor to light. During hypnosis, he had strong erections, which Dr. X. considered a very favorable sign. "You must first become aroused here; then it will also go all right with women!"⁴ Whether other acts took place during the periods of sleep, I could never determine, because, for obvious reasons, I could not inquire about it. As already stated, I believe this could be sooner answered by "no" than "yes."

A short explanation of the homosexual forces in question had a very beneficial effect upon the patient; also the request not to attempt coitus, which such patients always feel obliged to make. Then, too, the interdiction also has a more beneficial effect in other ways than recommending coitus, because then coitus is looked upon as a triumph over the physician.

The patient then came to me one day in triumph and reported that he had disobeyed my order, although everything went famously. The brief analysis brought surprise after surprise. In the first place, it turned out that since his impotency, he roomed with a woman whom he had once loved as a girl. How did he meet her?

"On one occasion she met me on the street and told me that she was married, that I ought to come and live in her house."

"And you immediately accepted her proposal?"

"Yes. . . ." frankly admitted. "Formerly I desired her very much, but she was not to be conquered. I hoped to regain what I had missed."

"Were you ever affectionate to her?"

“ . . . (after a pause) No. But on one occasion I kissed her and discovered that she had a foul breath.”

“Did she challenge you in any way?”

“More than plainly. Her conduct had but one meaning! She hoped that I would become her paramour. Upon closer consideration, I had absolutely no liking for her. She was a “slut” as one says in Vienna. At home she is never decently dressed and runs around in dirty blouses. I cannot stand that. I must always see a woman dressed neatly if I am to desire her.”

He depreciates this person in every conceivable manner. He finds her slovenly and detects a foul breath in order to protect himself against temptation. Analysis shows that he is inwardly very pious and never in a position to conquer a married woman. Hence, we have discovered a very important factor for his impotency. He admits that at the beginning of his treatment by Dr. X. he still had frequent pollutions in which his landlady was the object. Also his disgust for dirt is not genuine and proves to be a strong sexual stimulus. A little remark by Victor would indicate that his mother went about the house very carelessly attired; and that his mother is also a factor in the psychogenesis of his impotency. In fact, he loved his mother more than any one else in the world, and he always spent the intervals, during which he was not treated by Dr. X., with his mother. Of ten children, he is his mother's favorite. And, while his other brothers enjoyed great liberties, his mother always kept a watchful eye upon him. He was fourteen years old when he wanted to form an attachment with a servant girl. His mother soon became aware of it and made a terrible scene.

Later on, his mother made him swear never to cohabit with a girl before marriage.

His mother lived in the country and exacted this oath before he entered high school in the city. He could take this oath with confidence, for he was full of ideals and had also decided to remain chaste. At that time he was very pious. Later he lost his piety, and had no scruples about a false oath. It was only after he had acquired a severe attack of gonorrhœa that he considered it a punishment from God for his perjury. Hence,

prior to marriage, a strong inhibition occurred which erected a great barrier between him and womanhood.

He loves his mother more than he has ever loved any woman. Then, too, he admits having lascivious ideas in youth, as well as incestuous dreams which made him feel very unhappy on awakening.

Homosexual experiences in youth are also not wanting. One of them went far beyond the customary acts of mutual masturbation.

In the analysis it was most important to wean him from Dr. X., and from the hypnoses, to dissolve the rapidly occurring transference, which made detachment from Dr. X. possible. After four weeks, I was able to discharge him, to be sure, with instructions not to try any dangerous experiments. The oath to his mother banished him to marriage. He surprised me, however, with the information that orgasm, during coitus, had already returned, that he had made an attempt against my permission. A short time afterwards, he fell in love with a wealthy girl and became engaged; married her after a brief engagement; became a potent husband and to-day is already the father of several children.

Analogous to the psychogenesis of dyspareunia, an oath or a vow which prevents the onset of orgasm or even causes a severe loss of sexual power, is frequently found to be an etiological factor in psychic impotence. In most instances they were oaths which one had sworn to one's self and which seemed less deeply impressed. However, I am also acquainted with cases where an oath sworn upon the life of a dear relative, a vow in church, or a promise at a death bed played a rôle. Very often disorders of orgasm are associated with such vows and oaths, which apparently were forgotten, but nevertheless maintain their inhibitory power in the unconscious. At the moment of highest pleasure, a note of warning emerges from the very soul: "You must not have any feeling." In the next chapter, we will see how the patients can attain this "non-perceptiveness" through diversion. Then, too, they may think of another sexual object in the unconscious; of another form of gratification, and, through the past and fantasy, deprive the present and reality of its value.

An example from my experience will illustrate the nature of this disorder very clearly.

CASE 107. Mr. T. W., 39 years old, complains of an absence of orgasm for the past several months. Heretofore his potency was always faultless. His sexual craving was always very great, so that his wife alone was never sufficient. In addition to her, he always had several other women, notwithstanding his claim of being in love with her and very happily married. Three months ago, for the first time, he was unable to secure an orgasm. And though he tried for an hour to attain one, he only perspired and had slight dizziness and palpitation, so that he had to stop. This first absence of orgasm occurred with a girl whom he had picked up on the street. To be sure, she was not a typical prostitute, but nevertheless he had his doubts and was afraid of infection. The absence of orgasm was attributed to this circumstance. Orgasm, however, was also absent with his wife. And since this first occasion, he feels bewitched. "Has the devil possessed me or am I sick? I can no longer experience any pleasure."

I first inquire whether the image of a certain woman is not before his eyes. But he answers in the negative. He only loves his wife. As unusual as it may sound, he is faithful to his wife despite his unfaithfulness. With her, he still experiences his greatest pleasure. Nevertheless, he is untrue to her. He was accustomed to indulge in daily coitus with his wife in order to stave off unfaithfulness. That, however, did not prevent him from following every pretty girl and every voluptuous woman with his eyes; from eventually attaching himself to her.

"Does your wife know about your unfaithfulness?"

"She would swear to my faithfulness. She never suspected anything except on a single occasion."

"How was that?"

"My wife has a striking trait. She is telepathic, and could always feel when I was untrue to her. When I came home, she would tell me that at a definite hour she felt badly—a pain as if a dagger were plunged into her heart. She called them her heart attacks. However, they always occurred during the hour that I was untrue to her, although she never had an inkling that I could have broken faith with her, because we cohabited every night, and she knew from her lady friends that this was an unusual accomplishment.

Only on one occasion things turned out differently from usual.

I had just been with a young, fiery Englishwoman, a student at the academy of music. Quite obviously she had also attended the academy of love, for I had never before experienced such fire and artfulness. I was also potent. It was perhaps the hottest hour of love in my life. When I arrived home I found my wife in bed. She had had a severer heart attack than ever before and for the first time asked me doubtfully: "Where have you been so long?" As usual I pretended business affairs. But then she noticed something peculiar about my kiss and smelt my clothes. "You have such a peculiar odor about you to-day. Where have you been? Why the perfume?" I replied that I had washed my hands in a café, and the soap was very fragrant. My wife looked into my face and requested me to swear upon the life of our children that I had always been faithful to her. What could I do? I had to swear falsely, although I shrunk from it. I realized that my wife would never survive my unfaithfulness, and my matrimonial happiness would vanish. And so I swore to everything she desired."

Now it was clear to me that the thought of the false oath—especially upon the life of his children whom he loved above all else—was the cause of his disorder. It arose in the following manner: In the background of his consciousness lurked the thought that he had sworn falsely and that God would punish him. As an atonement, he was ready to give up his escapades and constructed for himself a disposition to a "junctim": As long as you remain faithful to your wife, your children will not die! This "junctim" always hovered before him. But he could not keep his resolutions. He was too weak. Whereupon, his conscience arrived and upheld his virtue by withdrawing the pleasure-premium of sexuality, an orgasm.

Recovery took place in such a way that at first he had an ejaculation without orgasm; then, soon afterwards, orgasm came rather timidly; but in the course of several months, it returned to its former strength. He had to give up his unfaithfulness, because he was unable to secure an orgasm outside of wedlock.

XVII

DISORDERS OF ORGASM

PART II

Analysis of a Case of Impotency

If I have represented the psychogenesis of impotency somewhat schematically, then it occurred for didactic purposes. It is impossible to unfold the entire parapathiac symptomatology in every analysis. Then, too, the parapathies, as a rule, are so constructed that they completely break down when their main points of support are removed.

For that reason one must not yield to the deception that analysis is child's play, and that a mental case can be cured by rule of thumb. All parapathies are constructed in several dimensions. For that reason so many truths and hypotheses, on the nature of the parapathies, emanate from various investigators. From a structure of several dimensions, each person fetches out an average, and at once believes that he is in possession of the whole truth. One investigator only sees sexuality; another, only the *will-to-power*; a third, only a feeling of insufficiency; a fourth, a deficiency in the perception of reality. Only when all these truths are taken together, the picture of a parapathy is yielded.

A single case, in itself, proves absolutely nothing. A summary of many experiences only will allow us to draw a middle line from which an average picture of the parapathiac may be derived.

Experience plainly shows us that in every parapathy a number of motives mingle to confuse the picture, to collide with each other, and, as opposites, are able to exist near and against each other. The parapathy may be compared to an edifice which has been erected by the parapathiac from the most varied building materials. After loosening several bricks, the entire structure often collapses. Usually, however, considerable work is

necessary to clear away the edifice, which is well constructed and protected against destruction.

The analysis of a case of impotency may be playfully easy. But, on the other hand, it may also confront us with thoroughly insurmountable difficulties.

The next observation will give us a clear picture of these difficulties. Then, too, it shows us a wealth of determinations which confuse the beginner and make belief difficult for the skeptic.

CASE 108. Mr. I. O., 37 years old, a merchant, complains of being absolutely impotent. No erections have occurred for the past two years. His six years of marriage were happy and he loves his wife above everything. His entire sexual desire has vanished. The last erection occurred two years ago. And then it suddenly appeared to be cut off. He denies paraphilic inclinations and masturbation, furthermore, believes that his impotency rests upon an organic basis and is the result of a rupture of the spermatic vein. Pollutions and morning erections have also been absent for two years. He agrees to my suggestion of attacking his disorder with analysis.

This case is instructive in many respects. In the first place, it shows us the unreliability of communications imparted at the first session and, in the second place, teaches us the power of definite, "unconscious" erotic attitudes. The patient tells us his life history, and wants us to believe that he has absolutely no recollection of his youth. At 16, he received enlightenment about sex, and, at that time, consummated his first coitus with a prostitute. His potency was quite good. In youth, there were no unusual experiences. To our astonishment, however, we learn that he has already been married, and that he divorced his first wife. She was fast and extravagant, spent all his money on clothes, and finally he had no other recourse than divorce. Six years later, during which he was abstinent, he fell in love with his second wife, who in all respects is just the opposite of the first one. She is sweet and modest, simple, saving and virtuous, a model wife. Hence, he feels doubly miserable for being a victim of impotence at such a young age.

We hear that he was abstinent for 6 years. That is always unusual in a healthy, vigorous person who is devoted to sports, who was always able to live well, and who had no worries. We must assume that this abstinence has relationship to his first wife,

so soon it becomes probable that his inclination for her is still present and presumably is the cause of his impotency.

"You were abstinent for 6 years? Why? For what reasons?"

"Because I feared my wife would have me trailed and use this unfaithfulness against me."

"I do not understand that. I thought you were divorced?"

"Not yet divorced. My wife left me and started divorce proceedings. It was always rejected. I would not agree to a divorce."

"At first you represented the situation quite differently. You must make matters more comprehensible to me. Why did it come to a divorce? Were you also impotent with your first wife?"

"No! I was very potent. During the early years of my marriage, I cohabited every day. I knew and observed that I could gratify my wife. My mother-in-law stirred up things against me and induced my wife to separate. One fine day she left me and, at court, gave as her reason for divorce, 'insurmountable aversion.' However, I could prove that, after her departure, she went to a hotel with me on several occasions, which she was unable to deny. She asserted, however, that she did it out of sympathy because she felt sorry for me and because I had implored her so much. The judge, however, dismissed the complaint. Now she might have had me watched and be able to prove that I was untrue. Whereupon, the marriage would have been severed through my fault. That is why I lived in abstinence for six years."

This seems to be a very threadbare reason, because every man, in the end, will find means to carry out coitus without being watched. Moreover, he is a travelling man, and the possibility of being watched was made immeasurably difficult.

We must assume that *he only had desire for his first wife* and therefore had no interest in possessing another.

We continue to investigate the matter of his divorce.

"How was a divorce finally obtained?"

"I was informed that my wife behaved scandalously in Marienbad, where she was taking the cure. She had several admirers and attracted attention. That came to my ears. Whereupon, I agreed to a divorce. Mother said to me: 'Such a beast is unsuitable for you!' My mother was always opposed to this marriage! I fell in love as a very young chap and married rather early. And so I let her go."

"When did you see her last?"

He becomes perplexed. Finally he admits that he still has

opportunity to see her in the temple, for he attends the same temple as his "ex-wife." Since the temple is quite some distance from her home, I inquire why he does not avoid her. He replies that this would attract attention, because he has attended the temple since childhood. He thus rationalizes this fact, but I bear in mind that he seeks an opportunity to see the woman. Several days ago he was in a café. While there, he felt that she was sitting at one of the tables. He gazed in that direction for a long time. But it was not she. He often discovers her on the street, but soon notices his error. He constantly finds striking resemblances, which indicates that he is always thinking about her.

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I will leave out a good bit of the difficult analysis and will only give the results of several weeks of work, which meant training to the truth. He denies ever having any dreams. And then it turns out that he dreams almost every night about his first wife (Anna). During the day, he is always in a sort of dream state, of which he can give no account. In this dream state, he pictures Anna in his mind. His second wife absolutely has no stimulating effect upon him. He is a foot-fetishist. Pretty legs, which are covered with fine open-work silk stockings; a dainty, elegant shoe, and a handsome, well-formed little foot stimulate him. His present wife, a business woman, has swollen feet (edema) from standing, dresses very simply and scorns all the "buffoonery" of fashionable ladies. He, however, is stimulated by the elegant and the paraphilic.

He corrects many of his former statements. He had concealed from me the fact that he had practiced fellatio with women since his sixteenth year, ostensibly because he was afraid of infection. In his first marriage matters were not confined to coitus alone. There were all manner of paraphilias. Then, too, he performed cunnilingus while his wife caressed him with her hand. (His present wife declines all deviation from the normal.) The first one was always refinedly clad and stimulated him. Then, too, the circumstance that she was coquettish and very attractive to men also aroused him extraordinarily.

Now he tells about the intimacies of his second marriage. He married his wife for "sensible reasons," and talked himself into a love which was absolutely non-existent. She had a prosperous business, which he took over. He felt, however, that he was cheated in the marriage, because his brother-in-law, who sold out his own wife's share (the sister of patient's wife) for cash, had

received too much. And so he had another reason to be angry with his wife.

He was only able to consummate a single coitus with orgasm. Since that one occasion, which accomplished defloration, orgasm has been absent. He could cohabit for hours without coming to an orgasm.

This is a phenomenon which we can often observe. The first sign of a love-disorder in a man is an absence of orgasm or a diminution of orgasm. Every orgasm is either enhanced or reduced by a psychic component. Men even perceive less strongly when they are angry with their wives, although they do not realize it. There also seems to be a "language of love without words." At least I know the case of a very intelligent man who recognized a disorder in the psyche of his wife in that his orgasm did not manifest its usual strength.

In our patient orgasm was absent. The urgent wish of his wife to have a child could not be fulfilled.

During the analysis the image of Anna was again revived. There appeared isolated erections which had been absent for two years. He was again able to cohabit with his wife. But while he once more was able to gratify her, he could not have an orgasm. Finally, he admitted that he masturbated while in bed with his wife and just before ejaculation introduced his membrum in order to produce conception.

Now it turns out that he masturbated the whole time until the onset of his so-called impotency, *i.e.*, until two years ago. *In doing this, he always pictured Anna to himself naked and in one of the situations which he had experienced with her.*

During the whole period of separation, he mentally lived with his first wife. All his dreams allow the first marriage to exist again. Anna has remarried. In his fantasies he forges plans of revenge against her second husband; he allows his own wife to die, and once more marries Anna. With these dreams, pollutions and masturbation occur. All these fantasies, however, took place in a semi-dream state, concerning which he had no recollection. From time to time he complained of headache, which was a manifestation of repression and had to be spent in order to force back the thought of Anna and to prevent it from becoming conscious.

At home he was irascible, excitable, restless, and sleepless. During treatment a complete change of character occurred! He became gentle, quiet, could read books again and play cards. At

times he feels like crying. His suppressed pain over Anna breaks through.

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During treatment, strong erections appear daily. He is again able to cohabit with his wife every day. But, despite a half hour of cohabitation, no orgasm occurs. He must interrupt coitus and stimulate his membrum with the hand, *i.e.*, masturbate. Only at the last moment, just before the onset of orgasm, will he introduce his penis. He cannot, however, produce the fantasy with which he masturbates.

An attempt to picture the first wife in his mind, while he cohabits with his second wife, fails.

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Almost a week elapses. The patient is taciturn and tries to avoid a confession. He had a dream which excited him very much. He saw a naked woman on a horse. For this dream I find no explanation.

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Finally he declares that the novel, *Quo Vadis*, had made a great impression upon him. Here there is a scene in which a naked woman, tied to a horse, is chased through the arena. *This fantasy occurs very frequently during masturbation.*

He admits that the thought of a naked, fettered woman, who is at the mercy of his will, arouses him greatly. There are also fantasies of a woman being strapped to a table and unable to move. He would like to indulge in coitus a posteriori, but does not want to "dishonor" his wife. That is only permissible with prostitutes. He looks upon married women as chaste priestesses. Hence, we see that he has several, specific love-requisites which he had stubbornly concealed from us. Only after four weeks of analysis one of his masturbatory fantasies appears.

After a long pause, further elucidation of his impotency finally comes. With his present wife, he is able to have a permanent erection lasting *two hours*. Despite prolonged cohabitation, an ejaculation will not occur without masturbation. At last he admits having a specific fantasy during masturbation. He sees a fettered woman whose figure is very vivid.

He recalls his first infantile impression. It was when he was 12 years old and was taken to a circus. There he saw a "strong woman" who formed a so-called bridge and then carried a horse

upon a board which was placed on her chest. The figure of this strong woman, dressed in tights, was very vivid.

Then, too, he fantasizes and masturbates with a railroad scene which he experienced with his first wife upon their honeymoon. She lay with one leg on the floor and the other on the sleeping berth. That is a position which produces especially great excitement. While with a prostitute, he once saw a picture in which a woman had one leg upon an easy-chair, the other on the floor and was copulated in this position. This scene belongs to the most stimulating ones, and also plays a great rôle in his masturbatory fantasies.

After an interval of two months, I see him again. There was no change in his condition. He has unusually strong erections. During coitus, his wife often has three or four orgasms. Then he must masturbate, at the same time stimulating his wife. Whereupon, ejaculation soon occurs, during which he inserts his penis into the vagina in order to make conception possible. He observes that nothing can be done for him. There is no change in his condition. I request him to be honest, for we have not become acquainted with all his inhibitions.

After all manner of trifling remarks, he said: "Do you know that I have absolutely no longing for a child. I cannot imagine my wife being pregnant. If I picture her in that condition—walking around with a 'big belly'—I could vomit. I have a deep aversion to all pregnant women. Then, too, I cannot stand little children. They seem quite sweet to me, but as soon as they scream or annoy me, *I could kill them!* It would be necessary for me to receive the child when it became three years of age."

"Haven't you thought of adopting a child?"

"Certainly. That would really be most desirable. But deliver me from a pregnant woman, or an infant in my house."

The idea that his wife might become pregnant was always an inhibitory one to him. He does not want a child. This wish has still a second, more important, determination, which comes to light in the course of analysis. He often has a fantasy that his first wife might become dissatisfied with her second husband and secure a divorce. Whereupon, he would at once divorce his second wife and return to the first.¹ *A child would make his marriage indissoluble. Children are the strongest cementers of marriage.*

He wishes to preserve the possibility of returning to his first wife.

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Until now he firmly believes that, after masturbation, he injected the fructifying semen into the vagina of his wife. *To his astonishment, his wife informed him that the semen always went the wrong way and remained outside of the vagina.*

It is pointed out to him that this apparent awkwardness arises from an unconscious motive and is supposed to prevent conception, which he is so afraid of. He pretends to be clumsy.

He admits that his lively indulgence in fantasies might be the cause of his disorder and corroborates that, at times, he must think about his first wife. But he could never marry her again. The thought that another man had possessed her would make coitus impossible. (We may assume that this idea, in particular, is a special stimulus to him.)

Upon my inquiry, the patient reports that he has a stereotyped dream which repeats itself nearly every night: *He sees some one jumping through a window, sometimes through a heavy pane of glass, sometimes from a great height. Last night he dreamt that his servant girl plunged to the street from the fourth story.*

For a whole year he had a stereotyped dream which constantly repeated itself and would appear several times in one night. He was a man who could float in the air. He appeared in public on a lofty place, while his first wife took up a collection below and collected a plateful of gold coins.

This period occurred a year ago. He was already married for two years to his present wife. Notwithstanding, the same dream always occurs! What is its meaning?

From this dream we learn that he is immeasurably ambitious. He is dissatisfied with his vocation. His present wife is petty and will not allow him to speculate, nor permit him to start something big, to earn millions in the war like others. She is narrow-minded. His business is very prosperous. "What more do you want?" she would say to him. She will not allow any girls or other employees in his shop. They might be thieves. And so he and his wife must do everything themselves. His first wife, of course, was quite different, care-free, to be sure, but had a bent for the vast, the elegant.

He would like to jump out of marriage. He is the servant girl who would like to give up her job. For his first wife, he could

attain the highest; he would ascend and ascend, and they would accumulate gold in large heaps.

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On the following day, he was still haunted by the girl who jumps from the window. He reports that now he loves his second wife more and more every day. He wants me to explain a striking thing. Each night he plays a game of cards with his wife without stakes. Nevertheless, he craves for lucre. If he loses the game, he is mortally unhappy.

It is a symbolic game that he plays. A game of life and love. He is superstitious. Unconsciously, he connects the game with the idea: If I win, I will also win back my first wife, and my wife loses a good match.

He often suffers from depressions which have no apparent cause. We know, however, that these depressions are not unfounded. He grieves for the first wife and defends himself against the vocation of shopkeeper. His ambition, which was once so great, is also ungratified. He now thinks a great deal about the coming child and gives it names. He has become reconciled to the thought of being unable to tolerate the pregnancy of his wife. Furthermore, he will not hate the child, but love it dearly. And now he has a new obsession: the child. He thinks about it every second and gives it affectionate names. The child ought to be called Tommy or Charlie. Charlie is another name for my dog, Schary; he is called Charlie by the patient. Here we see an important indication of a transference to the physician.

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There is great resistance; naturally, he declares that he has told me everything. Now he is finished with his admissions. He only thinks about the child, and quarrels with his wife whether it will be a girl or a boy, and what it will be called.

The image of himself plunging from a window also haunts him. But that is all:

Suddenly he said: "Have I ever told you about a fantasy which persistently haunts me? I would like to witness a cohabitation. I always picture it in my mind."

"For how long?"

"For several years. I am not certain. . . ."

"That means: You would like to see how your wife, naturally your first one, cohabits with her present husband."

"I have often thought about it; whether he can satisfy her."

He is silent.

Other fantasies of a similar nature occur and are constructed upon the principle of "pluralism," as we have called this paraphilia. When he masturbates with his wife, he tickles her with his finger. Whereupon he imagines that another man is doing it. He is not conscious of this fantasy. His present wife is never drawn into his fantasies. He would be disgusted with her if she permitted anything else but the normal. With his first wife, however, it was another matter.

On the wedding night, when he cohabited for the first time with his wife, he had an orgasm, but the thought immediately flashed through his mind: "*It was much nicer with your first wife!*" And yet, he insists that his second wife is more passionate than the first.

Though formerly he had absolutely no feeling of pleasure with his wife, he now has a strong fore-pleasure. Often he feels as if the relief of an orgasm would set in at any moment. It was already possible for him to insert his organ into the vagina before the ejaculation, and he awaits conception with longing. Indeed, he would even consent to an artificial fructification of his wife, in order to fulfill her heart's desire for a child.

The picture from *Quo Vadis*, a naked woman fettered to a horse, always hovers in his mind. During coitus, the picture occurs to him, or he sees a woman with legs straddled to their utmost. And while he can picture all other women, even his first wife, in this position, with his present wife the combination is impossible. He never introduces her into the *Quo Vadis* scene.

This morning his wife put on attractive, open-work stockings. He at once wanted to cohabit with her, but his erection rapidly vanished when he tried to carry out his intention.

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He reports a dream which solves the enigma of his impotence and his fantasies.

I am in a room with the wife of my brother. I open her corset and kiss her breast. I awaken with an erection.

He describes this woman as ugly. She is now suffering from a goitre and is in no way desirable. He admits, however, that ten years ago he liked her a bit. He spontaneously declares that he is very much attached to his family and that any misfortune to his family grieves him very much, more so than his own suffering.

I realize that we are dealing with a "family-slave," who cannot

wean himself from the family. The intimate companionship of his sister in the summer, the daily bath at the beach, their confidential conversations, the worry over her livelihood, brought him back to the infantile family constellation. He tells us of daily visits to his sister, who lives quite far away, in order to see what she is doing.

"Why?"

"Because her husband is at the front, and she must not feel that now she is left all alone in the large city of Vienna."

An explanation, to be sure, but a very threadbare one, because his sister could have come to his business every day and helped out. A certain tension, however, seems to prevail between sister and wife.

Now then, I have been looking all the time for an explanation of the pluralistic scenes. While he tells me about his sister, a thought occurs to me which solves the scene.

I call attention to the fact that this procedure does not correspond to the rigid rules of psychoanalysis as set up by Freud. The physician must wait until the patient produces ideas (associations). In this case and many others, I would never have reached a solution if I had waited for the patient to produce associations. In that respect, the artist-like psychotherapist differs from the mechanic. It is also that part of analysis which cannot be learned; it depends upon the intuition of the analyst.

My idea brings an explanation for the masturbatory fantasy.

How often the patient has laid emphasis on the fact that he repeatedly has the fantasy of a straddling woman. Did he see his sister being powdered while she was still an infant? He immediately confirms this assumption, and reports that this procedure made a great impression upon him. It was his duty to hold his little sister by the arm while she was being swaddled. Now the fantasy is explained. The woman with the straddled legs is his little sister; her upward raised arms, each of which hold one of his hands, are again found in the fantasy which I have called pluralism.

An abundance of memories confirm this assumption. During the War, his sister was supported by him; he saw her frequently. Her husband was a prisoner of war. The old infantile impressions were revived by their companionship last Summer. His sister has the same fore-name as his second wife. During coitus, he mentions her first name and, in doing so, thinks of his sister. Her straddled legs occur to him. In consequence of the

incest taboo, ejaculation remains absent and awkwardness in inserting the penis occurs. Before treatment, he led a sister-marriage with his wife. He treated her as if she were his sister.

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He produces an abundance of details which substantiate the connection of the pluralistic scene with his sister. In childhood his sister was his object of study. From her he became acquainted with the female genitals. Then, too, he was very jealous of her and would have liked to kill her. Whenever she lay there bound up in her diapers or was carried through the room (*Quo Vadis* scene), he could have killed her. But later his jealousy and hatred vanished, and he preferred her to any one else in the whole family. Only with his brother-in-law, who was at the front, had he any differences and stopped his visits. Now, however, he takes advantage of his absence to prove that he is a good brother, and visits his sister daily. His wife is jealous of his sister (as usual, the female instinct is also not deceptive here), and asserts: "You must not run over there every day. You are surely not her husband!"

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The next sitting brings the following dream:

"As so frequently, I also dreamt this time that I am climbing into the air. After being about a half a yard above the ground, a dog tried to pull me down. That was repeated for a whole half hour."

Yesterday, he accidentally saw his first wife and believes he can explain the dream: to wit, the thought of his wife disturbs his potency. Yesterday, for the first time in some time, it again happened that he had no erection with his present wife. He realizes himself that the image of his first wife, reanimated by the meeting, as well as her very elegant and beautiful appearance, diverted him.

Suddenly, the jump from the fourth-story window—his obsession—again occurs to him, and he asserts that the dog in the dream makes him think of my dog. I recognize the effect of the transference. In me he sees his father, whom he loves more than his own life. His father means everything to him.

With this material, a recollection occurs to him. He believes it is one of his earliest. "In the Summertime, when I was six years old, I was in a garden in which a tree—a lilac tree—stood. The tree was supported by a pole, so as to keep it from falling over. I often climbed up this pole.

"Whenever I am with my wife, I must always think of this pole."

In the analysis, the pole proves to be a phallic symbol. We are dealing with a so-called spermatozoön-dream, which I discovered and which, after my introduction, was described by Marcinowski and Silberer.

For the first time the homosexual component, which is never absent in a case of impotence, appears in the analysis. I have already stated that the naming of his child (Charlie) after my dog is a sign of transference. I was repeatedly able to observe this transference to my dog.²

Now we understand his dream. As often as he wants to elevate himself, the thought of my dog pulls him down, *i.e.*, every erection is hindered through a homosexual attitude toward me.

Then, too, we can now explain the absence of orgasm with his wife. During intercourse, he thinks of the lilac pole. (In his opinion, the lilac is a strong aphrodisiac, and he had considered the thought of overcoming his impotence by taking lilac.) He thinks of a phallus and that prevents the orgasm. *He diverts himself from a heterosexual situation through a homosexual fantasy.* While he cohabits with his wife, he thinks about his father and, in consequence of the transference to the father-substitute, about me and my genital.

That shows us the great dangers of treating impotency. It must progress rapidly, otherwise, as in the previous case, the transference hinders potency, whereas, in a slight degree, it acts as a strong stimulus. During the analysis, transitory results with prostitutes (I am now referring to physicians who allow their patients to make sexual attempts during analysis. I never permit it.) may be attributed to the stimulating power of the transference.

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Yesterday, while riding home on a street-car, he felt as if he would be hurled out. What is that supposed to mean? He must also think about the plunge from the window again.

Then it occurs to him that the lilac was really a laburnum tree. And suddenly a scene: The children are playing. There is a large swing in the garden. He sees a girl swinging; her clothes open up and something red becomes visible, which he observes with curiosity. That year, his sister was born. He always looked on while she was being wrapped up. That was his greatest joy.

The memory of a heavy fall on a race-course.

Suddenly an association: Gretchensteig on the Rax. He was there with his first wife, who, on that occasion, made her first dangerous mountain climb. An acquaintance was along. At one place the gentleman said: "A man plunged from here several days ago!" At that time he was jealous. Then, too, he bore marriage very badly and longed for his freedom. He is and was not created for marriage, for a wife and a child. He wants to be free. As a matter of fact he only has one ideal: absolute freedom. All this occurred to him while at Rax. Why is it necessary for you to drag a wife along and to suffer from jealousy?

At that time he wished that his wife might plunge off a mountain!

Now we recognize how his sense of guilt had fixed the parathy and transformed hatred into love. Now we know what his fantasies of jumping from a window mean. He wanted to push his wife into an abyss! He had a fantasy of freeing himself from her in this manner.

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Yesterday he had a remarkable experience. He rode through the city on his bicycle and saw a street-car approaching. Suddenly he had a feeling that he must ride against the street-car and collide with it.

I point out to him that he is suffering from suicidal intentions, which he cannot understand because he is very prosperous and happily married. He is now very affectionate to his wife and already has erections when he approaches her. Yesterday, upon introducing his penis, a great feeling of pleasure appeared. Whereupon, he always has the thought: "Now, now it must come!" But it does not come. And yesterday, even after masturbation, it did not "come."

I explain the principle of retribution to him. He wants to plunge from a window because he wanted to push his first wife into an abyss at Rax.

Then it occurs to him that he had often dreamt that his present wife was dead, and that he was very unhappy about it.

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He is doubtful about his recovery. Despite alcoholic intoxication, he was unsuccessful in having an orgasm. Coitus lasts almost an hour. Then he masturbates. His penis was absolutely anesthetic; he had no ejaculation.

Suddenly he puts the question to me: "Are all women built equally wide?"

I at once suspect that he finds his wife too wide. He affirms that, in coitus, he never feels as though he were pushing against something (the portio?) as with his first wife, who was much tighter. With the first, he felt that his membrum was firmly clasped. Now, however, he works in empty space.

Such sensations are often described by men when they do not love their wives. They rationalize their resistances with ostensibly organic deficiencies. Then, too, they usually discover an unpleasant odor.

My patient is silent for a while and then spontaneously declares, without any inquiries on my part, that his wife has a very unpleasant odor emanating from the vagina. He uses vaseline because she is too dry. The vaseline and the specific odor of her vagina produces a very unpleasant combination which gets on his nerves. "As soon as I smell it, I must forcibly suppress my aversion."

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He finally admits: "Do you know what I would really like to do? I would like to perform cunnilingus upon my wife. I have an idea, however, that I would be disgusted with her afterwards. . . ."

He is a sportsman who has always been stimulated by difficulties. On mountains he will only take the steepest paths. His first wife was not as devoted to him as his second. She never could agree with him. He always had to stimulate her. The second is like a lamb and always follows him in everything. However, he is only stimulated by what is difficult to attain. Whatever can be obtained easily loses all value for him.

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I advised him to make absolutely no attempts with his wife for some time. An interdiction of this sort, as every one knows, is the best stimulant and has already helped many an impotent man to obtain good potency. He comes to me all excited. Yesterday he had experienced libido the like of which he had not felt in years. He had to cohabit with his wife, but, despite great voluptas, had no orgasm. Orgasm was again forced by means of masturbation.

He fell asleep and had the following dream:

"I fly across the Danube Canal at a considerable height. Whereupon, I notice my first wife swimming on her back in the water below. She beckons for me to come down to her. I descend and place myself beside her. She said: 'You may quietly lie beside

me and do anything you please; my husband has no objections.'"

He was then affectionate to her and consummated the sexual act. He awakened with a pollution and also felt a stronger orgasm than he had ever felt before.

This dream is treacherous enough. It proves that the stubborn thought of his first wife is the cause of his impotency with the second. He is pig-headed, and his mind has become set upon the first wife. His thoughts about the child, etc., are only a means of self-diversion and self-deception.

But why did the patient have a violent orgasm on just that evening? He does not know. I inquire whether the date has a circumstance connected with it. He reflects a moment and then says hesitatingly:

"Yes, it was my wedding day with the first wife. I did not, however, think about it."

Obviously, he did think about it. It was merely his secret calendar which had reminded him.

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He is a man with a calendar. He shows all those relations to time which I have described in the twelfth chapter. During the day, he does not know that to-day is the anniversary of his wedding to Anna. Ostensibly, he does not think about it. Inwardly, however, he does think of it. At night, his first wife calls to him, and he again consummates a pleasurable coitus with her.

In other ways, he also shows a time disorder which is characteristic of these persons. He counts the time when an orgasm will arrive. He is proud of his sexual accomplishments. But in other respects, too, he cannot adjust himself to time. He must do everything at once. He is not a man who can wait and expect. Even in small transactions, his impatience comes to light. Nor does he want to be old. He appears ten years younger than his actual age, and every one is surprised that he is married. He looks like a youngster. For him, time passes unnoticed. The years of separation from his first wife do not count. In his fantasies, he annuls the fact of his divorce. She is still free; she is still available; he can conquer and possess her again. He annuls reality. He wants to have nothing to do with realities.

Now he has insight into all these attitudes; also realizes that he still loves and passionately desires his first wife, though she is a "beast!"

I point out to him that this circumstance (the divorce), in particular, determines the attractiveness of his first wife; that his

homosexual fantasy uses it to fancy the men who possess Anna. In fantasy, he becomes Anna and gives himself away to the others. He confirms this in every respect. He always imagines how Anna carries on with her second husband; whether her husband is as potent as he. With his first wife, he was not able to prolong coitus for a half hour. But now? He wonders what Anna would say to his accomplishments. For the sake of Anna, he cohabits for an hour. He would like to prove to her the difference between man and man.

He now has insight into all of these fantasies and openly begins to struggle against them. He realizes the duality of his morals. He consciously condemns his first wife, calls her a "beast," is convinced of her infidelity and fastness. Inwardly, it is just this fastness and infidelity which stimulates him; which awakens all his paraphilic tendencies.

Victory! He ejaculated to-day while cohabiting with his wife. First, he performed cunnilingus. Whereupon, after a cohabitation of fifteen minutes, he came to a complete ejaculation with orgasm. On the succeeding day, a normal coitus with orgasm, after about ten minutes.

On the day before his first ejaculation he openly ventured to compare the two women and concluded that the second wife was to be preferred in every respect. She is prettier, sweeter, more faithful, and more devoted. She is submissive and passionate.

With this knowledge, the spell was broken and recovery could be looked upon as complete. The analysis was concluded.

A report six months later confirms the complete success of the treatment.

I was only able to give detached fragments of this highly interesting analysis. In the synthesis of this parapathiac character, I will now add several supplements which will complete the patient's picture and will make his parapathy comprehensible and transparent.

We are dealing with an ambitious man whom life has denied the fulfillment of his high-flown plans. In the dream, as a rope-dancer, he walks high above the crowd. In life, too, he always wanted the unusual and the extraordinary. He was a daring sportsman, who made the most venturesome mountain trips and won prizes at bicycle riding. His second wife cannot

share these inclinations. It is even impossible to take a tame excursion into the Wienerwald because his wife cannot join in, and he does not want to leave her alone on Sundays after she has slaved with him the whole week. What monotonous, fatiguing, and degrading work! He stands behind a counter and sells goods, all the while dreaming of great undertakings, of mighty discoveries, of influential positions, of fame and importance! Of what use is it for him to earn more money than is necessary to live? He seeks social merits, high-standing and recognition.

Fundamentally, he is an independent creature who dislikes to submit to the yoke of marriage. Before marriage he was a travelling man. This vocation, too, was not to his liking. However, he saw people and countries; was free and independent, a good-natured nomad who could yield to his polygamous desires and paraphilic impulses. A deep, inner religiousness, which in part manifests itself externally, prevents him from deceiving his wife. He never ventured the enticing attempt to break the fetters of marriage and to try elsewhere whether he could come to orgasm. Then, too, he was faithful to his first wife for six years after the separation. Nevertheless, he is a sensuous, very passionate individual. He realizes, however, that he dare not lose hold of himself. He neither drinks nor gambles; does not smoke; and apparently has no passions because he is afraid of them. He unwillingly submits to the yoke of marriage. But he converts this yoke into an inner law. He neither deceives nor wants to be deceived, because he is superstitious and fears the punishment of Heaven. ("Do unto others as you would have them do unto you.")

He brought home his first wife against the wishes of his family. His mother warned him and felt that she was fast and coquettish. Furthermore, he was much too young for marriage, hardly more than a stripling. He had hoped to find a second mother in his mother-in-law. It was she who had enticed him into marriage; she who destroyed the marriage when she noticed that her daughter actually began to love the man. It almost seems as if he himself had loved his mother-in-law, as a mother-imago. Analysis only yielded scant proof

for this assumption. He is very reserved and information trickled through only sparsely.

He is a dreamer through and through. He always lives in fantasies of the past and the future, and has a talent for repressing unpleasant thoughts by means of obsessions. For days he thought about the situation of jumping from a window and the name of an expected child in order to divert himself from knowledge of his criminality, for it is quite certain that he wanted to get his first wife out of the way. Perhaps the second one too, of which there were many indications. Then, too, fantasies of revenge, in which Anna was again at his mercy and he could do as he pleased with her, appeared in his daydreams.

His second marriage was one of spite. He wanted to prove to his first wife that he had forgotten her; that he had survived her infidelity. However, he loved this unfaithful woman more than he himself had surmised. Not without reason had he sacrificed his family for her. It was his family who urged him into the second marriage. Indeed, the image of his beautiful wife, who corresponded to his ideal, lived irredeemably in his soul. With his second wife, he produced no libido. In order to avoid conceding his love for the first, he fled into absolute impotency. For two years he had no erection! Not even in his dreams! He wanted to extinguish all his cravings. He did not masturbate. But, in consequence of his love-disappointment, a regression to infantile ideals occurred. Love for his family, especially his father and mother, flared up violently. He returned to the fantasy of a fettered woman who was at his mercy. It is not difficult to recognize that he fancies a situation in which Anna is subject to his wishes. She is tied to a horse; he finds her strapped to a tree, and he, the knight, the hero, the master, can do with her as he pleases. His regression, however, does not halt with the reconstruction of his infantile fantasy. He remorsefully returns to his first ideal, his sister. As a child, the swaddling scene excited him strongly. At that time, he wished to be alone with his little sister. His attitude toward her was one of hatred and desire.

During coitus, he cannot obtain an orgasm because he allows

himself to be diverted by homosexual fantasies and by thoughts of his first wife. Only through masturbation, whose fantasy he timidly conceals from himself (his excitement is so great that he is never fully conscious), is he able to induce orgasm without effort. What the vagina of his wife is incapable of accomplishing is attained by a couple of frictions with his hand. Then he poses as a man who wanted to fecundate his wife. He pretends this, because ostensibly he is unable to aim at the opening. He caricatures clumsiness, to which his polygamous past is in striking contrast. He wishes to assure himself of a free path back to his first wife. He already entered into this marriage with false ideas, as if it was only a game, only an attempt to recover and to be relieved. (You can always back out if you do not like it). He secretly hoped that his wife would seek a divorce on account of his impotency. Of what use to her is a man who is not a man? Later, however, when he was even able to produce as many as six orgasms in her through his ejaculatio retardata, he did not want to give her the satisfaction of having made him happy. His inner negation was always stronger than his external efforts. He even dragged in the past to protect himself against love for his wife. He fled into the past in order not to love her and have to perceive pleasure with her. It is as though an inner voice had whispered to him: "On a former occasion, you were unhappy with a woman on account of your love. You must not allow it to happen a second time!" The infidelity of his wife, the humiliation, which was a blow of double severity to him, a proud and conceited man, produced an attitude of antagonism toward all womanhood (with the exception of his family). "All women are bad!" "All women are fast!" "All women are egotistical!"—these were his daily remarks. His wife created no opportunities for such imputations. However, she had to pay for the dishonor he suffered. He avenged the entire male sex upon her.

I wish moreover to set forth that he considered his impotency the result of his former masturbation and his many paraphilic acts (fellatio). His sense of guilt arises from his fantasies of incest; his feeling of inferiority, from his criminal and egotistical fantasies. Physically, to be sure, he had no reason to

feel inferior. Only mentally, he felt like a wicked person, and it took his impotency to make him conscious of not being a man. However, he was not a man, because he did not want to be one with his wife.

His fundamental trait of character was defiance. Recovery was delayed for some time because he did not want to grant me the triumph of a cure and a victory over him. He had set his heart upon his first wife and would no longer relinquish her. If he had abandoned her, it would have been all over with his love, despite physical compatibility. He simply refused to be the discarded and abandoned one.

In this case, therefore, the most diverse motives mingle and create a confused disease picture.

It was only in analysis that he learned to realize the power of self-knowledge; that he was able to measure the depth of his love for his first wife. Despite all hindrances and humiliations, he still loves her. On the wedding anniversary, she appears to him in a dream and calls to him: "I am still yours!" The water, in which she swims, is a symbol for his soul. And though his thoughts mount ever so high above her, she need only call and he throws himself into her arms.

Through analysis, however, he was able to overcome this love. He succeeded in transferring his entire love upon his second wife. They bill and coo like turtle-doves. His sexual desire is now enormously great. For months at a time he has cohabited at least once daily with his wife. He plunges into a new intoxication in order to forget the old. And he loves his second wife! He now loves her ardently and passionately, and believes he would not take back his former one even if she were to offer herself to him.

XVIII

WAR AND IMPOTENCE

Not among the least damages which the World War has caused are to be counted the enormous dissemination of venereal diseases and the derangement of sexual life in the male, which I could demonstrate with innumerable examples. Within recent years, I have been astonished, in particular, by the increase of impotency among participants of the War. Almost every consultation hour brought one or more ex-soldiers who had become impotent while in the field. The picture was almost monotonously similar. They were mostly married men who had longed for wife and child and who could hardly await the hour of meeting them again. To their horror, they were impotent upon the first intimacy with their wives—it usually concerned married men. This War-impotency either subsided rapidly or became permanently established; and, as a result of autosuggestion, developed into a fear of impotence, whose pernicious effect is already familiar to us from the foregoing discussions.

The literature on sexual life during the War—in as far as it concerns impotence—is so scant that it may as well be left unmentioned. Most observers found that, during the War, sexuality in the trenches as well as on active military expeditions vanished almost completely; whereas, at halting places, an active sexual life with cessation of all inhibitions set in, which added greatly to the terrible increase of venereal diseases. These observations, however, are very one-sided and, from my experience, require a few supplementary remarks.

It is true that in the face of death the sexual impulse recedes in many men. The impulse to live is stronger than all other impulses. However, it is just as true that, in many men, the sexual impulse flares up in the face of death. Dr. Menasse, surgeon to a Russian regiment, reported that during the Russo-Japanese War the members of a regiment which was to go

into certain death on the following morning displayed the most astonishing manifestations of priapism. The poor soldiers were unable to sleep all night on account of painful erections and begged for a remedy against this distressing condition, so that the regimental surgeon had to take recourse to drastic cathartics. Furthermore, it is said that, as a result of the last earthquake in Italy, during the burning and demolition of buildings, couples united for a last enjoyment of life.¹

In my experience the panegyrics on the purifying effect of War on sex are partly fantasies and partly generalizations of isolated observations. Then, too, one must bear in mind that people are very reserved about sexual matters and a questionnaire among soldiers always represents a doubtful form of investigation. I interrogated hundreds of soldiers and usually heard: "I absolutely did not think of such things. We had other matters to worry about." However, if one investigates individual cases and wins the confidence of the man, one will hear quite other disclosures. Then one will learn with astonishment that most of their conversations related to sex; that they had often yielded, without restraint, to wild fantasies. Indeed, a separate work ought to be written on sexual life in War. The material is enormous and awaits a thorough arrangement. Here I will only set forth those causes which explain the phenomenon of "War-impotency."

One may estimate the number of men who became impotent through the World War at hundreds of thousands without being guilty of exaggeration. Every sexuo-pathologist will be able to verify this fact from his experience.

But an inadequacy in the psychic component of love may also be a result of War.

As a very frequent phenomenon, I would like to set forth the absence of love associated with a preservation of potency. This symptom will introduce us to the psychogenesis of War-impotency. A certain uniformity is also displayed in its development. It proceeds almost typically.

The lover departs from his fiancée or mistress with all the signs of pain and grief associated with separation. In most instances he demands surrender, because he will probably be killed without having possessed her. This sacrifice, as a rule,

was made.² It is seldom refused or never requested. Others become engaged before being called to the colors and swear holy vows, while still others marry as rapidly as possible. It is a veritable love intoxication that has befallen both partners and, like all erotic ecstasies, may increase without limit in the face of death. In the beginning the man's passion increases. After a certain latent period, letters by degrees arrive more seldom or remain absent entirely. One fine day the fateful letter arrives which makes an end of love and faithfulness. The soldier asserts that in the field he examined himself and unfortunately discovered that he is no longer in love with his fiancée; that all feeling has vanished; that he is not worthy of her, etc., etc. The fact is the same: the affair is broken up; or the suitor comes home on furlough and, to his astonishment, notices that his fiancée has become a complete stranger to him. In the field he had longed for her beyond all measure; overdrew the expectations, and now the sight of her leaves him cold. He no longer feels any love. (This also holds true for prisoners of War in whom these disorders come to the fore even more sharply.)

The same thing happens to the marriages. Spiritual love seems to have vanished even when desire and an ability to perform coitus have remained preserved.

It is characteristic of many men that they require the presence of their sweetheart in order to love. Absence reduces, presence kindles, the fire (naturally there is also the opposite type). In these cases we are not dealing with love but almost always with "being-in-love." This almost pathological state of intoxication, in the field, recedes to disillusionment. The intellect begins to doubt the fiancée's worth; a return to reality sets in; after an emotional overestimation of the sexual object there occurs an emotional underestimation of it. Often it is only a matter of self-deception. Love has not died at all. One only conducts a comedy with oneself. In most cases, however, it really dies. It cannot withstand the test of undeification. The ideal is converted into a human being.³

The conversations of comrades contribute to this in no small degree. The unfaithfulness of the women at home is discussed. Examples are quoted and typical cases are read aloud from the

newspapers. Then, too, Don Juans boast of their conquests and stress the unreliability of the female "creature." One or the other reports that he has even possessed the fiancée of a friend. (As is well known, it is most easy to conquer a fiancée, because she is in a dangerous state of coitus-preparedness.) Finally there occur those well-known generalizations: All women are deceitful!

To this is added the soldier's hatred of all those who have been left at home. While those at home carouse and enjoy life, he must expose himself to danger, must risk his life. The entire hatred of the man at the front for the "men in the interior" and the "halting-place pigs" comes forth and also falls upon loved ones. In addition, there appears an attitude of hostility toward the female sex. (The struggle between the sexes; men must shed their blood, while women take their positions.)

Great significance is attached to jealousy. In their many hours of leisure they fancy the unfaithfulness of their sweethearts. How easily she gave herself to me! How much easier it will be for another, since all scruples about losing her virginity have fallen away and she has once tasted of the tree of experience. (The generally observed manifestations of love for prisoners of War,⁴ in part, confirmed these suspicions.) The stories of comrades greatly inflame these jealousies. Finally jealousy constructs all sorts of situations. A harmless word in a letter is singled out. She was at the theatre or a dance. She went on a trip. With whom, and what took place? The jealous person feels this unfaithfulness and indignantly turns away from his sweetheart. He tears love from his heart and forgets that he had only constructed this supposed unfaithfulness in his fantasy. It becomes a certainty to him. He comes to this conclusion from little signs, from telepathic dreams and from the reports of colleagues. He wants to forestall his sweetheart and give the deadly thrust first. Or he comes home from the field full of suspicion and begins a painful cross-examination, which usually ends with a condemnation of the fiancée. In rare cases acts of violence occur. In most of them only a dissolution of the affair takes place.

The same thing happens in married men. They come home

and, with terror, notice that they have become indifferent to their wives; that they have completely lost spiritual love. Often they have become incapable of spiritual love. They suffer from a "spiritual impotency" with preservation of physical potency. They have been converted into haters and disparagers of women.

The causes of this transformation are the same as those observed in physical war-potency. We will now consider its etiological factors.

In the first place I would like to indict the return to auto-erotism as one of the causes. In the first few sessions only the smallest number of men will admit that they resorted to masturbation in the field. The absence of customary sexual intercourse, after a period of apparent lack of desire, as a rule, leads back to the infantile form of sexual gratification. Masturbation is at first associated with fantasies which concern the wife, the fiancée, or the mistress. By degrees, the fantasies recede and are replaced by others which draw their value from childhood. The reader is already acquainted with my views on masturbation. I consider it harmless. Only the fantasies associated with it are of importance. Through the fantasies, the auto-erotist becomes more and more estranged from reality.

Whereupon, there occurs that dangerous condition which Freud has called *regression*, in which one flees from reality to the sexual ideals of childhood.

If the regression only lasts a short time, return to reality is still possible. However, the longer this regression into childhood is continued the more estranged the individual becomes from the present. Such men then return from the field impotent, because normal coitus is no longer their "adequate form of sexual gratification." They can no longer produce the amount of libido that is necessary for sexual intercourse.

The patient is not always conscious of these facts, because in the field they often succumb to a dream-life which is unconscious to them, hence, a splitting of the personality occurs. In rare instances the infantile fantasy breaks through into consciousness, and the individual afflicted with it tries to carry out the infantile constellation in reality.

I will first mention a case which has already been briefly touched upon.

CASE 109. A woman, 30 years old, happily married for the past five years and who loves her husband passionately, consults me with regard to the mental condition of her husband. She has strong misgivings about him. He is now 34 years old and has been in the field since the onset of the World War, now almost four years. During his first furloughs, like at the beginning of their marriage, he showed nothing abnormal. He was very affectionate to her and knew how to gratify her, although his demands never appeared to be very great. On his last furlough she was astonished when he requested her to call him Caro. Upon questioning him about this unusual demand, he replied that he was always very fond of that name. She was amazed to find that he was almost absolutely impotent and first had to arouse himself with all sorts of manipulations before he was able to carry out a very brief cohabitation. She now expects him home again, but is very much frightened because he makes impossible demands upon her. He writes to her that she could have a potent and affectionate husband if she would fulfill his demands. He gave her a number of instructions and prescribed how she was to conduct herself. She must first buy a dog collar (the width of his neck was exactly noted) which is equipped with small spikes on the inside, in order to cause the dog to experience pain when he pulls on the leash. In addition, a dog-whip and a dog-house must be procured. She must only treat him like a dog. He would crawl on all fours; she must lead him by the collar and whip him if he does not crawl fast enough. Then she must permit him to "lick" her. There now followed a number of detailed instructions and a threat that, if she did not willingly perform this treatment upon him out of love, he would force her to do it. And since this letter, a flood of letters have arrived, all of which treat of the same theme. His wife then recalls that he had often said that, as children, they possessed a large dog called "Caro," whom his father treated better than the children. It seems, therefore, that as a child he envied the dog and had wished: "Oh, if I were only that dog, whom father strokes so affectionately." At home, on one occasion, he was only potent after performing the dog-scene and carrying out a cunnilingus.

This example shows us an obvious regression to an infantile sexual ideal, and the emergence of a masochistic tendency which was previously concealed.

This masochism can be discovered with endless frequency among War-impotents. In my experience, however, masochism is only the reaction of a sense of guilt to sadistic tendencies. In the foregoing case, it must be added that the man threatened to beat his wife until blood was drawn if she refused to grant his request. His sadism, therefore, is by no means concealed and only emerges after five years of marriage.

I am now coming to one of the most important factors in War-impotency. I have already mentioned regression to childhood. Those who are familiar with my work know that I consider cruelty and egotism the most prominent features of the child's sexuality. Nearly every one has a sadistic component to overcome in childhood. Through sublimation and an overcoming of this cruelty there then arises sympathy, masochism, sorrow, and philanthropism. (Hebbel said: "Our virtues are the bastards of our vices.")

In War, however, sadism, which had previously been repressed and overcome, again becomes liberated. The sight of the many wounded, the wallowing in blood, and the killing of the many wounded awaken all slumbering instincts. The beast in man announces itself. The following briefly-sketched cases give a clear picture which naturally only came to light after a longer analysis. These facts are never ascertained at the first session.

CASE 110. Mr. G. B., an army captain, 32 years old, complains of impotence. Returning from the field, after an absence of $1\frac{1}{2}$ years, it was impossible for him to secure an erection with his mistress. Instead of an erection, a peculiar state of anxiety appeared which attacks him when he is alone with his mistress. As long as other persons are also in the room, he is fairly calm. The anxiety and restlessness only set in as soon as he is alone with her. Coitus is impossible. His penis, at first very erect, collapses as soon as he approaches her. He does not recall giving free play to erotic fantasies while in the field. He did not masturbate and was so busy that he could not think about women.

The disease picture only unfolds itself after several hours of analysis. A dream in which the corpse of a girl plays a rôle brings us upon his experiences and fantasies during the War. It suddenly occurs to him that he preoccupied himself a great deal with the thought of rape and murder during a coitus. Moreover, he developed an insane anger against all deceitful women. If one were near him, he would feel like tearing her to pieces. As a boy, he already had fantasies of rape associated with murder. He imagined how a girl would feel if he were to strangle her during a cohabitation. All these sadistic fantasies later receded. He was quite normal. At most, he only liked to bite and squeeze his mistress during coitus. She often said: "You will surely kill me sometime. Whenever you get wild, I am afraid!" In the War, when he heard that the Russians had committed such atrocities, the thought suddenly flashed through his mind that he could rape and kill a girl. Whereupon, it occurred to him that that would be an opportunity to avenge himself against the enemy. "As you do to me, I will do to you! I will avenge myself on Russian women."

At first he was horrified at blood and corpses. However, he soon became accustomed to it and always watched the wounded with interest. It was a source of great sexual pleasure for him to fire at the enemy with his battery. On one occasion, while on observation, he even had a pollution.

This attitude of cruelty then subsided. He remembers that in the field he repeatedly dreamt about chopped-up girls and also played with the thought of murdering a child. These fantasies only emerged with lightning rapidity and were at once pushed aside. He said to himself: "That is due to the poisonous atmosphere of the War. Everything will be all right when you arrive home."

Rapid recovery after revelation and conscious condemnation of the sadistic fantasy.

What this case leads before our eyes with rather well-defined clearness, in other cases of war-impotency takes place so vaguely and nebulously that it requires great analytic skill in order to get at the basis of the impotency. In any event, it must always be kept in mind that, fundamentally, all anxiety is "anxiety about oneself"; that parathiacs displace and rationalize anxiety so that it appears as though they were anxious about a fiasco or were anxious about anxiety.

The hostile attitude toward women, which may increase to

a mortal aggression, also arises from another source. The homosexual component, slumbering in every man, was re-awakened in the field and acquired a significance which it did not previously have. The close companionship with men, the absence of women, became for many men, previously heterosexual, an inducement to become homosexual. The great mass of latent-homosexuals, in particular, were very much exposed to danger, and a large part of them turned into manifest-homosexuals.⁵ Among cases of war-impotency that consult the physician are found very many latent-homosexuals who are absolutely unconscious of their homosexuality. They only feel an aversion to women or merely complain of impotency with a preservation of love. Only a careful analysis will show that the homosexual impulse asserted itself in the field under the mask of friendship and comradeship. In saying this I do not mean that every friendship has a well-marked homosexual basis. That belongs to the subject of sublimated and transformed sexuality and would divert us from our theme. The fact remains, however, that homosexuality became increased during and after the War. The eugenicist might see, in this, a danger to the future of Germany. I only see an increase in the number of homosexual parathiacs. And none of them ended happily! The more I study homosexuals the more I am convinced that there are no cases of congenital homosexuality and that Kraepelin,⁶ in opposition to Hirschfeld,⁷ is correct. Homosexuality is a severe parathy; represents a flight from womanhood, and can be traced to the bisexual analage of man.⁸

Hence, among the war-impotent homosexuals, we must differentiate two types: those in which—

1. The homosexuality developed in the field is conscious to its bearers and hinders their heterosexual activity: and those in which—

2. The homosexuality repressed from consciousness only manifests itself in parathiac disturbance of potency, with an apparent preservation of love for the female sex.

The first cases are apparent and might have sought aid from any practitioner. I will only introduce two examples from my practice.

CASE 111. F. U., 29 years old, a surgeon-major, seeks help for his impotence. He went into the field as a lover and fiancé. His only wish was to be able to marry his sweetheart soon. The union also would have afforded great material advantages without taking into consideration that his fiancée was one of the prettiest girls in the town where he met and learned to love her. Around the first half of the second year of the War, he became acquainted with a lieutenant with whom he was on terms of intimate friendship, and finally also shared his home. It was on the Russian front, not far from the zone of danger. On one occasion, when shells struck in the vicinity, the lieutenant crept into his bed and asserted that they ought to die together, if death should overtake them. After a time, he began to play with the genitals of the patient, who soon became a partner in a passionate homosexual love scene. He decided to avoid relapses. However, he already succumbed again on the succeeding night. He had a regular love affair with the lieutenant, to which others were soon added. He was astonished at the dissemination of homosexuality in the field. To be sure, he hoped that he would be able to free himself from the new passion so soon as he saw his fiancée. He used his first furlough to ride home. His future father-in-law secured his transfer to a large hospital in the interior and urged marriage. Furthermore, his fiancée reminded him of their first plans. They must get married on the first opportunity. However, he no longer feels any sexual excitement in her presence. Formerly she always provoked erections. Now he can kiss and embrace her, but in doing so, remains cold. He feels like a scoundrel. Dare he deceive and marry the girl? Would he not be impotent, since he has lost all desire for women? He sees no other alternative than suicide. Of his future fate, I am unaware. . . .

No less tragic is the next case, which also concerns a colleague.

CASE 112. The wife of a surgeon, H. N., seeks advice about a very delicate matter. She is forty years old to-day; her husband, a high-ranking military surgeon, is forty-six. Before the outbreak of the War, he was the best and most lovable of husbands. Furthermore, he was very affectionate and cohabited with her almost every day, a fact to which she always attached great value. At the onset of the War, he was very excited, and she attributed his sexual aloofness to this excitement, which had seized the entire world, and the distraction which her husband, who was over-

worked, had to suffer. After a short period of improvement, during which the old relationship seemed to be established again, her husband was ordered into the field as the commander of a large medical unit and was away from her for nearly two years. Although he had an opportunity for obtaining a furlough, he pretended to be indispensable and did not come home. She was surprised that he showed no desire to see her and his two children (14 and 16 years). Now he has returned home. But how he has changed! He is no longer the same person. He is taciturn, quarrelsome, always dissatisfied and, to her astonishment, is apparently impotent. She is still a very attractive, charming woman, and cannot live without a husband and gratification.

What astonishes her most is his behavior toward his orderly whom he had brought along from the field and who also remained with him after the general demobilization. He is always very kind to the boy. (The boy, however, behaves insolently, as if he were the master of the house.) While he treats his children rudely and harshly, toward the orderly he is obligingly courteous and addresses him with words which she knows only too well from the past. She is certain that he has sexual relations with the boy.

At first, I suspected delusions of jealousy. However, a conversation with the husband convinced me of the truth of her statements. Our colleague became homosexual during the War and is unable to find his way back to heterosexuality.

After discharging the orderly, rapid recovery and a re-establishment of the old relationships followed. His potency, however, is markedly reduced, because a part of his desire flows into a second river-bed.

Garnier describes a similar case in his *Anomales Sexuelles*.⁹ I will render it literally in the semi-drastic, half naïve style of the French author:

CASE 113. In 1888, an ordinary shop assistant, vigorous and physically healthy, introduces himself to me as an impotent man. The disorder has appeared since his return from Tonkin, where he stayed for three years. Several times, despite a lively desire, he tried his luck with girls without being able to secure an erection. Before his departure, like all his comrades, he could obtain a complete result. He attributes his inadequacy to a change of climate.

"How did you gratify yourself down below during your time of service?"

"The dirty women out there do not permit normal gratification. I obtained relief with my hand, or I used a boy prostitute."

"Did you do it very often with these boys?"

"Often enough."

"Did you have a liking for it?"

"Like every one does down there."

"Was the erection as strong as with women?"

"Absolutely."

"Don't women attract you any more?"

"On the contrary! I intend to get married shortly."

"How do you gratify yourself now?"

"I have pollutions, and since I cannot use women, I masturbate either alone or with some one else."

"These bad habits are causing your transitory impotency. Abandon these forms of gratification; try natural gratification again and again, but under favorable conditions, with a woman whom you love. You will surely attain your goal. Do not lose your courage. Continue your attempts with women and only with women. Your erections will return. Your organs are perfectly normal."

And Garnier, "*sublata causa, tollitur effectus*," hopes for a sure result.

Much more difficult are those cases in which the homosexuality did not become conscious to the bearer and only manifested itself in parathiac disorders. I have seen many soldiers who, in addition to their impotence, complained about a number of other parathiac symptoms: anxiety conditions, especially agoraphobia, compulsive acts, digestive disorders, insomnia, weak-mindedness, pressure in the head and particularly an inaptitude for any form of work. At times I was able to establish the presence of repressed homosexuality and to cure the patient of his impotency through analytic methods. These cases are especially difficult because they concern men who have repressed their homosexuality; who do not want to gain insight into it; who, in consciousness, react with disgust and indignation to the imputation of a homosexual component. Their mental cataract must first be removed so that they will be in a position to rid themselves of

the disorder through a conscious overcoming of the inhibitions. That requires great tact and knowledge of analytic technique. One would commit a gross error if one simply said to these impotent men: "You are impotent because, in the field, you became a homosexual." They would laugh at the physician or decline the imputation with indignation. To be sure, their parapathiac symptoms arise from an unwillingness to see the impulses which are condemned by consciousness. Analysis is an education to the truth. The resistances must be removed in order to make self-knowledge possible.

CASE 114. Colonel A. W., 44 years old, returned home from the field suffering from impotency. Whereas formerly he never had any cause to complain of impotency, now, after a separation of one year, no erection appeared upon his first cohabitation with his wife. Later he had erections in bed which at once vanished when he approached his wife and attempted *conjunctio membrorum*. On the following day, he immediately consulted his family physician who fully assured him that similar disorders occurred almost typically in officers who returned home from the field; he need only drink a couple of glasses of old wine, and everything would be all right. This suggestion, however, was of no avail. He then made an extra-marital attempt at coitus which likewise ended in a fiasco.

He gladly agreed to analysis and psycho-therapeutic treatment, though he would prefer hypnosis. In these cases, hypnosis is almost always a failure, because impotent men are very difficult to hypnotize. I refuse to perform a hypnosis, and we confine ourselves to analysis, which he opposed at the onset with strong resistances. He is well acquainted with himself. He has no secrets and no secret complexes (he was versed in psycho-analytic literature), and absolutely nothing would come of it.

However, his first dream already discloses a remarkable situation which contributes much toward an explanation of his condition.

"My adjutant and I sleep in the same bed. He touches me from behind with his penis, whereupon I become highly indignant. Being shocked, I say to him: 'What are you trying to do?' Whereupon he seizes my penis, and I awaken with a pollution."

He himself is greatly surprised at the dream. Such conduct never occurred to him even in his dream. (He says this despite the dream just mentioned.) He defends himself against an im-

putation of having a homosexual inclination for his adjutant. He tells us that for six months they shared a room and at times were forced to sleep in the same bed. Absolutely nothing happened between them. The adjutant had a sweetheart whose photograph he always carried about with him and kissed before going to sleep.

In the further course of the analysis, however, several homosexual episodes in childhood are elicited. He had had various unusual experiences with his younger brother. He was 13 years old when he crept into the bed of his 11-year-old brother. They practiced mutual masturbation. Moreover, he performed fellatio upon his brother and even allowed himself to indulge in pederastic scenes as the passive partner. Later he admitted several episodes with classmates at a military school.

All these incidents were forgotten. He had completely adjusted himself to women. In the field, there occurred a regression to the homosexual period in childhood. He refused, however, to allow these excitations to become conscious, whence arise the following parathiac symptoms. He blushed whenever any one spoke about his adjutant, and once even harbored the unpleasant thought that people might suspect them of having an affair. Then, too, there was a disposition toward agoraphobia, which was very evident in Vienna.

During analysis, rapid improvement of all symptoms occurred as well as a complete return of potency.

All cases of War-impotency are not so simply constructed. There are complications which tax all the skill and astuteness of the psychotherapist. A knowledge of the mechanism described is of greatest importance to the practitioner, because we can only cure a patient whom we really understand.

A very complicated case of War-impotency will introduce us into the difficulties and impediments which beset such an analysis, and will conclude this chapter:

CASE 115. Mr. L. K., a vigorous man, 40 years old, complains of an impotency which arose during the war. He is incapable of exercising his marital duties. During the war, his wife visited him on one occasion at a halting place. That was three years ago. His last coitus took place there. Since that time, however, complete inadequacy prevails. Erections occur in the morning

and also during the day. A very careful anamnesis elicited the following picture.

He comes from healthy stock. As far as he knows his family is free from mental disorder as well as sexual abnormalities. He was a normal child and suffered no childish faults. His parents were very happily married. At 15, he heard classmates talk about masturbation and then tried it himself; the act took place with a strong orgasm. In doing this, he only had fantasies of beautiful women and never fancied a paraphilic situation. At 17, he fell passionately in love with an attractive girl whom he became acquainted with during his Summer vacation in the country. He never associated this girl with his masturbatory fantasies. Around the age of 16, masochistic fantasies appeared for the first time. (A woman of high station falls in love with him and condescends to cohabit with him.) At 19, he attempted his first coitus with a girl whom he picked up on the street and who took him to her home. He considered the girl a "lady of position." Only when he entered her home, did it occur to him that she might be a prostitute. Normal coitus with good potency and strong orgasm resulted. His next cohabitation occurred two months later. Fear of infection was too great for him to venture a second attempt. Since that time he had occasional intercourse with prostitutes, now and then with shop girls. His love for the previously mentioned girl continued and remained permanently romantic and purely erotic. His father urges him to give up the affair. The girl is poor, and he is too young to tie himself. He writes a long farewell letter to the girl in which he explains the motives for his disloyalty along lines set forth by his father. Months later he receives a letter from his sweetheart. She must speak to him. She loves him as much as ever. She lays no claim to him and does not think of marriage. She wants nothing but his love. He must come to her home on a certain day at a definite time. She will be home alone. And though he realizes that she will surrender herself unconditionally, he writes her not to expect him. He knows that he committed a crime against himself. To-day she is happily married. Whenever he sees her, he still feels the old love and must admit that he would have been happy with her.

After the customary relations, he fell in love with his present wife at the age of thirty. Fleeting episodes of impotency had already occurred on previous occasions. For example, he had an affair with a girl who wanted to impose upon him. Whereupon, he suddenly became impotent with her. He was desperate. At-

tempts with other girls, however, convinced him that it was only a relative impotency which only applied to the girl. His masochistic fantasies developed more and more. He began to read well-known masochistic books, devoured Sacher-Masoch, and in general plunged into ordinary pornographic literature.

In matrimony, his potency is good, although he looked forward to his wedding with some apprehension. His wife soon became pregnant. During this period, his otherwise passionate wife avoided her marital duties. A second child soon followed. Now she demands complete abstinence from the onset of pregnancy. He obeys. But now he indulges in masturbation, meanwhile practiced sporadically, more frequently than ever, always with the same fantasies which become varied and elaborated.

The World War breaks out. In the field, he had ample opportunity to indulge in fantasies and to gratify himself through masturbation. Whereupon an incapability of cohabiting with his wife set in, which seemed to make her very unhappy. She requests him to consult a physician. He consults Prof. Sch., who asserts that he has two children, and therefore has performed his duty. What he really wants is patience. His potency would surely return. He prescribes testogan. After testogan, his libido showed definite enhancement. But as soon as he tries to cohabit with his wife, his penis collapses forthwith. He consults Prof. W., who advises him to use his fantasy as a relay and to carry out the cohabitation with its aid. The patient objects to this. An attempt along those lines fails. He receives injections of testogan. Again an enhancement of libido without possibility of cohabitation. Upon his request, he is referred to a physician who practices hypnosis. The hypnosis is a failure.

His married life, moreover, was very happy. There were no differences except small scenes arising from jealousy. *His wife asserts, however, that he loves his mother more than she and the children; that in this way, he deprives her of a part of love which rightfully belongs to her.*

With this anamnesis, the session is concluded.

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The analysis creeps sluggishly ahead. His memories do not go back very far. Sexual enlightenment occurred rather late. At ten, he still believed in the stork. When his mother, at that time, brought a little brother into the world, he told his classmates that the stork had visited their home to-day, a statement for which he was thoroughly ridiculed. His first reminiscence goes back to his

fourth year. He saw a boy climbing up a May-pole and envied him for being able to fetch down the pretty things on it. This envy over the success of others is still characteristic of him. His second reminiscence (fifth year): He is looking at some pictures in a book (a postal card album). This demand for pictures has likewise clung to him. A printed word and a picture always make a great impression upon him. Then, too, he often buys pornographic pictures, which he soon destroys. At ten, he was greatly impressed by some pictures in an illustrated journal; they depicted the naked calves of girls and women.

He is extraordinarily erotic; looks over every show window for books or pictures which might stimulate him; he observes women very carefully; in his fantasy, disrobes every woman. He does not know of any impression in childhood which might have determined his paraphilia. At ten, while in the country, he believes he witnessed a cohabitation between his parents. The impression is supposed not to have been a very strong one.

In his marriage, disharmonies occurred now and then. His wife was jealous of his mother, in his opinion, without any justification. His wife is somewhat vain and fond of dress, wherefore he must always urge her to be more economical. It made an unpleasant impression upon him when she now requested separate bedrooms. After Prof. Sch. told him that abstinence would not injure his wife, he in turn communicated this assertion to her, whereupon she broke out in a severe crying spell. She admitted to him that she was just now very erotic and craved for love. And at such an occasion he is impotent! That humiliates him and weakens his position in relation to his wife.

He admits that in the field he was overwhelmed by jealous thoughts and "repressed" them. His comrades said all sorts of things about the unfaithfulness of women in general. And while he is convinced of the loyalty and decency of his wife, jealousy at times makes its appearance. How would he act if she were to secure gratification elsewhere? Such situations are never thought out to a conclusion, but are rapidly suppressed.

Violent scenes also occurred at home. In anger, he once threw a plate upon the floor and in other ways also lost his self-control toward his wife.

We observe, therefore, that this impotency can be explained psychically by a suppressed attitude of hostility against his wife. The conversation of his comrades aroused his latent jealousy. He began to fancy a breach of faith and to hate his wife. Only

in consequence of these hostile attitudes there occurred a regression to masochistic fantasies while in the field.

He describes a dream which betrays an obvious homosexual attitude:

"I say to my major: The commandership ought to be handed over to the young lieutenant. . . ."

He wants to hand over the mastery of his heart to a man. He denies homosexual fantasies, but admits having loved a classmate in school and being very jealous when the adored one spoke to another boy.

A further meaning of the dream: He hands over the commandership to his infantile ego. (An allegorical representation of his regression.) The major is the older one, and the lieutenant the younger one.

In his fantasies, *a voluptuous lady friend of his mother* played an important part. Moreover, his brother's nurse had a lively influence upon him. He often dreamt about her and, later, frequently pictured her heaving breast in his mind.

He produces a fragment of a long dream:

"I am pursued by some one and flee as hurriedly as possible. Ahead of me are two men who are running on the same path and in the same direction, but I do not feel that they will block my path. I advance with great leaps, and later am able to catch up with them."

Pursuit by the masochistic fantasies and analysis is expressed in this dream. He eludes me, even though I block his path (reduplication of my person). His ego is divided into three parts.

He recalls a situation which he experienced around his fourth year. His parents had a severe quarrel; his mother hurried to the window and wanted to jump out, but was restrained by his father.

It seems that this impression impelled him to become a helper and servant of his mother.

He was very defiant and stubborn. He had a female piano teacher whom he teased very much during his lesson, so that she tapped him on the fingers with a stick in order to punish him. After each lesson, he felt sorry for her and full of remorse. At

the next lesson he was very bad again; this game was repeated for a long time.

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He asks me whether masturbation could be the cause of impotency. He had heard such remarks, and at 17 already thought that he would be unable to create any children. He thought he would have to beg his friend to create children for him in case of marriage.

It became more and more evident that he is impotent on account of anxiety. With his mistress, with whom the impotency first appeared, he had anxiety, palpitation, and diarrhoea before coitus. With his wife, feelings of anxiety also appeared prior to the sexual act.

He admits being very jealous and was angry when his wife wrote that she had taken trips with other men. He would not allow her to see his jealousy, because he was ashamed of it, and tried to repress his unpleasant thoughts. Since being impotent, his jealousy has constantly become stronger. Furthermore, it is enhanced, in particular, by the open request of his wife for sexual pleasure.

He now admits that there would have been very many differences between him and his wife if he had not avoided them. He represses all unpleasant thoughts which refer to his wife. She has no regard for the unusual conditions of the War and is overfond of dress. He must always growl and caution her. She is stubborn and childish, and there would have been many a quarrel if he had not avoided it.

He had also considered the thought of *a divorce if his impotency were incurable!*

I point out to him that in this way his impotency contains a pleasure premium (like every parapathy): Freedom and Independence.

A second, much more important, factor comes in question. His mother and his sister, both widows, live alone. After the death of his father, he put the proposition of allowing his mother to live with them up to his wife, but she flatly refused. (We already know about her jealousy, partly justified, against his mother.) If he would divorce his wife, his mother and sister could come and keep house for him. He asserts that this thought was painful and unpleasant to him; the divorce would make him unhappy. We know, however, that it is a question of inner (repressed) motives.

Living with his relatives would complete the regression into childhood. He deceives himself and does not want to admit the deeper motives for his impotency.

Like in many cases of impotency the differences between both families play a part. He is proud of his family, and his wife emphasizes the superiority of hers. One family is played against the other.

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A remarkable dream:

"I was in the country in a room which was not separate. Two stairways led through the rooms; one up, the other down. In the storeroom was a radiant peasant girl whom I wanted to pull into the room. But people kept constantly going upstairs, which disturbed me. Finally we were alone. I pulled her into the room with gentle force. Whereupon, I opened her blouse and seized her large breasts, where two very large nipples made a strong impression upon me. I awakened with a strong erection."

A short time later I dreamt:

"I see my wife leaving her room and holding her hands in front of her face, bathed in tears. . . ."

Both dreams belong together. The first dream reproduces a scene from a halting-place, where he met a girl who stimulated him very much sexually, though he never quite possessed her. The dreams spin the situation further. Between both dreams is a large gap. It is to be assumed that his wife was dismissed.

More important still is another meaning of the first dream. The girl always occurs to him when he goes to his wife. Furthermore, a reminiscence of his own nurse as well as that of his brother must have determined the dream.

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Last night he thought of Evelyn who is employed in his business. She entered at 15. He saw her develop, and she attracted him, but, being the manager, he would not meddle with employees on general principle. *In the field, he often had a fantasy of serving this girl as his mistress and of reversing the relationship.* Yesterday he thought of her and a strong erection at once set in. He wanted to go to his wife with the erection (upon a trip, they accidentally slept in the same room), but his penis at once became flaccid. Whereupon he thought: "I am curious whether I will dream about the girl." Bear in mind that, to-day, the girl is already married. During the night, he awakened with a pollution and could still recall the remarkable dream.

"I was sitting in a room absorbed in fantasy. I thought of the girl and, in doing so, an emission occurred."

Hence, the dream made a dream out of a real experience. He had often thought of her and, in doing so, came to ejaculation and orgasm. But now the dream annuls this fact and transforms it into a dream fantasy.

He tells us that he used to write down all of his masochistic fantasies. While writing, upon viewing the printed or written lines, he would have an ejaculation.

In the morning, strong erections again occurred. He thought, however, that he was too fatigued from the pollution and it was too late. Therefore he postponed an attempt to a more favorable opportunity.

It is obvious that he forcibly suppressed his love for this girl. He wanted to make the servant mistress of his heart, but did not do it because she was not sufficiently refined and wealthy. Now she places herself between him and his wife.

.

Last night he dreamt:

"I am walking with my wife and, to my astonishment, observe that she is taller than I. I say to her: "You have grown taller during my absence." She replies: "Certainly, I am a whole head taller." My wife, who was formerly a head shorter than I, is now just a head taller. I affectionately take her arm and we take a walk."

The dream, on the one hand, fulfills his wish to serve a mistress. He submits to his wife and recognizes that she is the larger and stronger one. On the other hand, his impotency makes him small in the eyes of his wife. It seems, therefore, that this situation presents something that is wanted. His impotency is an expression of his masochism.

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"In the dream, he changes some money, a silver 5-crown piece for 35 crowns. The waiter has envelopes in which the paper money is already prepared for an exchange. On one envelope is written '6 times 8.'"

What does this exchange of money indicate? We already know that "money" symbolizes "love." He replaces the hard, indestructible silver of infantile sexuality (a 5-crown piece of silver) with a very easily perishable love (35 crowns paper money). He is 40 years old. His parapathy goes back to impressions in his fifth year. His wife is 35 years old.

To "6 times 8" he associates: Beware of sex! The meaning of the dream is as follows: In the field, he accomplished a regression into childhood and again preferred the silver coin of youth. Now he would again like to make an exchange and return from the coinage of pleasure to the coinage of reality (Freud). The dream contains a warning to take care that his marriage does not go on the rocks.

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The analysis progresses very slowly under great resistances. He describes his fantasies. He had a whole harem of female figures whom he served. First of all the governess, who attended his brother; then the cook; furthermore, the already-mentioned lady friend of his mother; a chambermaid, and also a girl whom he met at a halting-place in the War and whom he was very fond of.

One of his favorite fantasies: He is engaged to this girl and, leaving her, goes to her mother to whom he renders services and who finally condescends to allow him to cohabit with her. He possesses the mother and is engaged to the daughter.

In this fantasy, the accent lies on the circumstance that it concerns a mother. We thus come to the origin of his fantasies: to elevate his mother, to make her a queen, and then, as a reward, to have her grant his prayer.

He also had fantasies of being beaten. He once saw a governess beat his younger brother, which obviously pleased his jealousy. These beatings called forth a warm love for the governess.

.

He brings the following dream:

"I am walking with an unfurled umbrella, which awakens the displeasure of several dogs who, as usual, bark and rush at me. Each one has a muzzle. I close my umbrella so as to frighten away the dogs. One of them, however, constantly jumps at the closed umbrella until I plunge the tip of the umbrella into its abdomen."

"I am with a young married couple on an excursion via the Western Railway. On returning, our bicycles are relinquished. And when I was on the train, I did not know whether my bicycle, which was a hired one, was also placed in the baggage-car. The compartments were single: each one had a separate partition (cabin to be opened from the side-passage) like the cabins at Dianabad. Everything is in black leather . . . and then . . . I felt as if we had to await a train at the Western Railway sta-

tion and go into a restaurant on the road; it has a front garden with a flat-roof. As we step up to the restaurant, walking on the rails, it seemed to me as if we did not really experience this, but were filmed."

The first dream discloses several deeper motives for his impotency. When he unfurled the umbrella, the wild dogs rushed at him. Translated into ordinary language that means: "When I am potent (the unfurled umbrella is a symbol for the erect penis), all passions awaken in me, and I could stab a woman in the abdomen with a knife."

We recognize that an unconscious sadism paralyzes his aggressiveness toward his wife. In the War, he had ample opportunity to indulge his sadism. He only killed for the sake of duty, but he saw the senseless shooting and murdering; saw the corpses and the wounded and the wild dogs within his breast began to stir.

People abuse jealousy in order to justify their sadism. Ought not our patient to misuse jealous excitations in order to avenge himself against his wife and to stab her in the warm abdomen with a knife? In fantasies, of course, which must not become conscious. . . .

How concealed his jealous excitations are, even in the dream, is proven by the second dream. The stimulus for the dream was a trip with a married couple of his acquaintance. They made an extensive mountain-tour during which he walked with the wife of his friend for quite some time, while his wife went in advance with his friend. He denies having been at all jealous. However, he states that, on this trip, he had an opportunity to discuss matters with his wife and to propose a new life to her. He realizes his faults and wants to mend them. He felt that his wife was an absolute stranger to him. That is to say, he felt a stronger love than ever before; he was, as it were, again in love with his wife, but she was cold and calm, treated the question of their marriage as a business matter. (His wife is a "hired bicycle." He must return it.) This feeling of isolation and loneliness is wonderfully symbolized in the dream by the separate compartments. There are four persons and each one sits in his own compartment. Four persons and each one is a stranger to the other. He temporarily had the thought: "If everything were only at an end. If the train would be derailed, all would be over." For that reason, the restaurant is on the rails. He feels approaching disaster. His soul is filled with anxious expectations. He stands before a severe collision with fate.

We will soon see that the presentiment of the dream did not deceive him. On the other hand, we later discovered that he had withheld the most important incident on this trip and that he had good reason to be jealous.

He would like to feel: "It is only a dream. You need not be afraid."—For that reason, it seems that everything was "filmed." He is the spectator of a moving-picture. It has absolutely nothing to do with his life and his happiness in life.

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In the next sessions, a new fact is disclosed. It is brought into the conversation in connection with a dream.

"I am lying on a mountainside and see some one trying to move a wagon drawn by six white horses. Inasmuch as the terrain is very steep, this can only be done with difficulty. Suddenly, with a jerk, the horses pull the wagon. Then it stops. Renewed efforts by the driver. With another jerk, the vehicle moves up-hill at a brisk pace. Heretofore, it was an open, meadow country; now it comes to a street which makes a bend. On account of the mountainsides, my view of a greater part of the street is obstructed. Just before the wagon disappears from view, it emanates a cloud of dust or smoke (a wind spout?) which goes upwards. In order to discover what had happened I climb the mountainside and see the wagon driving away in the distance. I go further into the woods. Suddenly, I see a companion next to me. He was among the other spectators with whom I advanced.

"I suddenly stand before a depression in the forest hard by a gorge and see a forester coming up from below with a man whose hands are tied. As we meet, the forester looks at the plants which the other fellow and I have in our hands, points to them and says: 'You ought not to have picked those!' The fettered man wants to open his pocket knife. For what purpose, I do not know. He wanted to render a service to me with it. I continue upon my way and presently come into a clearing in the forest. Between the trees is a surface of water and, on getting nearer, I notice a merry-go-round to which leads a short, but wide bridge."

Then a pause. . . . I awaken, fall asleep, and at once continue to dream:

"A house is built upon a very steep slope in such a way that one can enter the top story from above. To this house belongs a piece of property which, in the main, comprises a very steep mountainside and is surrounded by a wooden fence. The street

is in front. I find myself on the property and want to descend to the street. A path, which as I recall it was of dry sod, is precipitate; and I presently see myself in front of a very steep basin of stone which prevents me from getting down. Furthermore, the path hard by the basin is too steep to enable me to reach the street. In looking for an exit, so as to escape this critical position, I espy, behind and above me, a wooden fence which I can reach with my hands, so that I am able to pull myself up. I now walk along the upper part to the upper egress of the house, which is a brothel. In going downstairs, two apprentices who are white-washing the well of the staircase wish to detain me. One, in particular, embraces me and says I must not hurry away like this. Several girls also wish to detain me. I break away and go downstairs. On reaching the ground-floor, I see a number of these prostitutes in a drawing-room, and among them, in a group, is our nursery-governess who arrived as a guest. I am greatly surprised, and close the door. With one leap, I jump through the window into the street. At that moment, the nursery-governess comes to the window and says: 'What kind of manners have you, to cut me like that? The path through which you left the house, is also very significant!'

"This meeting was a very unpleasant one to me, especially since she will now believe that the hours, which I spend by myself away from home, often lead me to such a house."

Now the dream with the rustic person whom he caressed in the well of the staircase is also explained. He covets his nurse-maid without knowing it!

He contests this fact, but must admit that he often had to pre-occupy himself with her against his will.

His first masochistic fantasies arose from a "page fantasy." He wanted to serve a queen as a page. One plainly observes the mother-imagó. It also turns out, however, that he had all sorts of sadistic fantasies of which he was afraid, and which he repressed. With him, hatred is obviously always associated with sadistic excitations against women. His impotency serves as a defence against a sadistic attitude. Stories of femicide, of "Jack the Ripper," always had an exciting effect upon him. He must avoid such stories on account of his inclination toward paraphilias.

He once more returns to the nurse-maid. He believes it would only be a matter of revenge against his wife if he were to cohabit with the nurse-maid. He dare not go to his wife when he has an erection, but toward the nurse-maid he would feel like a real man.

The dream, however, has a much deeper significance, which proves to be a continuation of his previous train of thought. The nurse-maid must now know that he visits a brothel. It refers, above all, to his own house. He is afraid that his wife deceives him; that she is a prostitute. If he were now to cohabit with the nurse-maid, it would be clear to her that she is in a brothel. His house is situated on a mountainside. The old, reliable path to his wife falls off abruptly; he seeks in vain for a way out of his precarious situation.

Now, however, the dream about the wagon drawn by six white horses becomes comprehensible. It is his family and the servants. They are six persons in all. He has a difficult task to support this family and now, in consequence of his impotency, he faces a steep mountain. Will he find his way to his wife? He is afraid that his entire home will be ruined. (The wagon goes up in dust and smoke.) He is the fettered man who is led by the forester. He is the criminal who wanted to avenge himself against his wife, to plunge a knife into her abdomen if he were not fettered, fettered through morals and religion, through his love and his weakness. The forester said to him: "You ought not to have picked these flowers. Not that kind!" For why did he take his wife? That was a flower he ought not to have plucked. However, he consoles himself. It will turn out all right. Life is a tilting at the ring (the merry-go-round in the dream).

How do things appear in his soul? There rages revenge; there menaces his old sadism; there powerlessness is desperate; there he plots revenge with the nurse-maid. With every woman, he thinks: "Would I be potent with her?" And from day to day he feels how his love for his wife is growing. He rebukes himself for having treated her badly and for that reason lost her.

We understand why he would be potent with his servant girl. He can venture to be potent with her, because he does not hate her. The attitude of hatred toward his wife prevents an unfolding of his potency. The phallus becomes a symbol for a knife which plunges with a vengeance into the abdomen.

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After several sterile days, he again brings a long dream:

"I dreamt that I was quartered with a young *widow*, the owner of a boarding house, together with several other gentlemen. One of them, who occupies a room next to hers, accuses her of having no use for him. I hear about this and advise her to change her room for the period of our visit. The other fellow hears about

it and states that he cannot understand why I should want to keep him away from the woman, because, after all, he has also made use of other things belonging to her deceased husband; he even rides her husband's horse! Suddenly, I am in my room, and just as I am thinking about this woman, she enters the room. At first, we entertain ourselves with business matters.

"I recall having advised her once before that she might allow a claim, which encumbered her share of the estate (a girl's possession), to be paid with her inheritance. She was not a sole heir, for a debt was encumbered upon her share, and I advised her to pay this debt from the inheritance left by her husband, so that her share would be unencumbered.

"Both of us look out of the window. I take her by the chin and want to fondle her, but she declines. All at once we are sitting on a divan. I kiss the flexor surface of her arm; then her breast, as far as it is visible at the scallop in the blouse. Whereupon, she opens her blouse and exposes her breasts with the words: 'I want to see how you like these!' She wore no chemise. I place her upon the sofa; rapidly advance toward the door, which is open, and close it. As soon as I return and wish to fondle her, I observe that the blind is drawn, though not entirely so. I draw it down completely; take off my coat and shoes, and place myself on top of her. She was in a corresponding position. Coitus. I withdraw my penis and say: 'We ought to amuse ourselves a bit beforehand.' I awaken. An erection. No pollution."

To the dream, very little material occurs to him. It seems to deal with reminiscences of his nurse and attitudes toward his mother.

On the other hand, he has a great deal to say about the dream where he passes through the brothel. He has a distinct recollection of having sought a definite prostitute in this dream. For a time this prostitute was his favorite. He visited her regularly, and, long after he stopped seeing her, she played a part in his fantasies. He had fantasies of taking her on a trip to Italy where she would pass as his wife. During this period, however, she must pretend that she is a virgin and that he would ruin her. It was considered a highly erotic trip. *The circumstance that the prostitute consciously played the rôle of a decent woman and, for the first night, the rôle of a virgin seems to have been the essential thing.*

He is advised to share the same bedroom with his wife. At the present time, they occupy separate bedrooms. Erections now

appear, but he lacks courage to go over to his wife, because he is afraid of a fiasco.

The sharp duality of this person is interesting. In his fantasies, the unfaithfulness of his wife seems to be a love-requisite. Even the prostitute acts as an erotic stimulus and increases his libido. The lower a woman is morally, socially, and ethically, the greater will the raptures of submission be felt. At home, he wants to be master, will not tolerate small, arbitrary acts of his wife, is very jealous, and would not stand for the slightest infidelity. *This turning away from his fantasies and an inversion into their opposite is the cause of his impotency, because submission to a wife, whom he considers beneath him and whom he elevates, seems to be most important to him. It is still unclear how this fantasy developed from the "page-fantasy."*

We will return once more to the long dream about the widow. I explain the family romance of a parathiac to him. The parathiac spins a romance in which he is not the son of his father. Whereupon, he makes his mother a prostitute. In the romance, his mother already fell in maidenhood. There are doubts about the virginity of his wife and his mother, which repeatedly come to light, although they are unjustified. The dream concerns an obligation which arises from the maiden's possession. The end of the dream (play with the breasts), shows a regression to his first infantile ideal.

His wife is always jealous of his mother. Her feminine instinct, apparently, has not deceived her.

We now understand his fantasy. He travels with a prostitute who pretends to be a virgin, and he elevates her to be his mistress. He waits upon her and is her page. In the field, a stronger love for his mother appeared with his jealousy toward his wife. He wrote affectionate letters to her. For that reason, the "page-fantasy" once more emerged.

Under the influence of sadistic fancies and as a result of idleness—for many weeks there was nothing in the trenches for him to do—we observe the appearance of a regression to childhood, a rekindling of his old love, and a reawakening of paraphilic, masochistic fantasies. The masochism proves to be a compensatory superstructure of his sadism.

Once more he is requested to share the same bedroom with his wife. A trip is used as an excuse for doing this. They sleep in twin beds. He awakens at night with a strong erection, which

was unfortunately absent on going to bed. He does not want to awaken his wife and therefore waits until morning. He informs his wife that he has overcome his weakness and asks her if she is willing to share her bed with him. She declares that it is now too late; they have an appointment with a friend.

On the way, he reproached her for never being affectionate to him. With irritation, she inquires whether he was always affectionate to her. He must admit that he had treated her badly in recent years. He recalls coming home from the field; his wife welcomed him with exuberance, while he remained cool and reserved. In the field, all his resentment against those enjoying life at home, among whom he counted his wife, accumulated. Jealousy, which was always present and constantly had to be repressed, had moreover estranged him from his wife.

To be sure, under the influence of my care, he became more affectionate and attentive in the past few weeks. Was it already too late? His wife did not want to accede to his proposal of giving up the separate bedroom system. They could live with each other as good friends. She was already resigned to the situation of not having a husband in him, but only a companion.

He was deeply affected. He does not know how he can get over the rift.

His wife's conduct is extremely untactful and makes one suspect deep ill-humor, if deeper motives are not present. Did she find another man in the meantime? His impotency could not be cured in this way. I request his wife to come and see me.

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Two days later, he comes again. His wife refuses to call upon me. Furthermore, such a visit would have no object. It was too late. She loves another. He now tells me what he had withheld. On the trip, about which he had dreamt (p. 196), the wife of his friend had pointed out that her husband was in love with his wife. Moreover, she has absolute proof that his wife is passionately in love with her husband and gives him no peace. Nothing serious has happened so far. The danger, however, is very great.

The patient is badly shaken. He seeks proof and finds it. His wife confesses that she could not live without the friendship of Mr. X. Mr. X., whom he had called to account, admitted that his wife had complained; she had no man; her husband is impotent; she is desperate, etc. She complained to him so long that they fell in love with each other. He still describes their love as genuine friendship. But how long will it last? What shall he

do? He loves his wife and cannot live without her. He is now completely cured of his impotency and cannot use it. His wife no longer cares to hear anything about sexual intercourse. He has lost his wife.

During the War, he temporarily lost his potency. Three years ago, upon a visit of his wife to a halting-place, he was impotent. She considered that a personal insult; the long separation made her fixation upon his friend X. possible.

He wants to reconquer his wife through love and consideration; through patience and gentleness. By chance, the wife of Mr. X. visited me on account of her pathological jealousy. It seems that both marriages will be ruptured and that Mr. X. and the wife of my patient will find each other.

This was only one of the countless love-tragedies which were caused by the War.

Humanity will have to bear the results of the War for a long time. A few fortunates will succeed in returning to their old adequacy to love. Nameless grief will secretly embitter people and ruin marriages; indescribable mental struggles will exhaust the individual and make him useless and impossible in the community.

The sowing of hatred has not entirely failed. Through its bitter fruitage, countless victims will continue to be poisoned with aversion to love and for their fellow-men. Only by degrees will light appear, and genuine peace will move victoriously into the souls of the blind and unfortunate.

XIX

ANALYSIS OF A CASE OF IMPOTENTIA MULTIFORMI¹

By HERBERT SILBERER, Vienna

When we speak of impotency, we usually mean a functional inadequacy of the genital apparatus. Even if we confine ourselves to "psychic impotence," we usually think of a functional inadequacy during the sexual act, *i.e.*, we co-ordinate a psychic cause with the somatic functional inadequacy occurring during the act. The cause in question preventing the occurrence of this act may, however, also begin further back; it may already exert its inhibitory effects in the *preparations* for the sexual act, in the direct as well as the indirect ones. It may produce a functional inadequacy with the woman either at the last moment or already earlier, in all possible stages.

If psychic causes are at all able to deter a man, in whom we recognize a "will-to-woman," from women, then we still of course do not feel induced to speak of impotence, although we would have a certain right to do so. For we have assumed the presence of a "will-to-woman" in this man, and this "will-to-woman" is restrained through various psychic causes in the same way as may occur through somatic causes (at another stage of sexual aggression). The difference lies in the fact that the restraint, in the latter, already appears earlier, whereas the end result is the same; a restraint must be spoken of therefore; and since the "will-to-woman" is not sufficient to master the restraint, in a broad sense, an impotence might be perceived in this fact. Clinical nosology, in particular, would prefer to have such cases classified into other groups in which their specific characteristics are better expressed, as in the case of men, for example, who "really" would like to cohabit normally but cannot get at it because they fall victims to homo-

sexuality, compulsive masturbation, an inhibitory phobia, etc.

Notwithstanding, however, there are also enough cases where the inhibitions in the various stages of preparation and execution form a chain one end of which is represented by impotence during the act itself. Starting with this most evident symptom, one may now follow the chain back, and it seems almost arbitrary if one were to decree: thus far reaches the "impotency." The whole chain, then, is much more an expression of a central fact; it is extended as a whole from the other end, and—if one will allow me to abide by the metaphor—it is precisely to this chain that the "conscious will" is attached, so that it cannot reach its aim.

Consequently, in a somewhat wider sense, we may also pronounce as impotence phenomena which descriptively are in no way identical with impotence in a narrower sense (hence, functional inadequacy during the sexual act), but undoubtedly co-exist with it, attain approximately the same end result (though earlier), and, as it were, are to be considered as its prolongation. The inhibition, therefore, can already set in where another sexual tendency (*e.g.*, fetishism and homosexuality) blocks the normal wishes; then, during preparations for a normal advance (*e.g.*, any sort of restraining phobia); then at a stage of closer contact (forgetting a rendezvous and such like); then, on being together (in various form); then, with the preliminaries for coitus (comp. J. J. Rousseau's experiences with the Venetian woman: sudden indisposition, anxious bashfulness about nudity); then, in the form of an insufficiency or absence of erection where the libido is present, vanishing, or has changed its direction; then, directly before the eleventh hour, as *ejaculatio ante portas* or also as *ejaculatio præcox* after successful penetration, and finally, by way of supplement, so to speak, in order to undo everything that preceded, as an absence of orgasm.

It is evident that such a chain is released by only those psychic causes (primary) which secretly tend to frustrate the sexual act. Therefore, aversions and inhibitions. Hence, since we would be dealing with cases of this sort here, we have no occasion to be against this view, if, perhaps, the frustration of the sexual act were only the incidental effect of a tendency which is

actually directed elsewhere. What is usually considered as "impotence" may, I believe, have various, sometimes also, concomitant causes (with complete exclusion of the organic ones). I must emphasize here that my discussions are neither written for the sake of a theory nor with disputatious intentions, but simply to describe observations and to aid in their understanding. Nor would I care to create the impression that, with the elucidation of those events which interpose themselves between the "will-to-woman" and its realization, we have already completely settled their tendency. They require individual consideration and evaluation, in particular, where they assert themselves as parathiac symptoms; an evaluation, especially, as a side-tracking of libido; as substitute-formations; and, at the same time, naturally, often as concealed indications of the nature of the inhibitory tendencies whose history they in part incorporate within themselves.

In what follows, I will describe a case to illustrate what has already been said; a case which shows the inhibitions rather well in all possible phases. The presentation will, in part, conform with the course of the analysis, but for lack of space we will largely be confined to what is essential for us—even this selected material almost threatens to be in excess.

CASE 116. A patient referred to me by Dr. Wilhelm Stekel after being found suitable for psychoanalysis. His name is Camillo Monticuli,² and he is 26 years old. Has a robust appearance. Physically healthy except for the sequellæ of a gunshot injury acquired in the World War, and which impairs the movements of one arm. Occasionally mild extra-systoles of the heart were established. Natty appearance and fastidious about his diction. He is an only son (a second son died before C.'s birth) of Jewish-Italian parents, who long before the outbreak of the War had moved to Vienna and are fairly wealthy. The patient states that there is a hereditary taint in so far as his mother suffers from a mild conversion hysteria (gastric symptoms, rest of symptoms not ascertained) and his father from "nervousness." Works in his father's business. Served during the War; was wounded in 1916 (pulmonary wound) at the age of 22 and remained in the interior; several times in sanatoria; usually at home in Vienna.

Profoundly depressed, the patient enumerates his complaints

which are no longer tolerable. He can "neither walk nor stand," suffers from extreme depression, and distressing forgetfulness. An intention will already be forgotten a moment later; after leaving the house, he must nearly always return on account of leaving something behind; forgets his pocketbook, puts on his overcoat and forgets his coat, forgets social duties (especially unpleasant ones), etc. His entire activity no longer has any purpose. His work is completely upset. He is even unable to read properly. If he starts to read something, after a while he finds himself staring at the pages without grasping their contents. Suicidal thoughts are present.

On inquiry after further symptoms, the patient gives somatic ones which he describes as follows: "These phenomena tend to appear in a certain succession. As a prodromal symptom, I first feel a drawing sensation in the thighs and pain in the knees. Then pressure at or above the region of the kidneys, followed by stubborn constipation. The pressure feeling in the kidney region is painful and may increase to a point where it becomes unbearable. This state of affairs may become such that I cannot move." (From a later description is to be added: "The attacks usually begin with a profuse evacuation of the bowels. Then comes the drawing sensation and the pain in the knees, which reminds him of a mild attack of rheumatism; in addition, flow of saliva and finally aerophagy. The conclusion of the attack, after the constipation, is again formed by a spontaneously appearing, profuse evacuation of the bowels.") I have discovered when the attacks are released. It is when I intend to take a trip into the mountains. It seems as if the attacks wanted to frustrate my mountain trips, which I always anticipate with great joy. Two years ago, the attacks were already so unbearable that I consulted Dr. X., who tried to hypnotize me. Under his encouraging influence, I became somewhat better, but only temporarily. It was also a good thing that Dr. X. freed me from a woman who, at that time, was resting heavily on my stomach.—My depression may be associated with the great disappointments which I have experienced. Thus, for example, two engagements were broken and my best friend recently withdrew his friendship from me."

The patient complains bitterly about the strict way in which he, a 26-year-old man, is treated at home, just as if he were only 15. He has no freedom and is under supervision; is absurdly controlled by his mother in particular.

The patient sits on and on in my office as if he had something

to tell me. With some hesitation he declares that he is also impotent, viz., he adds: "naturally psychically impotent."

Finally he tells us that he studied medicine for several semesters and is a philosopher. (That would give one the impression that he was studying at the University. Later, however, it turns out that this was only a wish.) "Unfortunately," he does not dream. There are large gaps in his memory. He suffers from considerable fatigue in the morning despite a long, deep sleep.

In the patient's first communications during analysis, the widest space was taken by instances when he proved to be unsuccessful with girls and women, although, on the other hand, from many remarks and a diary which he gave me to read enough comes forth to show that he really must have had an easy time with the fair sex; this can be easily understood on account of his favorable appearance. On repeated occasions, he has undoubtedly made women show a lively interest in him. Something, however, must prevent him from utilizing his gifts to the ultimate consequences. The instances when he was unsuccessful, about which he complains, reach back into childhood and appear in every period of life. On a trip after his final examinations (after completing a business college), he was smitten with a charming blonde Frenchwoman living at a hotel in Switzerland. She was older than he and, to his sorrow, paid absolutely no attention to him. That was the first summer in which he had a period of depression. He had a desire to leave his parents, with whom he was travelling, and to withdraw into the solitude of the woods. Earlier still, when he was 12 or 13 years old, he became acquainted with the daughter of the landlord (owner of the house where he and his parents lived), "a very nice little girl." At that time, he overheard several people say: "Those two children would make a nice couple." Although somewhat embarrassed, he gave his little friend, who was the same age as he, a hint in that regard. But she only laughed at him and he felt hurt. His convalescence after being wounded was a happy period. He spent a part of a winter, during his twenty-second year, in a mundane sanatorium. Here he had many a flirtation. He was smitten with the charms of an attractive married woman, an actress, who was spending the winter there alone. She was coquettish and had many admirers, although she preferred C. They were together a great deal. Kissing took place, too. Then his companion advised him to "enter into the affair more ardently." From this moment, he was absorbed with the thought of possessing her. So he took

the "bull by the horns." He placed himself before beautiful Mrs. L. one evening and, in a very clumsy manner, informed her of his desires. Without much ado, he asked for the key to her room. From the advances which she had made to him, the woman really expected an intimate approach, but, on account of the form which it took, she could not do otherwise than laughingly call him a stupid boy and withdrew. The scene or rather the thoughts associated with it excited him so much that he immediately masturbated; at that time this occurred through movements of his body; he was ignorant of masturbation with the hand, but soon "discovered" it afterwards. His invariably unusual and important masturbatory fantasies will be discussed later on. Up to this period in his life, C. M. has never cohabited. Characteristic of his behavior, however, is that, on the night of his proposals to Mrs. L., he slipped on a condom in advance.—Continuing to discuss his failures, the patient mentions a charming girl who, a few years later, in 1919, exerted a strong sexual stimulus upon him while at the Viennese Strandbad "Gänsehäufel," although he did not take advantage of her very obvious advances. Instead of showing action like other young men, he always became poetic with girls. In the preceding instance, he also played the part of an enthusiast and a moral hero. He actually felt anxiety and in addition had flowing of saliva together with pain in his back. These, as well as the other symptoms belonging to them, had attacked him, more or less, on many occasions (viz., so it seems, whenever he felt a desire and was tempted to do something). Thus, for example, when his friends spoke about their attractive lady friends. He never cared to visit the beaches because he was uneasy about showing himself naked. On account of the above girl, however, he forced himself to go. As a rule, he was unable to afford the expense of a steady girl. He was always sparingly provided for by his father. In erotic situations he is always anxious lest something (often indefinite) might happen. He has an unusual mania for marriage plans. On two occasions he was engaged and, in both instances, the affair had an inglorious end for him, especially the second one. At that time, he had intimate relations with a girl, Margit; she became pregnant and aborted. On account of seduction, her uncle wanted to bring charges against him in order to assure marriage and made things very hot for him; it ended with a scandal. He furthermore tells us that he had received his fiancée as well as some of his other lady friends from the hands of his male friends, as if he were not venturesome

enough to conquer a woman of his own accord. Thus, his second fiancée, in particular, was a cast-off sweetheart of his friend Theo. For a previous sweetheart (whom he could not possess), he had to thank the sculptor L. A. Theo and L. A. play a very prominent rôle in the life of our patient, which we will refer to later. To events associated with humiliation belong those from his school period. In the intermediate school, there was a "masturbation-intrigue." C. M. was surprised and hurt because he was not taken in, and was treated like a little girl not to be taken seriously. He also experienced several humiliations on account of being a Jew; he was looked upon with contempt, and on one occasion beaten.

As far as the periodic, unbearable, somatic phenomena, the hysterical attacks, are concerned, the patient fixes their onset variably. On one occasion, he asserts that the stronger attacks accidentally started at a festival (in his twenty-third year) where, as often happens under similar circumstances, he suddenly felt lonely; at another time, he dates it from the year 1913 (his eighteenth year), when poisoning was suspected; then again from the time of the frustrated excitations at Gänsehäufel, already familiar to us. Upon the last-mentioned occasion, as well as similar provocations, he was especially struck by the flow of saliva. He interprets this as a hysterical expression of the feeling: "my mouth waters," when he thinks of the sweet fruit of love which he does not dare to pick.

This humorous interpretation of the patient gave me cause to suspect that he came to me with a knowledge of psychoanalysis. That is always a two-edged trait. I must almost call it undesirable. C. M. evinced very remarkable ability to read symbols and symptoms, which, of course, increased considerably during the analysis.

The somatic phenomena mentioned were very strikingly associated with the patient's passion for mountain climbing. An experience in his thirteenth year will serve as a beginning. At that time C. M. made mountaineering trips with his tutor. After one of these trips, the patient was attacked by an affliction which physicians called an inflammation of the kidneys; furthermore, his unhealthy appearance and alimentary disorders gave cause to examine the urine, which showed much albumin. After this, the mountaineering was forbidden for a long time. In order to recuperate, his mother took him to the shore at Sistiana, where C. was in despair over having to sit quietly in a cure-chair, under

observation, instead of rambling around alone and hunting up the enticing mountains. He recompensed himself the following summer, which was spent with his parents in Innichen, by purchasing various books on mountaineering. He read these books during his numerous sojourns in bed (made necessary by grippe-like attacks). His fantasy, quickened by the fever, allowed him to experience the mountain excursions described in the books with such intensity that he perceived, upon himself, all the different somatic phenomena associated with mountain climbing. Thus, after reading a description of climbing Cima d'Dodici, he was completely exhausted, and even felt the onset of glacial-gangrene.

In the succeeding two or three years he had a certain tendency toward syncope. One of these occurred after returning from a very easy climb up Rosetta in San Martino. Not very long before that, on account of the association of syncope with digestive disturbances, physicians made a diagnosis of "poisoning"—probably from preserves; the patient contested this vigorously, because at that time, he already expressed his conviction of its parathyriac nature. Here we have the period (at 17 or 18 years) when his attacks, in their present form, were being formed.—Starting with the "acute inflammation of the kidney" (Albuminuria) period, enforced abstinence from mountain climbing lasted several years. Finally, under the pretext of making very light trips, the patient stole back and forth from large mountain climbs, which intoxicated him with pleasure, but were often followed by his hysterical symptom complex or were prevented by one. After the War, having demonstrated that he was inured to hardships, he was again able to indulge openly in his hobby.

"On climbing, I am especially stimulated by danger," he asserted during one of his first analytic sessions. "But, in making a tour in July of this year, I paid dearly for it. In a careless manner, I made a tour alone to the Hohe Wand and came to a miserable standstill at a relatively easy place. I became extremely anxious and trembled. Then I was all in." After this experience, C. M. felt very depressed; had a feeling that he was still not equal to mountaineering, etc. That awakened in him an urge to redeem himself, and, on another occasion, accompanied by his friend Theo, he actually made the tour without fault.

Soon after these communications, the patient asserted what we suspected at the onset, that mountaineering must be a substitute. Yes, he recalls a remark which his friend Theo made; namely, "C. 'cohabits' with the mountainsides." The patient considers this

remark absolutely correct. To us as well as to the patient the parallelism between mountain sports and love is obvious. One passion is replaced by the other. It is not that he only tries to forget his unhappy love in the dangers or beauty of nature, but he directly seeks the intoxication of orgasm in the mountains, and it also happens that, after this misplaced orgasm, he feels wilted and exhausted like after excessive indulgence in love. In addition to conquering the mountains instead of women, he evinces another parallel; namely, the patient loved to hypnotize girls and women in order to create in this manner a feeling of power for himself which was otherwise lacking; this is also a displaced form of taking possession. He declared that a violent passion for mountaineering helped him to get over his two "failures" of the previous year (he refers to the ill-fated engagements), and that he also proved to be "impotent" with the mountains, in that either anxiety or his attacks seized him. In short, he completely carries out the identification "mountaineering = sexual desire" or "mountain = sexual object." The naming of many peaks (*e.g.*, Rosetta) with female names might also be offered as a basis even if it is incidental.

Various facts lead one to suspect that the patient had a strong homosexual component; it would even seem that his homosexuality was the cause of his turning away from womanhood and his failures with them, despite his conscious "will-to-woman." This was also suggested by his story about enthusiastic friendships with men, which occasionally bordered on the erotic (has a feeling of physical pleasure when walking hand in hand with the sculptor L. A. or, when fatigued, he puts his arm around Theo), and the fact that one of his strongest attacks resulted from excessive fondness (without any sexual acts) for the sculptor L. A., himself a parapathiac. One might well suspect that his love for the two women, who associated with L. A., and Theo, as well as a third almost analogous case, could be traced back to a displacement of libido from the homosexual to the heterosexual object. The result, however, permitted one to understand that while there was truth in it, this mechanism was by no means the most important. Then, too, it is to be noted that his embarrassment about appearing naked before a military examining board, hence before men, corresponds with a homosexual component. To be sure, his modesty has other foundations, which we will consider later.

Very soon the analysis digs up more about the patient's conduct with women. Details about his impotence and other inhibi-

tions become especially clear after they had first only appeared symbolically in his mountain experience. About this period of the analysis, the patient declares that his main reason for wanting an analysis, without knowing it at the time, was really his impotence. From the communications in question, several will be selected as illustrations.

For a long time, C. M. actually did not venture to approach a woman. At the age of twenty-two, he attempted his first coitus; it was with the woman friend of a friend. To a certain extent, he finally forced himself to start an affair in obedience to the encouragements of his friends. He had great anxiety and stage-fright; an ejaculation *præcox ante portas* occurred. Upon re-attempting the cohabitation immediately afterwards, "there was also some inhibition" which the patient cannot recall in detail. Shortly afterwards he was taken to a brothel by a friend. Here he succeeded in making a penetration, but coitus lasted about 20 seconds, because an *ejaculatio præcox* occurred. "The orgasm was very weak, so that I asked why people make so much fuss about this 'pleasure'!" The patient visited the brothel several times more and experienced *fellatio*, etc., but in general he preferred to practice masturbation. He learned about the latter in his fifteenth or sixteenth year without instruction; it was during nights of sexual excitation, and he did not know how to usher in an orgasm. (The first orgasm occurred after being declined by Lia.) With coitus, therefore, an *ejaculatio præcox* appeared at the onset in those instances where no other inhibitions either before or at the last moment (*frustrated erection* or *ejaculatio ante portas*) made the act impossible. In general, the patient notices that, first of all, a certain timidity prevents him from making contacts; then, from making them more intimate. When the intimacy becomes "dangerous," then the attacks, already familiar to us, are interposed as a protective measure. Or very shortly before the intended cohabitation there appears some form of attack, like intense abdominal pain with *diarrhœa*, headache, an irresistible urge to urinate, etc. Thus, for example, he once intended to spend a night of love with a little singer, Ada, in a hotel at a resort. As the time drew nearer, after his evening meal he was overtaken with severe abdominal pain and nausea.³ He had to vomit and was in a very miserable state, during which the girl was very pleasantly concerned about him. Hardly had this attack relieved him, with certainty, from the obligation of cohabitation, when his condition was converted into one of great

well-being and happiness.—If a cohabitation is imminent, then the patient experiences an anxiety which reaches its highest degree when success, in getting as far as the sexual act itself, is actually at hand. The act is then attempted with trembling and perspiration.

Two illustrations of inhibitions against making contact with girls: The patient tells us that formerly he experienced a compulsion to look away from pretty girls, *e.g.*, in the street car. Not so very long ago, towards evening, he was standing on Kärtnerstrasse with several friends. A very attractive young girl walked past, and a friend asserted that she ought to be accosted. C. M. of course, who has a taste for sexual adventures, hurries after her and addresses the girl with these words: "Well, mademoiselle, already after heart-breakers so early?"—Hence, with an address which (considering the slight social qualities of the district mentioned) had to insult and cut off all further sociability. This little incident gives us occasion to point out two other factors: 1. the circumstance that the patient actually feels obliged to play the part of a "fast fellow," *i.e.*, the enterprising one, the *roué*; hence, the inner decree which Stekel has called the "immoral imperative" (compare this with his experience with Lia); 2. the depreciation and humiliation which the patient takes up against those sexual objects that are unattainable to him, in accordance with the principle of the fox and the sour grapes.

A counterpart to the depreciation of the sexual object is that occurring during the sexual act. On any of the few opportunities, for example, which were offered for coitus, in the middle of the act he would make the remark: "Did you read to-day's paper? How are marks to-day?"

The most favorable conditions for the patient were present when he had already become intimately accustomed to a girl; this was especially the case with his second fiancée. At first the patient was also a failure with her, often he slipped away or they helped matters by means of mutual masturbation. Often the patient confined himself to embraces and such like, and, besides, preferred this to masturbation. His impotence finally receded at a characteristic moment, namely, when they became engaged. At this stage, a tolerably satisfactory coitus at times occurred, even if it was still of not very long duration. This attitude (namely, the effect of legitimacy) is the opposite pole of the patient's "immoral imperative."

An important factor, furthermore, is contained in the circum-

stance that it often indicated a relief to the patient if the forces inhibiting sexual pleasure turned an erotic adventure into a situation of *maternal affection*. Then, perhaps, the patient will place his head upon the girl's lap, whereupon there arises a touchingly romantic scene. Compare with the instance where the little singer, Ada, assumes the part of an affectionate nurse. Later we will become acquainted with the original of this situation. It is also a highly significant remark that he is drawn toward more mature married women, and he was very fond of hearing a maternal voice. In his ideas of marriage, which preoccupy him now and then, the thought occurs: "The woman who wants to tie me forever must be a mother and a prostitute at the same time." Before we turn to the subject, "mother," now close at hand, we will reproduce several particulars from an anamnesis which the patient himself wrote during the course of the analysis:

"My childhood memories are extremely scant. Only a couple of reminiscences from grammar school, of diphtheria, *a defecation in bed* and several unpleasant memories of *impatience and waiting*.

"In the intermediate school, I was always very much given to reverie; it was called indolence and, therefore, the instructors were never satisfied with me. At this period, I never had any friends. I would pass my classmates without greeting. They were much too clever for me, and from the very beginning I felt much too young for them (though most of them were my own age). Not until I became sixteen did my tutor succeed in awakening me from my lethargy. So far as I can remember, sexual matters preoccupied me very little; yes, until my fifteenth year, I believe not at all.⁴ As cowardly as I was around other boys, just as brutal and insolently did I treat little girls. I would not listen to the 'smutty' jokes of my classmates and did not understand their comments, so that until I became twenty the construction of the sexual organs and sexual intercourse were absolutely unclear to me. At 17, I seriously complained to my mother about several colleagues because they wanted to get a very attractive girl for me. Proper sexual enlightenment never took place. My parents had entrusted this to the family physician, who confined himself to the following remark: 'Be very careful and when you discover that you are ill, come to me at once.' When, at the age of 15 or 16, another physician asked me about pollutions, on account of very severe manifestations at puberty (disquiet, insomnia, irritability, hot flushes; I also suffered from 'red ears'),

I replied that I had none, although I had no idea what he actually meant. And yet I had my first pollution at sixteen. Several popular books brought the desired explanations only in part. My thirst for knowledge which blossomed forth tremendously at that time sublimated all my sexual excitations which, in themselves, must have been very weak, so that, until I left the Army, I avoided all girls. To show my ignorance, I must add that I was unable to explain to myself, where and how, but especially how long the semen flowed into a woman. A classmate tried to enlighten me, though without success. I only remember that one could see the traces of sexual intercourse by the dark rings around the eyes and thus every one, and especially one's parents, could recognize it.

"As far as the subject of health is concerned, I was overtrained by my mother in particular. Inasmuch as she is very apprehensive, she would plague me incessantly when I was slightly ill. On account of a harmless hernia, I was forbidden to sing or exercise in school. Later, my so-called inflammation of the kidneys, consisting of a very slight albuminuria of puberty, made all sports impossible. My mother almost developed a mania over her anxiety about the albumin (!),⁵ which only started to injure me when I slowly began to believe in it. Nevertheless, or, perhaps just on account of it, I was a *mother's boy* and remained one until my emancipation in my twenty-fifth year. Detachment from my parents only took place under the incitement of my friends and with great excitement and struggles. Excepting my period of military service, I was never separated from my parents. For that reason I never enjoyed the pleasures of most children; never gave vent to my feelings; never laughed and was always alone.

"Masturbation began at the age of 16 and, at that time, took place without an ejaculation. It was accompanied by well-marked 'womb-fantasies.' (I am with some naked women; I creep through warm, soft, upholstered rooms or pipes. During this, coitus was never thought of.) In the Army, I had only a few pollutions.

"When I was 21, L. S., a mature woman, who was thoroughly experienced in erotic matters, fell in love with me." (Here follows the episode already known to us, when he requested the key to her room.)

"On the succeeding night, I masturbated for the first time with an ejaculation and a fairly strong orgasm. In the position of coitus, I rubbed my penis back and forth on the sheet. This

method of masturbating was continued for quite some time until I accidentally came upon trying it with my hand. Without ever hearing or reading anything about the ostensibly dangerous results of masturbation, I was disgusted with this form of gratification and swore hundreds of times to discontinue it; naturally I was at most only successful for a week. I counted the days on which I did not masturbate and on the following day carefully observed my condition until I became convinced that masturbation weakened me, etc. At most, I never masturbated more than three times a week."

(Now he describes his unsuccessful first attempt at coitus, then his visit to a brothel. The patient becomes acquainted with fellatio, cunnilingus, coitus inter mammas, mutual masturbation and, by degrees, also uses these situations in his fantasies during masturbation. He continues:) ". . . At this period, a coitus a posteriori with a prostitute was unsuccessful; a coitus, in which I played the *succubus*, was associated with a rather strong orgasm because this position corresponds to that during masturbation."

"Somewhat later I became acquainted with the tongue kiss, which disgusted me for a long time. Then came the long period of frustrated excitations with R. G. It was already associated with severe periods of depression. Alimentary disturbances and constant backaches also appeared. These conditions had a relationship, at that time unclear to me, to mountain sports, which, meanwhile, were absolutely given up."

(He next mentions various particulars about frustrated excitations with which we are already sufficiently acquainted, and about mountain sports. Concerning the latter he writes:) "At home (with my parents) my excursions were looked upon as 'tempting God by courting danger.' Occasionally, therefore, the parathiac symptoms, present at that time, promptly vanished if I only indirectly made a concession to my childish religiousness [patient has long been a monist] by following a strictly moral erotic objective."

"Inasmuch as conditions at home had meanwhile developed into a form of prison, my first coup d'état, my engagement to B. G., followed. At first, for a time, she was my hypnotic medium. The 'sport,' hypnosis, was at that time practiced to compensate for my feeling of inferiority, already present then. With B. G. I passed myself off as "puffed up with power," whereas in reality I was afraid of women. During this period, my power of criticism was reduced to a minimum. I almost intentionally over-

looked the fact that my first fiancée's mother was a very common demimonde and her father a criminal. The objections of my parents to this marriage were used by me at the proper moment to make an excuse for myself. I, who had the greatest anxiety over a union, immediately broke off relations when they threatened to become serious and pretended to be afflicted with a nervous disorder. . . . Later, I again returned to mountaineering, which satisfied me completely. Several attempts at coitus were again an absolute failure and, besides, I still had no idea that I was suffering from ejaculatio præcox. I attributed my attacks to my wound (gunshot wound of the lung) and to the war, and jokingly called it 'spinal curvature'—an obvious allusion to my excessively strong anxiety about infection [spinal-cord disease, paralysis]. Nevertheless, I was careless often enough in brothels and cohabited there without a condom.

"Spending a single summer at a country place with my mother was in itself sufficient to re-establish the old attacks." (He means . . . to conjure up the miserable old attacks once more.) "With a regular heart parathy, however, I ostentatiously attended mountain tours and soon realized that these manifestations were of a psychic nature.

"During the succeeding autumn, I again re-established relations with a former sweetheart of Theo B., at that time my friend. We fell somewhat in love with each other and decided to have a regular affair. With this girl, M. T., I was also impotent for a long time . . . (detailed information already given above). Then, too, we never derived real pleasure from our intercourse because we were constantly haunted by the phantom of pregnancy. Then she actually became pregnant; this was a persistent cause of excitement to me.

"Soon after that a long period of masturbation set in which upset my erotic gratification in dancing. At one time I refused to learn to dance, because I lacked courage to embrace a strange woman. Then, recently, another coitus took place; it was absolutely ineffectual and was followed by a masturbation whose orgasm was very weak. At this coitus I acquired gonorrhœa. Severe periods of depression followed so that I decided to consult Dr. Stekel, who referred me to Dr. Silberer for a psychoanalysis. I well know what was fundamentally wrong with me. It was 'women.' However, when I told Dr. Stekel about my symptoms, I mentioned nothing about my impotence, only about my

depression, lack of fondness for work, etc. Furthermore, the gonorrhœa first broke out during the psychoanalysis.

"Relative to my depressive state before analysis was instituted, I must still mention an incident that made an impression upon me. During a mountain tour, not long previous, I failed completely and had an attack of anxiety.

"I am very sensuously disposed and could never give vent to my feelings on account of my most varied inhibitions. I am now 27 years old and at most have cohabited 20 times, and that without any pleasure, although among friends I pretended to be a roué and in ridicule called myself the 'infant of pleasure.' Thus, masturbation is still being practiced. With women, I am helpless. I am fond of flirting and, even with success, if the possibility of intimate relations is excluded at the onset. And if such a possibility presents itself, I break off the relationship immediately. I am not in a position to offer a woman anything, either physically or spiritually. Hence, I was always attracted to prostitutes, among whom I made the greatest conquests by my 'decency.' I have never seduced a woman, but would first always ask her courteously if she wanted to cohabit with me. Anxiety about infection and pregnancy was always associated with it.

"Everything imaginable was blamed for this unceasing misery. I found that I was ugly and stupid, and plunged into a chase after the cheapest amusements, which absolutely produced no satisfaction. So I ran from one woman to another either with a touch of compunction, with thoughts of suicide, or with artificial, ascetic resolutions—without ever finding the proper love object."

We will again resume the lost thread of our discourse by considering several remarks regarding the patient's relationship to his mother; it came under discussion early in the analysis. He is exasperated with his parents, especially his mother. They are petty; treat him like a small boy; supervise all possible functions like dressing, etc.; inquire whether he has a handkerchief on his person, make scenes if he does not eat everything that is set before him; in short, constantly torture him with such inanities. His mother is jealous of all persons to whom he might become attached, and, as far back as he can remember, has always sought to bar him from the company of young folks. His isolation was not without success, because, for example, as we have already seen, when several friends wanted to procure an attractive girl for him in his seventeenth year, he could not run to his mother fast enough to complain about it. His father displayed interest

for nothing else but business. His parents worked systematically to prevent Camillo's independence and to keep down his self-confidence. Again and again he had to hear that he did not understand anything; that he was too young and stupid to have an opinion, etc. We will soon notice, however, that, despite all his complaints, he is fixed to his home and that his forgetting of objects at home when leaving the house is a symptomatic act which symbolizes this.

The patient reports that he cannot bear to have any one look at him while in bed. He does not want any one to see him asleep. "If, perchance, mother comes in, I turn to the wall." The patient, moreover, describes his preparations for sleep: these consist mainly in creasing and placing his pillow in a certain position and wrapping himself up well in the covers. As far as the pillows are concerned, they betray a sexual meaning in that he occasionally caught himself hugging and kissing a pillow in his sleep.

That one of the first actual occurrences during the analysis was the outbreak of a gonorrhœa, under the circumstances always somewhat surprising, we have already learned.

We now come to his first dream during the period of analysis. It was reported during the second week of treatment:

Dream 1. "I am in a cigar-store and allow some new American tobaccos to be placed in front of me. A grumbling salesman shows me about 10 open little tin-boxes in which very nice cigars and cigarettes lie sorted. I inspect them and carefully ask for their price. With the cigars are also placed cigar-holders which can be taken apart; the cone and the little tube are lying separately with the cigars. The salesman is grumbling about something. (I believe that such people ought not to inspect things so much when they have so much money.) From a large black box he then picks out something that looks like a lot of photographic plates (or a pack of photographs), only that the picture is very small. On looking more sharply, I recognize the old Kaiser."

In this dream we see the first indications of a homosexual libido transference to my person. (I am the grumbling salesman to whom the opposite is immediately associated: an amiable saleslady. The articles on display are phallic and bring pleasure.) His request for the price gives notice of a fairly well-marked money complex in the patient. His behavior in the dream also has reference to his attitude toward analysis. The "salesman," who has the purpose of analysis in mind, is not satisfied when

the purchaser, the person analyzed, inverts, selects, and deliberates about his associations before handing them over, instead of reporting them at once. The cigar-holders which are taken apart, and to which broken tips are associated, hence are not "complete," first of all, refer to his gonorrhœa (on account of its association with "clap syringe"), in a deeper sense to his impotence. In reality, C. M. had complained about the poor quality of the paper tips which he used in smoking and expressed his intention of soon buying a better tip, only it would be expensive. Fantasy: to procure a better penis.

Number 10, occurring in the dream, reminds the patient of the Ten Commandments, and he immediately thinks of the fourth: "Honor thy father and thy mother." In the remarks of the salesman in the dream, he perceives a reminder not to seek so much pleasure in life, but to work more. The patient combines the imperative, to work more, with another: to lead a more efficient sexual life. Relative to this identification of sexual activity and work, I would like to call attention to Dr. E. A. Geijerstam's study, *Anagogic Psychoanalysis (Psyche and Eros, II, 6 ff.)*, with which, moreover, I do not entirely agree. The gonorrhœa, however, as a welcome excuse, now stands in opposition to his entire "immoral imperative" and the demand for coitus; this excuse is also treated in the dream. The black box is a coffin and at the same time a repository for buried memories; the Kaiser, who is found there on looking more sharply, is his father. One of the foundations of the patient's parathy actually turns out to be his old, ungratified love for his father emanating from childhood. It is just this dream that causes the patient to produce a letter which he had to write to his father as a little boy; the letter is cold, businesslike, and composed like a promissory note, a humiliating declaration that he would never again tell a lie.

A chain of associations, which passes over mountaineering and other things and which the patient hypnologically, in functional symbolism, sees before him as a black thread and then as an anchor chain, finally leads to a coin shop on Liebenbergplatz or near Liebenbergdenkmal (in Vienna); this association returns repeatedly and more intricately in one or the other form. We will learn more about it later.

From cigars and cigarettes, other important material is yielded. Lying together in little boxes gives the patient an idea that a "womb fantasy" might be contained in it. And that gives the patient an opportunity to pour out a wealth of similar fantasies to

which he still surrenders himself. Before we enter into them, however, we first want to finish the dream. With "cigars," that occurs to him which, in popular language, goes under that name (excrements) and, furthermore, one or another childhood reminiscence regarding this subject. We are already acquainted with one from the patient's own anamnesis. Then: "At eleven years, I once suffered from most severe constipation. No, I must have been younger at that time. Mother is not at home. I bear down for hours. It hurts me; the first fragment is very hard. My nurse is there and is pleased with my bowel activity. I wish that she would remove the impaction."—At this opportunity, we also learn that the patient's former nurse is still living in his home and is the object of an old attachment.

Dream Numbers 2 and 3 modify the theme, mother, still further. Here, mother as a sexual object and as a prostitute finds its place as well as the death of his father which was already alluded to by the black box in the first dream. Through a dream situation, the patient is at the same time reminded of his sojourn at the shore (Sistiana) which stands in quasi hostile opposition to his beloved mountains; it is there that he "*had learned to hate his mother as a hindrance.*"

The dreams give us an opportunity to study the patient's various "*womb-fantasies*"; those fantasies, therefore, whose unconscious essence it is to dream of being in the body of the mother, which is considered an ideal domicile. C. M. is a great day-dreamer. One of his favorite fantasies is an immense airship whose interior he has fitted out in a remarkable manner and in which he imagines himself riding as the captain. Furthermore, he has always been occupied with caves, tunnels, etc. An early childhood reminiscence is that he was presented with a tunnel. Later he wrote a story which took place at Ötscherhöhlen (the Caves of Ötscher) and was so wrapped up in it that he almost believed in the story himself. It took place at *Geldloch* (money-hole),⁷ where the patient in reality had never been. Masturbation, on the other hand, as we already know, has long been accompanied by analogous fantasies; namely, that without cohabitation he creeps through soft, upholstered, weakly illuminated caves and passages with naked women who, from time to time, were objects of his libido; it also occurred that the passages would lead into a large space where orgies took place. Then, too, we recall the patient's wrapped-up position in bed—a return to the security of the foetus. Furthermore, his peculiarity about not wanting to be

observed while asleep and that he tells us this in association with his mother. Let us add that, in relation to this, he produces the association that the criminal does not want to allow himself to be surprised while asleep, and that he feels convinced that he often had *incest-dreams*. It is clear that the fixation to his mother and the incest wish have a tight hold upon him and that every now and then he lends himself to veiled fantasies striving in that direction. It is necessary to impress upon him that, in the morning, he must not remain lying in bed very long after awakening and, during the day, not give himself up to reveries which throw a faint gleam in that direction.

The advancing analysis shows that the patient unconsciously strives at the same moment for the pleasure of *maternal and paternal* erotic affection which may, perhaps, be expressed by the situation (It may also be met with in the fantasies of other parathiacs, though usually more concealed.): I am in mother and enjoy the sexual intercourse of my parents (ultimately with an allusion to a fellation of the paternal phallus); and a second form: I enjoy caresses from a creature which is father and mother at the same time. The space where the "orgies" take place, to which fantasy allows C. M. to creep while in the womb, now becomes clear. In relation to this belongs:

Dream 5. On a tree (?) is a tubular appendage. Inasmuch as it is plugged with earth, I scrape it out. My mother has observed me and places herself so that this tube comes between her feet. She is completely dressed and, as always, somewhat irritable. I now cohabit in some way between this tube and the vagina, though not in the latter itself. (Pollution.)

The associations to this dream meet with strong resistances. The tree turned out to be bisexual, but especially as a representative of his father. The dream realizes the previously stated bisexual fantasy. The plugged-up tube, via the sick penis of the patient, passes to that of his father, who, in early life, likewise acquired gonorrhœa. We will also come to an anal meaning. An important functional symbolic component here is that the dissipation of the patient's libido is obstructed through a fixation upon his mother, like the tube in the dream is obstructed with earth (earth = mother), and as actually happened some time previously to the ventilating system of a building through some obstruction. "My mother had observed me"—To this the patient states: "*My mother watches me all the time; she treats me like an infant.*" The statement, "she is completely dressed," we will bear in mind.

That in early youth the patient spied something with respect to a coitus between his parents becomes probable when we later learn about the rôle that was played for many years, in going to sleep, by the open or closed door to his parent's bedroom and the ray of light emerging underneath it. Also from a fantasy during masturbation: I am lying under a plate of glass and observe a coitus which is being consummated upon its surface.

A discussion of his bipolar attitude toward his father, whose tender, erotic component is repressed, leads to a circumstance through which the patient's passion for mountaineering is determined. We must observe that the name, Monticuli, approximately means little mountains or hills. By climbing about on the mountains, he "cohabits" with them (to use his own expression) and at the same moment conquers them. He symbolically enjoys and overcomes his father at the same moment; and he arises above himself and his (at least alleged) feeling of inferiority, because he not only conquers little mountains (Monticuli), but, as he tells us proudly, high difficult mountains also. Various minor and great episodes confirm this conception which the patient also promptly accedes to. Occasionally the association is added that in the Bible it says that happiness comes from the mountains. Furthermore, attention is called to the sexual dream symbolism of "climbing." I would also like to introduce here a fragment from a "mood-sketch" wherein the patient depicts his first unsuccessful attempt in a brothel. The erotic experience itself is represented in the form of a vision with the following text: "I am climbing up a mountain. Above is a temple of rosy marble, and I stumble at every step from one notch to the other. Detritus rolls down behind me. There is a hunting and a chasing and I know not what will happen to me above. The path becomes steeper and steeper and I must make big leaps—now I feel sick. Only a ruin is there. I have no time, because I must descend again. Once again, just a glance back. . . . No! And I fall, fall deep, and believe I will be dashed to pieces. . . ."

After this digression we will return to the obstructed tube. It also reminds the patient of constipation. The *processes of digestion and defecation* have always been closely connected with the theme "mother" and "nurse." Even now, his mother evinces lively interest in the patient's bowel functions. With masturbation, during the first few years of puberty, the patient utilized digital stimulation of the anus. His usual position in doing this was upon his back with both legs drawn up—this should be borne

in mind on account of a later incident. An (obviously nervous) eczema in the anal region often caused him to scratch it. A characteristic nuance: when the patient later read psychoanalytic books and for the first time ran across the expression, "a pent-up affect," he first thought this was a pent-up scybalum in the anus or rectum. The subject of anus, as we would at once suspect according to Freud, leads us to the patient's well-elaborated "*money-complex*." The association from the first dream, as we will remember, regarding the coin shop at Liebenbergdenkmal belongs here; this association appears again in other dream analyses and anastomoses with the association: *Dukatenscheisser* (literally a defecator of ducats, *i.e.*, a moneyed man.—*Translator*). Liebenberg (mount of love) is bisexual; it reminds him of the *mons veneris* and the nates; here is the coin shop (money = feces). With the obelisk-like appearance of the Liebenbergdenkmal, one at once thinks of the paternal phallus. Further associations seem to disclose a childhood "cloaca-theory." Between *libido* and *money* there also exists a symbolic parallel in the patient, he calculates and is niggardly with both; he is afraid of spending too much of it. Characteristic of this counting is:

Dream 9. Fritzie returns a sum of money consisting of several 20-crown notes. She seems to be somewhat displeased, presumably because I give her more than is due her.

The dream is connected with an incident occurring night before last when the patient provided a girl friend with a little more than was just sufficient for carfare. Behind this dream is a wish for a woman who would be insulted if she received too much; hence, a person with whom it is possible to save: to save money and libido. A calculation lurks behind it; namely, whether the pleasure is worth the price. Calculation is characteristic of this dream and I introduce it here, though it actually belongs to a later phase of the analysis, because the patient functionally already shows a stage where normal sexuality might give him something (returning the notes); the money invested already begins to yield results. Anxiety about giving away too much also has something to do with his castration complex. There was a time, until recently, when the patient would shrink back if a girl wanted to perform fellatio upon him; in part, the idea of biting off the penis is contained herein and in part, an anxious notion of "being sucked out," which symbolically bears an obvious relationship to his money complex.

An interesting change appears after the above:

Dream 6: I am in K., and walking on the Imperial Promenade. Here stands a bulletin with a theatrical notice. Upon it I read (as the title of the play): "The Gonorrhœa of . . . [unclear]". Below this, a list of persons. I am surprised that such an insipid play is produced.

First of all, it must be noted that the attack of gonorrhœa is an episode over which C. M. is inwardly very pleased, because it releases him from the obligation of a sexual life. With regret, he already thinks of the time when this play will be produced. But, in a further sense, the dream also informs us that the patient is on the verge of playing a comedy. A few days after the dream, he withdraws from analysis, and suddenly vanishes, giving as his excuse a trip to Reichenberg for several weeks. Approximately a month later, he remorsefully comes back and, somewhat embarrassed, hands me the following written confession:

"I told you a lie. I was never in Reichenberg and never had any intentions of going there. I wanted to discontinue treatment, partly from an inner excuse: I have too little money. [We must take the money complex in a double sense: to spend too much and to impart too much in analysis.] Furthermore, I have been masturbating again for a month by means of which I have protracted my special [urological] treatment [his intention of continuing to play the comedy with his gonorrhœa as long as possible]. I still systematically flee from every woman—several reminiscences occurred to me.

"An attempt to masturbate between 16 and 17 years: I want to insert my penis into a hole in a privy in order to urinate through it. This was accompanied by great pleasure. I enjoy urinating in the water while taking a bath. I regard my penis and anus in a mirror and stimulate the anus with my fingers. . . . Formerly, when I desired a woman, I masturbated with thoughts of her; I had a notion that, in this way, a spell was cast over her through which I could win her [other details follow here]. . . ."

The patient wants to replace that aggression, of which he is incapable in reality, through "magic," because the inhibitions are too strong. Add to this that the masturbatory fantasies permit the center of attraction (his mother), from whom the inhibitions mainly emanate, to partake in his enjoyment.—We see above how the untimely re-indulgence in masturbation postpones this obligation to cohabit; this is nothing but a repetition of a technique previously practiced by C. M.: it often happened that he bungled intended sexual acts with women by masturbating beforehand (compulsive masturbation).

Meanwhile, the most important incident occurring during the phase of the psychoanalytic treatment now under consideration was an "*impregnation-fantasy*." In the female sex, as is well known, such fantasies, which may astonishingly reproduce the somatic signs of pregnancy with the aid of hysterical mechanisms, are not rare. Much more astonishing is the appearance of such a phenomenon, associated with somatic signs, in a man. It happened as follows (it was in the second month of analysis): The patient, just returned from his pretended trip to Reichenberg, receives during his urological treatment an instillation which was intended for the posterior urethra. As soon as the catheter passes the sphincter muscles, the patient has extremely unpleasant sensations which are associated with a trace of pleasant, libidinous feeling. He is then apparently stuporous and a hysterical attack appears which lasts for several days: a distention of the abdomen to a degree never experienced before (caused by aerophagy according to Stekel), constipation and other symptoms. Patient had to be confined in bed. The constipation is followed by profuse diarrhoea. The patient describes the incident as follows:

"An instillation of 0.5 per cent silver nitrate according to Gailard takes place. In forcing its way past the sphincter muscle, I feel a well-marked pain which lasts a second and almost seems to be associated with pleasure; this immediately changes into considerable discomfort associated with an urgent need of relieving my bowels. Defecation, however, is impossible. The urgency to make stool gradually disappears to make room for belly-ache and "colic of the stomach." On the succeeding day, early in the morning, a severe diarrhoea sets in which lasts for three days. Added to this, the following phenomena: The flow of saliva mounted to an unbearable degree—I estimate its daily production at about one quart—and with this is associated an obsession that it is impossible to swallow all the saliva because the gases, already present, would be too greatly increased. Along with this, there is a severe aerophagy⁸ which diminishes with sufficient amount of mental diversion. It is most annoying in the morning. Added to this is a form of heartburn which is not relieved by baking soda or similar remedies. The burning is accompanied by a spasticity in the stomach which goes up into the œsophagus, and a reception of food, especially solids, is made almost impossible. After two days, my general weakness forces me to bed, where I spend two days in a lethargic state. (The family physician suspects intestinal infection through my gonorrhœa or irritation as a

result of the medication.) Finally I become disgusted with the whole business and leave. My condition promptly improves. The urological treatment was continued. Our conference with Dr. Stekel opens my eyes in regard to my attack. My attention is drawn to the similarity between my condition and that of a pregnant woman. Whereupon all symptoms rapidly disappear and, a couple of days later, only a very slight flow of saliva reminds me of what I have gone through.—With the first repetition of the instillation by the urologist, the same symptoms again appeared to a lesser degree and vanished very soon when I took your explanation into account. The same attacks reoccurred once or twice again on interrupting the treatment and the symptoms vanished by simply calling the psychic cause into consciousness.—While I was looking in an encyclopedia for an explanation of the symptoms, I found that heartburn as well as nausea and flow of saliva could have a “nervous” origin, but deliberately overlooked the fact that they were also symptoms of a pregnant woman.—It also occurs to me that a woman of my acquaintance recently spoke about the initial signs of her pregnancy.”

As far as the symptoms which the patient has just mentioned are concerned, for a completion of the *impregnation fantasy*⁹ we might especially underscore: the heaving of his abdomen, the abdominal pains, his confinement to bed and the diarrhoea. It is clear that a male patient can only play having children with the alimentary tract and that this play goes back to an infantile “anal theory” of birth.

When we take into consideration from which of the factors, those already given and those unknown to us, this fantasy could have been developed in the patient, we hit upon much that is important in relation to his parathy.

First of all let us say a few words about C. M.’s preparations for gaining pleasure and about his *urethral eroticism* in particular. Inasmuch as his normal sexual life is blocked, the patient is more apt to draw enhanced pleasure from various other situations and sensations; yes, in this field, he is a stingy calculator; this stands in close connection with his money complex, as we have already seen. A sensation particularly suitable for gaining pleasure, despite being painful to him, is that furnished by the urethra, inasmuch as this region from the first is predestined for that. In this patient I do not mean it in a general sense only, but also in a specific one, because he reports (besides the one mentioned above of micturating through a hole in the privy) that for a long time

micturition was especially pleasurable and still is to a lesser degree. We must observe the similarity of the medical procedure with *immissio penis* and *ejaculatio seminis*; and also, inasmuch as it occurred the first time with physical resistance and pain, with a defloration. And then it will not be so terribly difficult for us to understand how the specific fantasy, under the situation, could take its start and which assigned a feminine rôle to the patient. Now we must consider this feminine rôle. A great deal could be said about it. It shuffles into the situation of the child who is taken care of.

The *feminine rôle* is really only a special instance or an accidental form of Monticuli's general *passive type* of enjoyment. The patient is unable to conquer a sexual object, unable to take pleasure for himself, and he must *receive* everything from others. That is also expressed by his desire to have the woman take the initiative and *grasp his penis with her hand* (after overcoming an initial timidity, which is associated with his bashfulness = timidity and feeling of inferiority). (As long as the timidity prevails, the castration-anxiety is perceptible.) His old masturbatory fantasies are in the same vein: "I am in a male brothel (he means a house visited by female clientele). I am lying in such a way that the woman, who is selecting a man for her gratification, can only see my genital, which she takes into her hand for examination. . . ." The patient's dependency and passivity were favored by many events already known to us and the conduct of his parents. What we do not know, however, are the deepest reasons for it, namely certain occurrences between *mother and son*. It turns out that, perhaps until his eleventh or fourteenth year, his mother used to exchange *caresses* with him upon a divan;¹⁰ they consisted of stroking and such like. From experience we know that such habitual manipulations, occurring in a drowsy state, more easily lead deeply into what is erotic than one would at first surmise. From various indications, it may be concluded that, in the foregoing instance, things went as far as stimulations of the penis. (Here we have an explanation of his predilection for a *tender-maternal quality* in love, already set forth by the patient. Then, too, we understand in particular why, for example, the patient preferred caresses upon the divan to all others while with Margit, his second fiancée.) Furthermore, there is a memory of an instance when he fell into some nettles and his mother had to care for his penis with *applications of vinegar*.—This excessive affection of mother for son is explained by the

patient himself; he suspects that his mother was a sexually ungratified woman, and connects this with her (symbolic) fear of albumin (albumin = semen). One of the most important forms which his mother's thoughtfulness of him took and was somewhat grotesque according to the patient, was dedicated to his processes of digestion and defecation, a factor, perhaps, that was very important for the origin of his "impregnation-fantasy," but need not be carried out any further.

On the other hand, we will reproduce here how the probable stimulation of the patient's genital apparatus, at first not mentioned in the patient's account of maternal affection, was revealed through dreams. Shortly after his first communications about this matter, the patient brings his fourteenth dream.

A man tells me that my trousers are unbuttoned. I inspect them . . . etc., etc.

Two days later a dream obviously continues the thought:

Dream 15: I am talking to my friend Theo about the course of a ship (Schiffgang) at high sea. . . . A police dog urinates so that I see a little puddle . . . etc., etc.

The course of a ship in dream 15 is to be translated as "*Schiffengehen*," i.e., to urinate. The dreams obviously recall those occasions, already forgotten, where his mother, or the female attendant representing her, undoubtedly were preoccupied with the patient's genital; and the stimulations on the divan were already perceived as reminiscences of those primary stimulations. For the patient, the sea, *das Meer*, has strong associative relations to his mother [which is also supported by the isonymy of Meer (sea) in the German and mère (mother) in the French].

For the origin of his *fear of castration*, it must be mentioned that when C. M. was a little boy his mother told him that if he touched his penis he would become ill.

From dream 5 we will remember the detail that his mother appears "completely dressed." Upon being questioned more closely regarding the episodes with his mother on the divan, the patient confirms the circumstance of her being dressed, which, first of all, seems to refer to a limitation, and now we understand better after what pattern Camillo preferred caressing in clothes to coitus.

Relative to the "impregnation fantasy," it must be pointed out that his hysterical symptom complex, which had long been exercised by the patient, obligingly assisted in the finely elaborated execution of a spurious impregnation. In this alone, there was already contained a good bit of anal-erotic elaboration. The dis-

placement of the birth-idea upon defecation was already conditioned.—According to the patient, his mother (perhaps his father also) suffers from aerophagy. The patient's aerophagy, therefore, during his "impregnation" also has the special significance of an *identification* with his mother, with the mother who is cohabited with and impregnated by his father.—Relative to the feminine rôle of the patient, we must not forget the position (described above) which was assumed during masturbation, as well as the stimulation of the anus.

With the feminine rôle, we must also consider his *homosexuality*. The homosexuality, which the patient underscored at the onset of analysis, must in the first place be considered one of those poses into which he had fled from the "obligation" of normal sexual intercourse. We have already discussed his fundamental (repressed) tender love for his father. At present a transference or an identification takes place in the succession: father = analyst = urologist. A distinct recollection of the somewhat terrifying sight of the erect, paternal phallus is only mentioned in passing.

It is very interesting that an idiosyncrasy of the patient against noodles and several analogous foods appeared directly during the period of the "impregnation fantasy!"

I must also point out that the patient (in fantasies or chains of association) made his parents responsible for the poor construction of his sexuality (or his penis) and, so to speak, strives for an improved edition of them. With his impregnation fantasy (wherein he identifies himself with his mother) he attempts to provide for an improved new-creation.

This new creation is not to be taken, only, in a retrograde sense as the realization of infantile sexual wishes, but also in the prospective sense as a rebirth, as a symbol, therefore, for the onset of a radical improvement, for the constitution of a new human being freshly winged through psychoanalytic work, a functional symbolization of the changes taking place within his mind. It is characteristic that the most important wave of improvement in his health set in during this period. During treatment, fragments of hysterical pains were repeatedly released at important points—important signals. The flaring-up of the concealed fire in grandest style at the critical moment was the great beginning of the "impregnation fantasy." Whence, in waves and by fits and starts, of course, this improvement ascended satisfactorily. The predominately enoptric dreams register, in functional symbolism, the

progress that has been made. The patient's *detachment* from the parental imperium and his growing *independence* is treated by a dream fragment in which the patient finds himself in bed with his Aunt Nina and caressing her. The husband of this Aunt Nina, his Uncle Enrico, is distinguished, however, by the fact that he married his wife against the wishes of the family and, to a great extent, had made himself independent; C. M. follows the footsteps of this man. The aunt, moreover, with whom the patient begins to flirt, is the representative of normal sexuality.

The following dream, important from a functional standpoint, also indicates a prospective tendency and occurred shortly after a pollution:

Dream 12: My right big toe is greatly swollen. The enlarged area bursts open and a substance oozes forth which reminds me of thick gruel or pap. It has a tendency to amuse me and produces no pain. There are small pieces of vegetables, especially carrots, which remind me of mixed pickles. In addition, I also see ribbons like those made in one of my father's factories.

For many years the patient was tormented by his mother with thick gruel and carrots, for which he never had any liking. The associations to this dream bring forth severe criticism of both parents. When C. M. was a child, it was "sport" for him to bite into his toe and proudly display his feat. That leads to sucking. The patient tells us that for a long time he cherished the fantasy of performing fellatio upon himself and that he actually undertook such experiments, naturally without success. In the dream, so to speak, the patient rebukes and encourages himself to greater self-reliance. With the aid of his associations, the dream may be translated as follows:

"Mother and father, no, thank you! I am becoming self-reliant. Gruel, pap, carrots, I will make for myself, dear mother! The ribbons, products of your factory, I will manufacture myself, dear father! I will simply suck it out for myself—the toe. And you are bursting with anger. [The invectives go still further.] Not only in life in general, but also in my sexuality, I will free myself from my fixation to you. I perform fellatio upon myself and perform feats which prove my complete independence."—The pap that comes from the toe also means the infantile which has just been discharged, through analysis, from his parapathiac tumor. (With this, to be sure, the relationships of the dream have not been exhausted.)

In reality the independence and self-confidence of the patient

increased more and more. The most unpleasant symptoms vanished. His ability to work soon returned again. His ability to perform normal sexual intercourse, which, as we know, was not present before, did not come so rapidly. Here all sorts of inhibitions and scruples still made themselves felt in various directions. At first the patient thought that he could not scare up a satisfactory sexual object and would have liked best of all to have some one else seek it for him. Then he again thought that he lacked time or money; that he ostensibly could not find night quarters, etc. The following dream is a characteristic one from this period of seeking and groping.

Dream 17: I am having an affair with a working girl, at times, with a forewoman in our business. We cross a wide meadow and a railroad track, regarding which I think that it is the branch-line to Pottendorf and I know that the road leads to a high wall. (High wall is *hohe wand* in German. *Hohe Wand* = name of a mountain.)

Most important in this dream is the "forewoman." For his love activity, in which he considers himself a beginner, he will require some one like a forewoman. He feels that he has left his former path and has taken the right one to *Hohen Wand* (a sexual mountaineering comparison). But it is a great problem, a high wall (*hohe Wand*) that he has before him. A later dream shows the patient easily scaling a high rocky wall up to a high plateau. . . .

Easily scaling a high rocky wall—this is an important factor. At the beginning and, in fact, for a long time, sexual intercourse is an unpleasant imperative to the patient; it is a troublesome task. He also believes goodness knows what all he has missed in life; for many things it is already too late; he will soon be old (at his 26½ years), and unable to catch up with everything, etc. Here we succeed in calming the patient and liberating him from the obnoxious idea of "*must*." I will have more to say about this shortly, but let us first say a few words about the motive of his constant hastiness and "*inability-to-attain*," which also represents a basis for *ejaculatio præcox*. "In general, I have a tendency to be hasty and from that comes the *ejaculatio præcox*," says the patient himself. An important reason for this *attitude of hastiness* in life, with a feeling of always coming too late, is often the presence of an older brother whose priority of birth and position cannot be outrun. And strange to relate, although the first-born died before Camillo's birth, the effect just discussed also seems to

be present here and for the reason that, from certain remarks by the family, C. M. inferred that he himself was intended for an abortion; that he had no right to exist. He also fancied secret family romances relative to his brother.—An obscene part of a novel was representative of his "inability-to-attain." C. M. had borrowed it from a classmate in the intermediate school. Unfortunately the exciting description, in which a naked couple chase each other around a table, breaks off before the relief-bringing end. The patient says that he masturbated with this scene before his eyes for a long time.

Dream 18: I am at a skating rink and skate with unusually shaped skates in the presence of P. I call a girl a "whore." However (under the persuasion of P. ?), we become reconciled. That is on a circular street.—Some one carries a model of an aeroplane past me. It is quite large, made of wood, and painted with oil-paint. In the vicinity an automobile race is taking place. I see several (automobiles) dash by. Among them is a motorcyclist who has a number of spare tires on the right side of his machine.—In bird's-eye view (*Vogelperspektive*), I see a public riding-academy at my former barracks. Snow is on the ground. The horses gallop upon another path than I am accustomed to; they take a corner with especial sharpness.—Finally all the horses stand next to each other and whisk their tails.

The snow is the old age, the gray hair which the patient imagines he can notice on himself. The abundance of rapid vehicles requires no particular explanation. He wants to purchase a motorcycle. The riding academy refers to learning how to ride, *i.e.*, learning how to cohabit (see later). Bird's-eye view (*Vogelperspektive*) = *Vögelperspektive*. [*Vögel* in German means "to f——." Hence, *Vögelperspektive* means literally, "f——-perspective."—The Translator.] The spare tires mean: "nothing is lost; everything may still be repaired." To take a corner sharply = to overcome a severe hindrance.

Importance is to be attached to the *learning to cohabit* and the easy learning. It is important to point out to the patient "that Rome was not built in one day," and that here there is actually something to learn and practice. That he should not demand and expect a sudden jump from an all-destroying impotence and especially the *ejaculatio præcox* to ideal potency, but that here progress is also gradual and enhanced more and more through practice. With C. M. it was especially indicated that his unpleasant "feeling of obligation" be removed. That it was possible for him

to make the "practice" an unprescribed, unhampered, pleasurable game. On one occasion, I rebuked him for obviously having considered coitus heretofore after the pattern of the carrot meals with which his mother tortured him (see above). Whereupon he promptly replies: "I just thought of that myself!"

With a little patience, all his difficulties up to normal exercise of sexual intercourse—with a wave-like enhancement of potency—were gradually overcome; the tail-wagging "horses" in the above dream actually did their feat well and took the sharp corners without fault.—Furthermore, Camillo M. is to-day unusually capable of work as well as devoted to it and can apply himself to mountaineering without disorders or nervous attendant phenomena.

In conclusion, I want to introduce a triumph and victory dream which the patient brought after his first completely successful coitus. It contains at the same time a recognition of the psychoanalyst's work:

Dream 38: A king and a queen are sitting upon a throne in an open field and are surrounded by their warriors. All are dressed in mediæval costume. I am present and observe everything carefully. Suddenly a man emerges next to me; he is also dressed like a high noble. He advances toward the king and shouts approximately the following words to him: "I am the true King!" The other king laughs scornfully. Immediately after that, a battle breaks out around the two kings. The followers of the new king seem to have sprung from the earth and savagely attack the other king's men. The battle rages to and fro. I withdraw and pull the true king, who is very sympathetic to me, along. Then a man completely equipped for war comes toward us in great haste. He shows me the time. "It is very late, but I will save both of you!" Then he leads the king and myself away from the turmoil of the battle. I suddenly lose interest in the struggle. We come to a little automobile (cycle-car or such like). Both of us get in. The man hurries back to battle and fights for our object with great spirit and courage. I am very grateful to him and am surprised that to-day we still have people with so much character that they will fight our battles.—Now I want to start the little automobile. At first I have little faith in the weak vehicle. I crank it several times, and finally it goes. It rides over an enormous number of impediments (which I no longer recall). I am afraid the "gas" will give out, but the vehicle continues to go merrily on. As I stop for a moment, some people come and

ridicule our auto; this does not disturb me. I drive off—with a feeling of relief over having escaped the struggle—in some way to my home.

To orient ourselves, it need only be observed: the two kings are the two egos of Camillo M., the old one (in mediæval costume) and the new one, the healthy one. He has decided in favor of the new one, and it is victorious. The fighting man in war attire is the analyst. The clock refers to the time-complex: it is already late—we know this sensation; but, as dream 18 already anticipated, not too late for salvation. The small automobile is the genital apparatus. An auto, firstly, because heretofore it was run auto-erotically; secondly, because C. M.'s wish for a motorcycle has finally been realized, and the two wish-fulfillments (this one as well as the sexual one) were brought in parallel.

This concludes the excellent analysis of my well-known collaborator who handed me the manuscript three months before his death which resulted under tragic circumstances. Inasmuch as I had an opportunity to observe the patient for quite some time, almost every week, I was repeatedly able to confirm with satisfaction the distinct success of the analysis. I saw him again after Silberer's death. The patient is absolutely cured. The dream-states have completely vanished; his feeling of inferiority has been overcome, and to-day he holds an executive position in his father's business with great energy. Nor has he any cause to complain of his potency. Indeed, he has realized that he must reach a compromise and renounce his "immoral imperative." He no longer desires to play the part of the "smart fellow and woman chaser." There is no desire for a change, because after all sorts of trials he has found a steady girl who will probably satisfy him until his marriage. She is a mature widow, four years older than himself, and draws a fat pension which she would lose in case of marriage! In this case, our patient is released from all obligations and anxiety. Then, too, he is protected against the dangers of pregnancy, because the woman is sterile as a result of operative procedure.

The analysis shows the dangers of coddling by the mother, analogous to other examples introduced in this book. I see the chief dangers, however, in the afternoon naps mentioned, which were preceded by all sorts of caresses. Often they em-

braced each other like a love-hungry married couple. What may have happened in their sleep is concealed from memory, but may have been repeated in his many daydreams. The grotesque "impregnation fantasy," as an identification with his mother, might indicate an undesired continuation of these daydreams. Furthermore, I would like to point to the distinct castration complex which, so to speak, represents a stipulation for the impregnation fantasy. Its importance has been reduced to its proper degree. In no way does it evince the dominating force ascribed to it by Freud.

XX

IMPOTENCE AND CRIMINALITY

There are cases of impotency which seemingly are congenital and are refractory to every form of treatment. Psychological analysis only is in a position to lay bare the roots of this impotency and to prove that we are dealing with the effect of an "*anti-sexual conscience*" in a struggle against a "*sexual imperative*." This sexual imperative generally originates in childhood and then represents the "adequate form of sexual gratification." The obstinacy with which the parapathiac clings to the wishes and attitudes of childhood arises from their permanent attitude of defence toward the world and from their inability to relinquish the old. This "*misoneism*" of Lombroso¹ may conceal itself behind its bipolar counter-force "*philoneism*." Persons who eternally seek and are always eager for new stimuli are slaves to the past, and actually are always seeking only what is old. If, however, what is old belongs to the forbidden, because it brings the individual into conflict with the norms of society, then it conceals itself from consciousness. Then the "*anti-sexual conscience*" produces impotence, because it manifests itself as anxiety over the consequences, as a fear of "civil death," and all anxiety makes a complete unfolding of masculine potency impossible. The fatal "*I cannot!*" of the impotent man then unmask itself in the analysis as an imperatorial "*You must not!*"

No man will find peace who, in some manner, has not adjusted himself to the sexual imperative of childhood. The restlessness and agonizing disquiet of many parapathiacs correspond to the urge of the sexual imperative and anxiety over its fulfillment, if it clashes with the prevailing laws of society. I would like to have "criminality" understood in this sense. Criminality is always merely a relative concept which depends upon social environment. The adaptive-ability of the sexual imperative to society I will designate as the "reality-

coefficient." For homosexuality and exhibitionism (social strivings for nudity), by way of example, this reality-coefficient is very great; for rape associated with murder, as much as nil. (In War only does the reality-coefficient of sadistic fantasies jump from the zero mark to a considerable height.) The smaller the reality-coefficient, the stronger must the process of repression assert itself, the more energetically must the conscious ego wage war against the hostile strivings which desire to derail and deliver it up to civil death.

Finally, the sexual act striven for (the aim of the sexual wishes) may have completely vanished from the visual field of consciousness and only be effective as a dynamic force in the "unconscious." Then there may occur remarkable acts of "erotic symbolism"; there may occur attempts to touch and hesitant beginnings, which remain stuck in the first stages of achievement. The parapathiac contents himself with a part of the fore-pleasure, with a faint indication of reality, with a single beam upon which he can then build the often very complicated scaffolding of his specific love-requisite or specific form of gratification. Then the unconscious (The "id,"—the anti-sexual instinct,—the sexual conscience) plays out impotency as its strongest "self-protective" measure. The amalgamation of criminality with the sexual impulse forces a complete repression of active sexuality, because every sexual aggression sets the motor component of criminality into motion.

Or there occurs a flight into sleep, a discharge of the criminal-sexual act in the attack. I have entered into full particulars about these relationships between criminality and psychogenic epilepsy (by other authors also called "Affect-Epilepsy" or "Hysterogenic Epilepsy") in my essay "Die Psychische Behandlung der Epilepsie" (Zentralblatt für Psychoanalyse, Band II), introduced into my book, *Conditions of Nervous Anxiety*.

It is important for the practitioner to know that most cases of epilepsy are really of psychogenic origin. This diagnosis can be determined both physically and mentally. There is generally an absence of the stigmata of heredity and degeneration, so frequent in epileptics; an absence of real psychopathic traits, of the "epileptic make-up"; the history of the attacks shows

great fluctuations; in many cases, the onset of attacks only occur in later years.

Among the impotent, the psychotherapist will not infrequently meet with men who suffer from epileptic attacks. A plastic example will lead us more deeply into the problems to be discussed.

CASE 117. A 26-year-old, vigorous man, complains of an absolute impotency which has existed since youth. Heretofore, he has only ventured three attempts with women. All three ended as a dismal failure. He describes his fiasco in the following words:

"Wrought up to an indescribable pitch, I approached a prostitute on the street and accompanied her to her apartment. I was blind with excitement and absolutely could not determine whether she was young or old, ugly or attractive. I saw and heard nothing; was beside myself. I wanted to break my abstinence at all costs. On arriving at her apartment, I was unable to compose myself. My heart palpitated until it seemed as if it would burst, so that the girl said: 'You were never with a girl before!' I had to agree with her. She was sweet, amiable, and talked to me; thought I ought first to calm myself. She advised me to disrobe and place myself alongside of her. But I could not do it. I gave the girl some money and fled *as if I were pursued by all the demons*. The second, third, and last time, I fared no better."

The patient also tells us that he suffers from epileptic attacks. The first one occurred in the World War. And, what is more, at a halting-place where his regiment was stationed for reorganization. He was then placed in a hospital where the attacks occurred again. He admits that he did not look unkindly upon the disorder (perhaps he encouraged it), because it released him from military service. Now the War is over. The attacks, however, constantly repeat themselves and occur once or twice a month.

A physical examination reveals no signs of degeneration. He shows no objective signs of epilepsy (differences in the reflexes, scars from tongue-biting, scars on the head from falling, etc). There is no hereditary taint, he is not a drinker or a smoker. He always avoided all habits and realizes that he cannot tolerate alcohol, because, on one occasion, after a drinking-bout, he sought a quarrel with a policeman and had to go through a police examination. He has masturbated since his twelfth year, but cannot recall whether any specific fantasies were associated with it. He denies sadistic excitations. Till his sixth year he was a bed-

wetter. Since then, however, it is no longer a case of bed-wetting. He would like to get married, but complains of an absurd timidity and anxiousness which makes all contact with the female sex impossible. He attributes this condition to masturbation, which has been abandoned since the age of twenty. Since that time weekly pollutions, which are not associated with a characteristic dream, occur. At least he cannot recall any. He is a shopman and employed in his father's business. Unfortunately, a variety of day-dreaming disturbs him in the pursuit of his vocation. His mind is never entirely upon his work. He is always absent-minded and often becomes alarmed when unexpectedly called or spoken to.

Again the analysis shows what little faith can be placed upon the first statements of patients. He narrates several important incidents from his youth. In his neighborhood, lived a butcher. As a child, he was very fond of seeing hogs slaughtered; also recalls having tortured animals and describes several traits which are characteristic of childhood sadism. A younger brother who, as it seemed to him, was favored by his mother plays a great rôle in his life. This brother is an object for his envy and jealousy, because he is absolutely his opposite in every respect; he is frank and amiable, has great luck with the girls, is talented and studious while the patient is just good enough to be a business man. Despite differences, the relationship with his brother is supposed to be a good one. At 14, he had a homosexual episode with a clerk who was employed in his father's business. The affair, which was confined to mutual masturbation, lasted for five months. Then, for some reason, the clerk was discharged. Since that time, he has never been conscious of any homosexual feeling.

During the course of the analysis, he brings a dream which was associated with a pollution, although the dream-content did not seem to have justified the sexual process. It was as follows:

"A girl was to be compelled to marry a wealthy man, whom she did not love, in order to save her brother who was accused of committing a serious crime. The girl was strikingly white and pale. Her mother tried to persuade the girl by saying that she would yet experience great happiness with this party. I heard some one call, 'Fritz Werder,' through the door; whereupon I was greatly alarmed. I awoke with a pollution."

He does not recall having experienced sexual excitement in the dream. Then, too, he has no idea what rôle he played with this girl.

In the interpretation, which would have been impossible with-

out the patient's associations (ideas occurring to him with parts of the dream), two affects (emotions) attract notice. (It is always advisable to adhere to the affects in the interpretation of a dream.) He was terrified by the *pale*ness of the girl and was sorry that she was *compelled* to get married. His further associations evolved in the following order. The girl reminds him of two sisters in his home town; he was very fond of the younger one. He would be delighted to marry her if he had courage to make up to the girl. Both girls are strikingly white. He is attracted to girls with a white skin and with cheeks slightly flushed. But very pale girls are also very desirable to him and exert a certain amount of stimulation. The name, "Fritz Werder," reminds him of a classmate who always served as his unattainable ideal. This Fritz Werder is an airy spirit (like his brother), a woman-chaser, and obviously also courts the pale girl whom he is so fond of. He is envious of Fritz Werder on account of his personality and handsome figure; he sees in him his unattainable ideal. Fritz Werder also reminds him of his brother. He leads the same carefree life as his brother. He also believes that his brother cast a fond eye upon the eldest of the two sisters.

These associations already bring meaning into the dream picture. In the dream, he sees himself playing a female rôle. He is the girl who wants to save his brother. He allows his brother to become a criminal in the dream and, upon the permission of his mother who loves his brother more warmly than he, wants to be induced to intercede for his brother in order to save him. Such "rescue-fantasies" were also conscious. He wanted to show his family that he was the better. He fancied the following situation. His brother is involved in an espionage affair. He takes his brother's guilt upon his own shoulders and allows himself to be cast into prison in his brother's place.

Such daydreams aspire to realize a situation which turns out to be the termination of a long series. Only a deep sense of guilt could prevail upon him to sacrifice himself for his brother. As a matter of fact, analysis revealed that he had wished that his brother might fall in battle. Furthermore, he now and then had fantasies of revenge in which he accidentally shot his brother in battle. He wishes to atone for his criminal thought by a voluntary acceptance of his brother's guilt. That, however, does not explain the compulsion and the pollution which occurred in the dream.

I do not want to burden my readers with the protracted course

of this dream analysis and will only impart its results. Though laborious, it was crowned with success.

In the field, his latent cruelty was awakened (reactivated). The pale corpses were of particular interest to him. Already as a child he displayed great interest for the legend of the vampire. Then, too, he suffered from anxiety lest a vampire suck his blood. Later, he could not bear the sight of blood; could not eat any bloody beefsteak or blood sausage, and could no longer see any one kill a chicken. At a dentist's, he once became unconscious when he bled profusely after an extraction, because he could not bear the sight of his own blood and had swallowed a little of it. Sucking a wound which still bled a bit, at that time, was associated with a rather strong feeling of pleasure.

In the attacks, he always bit his tongue (although no scars could be found) and afterwards liked to swallow the blood. Hence, he is a vampire who suffers from the paraphilia known as vampirism. He wants to bite people and suck their blood. That is why he grinds his teeth in the attack and also has a habit of doing this in his sleep, so that his roommates are annoyed and call his attention to it.

Now the riddle of his attacks becomes clarified. At a halting-place, in the house where he was quartered, he frequently played with an eight-year-old girl who corresponded to his taste: she was very white, snow-white, and her cheeks slightly flushed. *While playing with the girl, his first epileptic attack occurred.*

He recalls having had a horrible thought before the attack. He suddenly felt an erection and a "mad desire" to bite and possess the girl sexually.

We receive the most astonishing enlightenment when, full of presentiment, we inquire after the child's name. It was "Fritzie."

Only now does the call, "Fritz Werder" become clear. It means: *Fritzie's murderer!*

In every attack, he repeats a rape and murder upon the child. He wants to bite and suck her blood while he commits rape.

Thus, the meaning of the dream would be: I can only save myself from the terrible thoughts through marriage with a pure (white) girl, for otherwise I might even become a murderer. But how dare I appear before a pure girl? My "sexual conscience" will constantly roar in my ears: "You wanted to be Fritzie's murderer."

Anxiety and pleasure, desire and inhibition, however, blend into a common hallucination. Therefore, the redemptive pollution

already appeared with the thought of rape and murder; it made a rapid end of any further pressure from the impulse through a discharge of libido.

Despite repeated appeal, my statements regarding the analytic treatment of epilepsy have not been tested. Ultimately, this work will be taken up in large dimensions by my pupils. In the attack, not only the crime is experienced, but also a "re-birth" is gone through. Among epileptics can be found numerous impotents. On analysis, we find necrophilia and vampirism, as in the last case, to be the most frequent paraphilias.

That such vampires are not the product of an over-heated imagination, but actually occur in life is proven by a trial conducted in February, 1920, before the Viennese Grand Jury. I will quote two newspaper accounts of the crime:

"Yesterday, in a secretly conducted trial, our Court of Assize had to devote its attention to a horrible crime. It concerns an atrocity committed by the 21-year-old bookbinder's helper, Karl Haidinger, who, on August 1st of last year, enticed the 9-year-old daughter of a poor dealer in leather goods into his stepfather's home at Hietzing. There he stunned her with blows and by choking; then violated her sexually, and finally strangled her with his belt.

"The crime was discovered by the stepfather of the perpetrator and reported. Suspicion immediately fell upon Haidinger, who had already caused his stepfather much worry and shame, and since early youth, manifested *criminal tendencies*. Haidinger disappeared from home. On the same evening, however, he was arrested at Mariahilfergürtel in the company of his lady friend, a prostitute. After a brief period of denial, he yielded to an acknowledgment, which was at first defective and digressed markedly from the truth, but later suffered many corrections. At any rate, the following state of affairs happened: Before the crime, Haidinger had recently served in the Ukrainian Army as an officer's substitute and was here on a furlough. On August 1st of last year, in the forenoon, he was alone in his mother's and stepfather's house, after they had left home for business. The young man, only scantily clad and with slippers on his feet, went to the front door where he sent 9-year-old Charlotte, only known to him by sight, to a shop for the morning paper. He had it brought to him inside of the house, where he made a terrible

sexual assault upon the poor child after he had stunned her with blows upon the head and by squeezing her throat. And when the little one later made a last defensive movement with her hand, he tied his belt so tightly round her neck that death had to follow. Now the monster crammed a gag, which he had fashioned from torn fragments of the girl's apron, into the unfortunate victim's mouth. With this procedure, he prevented any further egression of blood and foam from the mouth of the child. And now, for a time at least, to remove the traces of his crime, he pressed the little corpse, after he had tied its hands transversely across the back, into a trunk whose cover he simply slammed shut. Finally, he cleaned himself and the divan, on which the murder took place, of a great deal of blood as well as he could, and then departed. Soon afterwards the stepfather, from whom the horrible deed could not long remain concealed, returned home.

"Yesterday's trial before the Court of Assize, on grounds of public decency, was declared secret.

"The defendant, a short, delicate youth with handsome features, was dressed in a short military cloak and pantaloons. His voice sounds like that of a school boy, yet his diction is excellent and betrays a certain amount of education which probably can only be attributed to reading, because, after grammar school, Haidinger only completed two classes of high school without much success. He became a bookbinder's apprentice and, as a helper, entered the Army where his life of adventure began.

"To the question of the Chairman whether he pleaded guilty, Haidinger replied: 'I plead guilty of the death of Charlotte and also of the ravishment.' And now the accused narrated all the details of his deed as well as the circumstances which preceded it, as if it were nothing more than a harmless incident. His behavior during the trial betrayed not the slightest remorse, yes, it seemed even now as if he were not conscious of the seriousness of his crime. He admits having learned poorly in school and, relative to morals, was prematurely led astray. On being questioned about his experiences in the Army, he narrated all sorts of adventurous tales. Thus he claims to have undertaken a daring flight on the Italian front as a simple pilot; this resulted in his promotion to the rank of substitute officer. After the downfall of the Government, he enlisted in the Ukrainian Army as an officer's substitute. But when it was reported that War was at hand, he secured a furlough, because he could not see any reason why he should risk his skin for the Ukrainians. So he came to

Vienna a short time before that ill-fated August 1st on which he committed the horrible deed.

"Hearing of the witnesses brought no new facts. The stepfather of the accused characterized him as a born criminal. The boy, he said, had once threatened him with a revolver and had caused both him and his mother a great deal of trouble.

"The Court psychiatrist, Primarius Dr. Stelzer, made an extensive examination according to which the accused was a 'love-child,' about whose father nothing further is known except that he was a woman-chaser; he has a hereditary taint on the maternal side, and is an *epileptic*. His disorder, however, in no way took on a form which would leave any doubt as to his accountability. The pathological manifestations which Haidinger has displayed since the day of the crime are absolutely simulated. After a brief conference, the Jury found the accused guilty of murder with 10 votes, of rape with 12 votes. The Court sentenced him to 18 years of solitary confinement intensified by a dark cell on the first of August of each year."

Another newspaper comments on this proceeding:

"Karl Haidinger, a bookbinder's helper, who ought to have been a butcher, but had to become a non-commissioned officer, committed a horrible crime. If nothing in his history were true except the incident that two blood-thirsty soldiers, one of whom was Haidinger, at Monte Gabriele pounced upon a wounded Italian, whom an unsuccessful attack had cut off from the body of his fellow unfortunates in the battered trenches, *and crushed in the skull of the dying man with a pickaxe in order to drink blood from his slashed jugular vein*, the blood of a human being, the blood of a brother whom insanity and diablerie had labelled an enemy, which he never was—if nothing else is true than the fact that one of these two animals, the selfsame Haidinger, from that day carried within him a craving for the sweet taste of human blood as something to be striven for *at any price*, then may the entire rubbish of this world which has not as yet had enough of divine right and martial bombast make a miserable attempt to get round this Karl Haidinger!

"Karl Haidinger is beyond all practical worth. His horrible deed was that he enticed a 9-year-old girl into his home and beat and strangled her to death. For all the other details, there is no room here. They would have to be placed in a secretly read morning extra. They belong to the medical archives, for Haidinger com-

mitted them as pus oozes from a suppurating wound. They take place in the sinister regions of disconsolate, aberrant manhood, which a gloomy science has long classified into divisions and sub-divisions. The science is a sorrowful one, because it must register where the last remnant of human nature is nearness to God. Haidinger might well be its object, at the lowest point in the descent from man to animal. The intoxication of blood and bloody ecstasy induced a crazy fellow to snatch the tender body of a child, whose blood he convulsively drank with diabolical pleasure. He is a horrible challenge to us from Hell, directly behind which groans the woman who was compelled by an administrator to place young pigs, instead of her own infant, upon the human, maternal breast.

"Karl Haidinger bound the dead child with ropes and placed her in a trunk. There it was found by his stepfather who notified the police. Haidinger was arrested on the day of the crime and yesterday was brought before the Court of Assize. The tragedy was discussed in a secret trial in conformity with paragraphs from the criminal law which knows a name for it. His type, however, is beyond the law, for Karl Haidinger is not a patient, he is a disease. To place him before a Court is an expedient which had to be found in order to preserve humanity from infection."

At the trial, the relations between impotence and criminality were very evident. The counsel for the defendant wanted to explain the crime as the result of the over-heated fantasy of an impotent man. Haidinger repeatedly experienced long periods of impotency. We know, however, that this impotency was a self-protective measure against his criminality. . . .

Among impotents, we not only find vampires, but also *femicides* (à la Jack the Ripper), *necrophiliacs*, and *cannibalists*. These excitations are nearly always concealed from consciousness and, in rare instances, break through in the psychosis, in an epileptic attack,² and during intoxication. These impotents may be recognized by remarkable, sometimes even apparent, symptomatic acts and from their behavior toward women. They behave as if they wanted to commit a crime, content themselves with the fore-pleasure, and never hazard a sexual act. Or, for self-protection, they take along an escort. They choose very strong women who are physically superior to them.

With weak women and with women whom they meet alone, they are regularly impotent.

An epileptic afflicted with urolagnia and who was always impotent with women was accustomed to accost a woman on the street and wait in a public garden until she had urinated. Whereupon he would drink the urine with great pleasure and experience an ejaculation. Analysis showed that we were dealing with a vampire for whom urine was a substitute for another body fluid (blood).

Another impotent man used to address women on the street, accompany them to their home, and pay them the stipulated sum of money without going up to their rooms. Analysis revealed the presence of well-marked cannibalism. He already betrayed himself in his language. He found all women "appetizing enough to bite into," loved "to devour things," declared that a certain woman "lay on his stomach," etc.

Quite apparent was the conduct of another sadist who gave vent to his sadism before the sexual act during which he always came to "ejaculatio ante portas." He would tear up several newspapers and, during the act, had to hold a ball of paper in his spasmodically clenched fist. The tearing apart and strangling of his partner took place on the paper and made it possible for him to spare the woman.

The play of another "unconscious sadist" appeared more dangerous. His wife had to stand naked in front of a door as if crucified. Then he rushed at her with upraised right hand, as though he held a dagger in his hand, and gave her several light thrusts which were supposed to indicate dagger thrusts. Only then followed a coitus in the upright position. In every other position, he was impotent. Only during menstruation (the fancy of a bloody, also injured, vulva) could he now and then exercise coitus. In addition, there was cunilingus during menstruation, which obviously corresponded to his secret vampirism.

Necrophilia manifests itself in great sexual excitement at funerals. I am acquainted with several men who must carry out a cohabitation after a funeral in which they have participated. An impotent man admitted to me that he was only capable of cohabiting on a single occasion. He came to a

prostitute and found her almost lifeless in a deep state of unconsciousness. He was concerned about her and hit upon the idea of restoring her with a coitus, which he succeeded in doing for the first time with a strong orgasm. The girl, who obviously had had a hysterical attack, soon came to. Taxil describes the case of a prelate (mentioned by Krafft-Ebing) who, from time to time, appeared in a Paris brothel and ordered a prostitute to be made up white like a corpse and placed upon a bed of state. Neri also reports the case of a man who only used prostitutes in a brothel who were dressed like a corpse, made up in white, and, lying immobile, allowed themselves to be cohabited.

In this connection, there might still be mentioned several symptomatic acts of the male partner before coitus: cutting off the pubic hair (*pars pro toto*), cutting the finger nails, cutting off locks of hair (the lock of hair instead of the head), scratching the skin until blood appears, using injured persons (principle of "an accomplished matter"), cripples and sick persons.

More frequent are the cases where absolutely no symptomatic acts occur. The patients—it always concerns impotent men—are seized with such mortal anxiety that they flee from the sexual act. Like all anxiety, this anxiety proves to be an anxiety about oneself ("self-protective measure"). The criminal act remains entirely concealed from consciousness. The excessive anxiety only permits the psychotherapist to think of a repressed criminal impulse which is often confirmed by analysis.

I will now come to a consideration of the relationships between "impotency and homosexuality." Why is the homosexual impotent with a woman? The question appears naïve. Most physicians would reply: because he has no libido with women and only desires men. It is just this point of view which I so energetically contested in *Autoerotism and Homosexuality*, and demonstrated that the homosexual only repressed his heterosexual component because he harbours an attitude of sadism (with hatred) toward womanhood.

The conviction to which I have come is as follows: "*The homosexual parapathy is a flight to the same sex motivated by an attitude of sadism toward the opposite sex.*"

A testing of my results through psychoanalysis—and only such confirmation is justified—till now has not taken place. Only Otto Gross, in his erudite book, *Drei Aufsätze über den Konflikt*,³ has accepted and enlarged upon this formulation.

Recently Jakob Kläsi⁴ has published an interesting investigation of five cases of homosexuality from the material of Bleuler's Clinic. He differentiates a psychogenic (hysteriform) homosexuality from a congenital homosexuality. Unfortunately, however, his cases are investigated anamnестically and through association experiments, but not psychoanalytically. Of the five cases, the author considers four of psychogenic origin and attributes them to a fear of women, *i.e.*, a fear of being impotent. He says: "The homosexuality, therefore, serves to justify and disguise the impotency complex and, herein, represents a well-known hysterical mechanism. In other words: *Wherever, in the symptom complex of so-called genuine homosexuality, the impotency complex (anxiety about being impotent and hypochondriacal concern about it) manifests itself, it stands to reason that we are not dealing with a congenital, but with a hysteriform acquired homosexuality.*"

Neither Kläsi nor A. Adler see that behind this anxiety about being impotent lurks an anxiety about one's own sadism; nor does the orthodox Freudian school (Freud and especially Sadger) recognize that the Œdipus-complex often only serves to conceal the homosexual's hatred for his mother and his jealousy because she robs him of his father; that he clings to his mother because it is all the love he can give to the female sex. The rest is hatred which, with the desire, is amalgamated into a sadistic act.⁵

The homosexual, therefore, has good reason to flee from women. It is a matter of preserving his personality.

In the analysis, this attitude does not easily come to the fore; one only becomes aware of these facts toward the end of treatment. In analysis, homosexuals usually take flight. They are afraid of knowing themselves; they dread to look at the "image of Medusa." It does occur, however, that homosexuals are actuated by a desire to approach women and to get married and for that reason continue with the analysis. Even "homos" who are threatened with legal proceedings and have already

experienced many inconveniences show a wish to change and unyieldingly stick to the analysis. With an emergence of the sadistic complex, they show the flight-reflex, which can only be overcome through very tactful procedure on the part of the physician. *Recovery is only possible after disclosure and a conscious overcoming of the sadistic complex.*

A homosexual had a habit of writing down his dreams. I had an opportunity to look over this unsuspecting dream material which was not confused by any analytic influence. I met with a half dozen sadistic dreams and repeatedly with heterosexual dreams which showed obvious relationships to sadism. I will only introduce a short dream of this patient:

"I find myself in a very unusual forest. A pale light prevails, menacing, ghastly. I am alone and fear something gruesome. Then I see the corpses of women and children hanging from the trees. They were horribly mutilated. All the women were completely ripped open. Whereupon the thought flashed through my mind: 'You might be accused of the crime.' I hurry away from the forest as rapidly as possible and come to deep water. To my astonishment the water is flowing in the wrong direction; it goes uphill instead of down. I think: 'inverted or not, if I can only get out of the forest!'"

Here we can plainly observe a tendency to escape from the sadistic attitude toward women, and a preference to rely upon an inverted sexual attitude.

Another homosexual dreams that he plunges down a precipice with his automobile. He sees the dismembered legs of a woman hanging from a tree.

From these facts we arrive at the conclusion: The impotency of the homosexual with women is no fatality. It may be cured through analytic elucidation of the sadistic motives and by overcoming of the infantile excitations through conscious condemnation and neutralization of the complex. The patients then learn to realize that they have long overcome these infantile attitudes and find courage to yield to love which most easily helps them over the hatred.

The analyses of two men who are impotent with women on

account of homosexuality will conclude this chapter, without which an understanding of impotence in the male is impossible :

CASE 118. Mr. B. M., 29 years old, has never been able to cohabit with any woman because he is homosexual. With a woman, he is absolutely impotent. A first attempt at 19, with a prostitute, ended in a complete failure. Then at 27, he made a second attempt. Likewise a complete fiasco. At 21, he had an intimate friendship with a classmate of his own age. After six months of preparation, they indulged in mutual masturbation. The affair lasted for a year. He fought against it, however, so that hardly once a month an intimate act took place. Unfortunately, this friend died last year. He also has a lively desire to be able to love women, and would gladly get married.

His life history sounds quite unimportant. He comes from a healthy family of ten children, seven of whom are alive and well. There are no sexual abnormalities in the family.

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The first dream initiates us into his family relationships.

I. "I saw my sister in mourning attire and wearing a large hat, which made me laugh. One side of her face is black."

II. "Then I found myself in a large vegetable garden bathed in sunlight and I played with several children; among them is also my little niece, with whom I whirl round several times. Suddenly the child had an *attack of suffocation*, and I rushed to call my mother, who did not hear me, whereupon I became very angry. Finally she came and removed something from the child's neck."

III. "I was with my deceased classmate in our former home in Hungary. We amused ourselves over trifling matters, indulged in horse-play, and finally got into a quarrel during which strong language was used. In conclusion, he directed me not to receive any visitors without his permission, etc. I replied that this was entirely my own affair; that, furthermore, I was going to move very soon."

We learn that he is living with his mother and a little niece who is the illegitimate child of his sister. That explains the first dream. He was unhappy about his sister's error and wished for the death of the illegitimate child. The child was born unconscious and only recuperated after manipulations by the physician, who removed a viscous mass from its throat.

He wished for the death of this child, because he would like to have eliminated the evidence of disgrace from the house. He

feels as if he were the father of the child and handles it very strictly. Hatred for the child is ushered in very gently. He reports incomprehensible impulses to choke the child (the attack of suffocation).

The third dream shows him in a struggle against his homosexual tendencies. The death of his friend was also a wish-fulfillment. He wished for the removal from life of the witness of his sins. The deceased avenges himself and controls his love life. He is still subject to his command. He still loves and desires him.

His homosexuality, however, does not seem to be very strong, because to-day he reports having seen a lady on the street who transported him with joy, so that he said to himself: "You could marry this woman and be happy with her." He rode with her for a while and then followed her, but could not muster enough courage to address her.

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The dreams of the succeeding night are as follows:

"I found myself with my younger brother in a crowded country church during high mass. I also remember a sermon. At the conclusion of the mass, an old, lean, and *ugly* nun climbed to the top of the high altar and genuflected toward the four directions of the heavens, which made me very angry. I was especially afraid that she would fall down.

"Then I saw an old handsomely carved French double-bed which stood upon a platform.

"Then I saw a divan consisting of two stories, which I considered very practical because one could use it in both places."

His inner piety comes to light. He is an atheist and a full-fledged free-thinker. But he tells us that in childhood, under the influence of a Sunday-school teacher, he was very pious and had intentions of becoming a clergyman; this intention was not given up until his eighteenth year.

The nun is a symbol of his inner, ugly ego which ridicules religion. His ego is represented by a woman. He feels like a woman. Indeed, he is a homosexual.

The dreams of the next few nights are:

"I strolled with an apparently well-known comrade through several cities and villages, also some forests. There were crowds of people everywhere, talking vehemently to each other. I told my comrade that it was high time to depart from this country, and that we would do well to migrate. We halted at a meadow full of flowers when a castle, which later acquired the form of a

Moorish fortress with a tower closed off by a platform, suddenly emerged from a wall of fog. A Turk with a high turban and a wide short coat appeared upon the tower and called to prayer; his eyes were *cruel* and plainly visible. I told my comrade to hide himself so that this Turk would not see us, for otherwise we would be lost.

"I found myself with some one in a large building which was full of old things. We had the job of sorting and moving them away. Among them were pieces belonging to members of the court. Then, too, I experienced great anxiety as I was about to move a pedestal and it threatened to fall on top of me."

These are resistance dreams. He sees his thoughts rushing in crowds at him and wants to run away (from me and my new thoughts. Also indications of fellatio, polygamy, and sadism).

In the second dream, he symbolizes his brains as a large building. He fears that old things might totter. Memories of his mother (member of the court), in particular, seem to be held in reverence.

He remembers performing fellatio on a comrade at the age of ten years.

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The next dream betrays strong resistances:

"I went to a physician on a Sunday forenoon with the anticipation of only meeting a few people there. To my great surprise, however, I found the waiting-room, a sort of hall, full of people.

"In order to reach the consultation room, one had to pass a very steep stairway, which I could not muster courage to mount."

He wants to be my only patient. It is disagreeable for him to share treatment with other patients. He sees insurmountable resistances (steep stairway).

He brings a characteristic reminiscence. At the age of six, he uncovered his older brother in order to observe his genitals. His mother caught him in the act and gave him a good whipping. He was often teased about this incident. His first aggression therefore was associated with pain. . . . At that time, he had a violent hatred for his mother because she prevented him from going to his brother. For spite, he thought: "Just for that I will go to my brother."

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This memory explains his attitude of defiance toward the female sex. It absolutely embraces his entire attitude in a symbol. It is womanhood that keeps him from the acquisition of pleasure;

more plainly expressed: it is Mother who paralyzes his aggressive force.

At night, two pollution dreams. Such dreams are of extraordinary importance. They betray the secret tendency of sexuality:

"I found myself with some one else on the way to a rendezvous. We came too late, however, because all we could see was a wagon riding away and the heads of two girls, which made me feel very badly.

"I wanted to make advances to a young, vigorous person, apparently my brother; he was greatly astonished and indignant. I was very much ashamed."

The vigorous gentleman in the second dream makes him think of his older brother against whom he directed the unfortunate aggression in his sixth year. The two girls remind him of the lady whom he followed and whom he would like to have married. After a certain amount of reflection, it occurs to him that his sisters wore fur caps like the one the strange woman had. For this reason, he was able to fall in love with the strange woman with lightning-like rapidity and felt compelled to follow her. *She resembled one of his sisters.*

He now tells us that he was "madly in love" with his mother and always considered her the most beautiful woman in the world. (As a matter of fact she was anything but beautiful.) His sisters were only younger editions of his passionately loved mother.

We now understand the "riding away" in the dream. He will not attain his childhood ideal. And he flees from women, who all become mothers and sisters to him, to the man. He wants to be homosexual because he flees from women. He seeks, as a man, his ideal: his older brother.

Then, too, he sings the well-known song about "wrecked ambition." How much he had expected from life and how little it had given to him!

In connection with this conversation, the trait of wanting to please everybody comes to light. He wants to make a hit with every one and cannot bear to have any one indifferent to him. And now the meaning of the second dream becomes clear to him. I ought to be affectionate to him or at least tolerate his caresses. He leads out the great trump of all parathiacs. He creates an actuality so as to prevent a glance into the past. He loves me and

displays all the sensitiveness of a lover. I am not attentive enough to him; I am bored with his company; I have more important things to do than listen to his "nonsense." He strives for my love in order to detain the analysis and to create new proof of his irresistibility.

That is the frequently mentioned phenomenon of transference.

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New connections are brought by the dreams of the following night:

"I attended a performance of a traveling circus. There my attention was drawn to a young, rather voluptuous-looking girl, and I had a lively wish to know her more closely. During an intermission, she came to me and we both went behind the tiers together. Then we suddenly found ourselves on the floor, and I tried to seduce her. She defended herself more out of play. While we wrestled with each other, she was presently naked. I feel the breast of the girl with one of my arms and perceive a lively feeling of pleasure.

"I find myself at the bottom of a shaft with the young man mentioned in the dream before last, and the girl in the last dream is to be let down to us with a rope. We agree to make believe that the rope will break in order to frighten her. This is also carried out. Then all three of us are on our way home. I attempt to cling to the young man real closely, whereupon the girl pokes fun at us from behind."

To the first dream, he remembers seeing a travelling circus in his twelfth year in which living pictures were exhibited. The wife of the director represented Genevieve, and a deep voice read out her tale of woe. To this he imagined that his mother was Genevieve, who questions her innocence, and that her purity would then reveal itself radiantly. From these fantasies he was interrupted by the comment of a colleague who declared that the beautiful wife of the director had a fat belly and was probably pregnant.

Thus, the subject of pregnancy, for he also noticed that his mother was in that condition at the time, leads to the period when as an infant he lay in the womb of his mother. The memory of the pleasure of nursing mingles with the first dream in which he seizes the girl by the breast; through his associations, she proved to be his mother (wife of the director).

The second dream is an obvious "womb fantasy" and represents

his intrauterine life in which his sister (about 12 years old), who was not very gladly received, is destroyed.

In its further determinations, the dream represents a tendency to break the threads which lead to womanhood and to approach men. The concatenation of both dreams shows a causal relationship between a love for his mother and his homosexuality.

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During the next sitting he is greatly perturbed. After an interval of complete silence, he said: "Do you know that I concealed something from you at the last session? I cut off the rope so that the girl would fall dashed to pieces to the bottom of the shaft. As a boy, I saw a girl pulled from the depths of a well in which she had plunged on account of *tædium vitæ*. Whereupon I had a remarkable feeling in which pleasure and horror blended together. At that time I was eleven years old and, with terror, remember the painful erection which was caused by the sight of the shattered corpse. For a second, the thought flashed through my mind: 'If you had climbed down into the well, you could have violated her. She was cold and fresh. . . .' I repressed this thought, but it often returned in my dreams. I had entirely forgotten this incident. Yesterday's dream, only, brought it back to my memory."

Whenever the hysterical amnesia becomes disrupted in analysis, one can anticipate the arrival of a new flood of knowledge and reminiscences. The patient states that already at the age of fourteen he wanted to go to prostitutes with his classmates. But he had an insurmountable fear of committing a fiasco and making himself ridiculous. From anxiety over his supposed impotency, he has avoided women up till now.

Thus far, the analysis might satisfy a Freudian as well as an Adlerian. We see an anxiety about defeat, upon which Adler places so much value, an oppressive, paralyzing feeling of inferiority; but we can also demonstrate a fixation to his mother and sisters. However, it only remains reserved for a deeper knowledge to arrange these attitudes into a higher unity.

He clung to his mother and sisters because they were the only women he could love. Indeed, he took sick on account of his inability to love. He hated all women and had an attitude of sadism toward them. By taking their life, he wanted to prove to

them who was the master and the man. For submission to a woman, he could only be recompensed by her death.

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The next few sessions bring an explanation of his feeling of inferiority. He was six years old when he saw himself for the first time in a mirror and let out a scream. He felt that he was terribly old and ugly. This consciousness of being ugly has remained with him to this very day. How could such an ugly creature please women?

Indeed, he is not at all ugly. In fact, he even has a very interesting face. He only imagines he is ugly. Why? Because in his reflected image in the mirror he saw his inner self. (Hebbel said: "Man is like a basilisk. He dies when he sees his image in a mirror.") He saw his inner ugliness. As a child he was filled with cruel thoughts. He wanted to cut every one up into small pieces, especially women, in order to see how they look inside. Later, a period of piety, of which his dreams render an account, set in. He fled into piety, like many patients whom we have described in this book, and even wanted to become a clergyman. Piety was intended to help him overcome the animal within him.

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After a long interval, he brings another dream:

"I was in a cellar which was full of chopped-up female corpses. I joined several parts together so as to bring them back to life. I felt that I possessed magic powers and that the undertaking had to be successful. The many wounds filled me with horror. My hands were bloody. A bright ray of light suddenly peered through the upper window into the cellar. The difficult undertaking was successful. The parts were arranged into a whole. I saw a strikingly beautiful woman standing before me entirely naked and covered with long, radiant, flaxen hair which reached to her knees. I went down before her and kissed her feet. I awakened with a pollution."

The interpretation was not difficult. The patient destroyed the image of womanhood himself. The cellar symbolizes his soul. Now he joins the parts together again. Through analysis a bright light penetrates into his soul. What was previously impossible takes place. The image of womanhood arises in radiant beauty before his ravished eyes. He humbles himself before womanhood and sinks to her feet.

His sadism was a hypertrophic "will-to-power" over woman-

hood. He wished to be a servant to no woman. Then, too, the sadism might also have been firmly held in order to escape humiliation. These infantile attitudes could only be made harmless after overcoming the sadism.

Now the fear of womanhood had to fall to the ground. Now he could love and be a man again without becoming a criminal.

He was no longer ugly. He was richly endowed and could call the most beautiful woman his own, since he had overcome his inner ugliness.

Here the analysis came to a close. Shortly after treatment, the recovered one fell in love with a cousin and, despite great material difficulties, married her. Furthermore, he had no cause to complain of his potency.

With this analysis, new prospects for astonishing results are presented to all psychotherapists and to many unfortunates who are debarred from love. I once more call attention, however, to the fact that the analyses of sadists and homosexuals belong to the most difficult problems of psychotherapy. Many patients break off the analysis the moment the sadistic complex threatens to emerge. It requires great diplomatic skill and great patience to get at the bottom of these complexes. It is extremely dangerous to impart these complexes too early to the patient. One must wait patiently for an overwhelming amount of evidence, and the patient must be convinced that he will not lose the respect of the physician through his communications. If he is sure of sympathy and understanding, he will then have courage to take a terrible glance into the depths of his soul, where the apparently dead monsters only await the moment of release in order to perish, finally, after a fleeting semblance of life.

This struggle is the deep meaning of Schiller's poem, "Der Kampf mit dem Drachen" (The Struggle with the Dragon). It also makes his "Taucher" (Diver) comprehensible to us:

"Below, at the foot of that precipice drear,
Spread the gloomy and purple and pathless Obscure!
A silence of Horror that slept on the ear,
That the eye more appall'd might the Horror endure!
Salamander, snake, dragon—vast reptiles that dwell
In the deep—coil'd about the grim jaws of their hell.

"There I hung, and the awe gather'd icily o'er me,
 So far from the earth, where man's help there was none!
 The One Human Thing, with the Goblins before me—
 Alone—in a loneliness so ghastly—*alone!*
 Deep under the reach of the sweet living breath,
 And begirt with the broods of the desert of Death." 6

Is there a more exquisite description of the unconscious? The king is the symbol of consciousness, and the goblet is the prize which love can offer. The physician is also a diver, and, with his help, the patient may venture to plunge into the depths for a second time in order to secure love and health. When did he venture this plunge for the first time? Our patient gives us the answer. It was the glance into the mirror which had so greatly frightened him as a child. Now he can purify and absolve himself from all guilt. That is the purpose of every analysis. It must destroy the sense of guilt which had possessed the patient as a feeling of inferiority and robbed him of self-confidence and pleasure in living. He once more ventures to feel like a human being and with the sage cry out: "*Homo sum! Nihil humani a me alienum puto!*"

A very characteristic picture of the psychogenesis of a homosexual parapathy and the relationship between sadism and homosexuality is presented by the next case history. It concerns an Englishman who lives in a manor-house in the heart of England and, at times, had to visit India on a political mission.

We allow the patient to tell his story. He gives a fairly exact sketch of his condition:

CASE 119. "I am 34 years old, a homosexual, and, if possible, would like to be liberated from it. In my opinion, where there is a hereditary predisposition, this is doubtful; if it is only a habit, perhaps more feasible. Why would I like to free myself from it? Because I consider it more expedient to get married in advanced age. I am the owner of a castle which has always been handed down from father to son for nearly three hundred years. I have three younger brothers who, as far as I know, are heterosexual. As the eldest son, I feel that I owe certain moral obligations to my family.

"I also have two healthy sisters. My parents, as well as their

family, were always healthy. My brothers, sisters, and I had all the diseases of childhood and, with this exception, were always healthy.

"If possible, I would like to feel like a real heterosexual. In early youth, I was already attracted to males, although there were also periods of heterosexuality. *Thus, I recall having a strong feeling of friendship (Or was it already love?) for my eldest female cousin who is my own age and the daughter of my mother's eldest sister.* We always played 'husband and wife.' During my summer vacation, she visited grandmother, who lived very near our home. This great friendship lasted for two or three vacations.

"A second event in my life that I can recall is that, at the age of six, I wanted to cohabit with my youngest aunt, who had just been married, although I believe that, at that time, I did not fully realize what I was doing. That winter my parents, my brother and I, the above-mentioned aunt and her husband, were stopping at her mother's place. My brother and I always had a habit of coming early in the morning, while still in our nightgowns, to bid 'good morning' to our parents and the aunt. Since it was cold, we had permission to creep into their beds for five minutes of tittle-tattle.

"I see everything as clearly as if it happened only yesterday: how I always chose my aunt's bed for myself and pushed my brother into my uncle's, though he had no great desire to go there. *Then, as if by mere chance, I touched the vulva of my aunt with my hand. It was, however, absolutely intentional, and I would have gone further if my aunt had had no objections.* To my regret, however, she began to laugh and tell it to her husband in French, because we only knew the English language.

"I was so bold, however, that afterwards, in the afternoon, I tried everything in my power with my aunt in order to justify an act of exhibitionism. I knew how to turn the conversation so that her curiosity would be awakened and, at her request, I could show my penis, because according to my account the foreskin was retracted.

"It is astonishing how inventive children can be.

"I also recall that, while our servant girl bathed my brother and I, more to tease her than for any other reason, I placed my sexual parts between my legs and showed them to her from behind. Whereupon she would always say that it looked the same as in a poodle.

"As a boy of ten, it gave me great pleasure to masturbate our servant-man and the stable-boy, at times even against their own will, although I never had an erection while doing it. Every now and then, I ran outside for this purpose. Finally, I convinced my grandmother's servant-man that I too could ejaculate and requested him to try it on me. It afforded me great satisfaction to know that I could ejaculate, although it was without much feeling.

"Later I even masturbated during school hours. Until my twentieth year, I was haunted with the thought of mutual masturbation. At that age, I went to Bombay and chose a native whom I was particularly fond of. Nevertheless, he did not come up to all my desires. But inasmuch as he possessed very many good traits and was a heterosexual, which, in order to conceal my inclinations from the eyes of the world, was even more advantageous, I said to myself that he would soon be where I wanted him, in which I was also successful. For six years, I had an affair with him. I loved him like a man would his wife. His marriage was, at first, absolutely against my will, but notwithstanding he submitted to my wishes. I treated him strictly, though justly. I was by no means faithful to him, nor was he to his wife.

"My sexual libido is strong. It cost me great will-power (if I may express myself in that way) to limit myself to three cohabitations a week. In addition, I had on an average of three pollutions a week.

"Twice a year, I would allow myself to indulge for 14 days at a time; three cohabitations a day with natives took place. They were especially intensive in the morning. Afterwards, I showed absolutely no signs of fatigue. During these six years, I masturbated very rarely, only once or twice a year.

"Here in England it is impossible for me to abandon myself to passions. Pollutions act as a substitute, about three a week, sometimes occurring several nights in succession, or twice in one night. They are always associated with monstrous dreams; dreams which always concern the male sex, even male acquaintances whose body I feel resting upon mine.

"This year, for the first time, I had three dreams in succession which concerned young girls of my acquaintance and ended in pollutions. Inasmuch as I do not like to have pollutions without these dreams, if for nothing else than on account of the element of surprise and their number, for the ejaculation is strong and violent, I at least feel reimbursed by those dreams which are known to me. The urge to masturbate, moreover, gives me addi-

tional relief. I always thought that homosexuality was a passing thing; that I would change at puberty. Now this notion seems very naïve, for I have seen homosexuality in so many men of most diverse ages that I am convinced that it does not change of its own accord. I have observed these men at home and abroad, in all strata and races. As a matter of fact, I was greatly astonished when I saw how many cities offer such rich opportunities for doing justice to the various whims of humanity and how ingeniously measures have been taken to increase sexual libido through spectacle and performance. In the Orient, in particular, paraphilia knows no limitations.

"At twenty-one, upon the advice of the already-mentioned Hindu, I cohabited with a remarkably beautiful Indian woman whom he had selected for me. I had an erection and ejaculation, but perceived no excitement. Hence, it was an ordinary masturbation against the vulva.

"At twenty-two, I tried it again; no erection, probably on account of embarrassment. The Hindu girl refused to come to my room, otherwise I probably would have been successful. I could not insist upon it on account of appearances and my good repute.

"I always had a fear of and aversion to venereal infection. I am by no means a misogynist, for I can amuse myself very well with a woman, though without experiencing the slightest sexual feeling. I have tried to combat my miserable failing though without success. Now I tell myself that I cannot help being what I am, and that that is the easiest and healthiest way to bear it.

"*I always liked my mother better than my father*, who never concerned himself enough about me. In childhood, I preferred quiet games. I could sew and knit, and finished fancy work started by my sister as well as she could have done it. Now and then, in charades, I dressed in mother's or sister's clothes. So far as I know, I have no feminine appearance; am fairly vigorous, though, at the present moment, have a weak constitution.

"There is one thing that I could not understand for a long time; namely, I can quite suddenly take a genuine fancy for a *really intellectual man*. It is, so to speak, stronger than I and, at the same time terrible, because it requires all my energy and common sense to make myself appear calm and indifferent, inasmuch as public opinion always looks upon an unusually great friendship as unhealthy and homosexual; and it is better to conceal one's homosexuality.

"These intellectuals were always great Don Juans, consequently

heterosexual. For that reason, I was astonished at this friendship. I had no longing for sexual activity; but the conversations and exchange of thought, how to take life, etc., interested me. There were some who described their method of performing sexual intercourse. Whereupon I said to myself that, after all, it was a concealed sexual feeling and that it had competed with intellectualism.

"Now it was an engineer who was on his way to India; now a physician who was a profound student of human nature.

"I suck my thumb all day long, although I do my utmost to conceal this. Is it a bad habit from childhood or a concealed sexual desire?

"Our family is very much devoted to each other. The aunts, uncles, and cousins love each other like brothers and sisters. We associate a great deal with each other; are always together; eat and live with each other without first asking for permission, etc. In no other family have I observed such close family life. Strangers have great difficulty in gaining access to our circle.

"During orgasm, I become very wild. *I must control myself at the height of passion and hold my hands to my sides in order not to injure my partner.*

"It is my misfortune to be impotent even as a homosexual. I hardly come in contact with my sexual object when I already experience a very strong orgasm. I would also like to be more potent as a homosexual."

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To this case history, which brings out all important factors with rare clearness, is to be added several other particulars. In our homosexual, the interest for women was never completely extinguished. Ostensibly, it was never an erotic interest. He was always very fond of amusing himself with women. Upon closer interrogation, he admits having *a pleasant sensation on dancing with women if he feels their breasts*. He thinks about getting married, without any sexual desire though. He has already met several girls whom he has liked. He proposed to two of them, but was declined.

Physically, he shows several indications of hermaphroditism. He manifests a distinct gynecomastia, and, for his size, the penis is somewhat small.⁷ When erect, however, it is supposed to attain a rather large size, which can often be observed in strikingly small penises. His hair distribution is absolutely normal; his voice is deep, and the pelvis is somewhat broad.

He is extraordinarily fixed to his mother and sister. His unmarried sister, who alone concerns him, because the older one left home rather early, is markedly parapathic. She cannot get along with her mother. They constantly fight and quarrel. Away from home, when she is alone with him, she becomes calm, gentle, patient, and devotes her entire time to him.

On long, extended trips, in particular, she becomes very amiable and obliging. But as soon as they approach home, she becomes wild and unbearable. On one occasion there was a period at home, following some little incident, during which she would not speak to him for two months. The key to her nature is jealousy. She is jealous of her mother and of every girl whom he approaches. She was also jealous of me and made unsuccessful attempts to disturb his treatment. She found me unsympathetic; would never place any confidence in me, and often appeared unexpectedly to disturb our conversations.

Neither his mother nor his sister ever spoke to him about marriage. Evidently they are very much satisfied with his present status. His mother shows another unusual trait. She declines all visits to her manor-house or receives the visitors and is silent during their visit. She only tolerates the immediate members of the family and will not allow any "female rival" in her house.

At the onset of treatment, he evinced the well-known flight-reflex of all homosexuals. They either break off the treatment or plunge into a homosexual love adventure. He made daily requests for permission to indulge in these experiences and, despite my energetic interdictions, again and again sought after objects of pleasure. An intercurrent illness confined him to his room. Now defiance asserted itself in another form. Every night he had homosexual dreams which ended with a pollution. He clung to his homosexuality and the further the analysis advanced, the greater became his doubts and the stronger his homosexual desire, until one day it vanished from his dreams entirely.

The fixation to his mother and sister, in itself, seemed inadequate to explain his homosexual parapathy. His aggression against the aunt and his love for a female cousin showed that originally heterosexuality was not foreign to his nature. An inhibition must have set in rather early. His contention that he is only interested in and stimulated by the phallus did not stand the test of analysis. A great interest for the female breast came to light. Only women with large, voluptuous breasts were able to

stimulate him. Indeed, in several dreams, the phallus turned out to be a substitute for the breast.

From an abundance of dream-analyses, I will only produce two which will orient us in relation to the patient's disorder. I will begin with a dream which was dreamt at the onset of treatment:

"I am looking for the street to S. A straight road leads to it. Then I meet a man who also desires to go to S. He stops and inquires about the road. We walk together. Suddenly he stops to urinate. He tells *how he once acquired the 'clap' which, to be sure, was now cured, though he still suffers from severe pain on urination.* Then I take another road. Whereupon I meet a man who has lost his suspenders. I turn back to look for them. They are on the road to S. The road, which I had formerly taken, was very smooth and dangerous. The man has a cover to a box; he wants to place it on my penis in order to masturbate me. *I find that the cover is too large for my penis to give me any pleasure.*"

His grandmother lives in S. The grandparents lead a very happy married life. This couple seem to be his standard for all other marriages. All dreams which lead to S., lead to the realm of marriage. The marriage of his parents was characterized by the domination of his mother. She was the stronger, more stubborn, and defiant one; his father would give in. Violent quarrels often took place, and he saw his big father grow small before his mother.

That determined his anxiety about marriage and the domination of women. He did not want to be a woman's slave; did not want to submit to any woman. He would rather have intercourse with men than become a woman's slave.

With this fact, we have discovered the first psychic component of his homosexuality. The fixation to his mother and sister served as a protective measure against other women. He gave both of them all that he had left of spiritual love.

In this dream we see a man who suffered all his life from the effects of gonorrhœa. That brings us to a great trauma in his boyhood. He was nine years old when a coachman enlightened him about sexual matters and told him about the terrible diseases which might be acquired from women. He decided to avoid women in order to escape venereal diseases.

That is the second psychic component of his homosexuality.

In this dream appears a man who has lost his suspenders. That is the patient himself. He has lost his manhood. Then, too, the dream brings another characteristic detail. The man has a long

box whose cover the patient removes in order to cover up his penis. Actually, he wants the man to touch his penis with the hand. The man does not do it, but places the cover upon his penis. This cover is much too large for his penis.

The third component of his homosexuality: He is always afraid that he will not be able to gratify women on account of his small penis. He evinces anxiety about being impotent, which Kläsi has emphasized. This anxiety, as a self-protective measure against the dangers of womanhood, is over-stressed.

But he is also impotent with men. It grieves him to think that even with men he cannot unfold his potency. Ejaculation sets in very rapidly. That is due to his religious inhibitions. His parents accidentally discovered that he had an affair with a coachman. At that time, he was fourteen years old. It is unbearable for him to think that his mother could have knowledge of his homosexual experiences. He also feels that he is committing a sin.

His strict religious training led him to look upon every extramarital coitus as a sin. Conversations at home added their share to impress this attitude. In his childish mind he erected a sophism: Intercourse with women is a sin; intercourse with men is permissible.

And, yet, his religious conscience, despite the sophism, uttered its authoritative veto. For that reason, he was also impotent with men.

We were able to establish a third and a fourth component.

He fears a fiasco with women! As a child he repeatedly saw the large penis of his father (penis-envy) and compared it with his tiny one. How would he ever be able to gratify a woman?

The fourth component—we might call them all the anti-heterosexual components—was his deep religiousness which, unlike in other parapathiacs, was not merely effective in the unconscious. He was a profoundly religious man.

Let us now turn to the analysis of another dream which appeared near the end of the treatment:

"I am in a large city (London?). At night I hunt my room, number 9, but cannot find it. First, I inquire of the boarding-house mistress and then of a chamber-maid. 'Immediately!' she replied. I walk on the street and ask two other chamber-maids. . . . I want to leave through a door which is locked. . . . I first strike a girl, because she will not show me the room. I strike a

second one so hard that she remains prostrated and half dead . . . she falls to the ground. . . . I continue walking, but return and see the girls lying upon two stretchers. One of them seems to be dead. The people are going backwards. I pay no attention to it. I go up a steep incline; it is so steep that, at times, I must climb upon my hands and feet. A poor, black, little dog runs past me. I take it into my arms and climb further. I cross the street from left to right and follow traces of drops of milk which had been spilled there. I let the dog free again. A man comes down to see whether it will rain. He inquires about the sugar-market (sugar papers = speculation). I do not reply to him. Then I ask a policeman where number 9 is located. He glances at the street numbers and indicates that I must still go a block further. He is somewhat mute and only utters inarticulate sounds."

Addendum: The deficiencies in the dream are supplied. *First omission:* "I again walk on the street and meet the two girls. One of them is dirty; the other, neat and attractive."

Second omission: "From the street, I again went up to the room where a door or a window was obstructed by a box.—I push the box aside and see a large, clean, spacious room in the center of which is a table and a chair. On the table, are many books. Everything is arranged for writing. I did not enter."

We may assume that this dream will bring us several important elucidations. All dreams which represent a search after something show the dreamer seeking for his "sexual aim." In the dream, this aim is room number 9. We discover that the figure 9 repeatedly bears relation to his life. He was born on the seventh of February (7 plus 2 equals 9). His father's death occurred on the ninth. Furthermore, the number of his grandmother's house was 9 (every time his grandmother appears in a dream she represents happy marriage, because her marriage was unusually happy; she was a good, sweet woman who submitted to all her husband's desires and never wanted to domineer, like his mother). Furthermore, the figure 9 bears relationship to pregnancy. The policeman in the dream, who shows him the way, reminds him of Mr. X., who had to marry a servant girl because he had impregnated her.

*Anxiety about impregnation is one of the most important dominants of his parapsychic psyche.*⁸ It is, so to speak, the "hegemonic anxiety." One of his uncles had several illegitimate children; at home he was often held up as an example of warning, for he died

without marrying or providing for the mother of his children. The children would have suffered great want if his grandmother had not adopted them.

On his way to marriage, he first meets a boarding-house mistress and a chamber-maid. The former is an imago of his mother. She serves as a warning against a fast life and prevents him from possessing the chamber-maid, who is quite to his taste. Anxiety about an extra-marital 9 (months), however, prevents him from making advances. The second chamber-maid is ugly and does not seem to attract him. Both girls represent the two tendencies of his soul. He considers one attractive; the other, ugly and dirty (anxiety about gonorrhœa and syphilis). In the addendum, the inhibitions are symbolized by the box. He sees a clean, simple room. His grandmother and her sitting-room occur to him. After removing the inhibition (the box), therefore, he sees prospects of a happy marriage and children (represented always by 9).

The path to marriage is steep and difficult. However, he wishes to travel it by all means. He abandons the left side (homosexuality) and goes to the right (to womanhood). He takes a little dog with him for a time; it symbolizes the remnant of his animal passion. Toward women, he has an attitude of sadism. In the dream, therefore, he strikes down the two girls and sees them stretched out lifeless on the bier (a second determination: he overcomes his femininity). He trails after the drops of milk; they symbolize his infantile attitude. But milk also stands for blood. He abandons sadism and goes the right way.

Once more a homosexual seduction approaches him in the form of a man who inquires if it will rain (ejaculation). He wants to give him dainties (sugar). He realizes that he is dealing with an extortioner who is speculating on his homosexuality (sugar papers = speculation).

His conscience (policeman) points out the right way to him. His consciousness, however, is mute. His speech is still unrelieved; he is still unable to say to a woman: "I love you!"

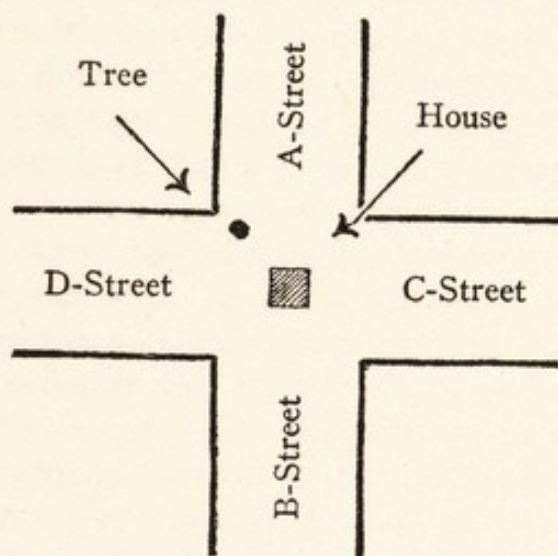
From this dream, we see that his sadistic attitude toward woman is the most important inhibitant of his heterosexuality. His anxiety about women is anxiety about himself. *That is the sixth and most important component of his homosexuality.*

This attitude, however, is a remnant of his infantility. He wants to overcome it. He no longer wants to go backwards. (A symbolic representation of regression: "The people are going backwards. I pay no attention to it.")

One might raise the objection, however, that, during the treatment, he dreamt this dream to please me. However, he already began to write down his dreams before treatment was instituted. From his notations, I will introduce a dream which will plainly bring before us his anxiety about the wild animal in his bosom.

Before treatment was started, he dreamt:

"I am in a house which is located at the point of intersection of two cross-roads. The situation was as follows:



"There are many people in the house. I am in my room. Opposite me is a large window which is located opposite a door. The door is painted in *yellow*. The room is very simply furnished. An iron-bed, in particular, stands out in my memory. I go outside and walk to the opposite side through a long corridor.

"Outside, a large, grey, lean wolf, which has escaped, runs toward me. I am somewhat anxious and think: 'He will not harm you if you remain quiet.' He does not molest me. He runs past me on the *left* and stirs up some chickens which are in front of the house. They scatter and run toward a hole which is located in the wall, in order to secrete themselves in the house. A large rooster stands in front of the hole and will not admit them.

"A man who is afraid of the wolf comes toward me. He goes over to the *left* side of the street and runs very fast until he reaches the square, where he conceals himself behind a large tree. The wolf runs past him without doing any harm.

"I return to my room and lock the door securely. The door is divided into an upper part [window] and a lower part. I only wish to close the lower part, but both parts are so adherent that I have to close both of them at the same time.

"I look out of the window and notice a boy. He shouts that he will reserve a compartment for me on the train. I reply to him gratefully: 'Very well! But I am riding home in an auto.' From the window, on the right, I also see the heads of two horses. They are hitched to a very high wagon. It is so high that the bottom of the wagon seems to be on a level with my room on the first story. The wagon is filled with boys between 14 and 16 years old. I draw my curtains because the boys are inquisitive and want to look into my room. Notwithstanding, one of the boys climbs into my room. As a punishment, I make him stand in a corner. He obeys because, through my will, he acts as if he were hypnotized. The other boys are uneasy because their comrade does not return. I shout to them: 'You may also come in!' They do not come, however. . . .

"Meanwhile the mother of several of these children comes strolling along just past my window. She looks at the boys in the wagon. In the meantime another boy comes in; he is thin and blond. (The boy in the corner has vanished?) He is surprised that I have so much space and inquires whether I sleep in the bed alone. 'I gathered that a married couple would also sleep in this room.' I replied that I would sleep alone. He asserts that he shares a room with so many other boys that there is absolutely no place to sleep. I say: 'A couple of boys might come in the room and sleep on the floor.'

"I stand opposite the blond boy and handle him. He is young and sinewy, yet soft. I lead him to my bed, preparatory to a feast of love.

"'If only mother will not see me!'"

"'Do not worry about that.'"

"I awaken with a pollution."

The meaning of this dream only becomes apparent after extensive work. From lack of space, I can only quote the results. The house which is located at the intersection of the cross-roads symbolizes his soul. The dream leads us to the centre of his parathy. The room is again that of his grandmother. We are dealing with his attitude toward the problem of marriage. The door is painted in yellow. Envy and hatred as well as his pathological jealousy are the colors of his soul.

The wolf is a symbol of his sadism. He must conduct himself quietly; then he would remain master of his wild passions. The second component, however, likewise breaks through. A rooster

blocks the way for the chickens, so that they cannot run into the hole. The rooster leaves the chickens at the mercy of the wolf. It is his sadism (to tear up chickens) that chose this picture. (A second determination: Men prevent women from entering into his soul, and block his marriage.)

The man who is afraid of the wolf is himself. He flees to the left behind a tree (the tree is a phallic symbol. Through homosexuality he rescues himself from his sadism).

He does not want to hear anything about the passion. He locks the doors of his soul securely. He only wanted to close the upper part. He wants to be able to love women and switch off the sadistic fantasies. But below (sexuality, instinct, spinal cord) and above (brain, inhibitions, religion) have entered into an amalgamation. ("But both parts are so adherent that I have to close both of them at the same time.") In order to be safe against his sadism, he robbed himself of "prospects" with women.

The boy who wants to reserve a compartment for him is the god Amor. He advises him to take a wedding trip. He thanks him courteously. He wants to remain single and content himself with his masturbation (Auto).

By way of contrast, the wagon with the large horses and the many children appears as a symbol of a prolific marriage. He is always haunted with these thoughts. (The first story of the house is a symbol for his brain. "The wagon is so high that its bottom is visible on a level with my room.")

The second boy who climbs into his room is again the god Amor. (Blond, curly hair; lean because he receives no nourishment from him.) As if hypnotized, he places him in the corner. For the present, he is not interested in love. The image of his mother whisks past his soul. Amor again appears and points to the empty bed. He is not afraid of heterosexual temptations. An army of Amorettes might come; they would not perturb him. Amor, however, refers to the report that a married couple will sleep in the room. That means: "You will soon get married."

Now Amor becomes a tempter. In the boy, he loves a woman. And what woman? He does not want any woman to hear about it; it is his mother. A consoling voice tells him that he must not worry about it. Amor, however, thinks of mother while he surrenders himself to him as "Eros."

This apparently homosexual voice, however, means: "I will

surrender myself to love. I want to love a woman, create children, and overcome the old infantile attitudes."

I have nothing to add to this analysis. It sets forth all his conflicts with plastic clarity and also shows that the apparently homosexual dreams contain a reference to repressed heterosexuality.

The reference to repressed sadism is so obvious that I have no need to lay stress upon it once more through repetition.

It is interesting to follow the direction of the streets in the dream. The wolf prevents our patient from running toward *A*. The wolf comes from the vicinity of *A*. A married couple lives in that quarter in happy solitude. The name of their estate is: "Peaceful Home." He escapes by way of the tree; he hides himself on the left (homosexual side) from the wolf. The chickens are at *B*., where there is a stopping-place. Like the god Amor, he must stand quietly in the corner until his time arrives, so our homosexual awaits the time of his redemption. At *C*. is located the road to Grandmother, *i.e.*, the open road to marriage. *D*. is in the vicinity of his manor-house. His homosexuality, through the location of the protecting tree, betrays its relationship to the family complex.

Among homosexuals, one not rarely meets with men who are suffering from impotency or ejaculatio præcox. They are usually the "passive ones," whereas the "active ones" have overcome the inhibitions and have evinced their potency through all sorts of homosexual acts.

Our patient was never passive. In his soul, everything opposed the feminine rôle in homosexuality. In youth, he already showed distinct aggressiveness. The aggression upon his aunt and the seduction of various male servants betray his original tendency.

How much of his sadism became conscious to him? That is the most striking thing: all homosexuals have so repressed their sadistic attitude that it seems almost impossible to them. By degrees only does it dawn upon them that not without a coercive reason did they endeavor to escape from women.

From this example, we again see that impotency, like all parathies, represents a moral process of restoration, by iso-

lated individuals, in the interest of society. From this angle, it would seem that impotency is a social self-protective measure to the community in the same sense as I have set forth for masturbation and homosexuality.

Analysis only completes what has long been in preparation in the soul of the patient. We see how all these individuals ascend the steep upward path to the heights of culture. Paraphatics are miscarried specimens of noble men. The problem of the physician is to make it possible for them to be good and to overcome the inner criminal. The mental relief ensues from knowledge of the universality of all criminal excitations (*omnia in omnibus!*). Then, however, follows a conscious condemnation and overcoming and a steep ascent to those heights from which one can behold the land of promise.

XXI

RETROSPECT AND SURVEY

If we cast a brief glance in retrospect at the various disorders which I have described in this work, one thought is particularly distressing: we are not dealing with rare cases or exceptions; but with widely spread disorders which are characteristic of our age, yes, which stamp their mark upon it. They are contemporary disorders which I have described, social disorders in the fullest sense of the word.

Such contemporary disorders are not alone determined individually. They are an expression of social tendencies; they prove that our entire civilization is ill. As a friend of humanity, it would, therefore, be very tempting to prove that a healthier conception of sexual matters would make all humanity more healthy. Indeed, the strength of one individual is not sufficient to bring about social betterment. The action which he obtains would only take hold of a certain cultured upper stratum, while the great majority would live in the same old misery and succumb to the same old pains.

How often have I heard people make Christianity responsible for present conditions! I have already pointed out that Christianity is only a manifestation which time has brought forth in order to come nearer to its secret aims.

And this aim—beyond all doubt—is a refinement, a cultivation, an improvement, in our sexuality. Humanity evolves from animality to godliness. We now find ourselves at some point on this line, and all our social disorders are the awful sacrifice which humanity must pay for this development, which is biologically founded. It may be condensed into the words: *The spinal-cord man becomes a brain man.*

In the numerous tales of woe, as I would like to call my case histories, we have in fact described the struggle between the brain and spinal cord. The sexual life of animals is an imperative of the spinal cord. The brain is at the service of the spinal

cord. Primitive man must also have been created thus. All his thoughts and strivings were directed toward fulfilling the demands of the spinal cord, the impulses. Civilized man is in constant struggle with primitive man. "Being like God, means control over one's impulses, means conquering the earthly, the bestial, the animal, within us. We all long for a resurrection of the higher, inner man, for a spiritualization of life. God is an aim, a projection of our ideal into eternity. God is the future."

In civilized man, the past and the future struggle with each other. The present shoulders the consequences of this eternal, exasperating conflict. This striving to aspire above one's self; this struggling against the freedom of our instincts, manifests itself as an "antisexual instinct" [James], which gives our age its characteristic stamp. If the throttling of sexuality becomes too strong, counter-tides occur and for a time it seems as if a renaissance of sexual freedom would come. It is, however, a gross deception. It is only a transitory wave. The entire curve, however, ascends in this characteristic trend. That is taught us by all those tales of woe which I have quoted. These individuals are martyrs for humanity; they are nailed to the cross of their parapathy, each one, a deliverer of himself and all humanity. That is probably why we can observe so many Christ-parapathies.

Sexual activity becomes love. The brain inquires after the purpose and meaning of the sexual instinct. Pleasure is no longer an end in itself. Humanity has sacrificed its right to pleasure and happiness. The never resting "will-to-power" turns inwards, and there arises the phenomenon of conflict with oneself; there is formed self-control; there are developed individuals who are weak against others, but strong against themselves.

I have found this expressed with great sagacity in Nietzsche. I refer to that famous passage in the *Genealogy of Morals*, where he talks about the origin of a bad conscience.¹ I started with the observation of my patients and came to the same conclusions. I did not come across these relationships through Nietzsche. I already knew them when I found them in the works of the great psychologist (Nietzsche

is a psychologist and not a philosopher). These truths simply must have made an impression on many persons at the same time. They hover in the air of our age.

It is really significant that, in many quarters, the same conclusions were established. My book is directed toward physicians, because, without knowledge of the social and individual foundations of parapathies, they cannot become relievers of the afflicted. The physician has the difficult task of investigating the individual's bad conscience and of undertaking its relief. He must strive to bring about individual adjustment and to open up the pent-up sources of pleasure for the afflicted. He must seek out those points which, in the struggle between brain and spinal cord, will permit a zone of truce.

The brain avenges itself against the spinal cord in that, by means of an immense superstructure of inhibitions, it prevents healthy sexual reflex acts from functioning; the spinal cord, however, repeatedly endeavors to conquer the brain's district of authority. The highly civilized man becomes impotent; he cannot work and fulfill his social mission in consequence of an overgrowth of sexual fantasies. And so we have two practical examples to illustrate how I would like to have this struggle comprehended.

As things now stand, all humanity's future rests upon a spiritualization of sexuality. Love makes greater and greater demands for the participation of the psyche. For civilized man it becomes the most difficult problem. The number of unhappy marriages must increase, because the demands of the lover upon the partner, spiritually, become greater and greater. That is the great sexual crisis which we are undergoing. It requires a reform of our social foundations. . . . I mean a *reform of marriage*. Marriage in its present form is untenable. That has been sufficiently proven by books on the frigid woman and the impotent man. Our social life is built upon the family, upon marriage. It seems to me as if the forces of the future are striking here, as if the general dissatisfaction with present conditions, in this regard, had reached its highest point. The family, which helped to monopolize sexuality, now becomes the enemy of sexuality.

The problem of the parapathiac is the problem of the family.

As a rule, he is incapable of weaning himself from his family and establishing a new one. Or he seeks to found one and becomes unhappy. And so we must look upon the separate disorders as an expression of this struggle between the group and the family. The autoerotist and the homosexual strive against the social duty of founding a family. The frigid woman rebels against her sexual fate with anæsthesia and vaginismus. And even impotence in the male has shown us that it has relationship to marriage, indicates anxiety about marriage; that it is either created or cured through marriage.

The sexual problem, therefore, evinces its most important relationship to the family. When all is said and done, we must realize that the first sexual limitations are set up by the family. To be sure, it may have been in the interest of primitive man to protect his property; his wife and children. They were his property. In this way, the first agreement must have come into being. Each one owned his wife and whoever took the wife of another was punished and outlawed by the entire community. Each one separated his family from the group. The group, however, avenged itself for this separation by setting up the incest barrier. The family again had to become the property of the primitive state. A man had a right to only his wife. *The children belonged to all!* On this last social imperative, humanity chokes and chews without being able to digest it.

The dissolution of the family is now advancing in such a way that one-child marriages are becoming more and more frequent. Marriages with many children are rare exceptions. Parents object to being just parents. The wife wants to have more life; the husband objects to the expenses which are entailed by children. The one-child marriage creates the most severe parapathiacs. It is easier to part with ten children than a single one. The decay of an institution always begins when it is applied to its utmost. The family kills the family. The one- and two-child marriages create parapathiacs who are unsuitable for a family. It usually indicates the end of the family.

The family is no longer a protection to the individual, a guarantee of happiness. We have seen how the problem of

erotic choice is becoming more and more difficult and complicated. The frigid woman and the impotent man owe their disorder often enough to an unhappy marriage. Here bonds must be broken whose forces cut deeply into the flesh of humanity. An education to marriage would be one of the most important duties of humanity.

We have, furthermore, repeatedly been able to verify how wretchedly disharmonious modern civilized man is. The progress of inner "dissociation" is irresistible. Civilized man is no longer capable of integrating his partial souls into a unified soul. He does not want what he wishes, so that he is also no longer able to do what he wanted to do.

In all analyses we have repeatedly penetrated into the bipolar arrangement of his mind: An urge to freedom and a tendency to bondage, sexual conscience and sexual imperative, polygamous and monogamous tendencies, need for variation (hunger for stimulation), and the factor of inertia (conservatism), external atheism (free thinking) and inner religiousness (asceticism), love and hatred, defiance and obedience, "will-to-power," and "will-to-submission."

No disorder shows us more plainly the inner disharmony of civilized man than psychic impotence, whose psychogenesis I have unraveled in numerous case histories.

It is evident that only a complete reformation of education can create alteration and improvement. It is impossible to create genuinely free human beings upon a religious foundation in youth. Furthermore, there is only one freedom: inner freedom. *The cornerstone for a newer, freer, nobler human being must be laid in youth.* The fiction about the guilt of humanity, the historical guilty conscience; the fiction about an original sin of the sexual instinct is, in our age, no longer capable of bringing up a new and healthy generation. What is impressed upon youth remains indestructible for a whole lifetime. Away with a bringing up to fear! Away with the threat of eternal punishment and loss of everlasting bliss! Away with obsolete ideas about the vileness of the sexual instinct, about a struggle against one's animal nature! Let us teach children to love the good and the beautiful for the sake of love for the good and the beautiful. Let us implant

in their receptive minds a respect for the great flame which lends warmth to our entire life, for the all-preserving and all-embracing love, in whatsoever form it might express itself.

A case history will once more bring before your eyes the whole tragedy of conflict-torn civilized man.

CASE 120. A 38-year-old official consults me on account of impotency. For ten years he has endured an unhappy married life. Then he finds a person who can make him happy. He is consumed with passion. Yet, after she finally submits to him and is willing to grant his request, he is impotent for the first time in his life. Moreover, he continues to be impotent even after sleeping with his sweetheart all night. It was up to me to show that his inner religiousness placed an irresistible veto upon extra-marital coitus.

Despite all efforts, he is unable to overcome this inner negation. His children and his religiousness, which is unconscious, tie him to a wife whom he does not love. I would like to quote the following letter as evidence for his mental agonies. It is directed to his ideal, to his unattainable ideal:

"In truth, fate has never spoiled me. I have traversed a hard school of life, beginning with a sunless childhood, through a pleasureless youth, full of privation, through an unhappy, miserable marriage whose wretchedness was aggravated by business troubles, through a crushing struggle for existence, through the ugliest conflicts, and added to all this is my unhappy temperament composed of altruistic benevolence, gentleness and consideration; it is a temperament which is so very deficient in healthy, brutal egotism, in an unrestrained affirmation of life. With this inwardly, so unhappily disposed personality and the vexations of the struggle for existence, as well as unfortunate occurrences, what else could be the result or my fate? In spite of that, emanating from a highly sensitive nature, a great longing for happiness! Hence, the ungratified years of my pleasureless, exasperating marriage were an uninterrupted longing and searching for a realization of life. I restlessly wandered about with a desperate hankering after happiness. It was always my lot to experience a short period of self-deception followed very soon by bitter disappointment.

"Then I met you! And I soon realized that, in you, I had found a person who meant happiness and fulfillment to me. Then the restless, ardent, ungratified longing of so many unlived years

came to a standstill and wanted to go no further. There began a delicious period of courtship with its indescribably sweet charm, its ardour, its warm cozy security and suppressed tenderness, hours of purest and deepest joy and intimacy. Sweetheart, this period is rich and beautiful! Whatever may happen, we must never forget this path on which we walked together hand in hand; we gave each other so much that is beautiful that we would be ungrateful, superficial creatures if we were ever to forget this sunny, blossomy path. Fate has not many such festive hours left for our short, paltry life. And if, henceforth, we had nothing more to give to each other, we could never say that it was time wasted which we were allowed to live together. Not many persons fall share to such a flowery springtime of love, to such bounteous beauty of courtship. And it was just the subtly delicate warmth of my courtship which captivated you. Your timid, sorrowful, wounded little heart felt drawn toward me and sent out tiny roots which absorbed new vital force and pleasure in life from my nature, which wove around you a snug, ardent, comforting love. And you, who were mortally wounded by a great misfortune which afflicted you, from which you never expected to recover, slowly became well again. And should fate separate our paths of life forever, should you again find happiness and fulfillment in another person, then, at times, think with pleasure and kindness of me whose love made you capable of happiness and prevented you from languishing into deep despair. And so a trick of fate might want it that all my longing and struggling and later broken-hearted striving for you should serve to smooth the path of happiness for you and some one else.

"Then began a period when my restless, untiring, exasperated striving, at once sweet and agonizing, set in round you. And how violently my vital force, long pent-up and accumulated through long-continued negation of life, flared up; how turbulently my blood warmed up to you, so that already a glance of your eyes, a slight touch of your hand, your physical proximity, intoxicated me and made my blood boil up passionately; even I was astonished over this attraction, over this hot, impetuous desire with a strongly sensual erotic force. Furthermore, you met my courtship with superhuman resistance and, yet, at times, half compliant and then again completely intractable. These terrible excitations and struggles, in consequence of natural, physiological, concomitant circumstances, also prepared physical pain and torture for me. You not only offered physical resistance, you also brought forward all

sorts of moral considerations; made me ponder over the possible consequences; tried to impress upon me that, to the end of your days, you could never square yourself with such an arrangement; yet, I felt how your resistance became slowly but constantly weaker; how your passion slowly won the upper hand. Then came the hour, whose arrival I had longed for with agonizing ardour, when your resistance was broken, but also, to my great alarm, my strength! What now follows is too bitter and sorrowful to waste words over.

"I tried everything. I patiently bore several months of painful treatment by two physicians (what all would not I have tolerated with my ardent wish and hope for a result?), though it was all quite useless. Then I began to realize that my whole affliction was probably due, solely and entirely, to my inner state of mind, to my inner disharmony and restlessness, which are to be traced back to external circumstances in my life. This was verified by a medical expert, whom, as you know, I consulted. I quite plainly, almost physically, feel the inner inhibition which, to express myself metaphorically, opposes the floodtide of my passions like a dam. And it is a cruel gibe when I must repeatedly awaken at night and convince myself of the excessive and agonizing physical intactness of my organ.

"Recently you were very unjust to me when you asserted that I came to terms with the situation in question. If that were the case, the inner inhibition would not be there. Indeed, it is simply the entire circumstances of my life which exert a paralyzing effect upon me; the short period, stolen through a lie, during which I am with you; the unpleasant feeling of coming home and appearing before the other one; in short, all the consequences which arise from the situation. Then, too, I have already told you that nothing offers any pleasure to me as long as you cannot enjoy it. A beautiful spring day sets me into a painful frame of mind, knowing that you are at home alone. I cannot enjoy a concert or a play because you are not there to enjoy it with me. My vacation is not welcomed with joy, because you have none. All the little pleasures of the day have no meaning to me if you do not experience them with me. Whenever I read a good book, I wish you could read it with me; when I see or enjoy something beautiful, I would like to have you along with me. This inability to experience things with you is agonizing to me. And, furthermore, I feel that I *lack sufficient strength* to end it all with one great effort. On the other hand, there is deep sympathy for the

sick, unhappy woman, wedded to me, who with difficulty gets along with an absolute want of love and affection, and who would literally be murdered through a reckless disclosure of the whole state of affairs, for her physical condition would not be equal to such excitement. Then, too, as miserably disposed and excessively plagued with self-reproach as I am, I am apprehensive about being able to give another person happiness and myself the boundless joy of living. On the other hand, for you, the present situation is an unbearable torture, which might be very injurious and which I cannot answer for. And, tormented by this disharmony and these conflicts and struggles, to my disconsolate grief, I see only one escape, which you yourself have repeatedly alluded to: I will have to avoid you, as unspeakably difficult as it will be for me. I owe it to you. It would be a deplorable sign of my love for you if I were unable to rally enough strength to make the only possible sacrifice at the present moment. Despite anything, I am still deliberating upon how I will not have to give up those little attentions to you which my heart requires. The thought that you must get along without this or that will make everything still more painful. You are young and still have many possibilities of becoming happy; it is not right for me to stand in your way. I do not believe we will be separated forever. I am firmly convinced that our path in life—for short or long—will meet again, and no doubt under absolutely changed circumstances. And then, if your heart is still free, if you still love me, life will no longer keep us apart. Perhaps this will be soon; perhaps, only when our hair will already be grey; perhaps only a late autumn happiness is allotted to us, but, for this possibility, I must not rob you of the summer of your life. You may quite misjudge me, but, believe me, for the sake of my love for you, I will make this sacrifice, though I do not know how I will bear it! My longing, my thoughts, my desires, my love, will always be with you. I am inwardly too much wrapped up in you to ever forget you! But listen, I know it cannot be otherwise as long as all the hindrances which beset my present life continue to exist.

"I, beloved woman, will never change my attitude toward you. With all my heart, with all my troubles, with all my wishes, I am with you. Do not think that you are abandoned. Forget not, I beg of you most earnestly, that you have a true friend when you need help and advice; if you are in want in any way, know that I will always be happy to assist you. The hours of intimacy, all the tenderness and all the beautiful things which you gave me

and which already belong to my life, will no longer come to me. Would that you were able to measure the depth and ardour of my love for you which enjoins me to bear such an unspeakably great sacrifice of relinquishment!

"I have suffered many hardships, but all that with which I have now plagued myself for such a long time is surely the greatest hardship that fate has inflicted upon me. Need there be another Hell in the world to come? That is, indeed, the severest torture of Hell which a cruel, mocking irony of dispensations has loaded upon me.

"If I once more become happy with you it must be a great happiness, because I have suffered so greatly on its account."

Numerous examples have already shown us how difficult it becomes for a highly differentiated, civilized man to attain his sexual ideal. Thus, many a case of impotency is only the result of a false choice in love and an assault to the inner man. A refinement of eroticism and sexuality, of physical and spiritual love, is only successful to most men after prolonged effort, after a groping, a seeking, a chasing, for the creature that corresponds to the sexual imperative, or at least comes near to it. This search and endeavor is made impossible through marriage. The future can only bring a change when the proposal of Goethe for a five-year trial marriage (the little four-year marriage of Nietzsche) receives general acceptance. The fusion of the marriage problem with religion has led to rigidity and to the prevailing untenable, hypocritical conditions. In Rome, every union was looked upon as marriage where the "consensus" of both partners, the so-called "*animus maritalis*," was established. To the Roman, the *spirit* of marriage was enough. We require coercive regulations of church and state. But even the church, until the council of Trent, was satisfied with the voluntary declaration of both lovers. At that time one only needed two witnesses in the presence of a priest and the entire formality was void. Now, however, marriage is a coercive institution, because great hindrances are placed in the way when two persons who are unsuitable to each other desire to separate. Hence, "*easy divorce*" is rightfully one of the most important demands of the free-thinker.

I cannot agree, however, with sociologists and sexuo-pathologists who demand for a man the right simultaneously to make use of several women in order that his entire sexual imperative may be gratified in this manner. Ivan Bloch asserts that every one may simultaneously be smitten by a blonde and a brunette, a sensuous and a spiritual ideal, and quotes the dual-love of Wieland as proof. Christian von Ehrenfels stands up for a polygamy which would allow a man to maintain several mistresses in addition to his wife. Such coexistence does not correspond to the ethical demands of true "free love." Genuine love knows no other erotic supplementation than that of the cherished partner. What usually calls itself love and gives vent to itself in "wild love" has nothing to do with genuine love. The aim of every reform movement worth striving for, which desires to pilot prevailing untenable conditions, is a spiritual marriage founded upon free and genuine love, with the absolute freedom of both parties, with the possibility of dissolving the marriage without unusual formalities when it has developed into a coercive one. Every marriage in which one partner is forced to carry the oppressive shackles against his free will is a sin against the spirit of marriage, which assumes a unity of both partners. All coercion creates reactions which far exceed its original purpose. Real marriage presupposes mutual love. The marriage contract, however, is unfortunately no guarantee for the continuation of love. Marriage may protect a partner economically, but it does not protect against the decay of love.

Numerous examples have shown us how a precipitate marriage in youth avenges itself. Both individuals develop and, after a couple of years, two hostile strangers stand opposite each other; the unhappy struggle between the sexes devours the happiness of the marriage. A so-called "*sensible marriage*," which usually means a "*money marriage*," in which the woman bought her husband with a suitable dowry, also leads to all sorts of matrimonial disorders, especially to frigidity in the woman and impotence in the man. And even if love marriages sometimes end unhappily, because genuine love was not present, it still remains the inevitable demand of each investigator in this field that the conclusion of marriage or the con-

dition of living together, so soon as it corresponds to marriage, only be consummated upon the basis of an inclination. If the inclination only turns out to be a deception; if it was only a misrepresentation of the senses, a brief flaring up of passion in consequence of a heightened love-preparedness, then easy divorce makes a separation of the disappointed ones possible. Absolute equality of rights for the sexes, in both a legal and a political sense, is now no longer an empty demand, but is becoming more and more a fact. It will finally make it possible for a woman to attain a higher and freer conception of love, so that from this side the seeking force will also come to expression, mark me, never in a riotous *side by side*, but always *by order of succession*. Whoever draws the grand prize of a great love in this love-lottery will be able to settle down with his preference in the fortress of a marriage of love and happiness. To this belong infinitely many factors; mutual sympathy, abandonment of the struggle of the sexes, like sexual tropism, the same second world, parallel economic interests, a similar rhythm of physical and mental requirements, and adaptability to the weaknesses and strength of the partner.

Impotence in the male teaches us the great importance of individual erotic choice. In order to facilitate and make this possible, an early mingling of both sexes is necessary. I am an adherent of "coeducation." I myself attended such a school and cannot recall any particular dangers, but many advantages. The greater the freedom becomes, which prevails in the association of the sexes, the greater are the prospects of two suitable individuals coming together.

I still have a few words to say about the physical, chemical, and organotherapeutic treatment of impotency. I consider them superfluous and harmful, because they conceal the true causes of the disorder. Impotence is a mental disorder, and a mental disorder must never be treated and cured by anything but psychotherapy. For a time I also made use of the well-known organotherapeutic preparations.

Now and then, in well-marked cases of physical hermaphroditism (gynecomastia, deficient growth of hair, high voice, female larynx, female pelvis, poorly developed testicles, small sexual organs), I saw a result after administering various

hormones (Testogan Bloch, hormin, orchic tablets). In such cases, Steinach's operations may perhaps offer good prospects for an increase of the masculine impulse. I confess that these cases, in contrast to the startling abundance of genuine psychic impotence, are relatively rare. Formerly I supported my therapy with similar preparations, but have now completely come away from this, since I have become convinced how powerfully mental forces can act even in a physical respect. There are also psychic hormones and psychic ferments. One sees men transformed from an infantile type into a masculine one when they exercise their sexual impulses as men. The voice becomes deeper; the growth of hair richer, the energy more manly, and the muscles become more taut. Dr. Georg Groddek² has reported a number of his own observations which seem to prove this alteration of the body through mental forces. He asserts: "The 'id' (the unconscious) has ferment-building forces which under certain circumstances are latent. If they are liberated through some manner of interferences—physical or psychic—they then begin to act and infiltrate independently, according to the variety and strength of the ferment liberated, into this or that part of the unconscious and bring it into activity. The unconscious, however, is not subject to time. Already in embryo, it lives and lets live. The same forces which it has in the twenty-year-old were already effective from the beginning. Fermentative forces may have been shunted off in embryo and then become free in later years. Whether they become free depends only to a slight degree upon our treatment; the real turning point, as to sickness or health, is not determined by us physicians; it is solely in the hands of the 'id,' the unconscious. The 'id,' however, can influence the deeper strata of its being, which are absolutely inaccessible to human consciousness, through the ferment-forming activity of the upper strata; of this I have no doubt."

I have always emphasized that we analysts are not creators of a new life. In my aphorisms (in *The Beloved Ego*),³ I say:

"Let us learn from our experiences and honestly investigate the sources of our results. Indeed, every patient cures him-

self. We psychiatrists are a variety of Baedeker through which the patient finds his way about in the chaos of his parathy; at best, therefore, a guide. Let us not imagine that we are creators of a new life. Everything that was will always be. In mental strife there is no such thing as a revolution. Everything is evolution. Even the parathy is not inert.

"That has been demonstrated by all our analyses. The impotency was already a preparation for a new potency. The hormones slumbered, though awaiting the magic word which would call them into reactivity again. And who is now able to decide where psyche goes into soma?

"The parathies are disorders of love. The parathiac has still not found his love. The physician gives him courage to seek its realization. Who seeks will find. The physician removes the stones from his path, and, behold, his wagon of life begins to move and rolls toward its goal!"

XXII

THE END RESULTS OF PSYCHOANALYTIC CURES ¹

Every analyst makes the observation that it is very difficult to induce patients to disclose their concealed impulses. If one is not cautious during the first sessions and if one reveals too much of the secret play of forces, resistance against recovery will be awakened and the patients stay away under all sorts of pretexts. Sometimes the greatest caution is useless. Then, too, the patient comes to the physician with the firm resolution "not to allow himself to be conquered." Every parathiac guards the secret of his parathy like a valuable treasure, like a Rhine-gold which he does not want to part with.² If he smells danger to his clever fiction, he takes flight. . . . Often the greatest caution is of no avail. After a couple of days the patient discovers that he is already cured and leaves the physician with endless extravagant assurances of gratitude; he does not neglect to emphasize that he will send several relatives and acquaintances for treatment . . . and, of course, is just as ill as before. Another must suddenly take a trip; a third is too much excited by the treatment, he must first compose himself, etc. There are endless variations in this regard. Hence each case must be approached with skepticism and with the greatest caution. The longer one withholds one's trump-cards, the more one keeps one's knowledge to oneself, the surer is the result. It is foolish to enlighten the patient during the first few sessions, even if one is a physician and well trained in psychoanalysis. On the contrary! The well-grounded ones are the most difficult cases. They are warned and utilize their knowledge of psychoanalysis as resistances. Therefore, I must absolutely agree with Freud when he advises against giving a patient an understanding of psychoanalysis through reading and, in that way, hoping to support the treatment.³ This is done with the intention of attaining the goal more rapidly.

Patients eagerly read psychoanalytic writings, but learn ways of defending themselves against the physician from them. It is foolish to allow patients to read everything. I allowed it as long as I believed in the parapathiac's desire to recover. To-day, however, I know that the parapathiac is afraid of losing his parapathy. (One of my obsessional-parapathiacs, during analysis, acquired a new anxiety, to wit, an anxiety about losing his anxiety. It turned out that, in addition to an anxiety about losing everlasting bliss, the root of his anxiety was an anxiety about losing his parapathy and becoming well.)

The analyst who prepares his patients through reading is like the strategist who hands over his plans to the enemy. For that reason I insist that patients only read certain writings having a superficially orientative value.

One of my patients studied psychoanalytic literature day and night, ostensibly to aid his treatment. To my objections, he asserted that, in reading, various incidents occur to him. He conscientiously noted his associations, so that the duration of the session was hardly adequate. But, notwithstanding, it was all a game. Despite the countless memories and associations which came to his mind, he always remained on a superficial plane.

Only when we understand the patient's endeavors along these lines can we guide the analysis to a successful end. The greatest part of the resistance does not arise from the transference, that is, from the patient's love for the physician, as we formerly believed. *Transference itself is only a form of resistance. In every psychoanalysis there exists a tendency, through actualities, to divert attention from the past and the parapathy.* Every patient will disturb the sessions with a great number of actual excitations. Indeed, sometimes the patients say: "As long as I am not finished with this event, the treatment has no object." One must not permit oneself to be deceived by such humbug. New actualities will constantly appear when danger of being unmasked is at hand. *Love for the physician is an actuality of this sort.* Why talk about love for Father when an existing love is at hand? This love for the physician, in turn, may become a force which enhances recovery, *because parapathiacs never get well for their own sake.*

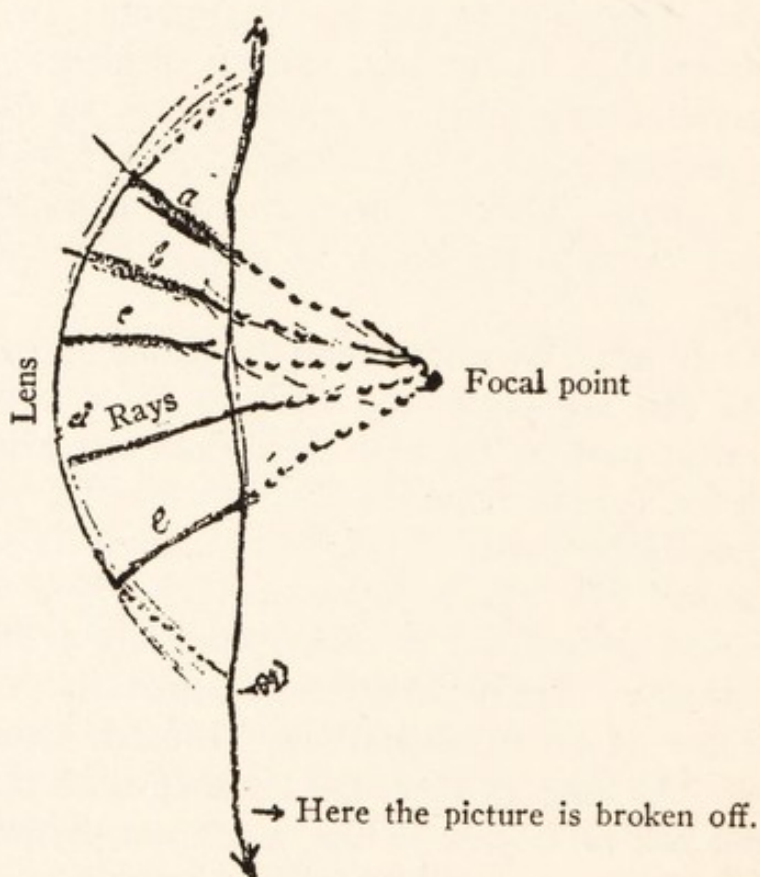
They get well to please the physician. They do him a favor. . . .

Years ago, in a short essay,⁴ I already pointed out that the first dreams of patients often betray, in symbolic form, the strength of a sometimes unyielding resistance. The first dreams are a reliable prognostic sign of the treatment if one is able to decipher them.

The following first dream was brought to me by a patient:

"I am standing next to the master's desk in front of a black-board upon which this picture is drawn. A professor is also present. I am supposed to solve the problem arithmetically, perhaps also graphically, and have a feeling of absolute powerlessness. Lamplight."

The patient draws the picture as follows:



The analysis of this dream showed an abundance of determinations. It would be very tempting, with this dream in hand, to unfold the patient's entire parapsychy. I want to limit myself, here, to my narrower theme. The drawer shows me the

picture, in which the focal point is only indicated by dots. In one place the rays are interrupted. "Here the picture is broken off," asserts the dreamer. He merely has a "feeling" that behind the wall or screen lies a focal point. This dream tells us that the focal point of his parathy must remain concealed. The five rays, according to his first associations, are five girls whom he had loved. Ray (a) is the thickest; then the rays decrease in thickness, so that ray (e) already appears somewhat indistinct. All these five girls produce one picture. They meet together at a *single* focal point. Later I discovered that this focal point is his mother. In other words, these five girls were substitutive objects for the only love in his life. . . . The most recent one was his strongest love. Ray (e), however, is already almost entirely forgotten.

Yet what does this first dream mean? Only that he will never reveal the whole truth to me. The analysis will only advance to a certain depth, then it will break off. The physician who assumes the part of an examining professor in this dream will never know the whole truth. The patient will only permit a superficial penetration, then all fantasies, memories and thoughts will be broken off.

Here I will abandon the other determinations. I only call attention to this ill-omen for my treatment. And the patient kept his word. His memories and associations extended to certain limits beyond which he came no further. But as soon as the dream analysis, against his will, disclosed his whole wealth of complexes, especially his unconscious homosexuality (focal point = anus), he suddenly fled under all sorts of pretexts. Against my wishes he had previously read through the entire literature on psychoanalysis with incredible diligence in order, as he said, to advance more rapidly, but in reality so as to be better able to defend himself. He unceasingly studied the plans and strategy of his opponent, the analyzing physician. And then, after three months, he came again and took up the struggle anew. He had only succeeded in defeating his physician and departing unrecognized and unrecovered. During the first sessions he brought a dream which plainly reveals his new attitude of defense.

I am standing in front of my new house with my brother and keep close watch. Two burglars approach against whom I raise my revolver and shoot. One of them is struck in the back. I think: "Gracious, that is very unpleasant for me! How am I going to prove that I did it in self-defense?"

Leaving aside the very apparent homosexual meaning of this dream, I will only expose the resistance. The *new house* is his *new parathy*. In my absence he has built a new house. His brother likewise serves to represent his parathy. I am one of the burglars (the second one, according to an association of the patient, is Freud) who wishes to break into the dark enclosure of his soul. Again, the functional symbols of Silberer in most wonderful plasticity! He cannot do otherwise. He must defend his parathy and protect himself in every possible way against my intrusion.

In another dream the patient sees Professor Johnson swimming through a reservoir with vigorous strokes. He is obliged to follow, but is hesitant about doing it. Then he catches up with the professor. The reservoir is a symbol for his soul. Johnson, a professor of psychology, stands for me. And the end of the dream tells us that he swims back alone. He returns to the point of departure. The dream reveals his envy of the psychologist, his endeavors to surpass him and to complete the case "alone."

The deeper I penetrate into the nature of analysis the firmer becomes my conviction that analysis is a constant struggle with the resistive patient who does not want to get well, though he may always pathetically assert the opposite. Indeed, the disorder is designed to prevail over his environment and, despite heavy sacrifices, carry out his will. That is the way the patient faces the physician. His own fate becomes a subordinate matter. The physician becomes a symbol for the whole world. In the physician he wants to conquer and eclipse father and teacher, his whole environment. If he recovers he will only do it to please his physician. As a matter of fact, however, these cases are the rarer ones. In most cases the patient wants to smile at the endeavors of the physician and bear off the victory after a long struggle. Cases of impotency, who complain about their disorder and assure us that recovery would make

them the happiest persons in the world, inwardly oppose recovery with energetic resistance. In this book one can find enough univocal and instructive examples.

In the parathiac the "will-to-power" rules supreme! And the "will-to-power" means: I want to be loved by every one. . . . Will-to-power is will-to-love. The patient then utilizes every contrivance to force the physician to love him. He even sets an example and is not ashamed to beg for love. First he is subject to the "will-to-submission" and falls in love with the physician who, in the transference, must play all sorts of parts.

From the very beginning the patient has his eye on the end of his treatment. In the first place, he does not want to be any easy case. At the beginning of my psychoanalytic activity I was so naïve as to believe that it would afford my patients great relief if I informed them that their case was a simple one and that I had treated many similar ones. *Every parathiac looks upon his parathy as a special work of art, a clever construction with countless snares and protecting ramparts, firmly assured against every enemy. He is very indignant to have to share this clever invention with other persons.* An easy cure would also prove that his disorder is a simple one. That must not occur under any circumstances. I once treated a physician who had interrupted his practice and soon had to return home. We had agreed upon a four months' period of treatment. Then he happened to meet a gentleman who was treated by Freud for over a year. Now he was very indignant and as a result of his doubts about completing his treatment in the short period I had allotted to him, lost a whole month. Why did the other gentleman require a whole year? Is not my case a more difficult one? I had underestimated his case, etc.

The dissolution of the transference, in this example, can be demonstrated very nicely. Many analysts believe that dissolving a transference means pointing out to the patient that he is in love with his physician. In most cases nothing is accomplished thereby, and the transference continues to exist as before. Dissolution of a transference means to trace down a parallel situation (constellation) which released an affect that has not yet been abreacted and which still exists; furthermore, to hit upon the resistance which lies in the material and is con-

cealed by the transference.⁵ That is what happened in this case. His father would not believe that his disorder was a severe one. And since I represented his father, my belief that his disorder was not a severe one and could be relieved in a few months had to provoke great anger and resistance. In the transference, then, I represented his father.

In order to understand transference I will at once quote a second case. In the summer I treated a patient whom I gave an option of submitting to an ambulatory analysis, a form of technique which has been successful in many cases. In this case, however, the patient never produced any associations during our stroll and silently walked beside me. He preferred to stay at home, where matters progressed much better. It turned out that, as a youth, his father had always forced him to take a walk. In the transference the memory of the unpleasant strolls in youth acted as a resistance. His old attitude of defiance toward his father was again aroused through a parallel situation.

Hence, psychoanalysis will revive the old relationship of rivalry between father and son, between the old and the new generation. The struggle with the physician awakens the old attitudes of defence and gives them new life and new comfort. And soon the patient is only concerned *about overcoming the physician and departing unconquered*. Then, too, one must not forget the high pleasure-premium continued in the parathy. What can we offer the patient for it? Realities, which in comparison to his fantasies, appear ridiculously paltry.⁶

I would still like to make several remarks about the nature of transference. To love means to understand a person. To be loved means to be understood. If the patients know that the physician understands them, then they must love him. Furthermore, one must not forget that most parathies are "disorders of love." The physician must also be able to give the parathiacs the only medication for which they hanker; namely, love. The conversion of this love from sexuality to eroticism and its retransformation into other ethical values often requires the finest skill of the physician, who, in turn, may easily succumb to a counter-transference.

In my book, *Die Träume der Dichter (Dreams of the Poets)*

I exposed and described the parathiac's belief in his "*great historical mission*." It is incredible how timidly parathiacs conceal this belief and how loath they are to part with it. What is reality in comparison to this grandiose fantasy of a historical mission? He is an apostle, a person chosen by God to bring salvation; he will fix his name to the stars. The entire world will admire and fall prostrate before him. Now people may sneer and laugh at him. Ultimately he will triumph over all of them! And the struggle with the physician for him becomes a symbol for the struggle with the world. He measures his strength with the physician and fights for the privilege of having his disorder, for we have repeatedly emphasized: *He absolutely does not want to get well*. He finds the most remarkable rationalizations to justify his "will-to-sickness." Thus, a severe parathiac feared that analysis would destroy his poetic vigor. As a matter of fact, he had not accomplished anything worth mentioning. His parathy had simply reached a stage where creative work was impossible. Another one said, in all earnestness, that he was afraid an analysis would "exhaust" the possibilities inherent in paraphilias. . . . A third brought me the following dream at the first session:

"I am lying upon a sofa. Kornitzer comes to me and is very affectionate. I say to him: 'You are coming to me now? You are far too late. I don't like you now.'"

Kornitzer is a former classmate, who was associated with him on friendly terms until they parted on account of business differences. One can easily imagine that homosexual differences of tension prevailed between them and that, here, Kornitzer stands for me. In the dream he lies on the sofa as in psychoanalysis. (He is one of those cases who can associate more readily in this position.) And yet, the deeper meaning of the dream is another and contains a rationalized resistance. I inquire whether Kornitzer is looking well.

"The *picture of health*," he replies promptly.

Then, Kornitzer is also the picture of health, in the dream. And translated the dream means: "Why do I need this treatment anyway? Health is now too late. If I were young it

would have some object. But at my age!"—This man is 32 years old!

During psychoanalysis the patient's resistance allows him to use all possible stratagems. A patient evinces colossal enthusiasm over the art of dream interpretation. He brings so many dreams that it would take years to analyze them all. In his dream there emerge allusions to dreams just as the physician had anticipated them. Woe to the inexperienced physician who allows himself to be inveigled into saying: "Now we will soon have the important trauma. We are near to it." Now there begins a feverish chase after dreams. One dream is more interesting than the other. The trauma emerges in the greatest variations and under the severest aspects. The associated thoughts approach very near to the important event. But months go by and the trauma looked for does not appear. It really was never there. The patient is playing with the physician. Inwardly he laughs and triumphs over the powerlessness and short-sightedness of his physician.

It is incredible how much abuse is practiced with sexual traumas. For many years I have insisted that psychic traumas *in themselves* have no significance and are only elaborated into a trauma by the parathiac. Only in certain forms of "psychosexual infantilism" (fetishism, exhibitionism, etc.) do traumas seem to exercise a determinative force. In most cases these traumas are absolutely conscious. Members of Viennese analytic circles will still remember that I jokingly maintained that, for many children, the trauma seems to have been the best form of sexual enlightenment. The trauma is only effective with a definite psychic constellation and a certain physical disposition, a circumstance which Abraham has already pointed out. In my previous work, *Frigidity in Woman*, I have called attention to the significance of sexual trauma in adults. It almost seems as though children tolerate traumas much more easily, because, how very frequent are these traumas and how rarely do they exert real determinative force in the etiology of the parathias!

Then, too, one sees children who have experienced numerous traumas and yet remained absolutely healthy. The parathiac has a tendency to investigate his past with great care and to

seek points of fixation for his sense of guilt. He also requires events lying outside of him for an excuse. Here we are dealing with exonerative tendencies which are so important in the dynamics of a parapathy. The trauma liberates him from the agonizing self-reproach that he arranged the parapathy for himself. He displaces the blame upon the trauma. Many traumas, in a moral sense, act as a constant warning. It is striking that most parapatheas can already report their traumas at the onset of analysis. Formerly we thought that this was exceptional. It is the rule, however; the parapatheas know their traumas and, at the first session, many of them directly accuse the wicked traumas of being the originators of their parapathy, especially patients who are well posted on Freud's theory of the parapatheas. Indeed, it sometimes happens that parapatheas come to us with the skeptical remark: "I do not know how analysis is supposed to help me. I know my traumas. I know my repressed thoughts and have none. I am absolutely conscious of my incestuous thoughts. . . . Hence, what can I expect from psychoanalysis?" Especially physicians who practice psychoanalysis show this manifestation; they are blind to their complexes. I have called it "psychoanalytic scotoma." Among them one often finds eminent men who may otherwise think very clearly. When it comes to his own affairs, however, the cleverest man becomes puzzled by his emotions.

In his *Introductory Lectures on Psychoanalysis*, Freud gives a comprehensive exposition of his latest views on the libido theory. According to his presentation, the libido strives to fix itself upon some object in the exterior. If this libido outlet is denied or, in other words, if the individual does not find the sexual pleasure striven for in others, the libido must become dammed up. It then becomes invested upon old, infantile attitudes; and, through a new investment, the old infantile traumas again acquire significance. Thus arises the psychoparapatheas which Freud has now called the "Transference Neuroses" (Hysteria and Obsessional Neurosis) upon the suggestion of Jung; or the libido flows to one's own ego, causing the Narcissistic Parapatheas (Dementia Præcox—Paranoia, called paraphrenia by Freud, and melancholia). The libido becomes in-

vested upon the infantile, unconscious traumas; hence, flows into the unconscious. The problem of analysis is to dissolve the fixations upon childhood and the unconscious, to make it possible for the libido to fix itself upon the present or to convert itself into the spiritual (sublimation).

Here we again have a theory which upholds the significance of infantile traumas and which has brought so much confusion into psychoanalysis! Of late, Freud has again stressed the importance of these traumas. In his *From the History of an Infantile Neurosis*⁷ he attempts to prove that a sexual trauma during childhood was the cause of a severe parapathy. This trauma was only discovered *after three years of analysis!*

Without underestimating the importance of traumas in childhood, I can only emphasize that the case history published did not convince me. Relative to the unsuitability of such prolonged periods of treatment, I have already given a comprehensive expression of my opinion in older works. I fear that numerous parathiacs will again be tormented and cross-examined about their sexual traumas for many years. The foregoing case histories and the quick recoveries show that one also obtains deep insight into the structure of a parapathy and therapeutically can achieve the best that is to be obtained without excessive emphasis upon the infantile. I could not have gotten any more even with a three-year course of treatment. The period of treatment of various cases fluctuates between several days or several weeks to three months.

To be sure, there are a number of cases in which repressions are removed through analysis. In most cases the patients report things that they have always known, but did not care to reveal. Thus an obsessional parathiac only told me about her ceremonial after six months of treatment. Indeed, she had already disclosed it previously, though so superficially and so ambiguously that one could not obtain a good understanding of it. Another parathiac only informed me after a year about his ceremonial during defecation. It was that patient who gave me the best and greatest insight into the structure of a parapathy. With embarrassment, I must admit that I learned the dynamics of resistance from this patient. He did not want to own up to these ceremonies. He wanted to triumph

over me; to show who was the stronger. At that time I was still under the spell of Freud's opinions and believed that one could only cure an obsessional parapathy after a long analysis (a year or more). Now I achieve my results in a period of three or four months, even in the worst cases of obsessional parapathy.

I know patients whom unskilled analysts had prematurely promised recovery after removing the childhood trauma. A wild chase after traumas was taken up. Dreams which told about a trauma appeared every day. The physician felt triumphant. ("Now we are very near to the trauma. We will soon have it!") Inwardly, however, the patient triumphed still more. For many months he led the physician by the nose. He produced the most audacious dreams which the physician finally had to decline as fantasies. That lasted for many months. The patient stayed at home all day long endeavoring to catch memories. He reproached himself severely for not co-operating in the treatment. The physician dissolved transference after transference and the analysis made no progress. . . .

We must learn to realize that the patients do not want to get well. With their mouths they clamor for recovery; their acts, however, indicate the opposite.

It is not an easy problem to induce the patient to give up his parapathy. Unravelling the complex alone will not accomplish this. Sometimes the patient allows a symptom to be dissolved because he wants to have an excuse to get well and because he wants to accede a triumph to the physician. He loves the physician and love is submission. Indeed, this transference can also be obtained without the roundabout, laborious path of psychoanalysis. For that reason certain mild cases can be rapidly cured through a superficial psychoanalysis. Sometimes by other methods also. *As a matter of fact it is not the method that cures, but only the physician.* Psychoanalysis also permits us to peer deeper into the structure of the parapathy. It discloses the patient's resistance to recovery. It shows us his defensive attitude, his constant preparedness for attack, which at the same time is a defence.

It requires great astuteness and rich experience to see through

the patient, to unmask him and to convince him of his malevolent purpose.

If one keeps all these factors in mind, one will realize that most difficult of all problems is to end a psychoanalytic treatment. *Those cases offer the best prognosis who are confronted with a period of time which is definitely limited according to the circumstances.* An official who has a two months' leave of absence, a physician who has interrupted his practice, patients who are making great sacrifices to recover: all are interested in concluding treatment as soon as possible. How difficult is this problem in the case of wealthy and independent patients who never want to stop! The struggle with the physician becomes more important to them than their own fate. They forego recovery, a small matter to them, if they can only triumph over the physician. If they can only say to themselves: "You may have cured many other persons, but with me you will not have such an easy task! You will not be able to cure me anyway!"

I once treated a wealthy, absolutely independent man for a severe parapathy whose most prominent symptom was agoraphobia. In every respect he made an absolute recovery. His alimentary disorders, his digestive crises, his timidity in society, his inability to work, all vanished. But, despite my efforts, his agoraphobia would not recede. He unexpectedly broke off treatment and consulted his old family physician. The latter advised him to see a colleague who could cure such conditions with a pair of spectacles. Indeed, he even accompanied his patient to the eye-specialist in Germany. And what did his "faithful" patient say in the train? Characteristically enough: *"It will be the greatest triumph in my life that Dr. Stekel did not and could not cure me; that I owe my recovery to you. . . ."*

The spectacles helped him for a few days, but soon his old condition returned again. He also did not want to grant his family physician a triumph. Then he became acquainted with a masseur who promised a cure after several massages, and behold, after the third massage, the patient was again able to traverse all streets! He was cured. He only credited his re-

covery to the simple masseur. He avenged himself against all physicians.

If one takes these traits of the person analyzed into account, then many phenomena become comprehensible. Then we can understand the results which are obtained in sanatoriums upon patients who have undergone an analysis. Thus, many an opponent of psychoanalysis proudly boasts that he has cured cases in a short time which were refractory to psychoanalysts despite prolonged effort. *These persons only reap what we have sown.* It is easy to understand why former patients become our greatest opponents and fight us scientifically as well as through defamation. *In the finale of the analysis, the character of the person analyzed is betrayed.* A noble person will never stoop to such conduct, despite the inner voices which urge him to do it. . . . The so-called obnoxious rascal, however, as we so often meet him in psychoanalysis, will finally show himself to be an obnoxious rascal.

On the other hand, we will understand why our results, in fact, are better than they would appear, for a large number of patients leave the analyst apparently uncured only to recover spontaneously after a short period of incubation or to allow themselves to be cured by another physician or a quack.

Almost all patients fear the end of the analysis. I will now expose several of the patient's tricks and show what diplomacy the physician must command in order to conquer the patient with still cleverer tricks.

A woman who has already been under my care for about six months on account of agoraphobia is supposed to end her treatment and ride home. Without much hesitation, she could already walk greater distances and prized this result all the more, because she had been ill for thirty years. During this period, even with an escort, she could neither walk nor ride. While out for a stroll, a few days before her departure, she experienced a severe attack of anxiety on the street. She came to me full of indignation and complained of her distress. How was she going to depart when her disorder was just as bad as it was at the beginning? Surely she could not return home until she was entirely well. I made it plain to her that it is

only an excuse to remain longer in Vienna and to continue her treatment. Being still in urgent need of my assistance, she produces the anxiety. On the succeeding night she dreamt the following dream:

"I gave my aunt an old pair of shoes and then stood there naked without any shoes. 'How would you dare to go on the streets barefooted,' thought I, and was anxious about walking on the street, thus, without any shoes. . . ."

The aunt in question has already been dead for a long time. She was poor and had received many small gifts from the patient; perhaps, also, a pair of shoes. The patient tells us that she likes to go barefooted and recently has often caught herself wanting to go out barefooted. Definite tendencies toward foot-fetishism are displayed, as can often be observed in parathiacs suffering from a disturbance of gait. An interpretation of this dream, as a presentation of the parathy, yields the following meaning: The old shoes were very comfortable, but still they pinched her feet. In fact, they had greatly chafed the patient's instep. *The shoes were a symbol of her parathy.* She now expected to hand over the parathy to her dead aunt, that is, cast it to the dead and attempt to live without the parathy. For thirty years she had already become accustomed to her disorder. The disorder oppressed her (the shoe pinched her), but, at the same time, it was a reliable protection against the wicked dangers of the world. . . . Now she intended to go through the world without her parathy (barefoot). She was afraid of that. Another determination leads to my name. In this locality, heels are called "*Stöckel*." Recently she constantly remarked that her heels (*Stöckel*) were too high; she needs lower ones. Nothing but allusions to me. Now, in brief, she cannot live without me: my protection, my advice, and my imperatives. The dream, moreover, shows a tendency toward liberation, like many of the last dreams of recovered patients. I am thrown among the dead.

Now I play blindman's buff with the patient. She wants to get well and yet does not want to get well. If her attitude of defiance predominates, she will simply cling to her agoraphobia.

In this case there was also added a difficulty in severing herself from me. At such a stage one must have strength enough to stop and break off the analysis, if the most important motives for the anxiety have become conscious to the patient and he has accepted the relationship between these motives and his anxiety. The patients then return home dissatisfied and after an indifferent treatment or a short interval begin to walk. Thus, I met the woman whom I described in Chapter XXI of the first edition of my *Conditions of Nervous Anxiety* as unrecovered. After four weeks of treatment her condition was merely improved. I met her strolling alone along the Circle, which at one time was impossible. She admitted that some time after the analysis, without any other treatment, her condition gradually began to improve. The patients feel safer with their parathy. One of my patients called it his "*baby-walker*." . . . The physician is substituted for the bulwark of the parathy. Then they must learn to get along without the physician and the parathy. That is an enormously difficult task for human beings who lack all firmness of character.

Let us now return to my patient who did not want to leave me. The whole time she measured her strength with mine. Now she was supposed to discontinue treatment and declare herself defeated. That was more than she could do.

When one learns to know the secret structure of the parathy, one must agree with Adler, who talks about a "*fictitious, ruling aim*" and certain "*ruling tendencies*" which give the patient's life a definite course. I have discovered, however, that the "*fictitious ruling tendency*" leads to Heaven and blissfulness. The whole parathy in this woman was designed to protect her from the downward path and to assure her of everlasting bliss. She felt too weak to tread the path of virtue, and therefore she made sure of Heaven by means of her agoraphobia. What did the pleasures of this world mean to her in comparison to eternal bliss? Her ruling tendency guided her to Heaven. I believe her entire life was a preparation for an examination before God. She hoped that all her privations would speak a good word for her and would be considered in her favor. In addition, she showed that fiction: "*The great historical mission*." She is an exceptional person, a saint; God

must be attentive and treat her with great distinction. In brief, she wrapped herself in her parapathy like in a warm fur coat; it was to protect her from the influences of a raw, outer world. She no longer wanted to live. . . . Among other dreams, she dreamt:

"I intend to go out of doors and am very much pleased. But I miss my beautiful finely knitted sweater. For that reason, I remain at home. Otherwise I might catch a cold."

The "finely knitted sweater" is the fabric of her parapathy. She cannot live without her parapathy. She fears that the beautiful fire of her faith might become extinguished. And she wanted to prolong the treatment.

I took recourse to a stratagem and gave her notice that the treatment was to end. As soon as she arrives at her home city she will be able to walk all right. . . . The indignant woman pointed out that I had treated other patients suffering from agoraphobia much longer.

"Yes," I replied, "they had more favorable prospects. These women came to me unescorted after a few weeks. If you were able to come alone, I would have prospects of curing you and would probably continue to treat you, because agoraphobia is not the parapathy, but only a visible symptom of it. . . ."

Three days later the patient came to me unescorted and, since that time, walks through all streets without hesitation.

I urged a speedy discontinuance of the analysis. The patient refused and, as it later turned out, with justification. She still had important things to tell me, still had a false attitude to correct. She still wanted to conquer me and prove my inadequacy. She brought the following dream:

"I scolded my maid because she only half tidied up the kitchen. One-half is in order, whereas in the other very much filth is still strewn about."

The kitchen is a symbol of her soul or, if you will, the brain in which her parapathy is "decocted." I did a *poor* job. In this dream I become a maid. I am her paid servant. She orders, and I must obey. In short, *her pride could not bear to have me*

prescribe the end of the treatment. She wanted to discontinue it when she considered it advisable. Only she had the right to give her maid notice of her discharge. But she would not allow notice to be served upon her. Now she produced a wealth of material and constantly insisted that she had already told me about it; another trick to humiliate and triumph over me. This variety of contention is again and again heard from patients. They withhold the most important fantasies and events and they resolutely assert that they had already mentioned them. Or sanctimoniously say: "I have not told that to you? I believe I definitely recall having mentioned it."

The patient now produced most important material: Her belief in the omnipotence of thoughts. She brings misfortune to people. She imagines she is an extraordinary person. That megalomania comes to light which I have called: "The belief in a *great historical mission*." Without knowledge of this megalomania of the parathiac, one cannot guide the analysis to an end. The patient must not only overcome his "delusion of inferiority," his feelings of insufficiency, and his imaginary inferiority, he must also give up his belief in his invincibility and his mission. If the patient is successfully cured in psychoanalysis, then he has allowed himself to be conquered for the first time by a human being.

He becomes resigned to the simple rôle that falls to his share. Our patient, then, decided upon the end of the analysis. She suddenly became homesick. It was evident that she still had something upon her mind. Finally she yielded and surrendered the last of her fantasies which she had withheld throughout the entire treatment. They proved that she constantly believed that a saintly life, full of renunciation, would divert the attention of the higher powers upon her. The traumas of her youth had acted upon her as an "*everlasting warning*" to leave the path of vice and live a life of virtue. Her struggle centered round everlasting bliss. That is why she could live for thirty years in her room like a prisoner. Because, of what importance is a short life in comparison with eternity? Her sufferings were a preparation for greatest blissfulness and were supposed to assure her a place in heaven. In heaven she wanted to triumph over those persons who, on earth, lived for pleasure and had the ad-

vantage over her in earthly joys. Her life was a preparation for the final triumph, and the anxiety was to protect her against sin.

Such cures also occur without psychoanalysis. I am thinking of the famous case of the sleeper of Ocna who lay in a state of sleep for thirty years, then suddenly woke up and attended to her household duties. And people came far and wide to wonder at this miracle. This patient surely prepared the ground for the historical moment. Her life was a preparation for this great miracle.⁸ My patient also wanted to be wondered at like a miracle. She told every one that, through my treatment, she was cured after thirty years of suffering and having been treated unsuccessfully by 63 physicians.

I wanted to present her before a medical society. On this day, she again had anxiety and could not come to me unescorted. She would not give me the satisfaction of a triumph, because the following day she was again able to walk through the streets without hesitation. She juggled with her anxiety in a clever manner and, through it, was able to control her family; she also tried to press me into her service. When this was unsuccessful, she gave up her anxiety, which only appeared again on the day which was to reveal my triumph. Then, too, she admitted that it would have given her enormous pleasure to be such a rare case and to be marveled at. Suddenly, however, it flashed through her mind: "You do not want to be a unique case. You wish to be a simple, but healthy, mortal."

I received a number of letters of gratitude from the patient. She described her triumphal procession through Russia, where she sought all the physicians who had unsuccessfully treated her and presented herself as cured.

All at once she considered whether she ought not to come to Vienna for "after-treatment." She still had several problems of importance to discuss with me. I declined. I called attention to the great distance (Riga to Vienna) and advised her to take care of the residuals of her parapathy by herself.

To my great astonishment, one day she walked into my office and told the following incident: She had visited a famous physician in St. Petersburg and told him about her "miraculous

cure." (Our colleague had long tried all his skill upon her without being able to reach his goal.) He observed her for a long time and then remarked: "Dr. Stekel must be a very clever man!" That gave her something to think about. She said: "Do you know I once read about a patient who imagined he had a bird in his head. A fictitious operation was performed, and a bird was shown to the patient which had ostensibly been removed from his head. The patient was absolutely cured. Then I thought that you had not cured me with the new method, but through suggestion and had only talked me into being well."

For a moment, I looked at her in amazement. The patient who had suffered for thirty years from agoraphobia and had been cured, obviously returned to Vienna in order to acquire her illness once more and to triumph over me.

"Can you walk unescorted?"

"Yes!"

"Do you still have attacks of anxiety?"

"No!"

"Well, what do you wish anyway? What difference does it make to you how you got well as long as you can walk alone and no longer suffer from anxiety?"

Now I explained to her that she came to Vienna out of sensitiveness, in order to punish me for my cold, laconic letters and to produce her agoraphobia here again.

This information worked wonders. A few days later she departed for home, satisfied and free from her anxiety.

From this case, we learn the ways and means of obtaining results. With psychoanalysis, Freud armed us with a powerful weapon; a weapon that can produce terrible wounds when it is used unskillfully; a weapon that can render inestimable services in the struggle against the parapathy. But we will have to modify many of our views and guard against judging the method by its results and failures. . . . In this case, psychoanalysis helped to discover the roots of a feeling of guilt and, in a sense, acted as a mental relief. *Treatment, however, lasting many months brought no factor to light which had not been conscious to the patient.* In other cases, of course, this is not true. But, here, only the faulty attitudes of the pa-

tient were corrected, and the conflicts were clearly brought before her eyes. *She learned to talk and think about matters which she previously had avoided.* She did not want to know anything about them. . . . Death-wishes, criminal excitations, her brutal egotism, her laziness, her envy and unlimited ambition became conscious to her. However, she was only cured after she had given up her belief in the "uniqueness of her ego." So soon as she realized that she was only a "common mortal," the problem of the physician was ended. *It is an important task of psychoanalysis to expose the patient's resistance to recovery and to convince him that he does not want to get well, because he does not wish to forego his secret aim in life.*

I amplify these particulars with a quotation from Otto Ludwig. The poet knows what we physicians were long ignorant of. The belief in a great historical mission must be destroyed if reality is to receive proper consideration. In the last analysis, the aim of all psychoanalytic methods merge into one: To reconcile the patient with the sobriety of reality. This is expressed marvellously by Ludwig:⁹

"The idealism of young folks is vanity. With a certain amount of spontaneity, youth can enthuse about everything; he only needs to unite it with his vanity. And what more does this vanity mean than the lofty contempt with which he looks down from the heights of flattering self-deception upon what is real and human, upon the wholly common? He expects wonders from others, not because he himself accomplished them, no, but because he only presumes he can accomplish them.

"Scepticism which, if it arrives, comes after enthusiasm and, as its antithesis, is born of it, is the great developmental disease of our inner man and a stipulation of this development. *We must despair of our imaginary worth in order to be certain of our real worth. What a person previously demanded of others, without knowing whether he himself could accomplish it, he will now accomplish without demanding it from others.*

"*The highest that he could aspire to was to die for something praiseworthy; now, he aspires to the greatest: to live for something unknown to fame.*"

From the very beginning, the psychoanalyst must make

straight for this goal. Who always has this aim in mind has the key to the greatest results.

As a dogma possessing especial sanctity in psychoanalysis is the axiom: *The patient must take the initiative!* This principal, to be sure, has its justification. It is absurd to resolve: To-day I will discuss the incest complex, to-morrow I will talk about the relationship to father, etc. The patients must also be ripe for certain questions. The real psychoanalyst already feels what *ought* to be discussed; yes, even what *must* be discussed. But woe to the physician who blindly hands over the initiative to the patients and considers their associations absolute. Then option prevails unchecked, and the person analyzed is in a position to lead the physician around by the nose and to prolong the analysis ad infinitum. The physician must simply subject the associations to critical inspection and must recognize what is valuable and what is only produced for the sake of resistance. He must be able to separate wheat from chaff and always be ready to intercede at the proper moment. That is not such an easy matter, because the sensitive patient is quickly offended and always defends the importance of his associations with great tenacity. In defence, he forges his clever weapons for obstruction and passive resistance.

All actual experiences, which are reported at length, letters from home and from the sweetheart, exciting events of the preceding day, many endless dreams, which are produced in enormous numbers, are only resistance phenomena; hence, it is a question of limiting these productions with iron vigor to the necessary degree; to ignore protests of a theoretical nature against psychoanalysis, and to break the obstruction through a firm order of business.

I will at once demonstrate this on a case of psychic impotence. A physician who runs away from prostitutes before coitus occurs or at most can only accomplish an *ejaculatio præcox ante portas*, begins a session by reading a letter which he had written to his fiancée and which is supposed to illustrate the bipolarity of his nature. I have already listened to a dozen of these letters, and this time absolutely refuse to listen to it. Now he begins to tell about the impressions of an analysis which he had read in a "year-book." He wishes to raise objections to the technique

of psychoanalysis. I also make quick work of this. *After a pause of several minutes, the patient declares that, even as a schoolboy, he could not bear to have his schoolmaster write on the blackboard with a piece of chalk. Whenever that occurred, he perceived physical distress, almost pain, in his teeth. His next association reveals that he has also felt a similar sensation in his teeth upon seeing and stroking velvet and is seized with dread when he runs his hand over a velvet collar. His next association pertains to a deaf friend.¹⁰ One must shout words into his ears. He only, at times, shows a fabulous ability to discern things. (In our mind we thank him for the criticism and the compliment.) Then he asserts that he often regretted not having become a gynecologist and especially a surgeon. Whereupon there follows an endless story about a schoolmaster who undertook an inspection among his pupils in search for forbidden books. (Again an allusion to our inquisitorial activity.) Now a lengthy description of a high school teacher occurs. I recognize it as "tittle-tattle" and at once put a stop to it. I would like to arrive at an explanation of his unusual idiosyncrasy and ask him how he would explain his unusual reactions to the creaking of chalk upon a blackboard. He deliberates for a while and says:*

"The chalk is a phallic symbol; the blackboard is the vagina."

Now I became angry. "Do you consider me so naïve and stupid as to venture offering this explanation to me?"

Laughingly the patient replies: "I frankly admit that I wanted to make fun of you. I thought that you, a symbolist, would surely fall into this trap. . . ."

Now I call attention to the association of his idiosyncrasy with the sensation in his teeth. The chalk obviously symbolizes a bone; velvet, a "velvety skin." We are probably dealing with a "cannibalistic complex."

All at once the patient becomes loquacious. Yesterday he talked for an hour on cannibalism. He admits a large number of sadistic fantasies which played a great rôle in his childhood. A reminiscence occurs to him which he has not thought of in 20 years. He was a boy of four or five years when he heard the story of a pork-butcher who was famous for his "sweet

ham" and had an enormous number of customers. It turned out that this man had a trapdoor through which solitary customers suddenly fell into a pit, where he murdered them. This human flesh was used for making ham, which was so deliciously sweet. (Think of telling such stories to children!) There was also a story about a man who ate up his sweetheart; this made a deep impression upon his fantasy. The bloody tale of the Jews came into the conversation, and he admitted believing that the Jews utilized human blood. . . . In short, he gushed forth important material like a geyser.

On the following day, he feasted upon cannibalistic fantasies. Obviously he wants to carry my discovery *ad absurdum* and in fantasy, devours his sweetheart piecemeal. He overdraws his sadistic attitude toward women and makes them ridiculous through exaggeration. Then there occur doubts about psychoanalysis. It brings out forgotten complexes and confuses a person. . . .

Now he is informed that psychoanalysis does not create these complexes, but merely brings them where they can be recognized. He is secretly afraid of these impulses and for that reason has remained single. For that reason, he lacks courage to visit a single prostitute, he, to whom "Jack the Ripper" is a secret ideal. In the analysis, however, he will learn that he was afraid of phantoms. These fantasies would never have expressed themselves in an act. He must view the head of Medusa without fear and then calmly lay the matter aside. Every parathiac is an atavistic phenomenon having immoderately strong impulses. These impulses, however, have been fettered long ago and converted into morality. When he realizes that he is master of these impulses, he also has no cause for anxiety, etc.

The duty of psychoanalysis is to relieve the patients; to convince them of the harmlessness of their fantasies, which often merely serve to frighten the patient and to keep his craving in check. They then utilize these childish fantasies to constantly hold their own wickedness before their eyes, to compare themselves with other persons, as a result of which the often mentioned "feeling of inferiority" arises.

I have already stated how difficult it is to induce the para-

pathiac to give up his "great historical mission" and to reduce his unlimited megalomania. The "sentiment d'incomplétude," as a bipolar opposite, serves as a protection against the incitations of ambition and as an apology to oneself. "If you were not such a weak, sickly individual, you would have accomplished wonders! Yes, if you were only entirely well!" Even the parapathy is placed at the services of this *exculpatory tendency* and serves as an excuse for not accomplishing anything, as a counterweight against a sense of guilt, for inactivity and idleness, which arise from a natural aversion to ordinary work.

To reconcile the patient with reality is the task of psychoanalysis. In doing this, however, the psychiatrist must prove to be an educator. For that reason, the vocation of psychoanalyst demands persons who are above the average, creative artists, as it were, who actually can also mold human beings. According to a pertinent remark of Dr. B. Martin, *analysis* must be combined with *synthesis*.

In such cases, to be sure, the patient will perceive in the physician a continuation of those authorities against whom he has struggled all his life and against whom his disorder was a valuable weapon. The old attitude of defiance is awakened against the physician, and the treatment turns out to be an open or concealed struggle in which the physician finally must also, it seems, play the part of the vanquished one. I can only agree with Adler when as an experienced psychotherapist, he says: "As a last refuge in severe cases, the self-sacrifice of the physician following a thorough analysis recommends itself, so that one is obliged to own up to an apparent failure of his part of the treatment, and offer the laurels to some other therapeutic method. In two of my cases, this expedient justified itself; in the one case the patient, a female, was cured through the medium of correspondence by a Bosnian country physician; in the other, a case of trifacial neuralgia of long standing which I had been treating for two years with varying success recovered following suggestions given against me in the wakeful state. In most of these cases, considerable improvement, remissions, or even complete recovery set in of their own accord following the termination of the treatment."¹¹

For that reason, it is very difficult to give any statistics about

one's results. I have very rarely heard patients say: "Doctor, I am now absolutely well, I thank you!" (And where this was the case, the patients were not entirely well, but wanted to deceive me as well as themselves in order to avoid deeper investigation.) The patient has a tendency to prolong his treatment indefinitely and to convince the physician of his incurability. Often one can only end treatment by force. At one time, I held the illusion to remain the friend of my patients, henceforth, to guide and advise them; to see them from time to time, and to point out the proper course for them. To-day I know that it is best for the convalescent or recovered patient to detach himself from the physician. I also know that, at times, one must forcibly bring about this detachment against one's own better feeling. These forced detachments, in particular, are an excellent artifice to excite reactions of defiance in the patient.

I once treated a severe obsessional parapathiac who had not studied in four years, although he was very near to his doctorate. The treatment yielded no results, although all his compulsive acts had been "dissolved." *Dissolution, however, only helps when the patient is kind enough to accept the dissolution as a basis for his submission.* Therefore, I wrote to his parents that they need not be surprised if I were suddenly to discharge their son. A violent scene would ensue during which I would literally show the patient the door. Several days later I considered that the time for discontinuing his treatment had arrived. The patient was always "oversensitive." I rebuked him for not studying and for concealing his laziness. He replied sharply and with irritation; I still more sharply, so that he permitted himself to make a rude remark. I used this as a cause for discontinuing treatment and asserted: "*You simply do not want to get well, and, inasmuch as I am withdrawing my assistance, you will absolutely not get well!*"

"*Just for that,*" screamed the patient, "*I will show you how I can get well without your treatment.*"

And thus it came to pass. He returned home, applied himself to his studies, obtained his degree and, having recovered his equilibrium, became reconciled to me. Before that, however,

I met his supplications for forgiveness and permission to continue treatment with an energetic, inflexible resistance.

The treatment of impotence is much more appreciated. The results cannot be denied. The patients themselves ask for sexual activity. The "will-to-sickness" is much more easily broken and recedes to the "will-to-be-healthy."

And then there is another question: "Should an ex-patient preoccupy himself further with analysis, with its literature? Ought he to learn analysis from us and be urged to permanently dissolve his compulsive and symptomatic acts, his various freshly acquired symptoms? Should he become his own physician?"

On these points, too, my opinion has fundamentally been altered. I consider it a mistake to make psychoanalysts out of one's ex-patients; to initiate them into psychoanalytic societies. In that respect, I have not had such good experiences as in those cases where the patients absolutely sought to forget psychoanalysis and with it their entire disorder. *It is not a duty of psychoanalysis to educate parathiacs to be psychoanalysts.* That most physicians were introduced to psychoanalysis, in that way, is self-evident. "Many a person who wanted to help others helped himself," says Nietzsche. For these physicians, psychoanalysis then becomes a goal and a vocation. In analysis, unfortunately, these psychoanalysts get stuck in their complexes. I have called this, "psychoanalytic scotoma." For that reason, perhaps, it may happen that among physicians and especially neurologists and even psychoanalysts, so many affects become liberated. We should endeavor, however, to surmount all our affects and to overcome our complexes. We must do this if we want to help others. But parathiacs do well to forget analysis and all that is connected with it as soon as possible. For otherwise, psychoanalysis only becomes a pretext to cling to the parathy. That can be most often observed in the obsessional parathy. Apparently cured patients, instead of various obsessions and compulsive acts, have a parathy of dissolutions and explanations. In short, they preoccupy themselves with the old, pathogenic, overvalued complexes . . . only with this difference that they now torment themselves in the language of analysis.

I have seen enough of such cases; parapathiacs who were now anxious about their incestuous desires, whereas formerly a symbolized form of this anxiety prevailed. As long as the patient is not absolutely free from anxiety, one cannot speak of a cure, even if the objects of his anxiety (incest, paraphilia, criminality) are entirely conscious. He must first be *superior* to his complexes. The same holds true for doubt. I saw a man who had submitted to a long period of analysis by Adler on account of doubt. He was in love with a girl and doubted whether he would be sufficiently potent, whether he would make her happy, whether he would be able to support her, etc.

Now he introduces himself to me with the complaint that he loves a girl but constantly strives to "depreciate" her; he fears she will want to "triumph" over him, and will always be "on top"; he cannot allow himself to be humiliated and be "underneath"; that excites his "masculine protest"; that is why he is unhappy. He continued to doubt, but with Adlerian mechanisms. He probably doubted in defiance of his physician, and that is the reason why he came to me. But just this attitude of defiance, which is directed toward the paternal imago, proves that his reactions are still pathological, and that one cannot speak of a cure in such cases.

The patient must cease feeling that he is a patient. He ought to forget all psychoanalysis and everything connected with it. He should not interpret dreams, scrutinize symptomatic acts, or dissolve obsessions. He must be diverted from himself and his psyche; must be directed toward external life.

The longer he preoccupies himself with psychoanalysis, the more readily it will take over the functions of a parapathy in his psyche. He will reproach himself for not producing any associations, will be afraid of resistances, will doubt whether the physician can help him. That explains a remarkable phenomenon. Certain cases become worse the longer one treats them. In the treatment of gonorrhœa, an apt term is used, to wit, *overtreatment*. Many cases of gonorrhœa do not get well because the urethra is kept in a constant state of irritation through treatment. *Overtreatment of this sort also occurs in analysis.* The longer the case is treated, the more difficult becomes its detachment from the physician. However, there

are severe cases who simply require a long period of treatment (approximately twelve months or more). I am glad to admit, however, that, from more recent experiences, I markedly limit my periods of treatment and only estimate longer periods for severe cases who are absolutely unfitted for life and have also suffered organic injuries. *On principle, I never talk about a year's treatment and try to get along with the shortest possible period of time.* As already stated, cases who have a limited period of time available, physicians who have interrupted their practice, officials who are on a definite leave of absence, women who must soon return home, offer the best prognosis.

Perhaps that explains why my results at the beginning of my psychoanalytic practice were so brilliant. The periods of treatment were all short. I have published them in my book, *Conditions of Nervous Anxiety*.

I will now pass upon several of the cases published there and test the permanency of my results. . . . It is difficult to secure exact knowledge and set up exact statistics, because many patients vanish into the darkness from which they emerged. About others, one accidentally hears through indirect channels.

As I glance over my results I can feel very much gratified. Most of the cases which are described in *Conditions of Nervous Anxiety* are in evidence. The songstress¹² can sing in public; successfully withstands the knocks of fate, and from time to time only shows mild parathiac symptoms which do not hinder her power to earn and struggle. (Duration of treatment was four months; a half to one hour each day!). The Roumanian priest (Case 98) was not heard from for a long time. One day a woman from Roumania came to me suffering from agoraphobia. Her parish priest, I. B., had sent her. He had been so ill and in Vienna a doctor cured him with drops. In saying that he had laughed in a peculiar manner. He told her to inform Dr. Stekel that he was absolutely well. This patient in all earnestness asked for drops and could not believe that I had cured the priest by "only talking to him." The duration of treatment in this case was six weeks! And thus most of them are doing fairly well if life does not tax them too much. Many of them, in such instances, have shown themselves to be very capable of offering resistance.

Hence, on the whole, I can be well satisfied with my results, if I add those cases who ostensibly got well through other treatment, like a singer, for example, who was cured of a nervous disorder in singing after two months of analysis by a tea prescribed by a quack. *I must reiterate that it is my impression that in phobias the shorter periods of treatment yielded much more brilliant results.* I explain this to myself in that not only the detachment (*i.e.* the relinquishment of the transference) took place more easily, but also the differences of tension could not become so great in such a short period.

At all events, one also sees those singular cases who were hardly treated for more than a week, but nevertheless tell every one that psychoanalysis did not help them. Thus, a colleague who was under my care for about a week suffering from an obsessional parapathy was presented in Odessa as a "failure of psychoanalysis."

I would like to mention a recovered case, a young man with various severe obsessions and comprehensive acts who came to me once a week for a half hour. I wish I could obtain such a result in all cases. Usually it is not so easy. These patients take especial pride in their disorder and produce the greatest resistances. (Treatment is always a stubborn fight, as was described at the beginning of this chapter.) If the physician does not notice that he is being led by the nose and allows the patient to speak freely, then, to be sure, he will make no progress and the treatment will be endless. If one wanted to accommodate oneself to the wishes of the obsessional parathiac, one would have to treat them for several years, yes, even for a lifetime! By this, they also want to prove the severity of their illness. One must have courage to discontinue and completely break off the treatment. These patients, in particular, like to attach themselves to the physician and constantly keep coming again for a brief hour in order to have this or that cleared up. All at once they again suffer from "fear of losing" or fear of verdigris or syphilis or have obsessions of the silliest variety (the bookcase is poisoned) and want to show the physician that he did not help them and that they are just as bad as formerly. I avoid these possibilities by usually sending these patients far away, limit my correspond-

ence with them to a minimum, yes, even advise them to act as if they did not know me. A large number get along without that and completely detach themselves from the physician. These patients gladly forget the physician when they do not present the wicked picture of a "*Judas parathy*." In addition to the "*Christ-parathy*," there is also a typical "*Judas-parathy*." A patient of this type reported at the first session that he wanted to write a drama entitled "Judas." Judas is much more interesting than Christ. He sacrificed himself. Through the betrayal, he made Christ a God. He felt, however, that Judas was the greater. I at once knew that this man was a Judas and that he would surely betray me. He defended himself vigorously against this imputation. His whole conduct was pervaded with gratefulness and friendship. At a decisive moment in my life, however, he played the part of Judas and betrayed me.¹³ Many patients of this type have intentions of giving lectures on psychoanalysis after their treatment to prove that it is worthless and a hoax; they would like to sue the physician and get their money back; they publish insulting articles in the newspaper, become the most bitter opponents of psychoanalysis, discover a biological origin of parathies, point to the hereditary factor; in short, they endeavor to avenge themselves and seek, yes, hanker, after an opportunity to play the part of a Judas. Inasmuch as a part of the psychoanalysts consist of analyzed physicians, the tendency to backsliding and schism may go back to a Judas complex, so that, to be sure, the poor parathiac is not always to blame. A skillful analyst will always unmask a Judas and, at the right moment, forestall a betrayal. He will point it out to the patient so often and will prove it from his acts and dreams that, from spite alone, he will not become a Judas, just to show that the physician was not in the right.¹⁴ On the whole, one can say: In the obsessional parathy, in particular, psychoanalysis evinces its superiority over all other forms of psychotherapy. *These types do not yield to ordinary suggestion and persuasion.* And if analysis is able to obtain a result, it is then so convincing and associated with such a change of the entire character that the psychotherapist can be sure of the gratitude of the entire family. Indeed, the treatment of these difficult types is

the touchstone for the fate of the psychotherapist. The conclusion of the analysis, the detachment and vanquishment of the patient, his introduction into life and reality, to which he had become completely estranged, teem with difficulties and hindrances.

We must approach every case as if we had to solve the riddle of the parathy. In this manner, I have always been able to acquire new knowledge about the interpretation of dreams. *But I will not conceal the fact that, in the investigation of the dreams and the parathy, we are only at the beginning of our knowledge.* We will have to pour much water into our old wine. For all that, however, we will be more sober and, instead of the intoxication of victory with subsequent crapulence, will feel the after-effects of devoured traces of truth with open eyes.

These remarks should be interpreted in this sense. They also contain a warning to the unfit and incompetent who want to preoccupy themselves with psychoanalysis.

It is my impression that nowadays altogether too much psychoanalysis is being practiced. Analysis is to be compared with a serious laparotomy. Not every patient will submit to a laparotomy and not every physician is capable of performing a laparotomy. Analysis is a difficult science and, to use an apt expression of Riklin: *the fine tissue of the parathy must not be touched by clumsy hands.* Every psychotherapist has a tendency to prove his contentions with the utterances of his patients. In analysis, however, the patient learns the "jargon" of his physician and uses it to arrive at an agreement with him. That leads to gross fallacies about the method as well as the findings.

I must always think of the well known rubber figures which children inflate with air. The parathyiac also permits himself to be filled with our air and our notions. Then he appears like a large, massive body. He bursts, however, if he becomes overdistended, or he gives off air. *The value of the method and the success of treatment are proven by the retentive power of the new ideas, attitudes, and understandings.*

XXIII

THE TECHNIQUE AND LIMITATIONS OF PSYCHO-ANALYSIS AND PSYCHOTHERAPY

At the beginning of psychoanalysis the technique was really a very simple one. In 1880, Breuer obtained a brilliant therapeutic result in a patient partly through a form of autohypnosis, partly through hypnosis after removing a hysterical amnesia. A number of years later Freud again took up these experiments. Starting with the assumption that hysterical persons suffer from experiences which they have never abreacted (and really were only experienced in a form of "hypnoidal" state), Freud attempted, in hypnosis, to bring the "repressed traumas" back to memory, to make the experiences conscious, to obtain a complete "abreaction." His first results seemed to speak in favor of this therapy, as *Studies in Hysteria*, published in 1895 by Breuer and Freud, relate.

But soon, however, hypnosis proved to be inadequate for the investigation of "unconscious" processes. The fact that many parathiacs—especially severe obsessional parathiacs and anxiety parathiacs—were not hypnotizable, the capriciousness of hypnosis, the impossibility of always making a rapport with the person hypnotized, induced Freud to search for a new technique. He discovered, and this is perhaps his most ingenious piece of work, the "*technique of free associations*." The patient was not interrogated. He was requested to tell everything that passed through his mind and, in doing this, had to strive for the greatest good faith and must not suppress any association, even if the association seemed to have no bearing upon the treatment. The first technique of Freud still made use of an adjuvant which he has long abandoned, though even to-day it is practiced by Bezzola and Frank. (The latter uses it in combination with hypnosis.) If nothing occurred to the patient, Freud would press the forehead of the

patient with his hand and assure him that *now* he would surely have an association. This artifice helped him over many pauses and resistances. But Freud soon became convinced that this artifice likewise only served to conceal the resistance and absolutely gave up trying to force associations. A pause in the narrations of the person analyzed pointed to an inner resistance which first had to be recognized and overcome before one could progress further in the analysis of the parathy.

The technique now took the following form: The patient placed himself upon a comfortable couch; behind him sat the physician and allowed the person analyzed to repeat, in succession, the associations as they occurred to him—of course, only after the physician had acquainted himself, through a careful anamnesis, with the genesis of the disorder.

This form of technique has been modified by many analysts. Personally, I prefer to allow most of my patients to sit opposite me, because lying down is unpleasant to many. I must admit, however, that the position prescribed by Freud has many advantages and, for certain patients, is the only possible method. In a free conversation, the patient's resistance against revealing their "inner complexes" is easily concealed. This resistance appears more rapidly and distinctly where patients are in a recumbent position and with strict adherence to Freud's rules.

Jung employs the association-experiment. He allows the patient to reply to certain "*stimulus-words*," and, then, from a delayed reaction, decides upon the emotionally-stressed "*complexes*," by which a definite emotionally-toned "*ideational group*" is meant. *This method has absolutely no practical use*, although it possesses great scientific and psychological worth. My method in which the patient of his own free choice (without a stimulus-word) is allowed to mention a number of words, as they occur to him spontaneously, has turned out to be much better. These words, as a rule, contain the complex which the person analyzed wants to conceal from us.

However, I have entirely abandoned this technique for many years because I agree with Freud *that the detection of the inner resistances should be the first move of the psychotherapist*. The association method of Jung, as well as my own, conceal these resistances instead of uncovering them.

I am now speaking so much about resistances that I must first explain what resistances we are dealing with. To express it briefly: *Every patient clings to his parapathy!* It becomes his "baby-walker" of life, a protection against a wicked world, and, in part, a fulfillment of his fantastic desires. He cannot get along without his parapathy. He is afraid of health and suffers from a "*will-to-sickness.*" At all events, non-analysts, who feel dubious about a "*will-to-sickness,*" will understand me better when I say: "*The parathiac lacks a 'will-to-recover.'*" This is a truth which is most difficult for us to learn. Only the experiences of analysis will demonstrate to us this, in itself, incredible truth: The patient, so to speak, is in love with his disorder. As a rule, he is proud of it, and uses it to assure a domination over his surroundings or to escape an unpleasant duty (work, nursing, unpleasant visits, etc.). I will reintroduce the analysis of a veterinary who was under my care for a severe "*acathisia.*" He had been unable to sit for three years. The disorder was very annoying in his practice, which consisted mainly of country practice in the vicinity of a small town. He was unable to sit in a wagon and had to do business standing up, etc. Analysis produced a prompt result. He was soon cured, could sit again, and all other parathiac complaints also vanished. He was about to be discharged as recovered when he admitted to me that he was actually sorry about his disorder. To-day he heard an inner voice which whispered to him: "Do remain ill! It is so nice to be ill!"

If we wish to understand the patient's resistance to recovery, we must enter into the nature of a parapathy. Every parapathy arises from a "*psychic conflict!*" Ideas which are painful, unpleasant, and unbearable to consciousness are removed from the sphere of consciousness, suppressed, pushed aside, or "repressed" as we call it in psychoanalysis. If this psychic conflict were absolutely clear to the patient, he would not become parathic. He would be unhappy. Freud tells us: "As a matter of fact, we can only transform hysterical unhappiness into real unhappiness." That, however, is undoubtedly too pessimistic. We can show the patient the sources of his suffering and point out the way to the kingdom of health and happiness. In order to do this we require reeducation.

Analysis must not and cannot be an end in itself. *Psychoanalysis* must be combined with *psychopedagogics*.

Equipped with these new facts, we will now begin a psychoanalysis in order to learn the technique of this science from a practical example. We will return to the veterinary, mentioned above, who suffers from acathisia.

At the first session he gives us the history of his disorder. He comes from a healthy family, shows absolutely no hereditary stigmata, and is the only son of moderately wealthy parents. Aside from childhood diseases, he has always been healthy. A careful physical examination (which must be done in all cases), except for signs of vagotonia, yields normal relations. The disorder began three years ago. It developed gradually. At first there was only discomfort upon sitting, so that he frequently had to fidget about and change his place. By degrees, paresthesias appeared, to which were added pains. At first they were easily tolerated, but soon increased until they became unbearable; sitting became absolutely impossible. If he dared to sit down, such severe pains would appear that he had to scream. He tried to relieve himself with all sorts of remedies and had all the chairs padded; the latter only helped for a few days and was then useless. Next he had his easy chair scooped out, so that the painful area would not be pressed upon. The pain was then transferred to the parts which were pressed upon. All remedies which were prescribed for his disorder turned out to be powerless. Physicians had made various diagnoses in his case. Röntgen examinations were absolutely negative. He would not consent to an operation (resection of a nerve) which was recommended by a surgeon, because the latter would not guarantee a result. He is ready to kill himself if I am unable to give relief. Morphine as well as all other medications, hydrotherapy and electricity had absolutely no effect. He also doubts the success of a psychoanalysis. No one can help him. He wonders whether I have ever seen such a "crazy" case? Surely he is the only one who suffers from such a "deleterious illness."

The next day, the psychoanalysis begins. He is requested to tell everything that passes through his mind. He is cautioned not to withhold any thought, even if it be ever so irrele-

vant. He must tell the physician everything. The patient is silent for a while and then asserts: "You ask me questions. I would like that much better!" This is a stereotyped remark. The method of free association is not pleasant to the patient. They do not know what to say. There are very definite reasons for this. All these parathiacs are dreamers who, to a certain extent, suffer from dual thinking. They live in a world of fantasy and have ceased to subject their thoughts to exact scrutiny. They are absent-minded and never absolutely have their minds on the situation at hand. Concentration is impossible for them. *Psychoanalysis is a training to concentration, is a school for observing one's own thoughts.* The patients must be taught to do this. Therefore, one must insist upon the request: "You must reveal all your thoughts, even if it is painful; even if these thoughts refer to the physician and express doubt about or disparage him."

In medical circles, the false notion still prevails that psychoanalysis is a painful cross-examination, a variety of mental inquisition, a constant process of interrogation. Just the opposite is true. A question might lead us away from the complex, and, perhaps, lead us upon the wrong path. Naturally, one also has to ask questions, but these follow from the material which the patient produces. In psychoanalysis, one can not plan to discuss sexuality to-day; to-morrow, ambition; on the following day, feelings of inferiority. The patient has the lead; it must, however, be strictly under control, as we have already stated in the previous chapter.

At all events, after this necessary exposition, let us return to our patient again. He produces his associations with hesitation and tells us about various physicians, all of whom had promised a sure cure and then had disappointed him. In our language, this must be translated into: The patient thus expresses his first doubts about the success of the psychoanalysis. Resistance has set in and is directed against the physician and the method. Finally, he tells us how his wife is suffering as a result of his condition. She, too, has already become quite nervous, and he has more sympathy for her than for himself.

Here I insert a question about his marital relations and discover that for already six months he has not consummated sex-

ual intercourse with his wife. He is absolutely impotent. He is much too ill to think about such things. Erections occur in the morning. As soon as he approaches his wife the erection rapidly disappears. He is absolutely impotent with her.

We already suspect that his disorder has some connection with his married life, although avoid asking any questions in regard to it.

On the following day the patient comes five minutes late. As a rule, this already indicates further resistance, even though the patient insists that the street car was to blame. We consider, however, that he has a whole day to prepare for our session; we know that patients with less resistance come a half hour earlier so as not to lose a second. We are well acquainted with these excuses, which again only serve to conceal the resistance. For that reason we can anticipate poor progress in the analysis. This expectation does not deceive us. The patient begins to talk about psychoanalysis and tries to involve us in a learned, theoretical discussion. He would like to know what the unconscious has to do with his pains, etc. One must decline to enter into these theoretical discussions, which may become endless. One must give up trying to convince the patient with words and should point out that the analysis is now in action and that it will surely produce the best evidence, if it is successful! As his next association, the patient asserts that my contention, dreams are of significance and to be imparted in analysis, could not be correct. Thus, last night he had a very harmless dream which surely has no significance. I request him to describe the dream. At first he cannot recall it. It was a lot of nonsense. Only a repetition of the events of the day. Finally, urged on by me, he recalls the following dream picture:

"My wife spoke to her servant girl and in doing so made a very sullen face. She reproached her for allowing everything to be scattered about the room. Then she pointed to a little bottle. To this I said: 'Leave the girl alone!' What happened after that I do not know."

Inasmuch as the patient was awakened by this dream, it must have been associated with great emotion. At first the

dreamer refuses to attach any importance to the dream. It is only a repetition of scenes that have occurred time and time again in his home. His wife cannot tolerate the servant girl. But the girl is indispensable in his business. She knows all his clientele and medications, helps to clean his instruments and displays touching loyalty to her duty. Again and again he must mediate between his wife and the girl. Despite the fact that he loves his wife so devotedly and could not conceive of a life without her, this quarreling is really obnoxious to him; and, against his will, he becomes harsh to her.

At this opportunity he repeats that, for already several months, he has not cohabited with his wife, because he is impotent with her. He feels absolutely no inclination for it; she is like a good companion to him, although she leaves him cold.

Now the analysis begins to develop. The family situation gradually unravels before our eyes. We learn that he had passed through a trying period of jealousy on account of his wife. On one occasion, she cried out in a dream: "Good heavens! Why do you make your sausages so different!" And then she repeatedly cried out: "Henry! Henry! I want to die now!" He awakened her and insisted that she tell him the truth. For a long time he had suspected that during the engagement period his wife had deceived him with a student. Now he was certain of this suspicion. His wife, driven into a corner, had to make a remorseful admission of her guilt. Now, Hell was let loose in his household. He tormented her with his jealousy, wanted to know all the intimacies of their cohabitation and threatened to divorce her, though always postponed it for the sake of the two children. Just at this period he was most aroused by his wife. After every quarrel he had to possess her, and was then tantalized with the thought that possibly she had experienced more pleasure with the other fellow. His passion increased beyond all bounds as if he wanted to bind her to him. Only now he realized how much he loved her.

Very slowly, however, a change took place. The satyriasis became transformed into impotence. He became quieter and brooded over thoughts of revenge. The seducer was employed as a forester a half a day's journey from his locality.

He spun plans about how he would waylay and shoot him. But he wanted to arrange it in such a way that no one would suspect him of the deed. He himself was a passionate hunter and during his spare time wandered about the woods. How easy it would be for him to take a pot-shot at the forester. He also wanted to waylay the man at night when he returned home and to fire at him from an ambush. Once he almost did it, but his hand trembled so much that he could not pull the trigger.

At this point we could break off the analysis. We have discovered the criminal in the parapathiac, we have laid bare a mental conflict between a consuming impulse for revenge and a fear of punishment by the law and by God. The patient is a pious individual who attends church from time to time and in whom the idea of "sin" has become imbedded in the flesh. At the same time he is a man of strong instincts. His extreme religiousness serves as a protection against his impulses. He has to be pious in order not to make a false step.

However, we think of the dream in which the puzzling episode with the chambermaid occurs. His wife shows the girl a little bottle. What associations does he have to this?

He falters and then continues with his story. For quite some time he has been fond of the girl, but only made advances to her after his wife's confession. Finally the girl became his mistress. Now he is impotent with his wife and cannot produce an erection, whereas contact with the girl at once releases a strong one. With the maid he has a stronger erection than he ever had with his wife. Now he is in love with her; he cannot live without her. He is jealous of the girl. She sacrificed her lover for him. This lover is now after her and threatens revenge. The patient also receives anonymous letters. His wife, too, was informed of the affair through these letters. Since that time there is no longer any peace in his house. His wife insists upon the girl's discharge. The latter, in turn, requests him to send his wife away, obtain a divorce and marry her. But he can just as little live without the girl as without his wife. He sees no escape from this conflict.

These communications still leave the meaning of the little

bottle in the dream unexplained. This detail in the dream also becomes comprehensible after a few days. *The patient asserts that, on one occasion, the thought of poisoning his wife flashed through his mind.* She had already on one occasion taken a whole bottle of "cherry-laurel" in order to kill herself. He thought of how he could have ended the conflict with an overdose of morphine, because he often gave her injections of this drug during attacks of gallstone colic, or with some other poison. This thought, however, only flashed through his mind and was always declined by consciousness. On the contrary! A reawakening of his inclination, a variety of sympathy for his wife, set in as a moral reaction, and to-day he is quite sure that he would never outlive the death of or a separation from her who has always been a good and lovable companion to him.

That is how his severe conflict, from which there is no escape, appears. He stands between two women, both of whom he now loves and cherishes; without whom he cannot live. Secretly, however, his thoughts center around one point: "If your wife were to die now, you would be free and unhampered; you could enjoy the girl whom at the present moment you can only possess hastily for a brief interval, like a thief." The ideas of getting his wife out of the way have not been extinguished, but merely thrust into the unconscious.

Now his "anxiety about sitting down" becomes unmasked. It is a symbolic anxiety. It means: "I am anxious about being imprisoned ("to sit in prison") for my crimes. (As a matter of fact he plays with the thought of committing two murders.)

Consequently, the analysis was brought to a close. With this insight into and understanding of the situation in question the pain of sitting had to vanish. Indeed, the pain became less and he can already sit for a time, though it has not entirely disappeared. The patient learned to realize that he could only escape from the conflict if he made a rapid solution of it, the only possible one: He must discharge the girl and live with his wife. And after all was it not in a measure his demand for revenge which drove him from his wife into the arms of the girl! We also know that the fiancé of the girl will be happy when he can marry her. Our patient must still learn to judge

the error of his wife from a humane standpoint, to forgive her, and, with this forgiveness as a basis, start life all over again with her. Here is where the reëducative activity of psychoanalysis steps in.

The pain, however, does not vanish. This symptom must have another determinant. By degrees, we must become acquainted with this truth: namely, that the parapathy elaborates its symptoms by way of a compromise, so that all tendencies, those prohibited and those permitted, guilt, pleasure, and punishment are found together in one symptom. The parapathic symptoms, by preference, become invested upon the locus minoris resistentiæ. But they also like to attack the "erogenous zones." Oftentimes this locus minoris resistentiæ is an "erogenous zone." The sensitive organ is the seat of sexual sensations.

For a long time the patient has had trouble with his rectum. As a student he suffered from a periproctitis and later from hemorrhoids, which were operated upon, and also blamed for his present symptoms. Then, too, he suffers from hard stools, which require him to sit in the toilet for a long time and bear down.

It is impossible, here, to reproduce the course of the analysis as well as the overcoming of the resistances, which became markedly increased against the new elucidations. It turned out that the patient exhibited a strong *homosexual component*. In youth, transient homosexual acts took place which were then entirely forgotten. At the present time he has a strong aversion to homosexual acts, although we analysts know that aversion only represents a negatively stressed desire. Whoever is familiar with the law of the "*bipolarity of all psychic phenomena*" (called ambivalence by Bleuler) will not be surprised by these relationships. He will look upon disgust as the product of a suppression (repression) of a thought which is unbearable to consciousness. So much, in brief, for an understanding of the case.

Further analysis shows a strong homosexual attitude toward the fiancé of the servant girl. Only now, after four weeks, we learn that this man was employed as a coachman by the patient; that he was called to the colors, and then the patient used this

opportunity to take his place with the girl. He insists that he had already told me about this circumstance. This is a trick which the parathiac likes to employ when he wants to dodge unpleasant information. He dreams of having disclosed these communications and later believes that he has actually done so.

Now we hear that he often saw the coachman naked and admired the size of his penis. And only now do we learn that, "to his astonishment," he dreamt of indulging in homosexual acts with the coachman. Whoever, with Näcke, who, in his work, *Der Traum als feinster Reagens auf Homosexualität* (the Dream as the most Delicate Reagent to Homosexuality) uses the dream for diagnosis, wanted to conclude from this that our patient was a homosexual, would draw a grossly false conclusion. The patient, like all parathiacs and all human beings, is bisexual. In the parathiac, however, this bisexuality is more strongly emphasized, and, in consequence of a disappointment in his love life, he has consummated a regression (Freud) to childish sources of pleasure. Hence, he is anxious about any contact with his anus and its vicinity, because this contact awakens an association with a homosexual wish. The pain merely serves to drown a feeling of pleasure, a manifestation that may often be observed. (I have repeatedly introduced such examples in *Conditions of Nervous Anxiety*.) Nevertheless, we learn with surprise that the parathiac symptom also contains a secret pleasure premium, which, of course, does not impress consciousness as pleasure, but appears under the mask of pain. Indeed, the parathiac symptom allows the patient to think constantly about his erogenous zone, his bottom. It permits him to make daily exposures before physicians and bath attendants, wherein a tolerably strong exhibitionistic tendency comes into play.

Now the case in its broad aspects comes to a close. To be added are various infantile attitudes whose discussion would lead us far afield.

The result was a prompt one. The "acathisia" absolutely disappeared and the patient returned home a well man. The girl was already discharged, with great dispatch, while the patient was in Vienna; she married the coachman, who became independent and left the locality.

One may credit the result to analysis; one may talk of suggestion; but one thing is certain: Psychoanalysis allowed us to have deep insight into the mental mechanism involved in this parapathy; this would have been impossible with any other method.

Psychoanalysis and suggestion, however, are opposites. What do we understand by suggestion?

At a time when every one is talking about suggestion; when the stage teems with suggesteurs; when everything is explained by suggestion, the nature of suggestion is still the center of controversy. And, while we do not know what suggestion is, yet, all mental phenomena are thrown into the same pot with suggestion. There are mystical, metaphysical, physiological, telepathic, spiritualistic and magnetic attempts to explain this phenomenon, as Isserlin correctly sets forth. Bernheim maintains: "Suggestion is that process through which an idea is introduced into the brain and accepted." That, however, is neither an explanation nor a definition, but only a transliteration. According to this conception, an explanation by an instructor in school which is grasped and retained by his students would already be suggestion. Bernheim even appears to accede to this when he advances the thesis: "Every impression, every mental image, every phenomenon of consciousness, is a suggestion." According to that, the whole world would only consist of suggestions, and one would be at a loss to explain why one suggestion produces such wonderful results while others do not.

Dubois says: "Suggestion is an inculcation or insinuation which takes place by indirect means." By this Dubois indicates that the suggestion eludes the censorship of consciousness. Trömmner also sets forth this opposition to the psychic constellation, whereas Vogt stresses the "involuntary and uncontrollable development of the tendency incited." These explanations also speak about the nature of suggestion without explaining how the censorship is overcome.

L. W. Stern defines it: "Suggestion is the taking over of some other mental attitude under the illusion that it is one's own attitude." This explanation comes somewhat nearer to its nature. It shows us how, in the brain of the recipient, a

foreign idea becomes transformed into one's own. But how and why?

Lipps comes a step nearer to the truth. He already stresses the effect of the idea: "Suggestion is a process in which, under adequate conditions, an effect is produced by awakening the idea of the occurrence of an effect. The personality of the suggestor as well as his method of suggesting is important for every suggestion, *i.e.*, his ability to create confidence, to worm or insinuate himself into the recipient's favor; his ability to exclude all doubt or thought of the possibility of opposition or counteraction through his manner of approach." From the definition of Lipps, it would seem that the will of the suggestor must be stronger than that of the recipient of the suggestion. Suggestion, which, according to Janet, is an automatism of the dissociated mind, a function of the partial-ego, is, according to Lipps, a bending to the self-confident personality of the stronger.

Bleuler, first of all, solved the enigma in part when he informed us that: "*Suggestion is an emotional process.*" It is not the idea which is transferred, nor is it the thought which conquers; no, the emotion (affect) is transferred and carries the thought along with it.

If an instructor in school is capable of exciting emotions in his pupils, he will be able to hold their attention, will also be able to exercise suggestive effects.

But what kind of emotions must the suggestor excite in order to be able to transfer his thoughts? Let us continue with the example of instructor and pupil. If the pupil loves his instructor, then the latter's teachings will at once gain admission to his soul. He must respect, admire, adore, love, and believe in him. An instructor must awaken emotions in his pupil. Suggestion, therefore, is the transference of an emotion, in which the person suggested is "fascinated" by the suggestion. What is fascination? A lightning-like falling in love! To love means: to have found one's God. At the moment of suggestion the suggestor becomes a god who must be blindly obeyed, because one believes in him.

We all look forward to a miracle. We have never foregone the miraculous. The childhood belief in the supernatural, in

persons who are possessed of magic, glows secretly within us. Our parents once appeared so wonderful, endowed with all forces, all knowing, all powerful, and possessed of magic power. Time destroyed this childhood belief. At first we deified our parents and with them the entire world. In his autobiography, Hebbel tells us how firmly he believed in the omnipotence of his father until one day during a terrible storm he saw him sink to the floor, trembling with fear, and pray to God. Whereupon the child felt that there was still a greater person than his father. . . . Till then his father was the personification of Godliness. But what was first in the child continues to live within us forever. "Everything primal is in the child for eternity," says Jean Paul. Faith in our parents also continues to live imperishably within us.

Two forces dominate our soul: *The "will-to-power" and the "will-to-submission."* The "will-to-submission" is so strong that it even asserts itself in the freest¹ of us. Love is the "will-to-submission." Obedience to a suggestion is no evidence of the suggestor's power, but of our weakness. We do not submit because he wants us to, but in the same manner that we fall asleep in natural sleep and hypnosis, because we want to sleep.²

An example! The suggestor tells us energetically: "Now you cannot lift your arm!" We try it, but without success. The "will-to-submission" has robbed us of our will, which, now in the service of the suggestor, commands us to believe his words. We become children who have lost our own will to our father. Suggestion, therefore, is a sudden moving backwards into childhood (a regression to the infantile). The emotions of faith, of love, and of admiration become mobilized within us. Every human being harbors many partial souls within him; among them is also a child's soul. It is this child's soul which desires to experience a miracle; which believes in its occurrence; and succumbs to the suggestion, because it elevates it to a personal demand. We do not want to lift the arm. It would be false to say that we *cannot* raise the arm. *It is not that we are unable to will, but we do not desire to be able to will.*

A healthy person will succumb to a suggestion more easily than a nervous person, in whom all sorts of barricades are built around the child-ego, for whom inhibitions and anxiety-

concepts, defiance and rebellion, make submission more difficult. The healthy person succumbs because he considers this regression into the infantile impossible.

But what has analysis to do with suggestion? Had I assured the patient that everything would be all right if he abreacted his complexes, one might suspect a bit of suggestion. But I did not promise a cure. I only spoke of an attempt.

Suggestion, on the other hand, takes no account of the causes and deeper motives of a disorder, but really represents a violent attack upon foreign territory; analysis investigates the mental roots of the parathy, it lays them bare; it shows the patient what he is suffering from; it forces him to face those conflicts which he does not want to perceive in the open; it educates him to arrive at a definite solution of his conflict. Let us come back to our patient again. The "acathisia" permitted him to oscillate to and fro between his wife and the girl; to lend himself to criminal fantasies in a semi-twilight state. We forced him to think about his thoughts openly; to give up repression; to overcome and condemn his criminal excitations; to solve his conflict definitely by discharging the girl; to relieve his conscience. From the "flight-into-sickness" we moulded a return to health.

On the other hand, one might raise the objection that this result could also have been obtained with hypnosis. Hypnotize the patient, question him about his complexes, inform him of what he will not and cannot know, and the case is finished in a few days, whereas you required two or three months to accomplish it.

In reply to this I would like to state that this variety of parathy, besides being very difficult to hypnotize, also do not disclose their complexes. In the hospital I have hypnotized thousands of traumatic parathy. With the exception of well-marked malingerers, all human beings, especially healthy ones—I would like to emphasize this in particular—are easily hypnotizable. Then comes traumatic hysteria, which is readily accessible to hypnosis. *But all the anxiety-parathy, the obsessional-parathy, impotent men, and hypochondriacs are almost absolutely unhypnotizable.* Then, too, in hypnosis, no adequate rapport can be established. Cases of this type who

can be hypnotized are exceptional. Furthermore, our patient had tried hypnosis as well as the dialectics of Dubois and obtained no results.

Hypnosis conceals the resistance; it also has no educative effect, and gives us no insight into the psychic structure of the parapathy. I must emphasize this, here, in opposition to Frank, Warda, and Löwenfeld. Hypnosis and analysis are opposites!

Just a few words about the nature and technique of hypnosis and fascination and about the treatment of the war-parapathies.

Every neurologist has his own method by which he treats parapathies and obtains results, if he is determined. A hasty review of the literature which appeared during the war convinces us that the majority of physicians considered the faradic electrode a panacea. The technique was variable, but, as a rule, by means of a pain-producing electrode, it aimed to induce the patient to give up his disorder. The essence of a parapathy consists in the fixation of an emotion. In the war-parapathies this emotion was anxiety over the horrors of the field or aversion to the duties of service, for we also saw severe tremor-parapathies in soldiers who were only qualified for police or auxiliary duty, especially when they had learned that, with the aid of an illness, one could obtain the benefits of hospital care. Every form of proper treatment must awaken a counter-emotion. Anxiety about the pains of the electrode pushes "trench-anxiety" into second place. Ambition may produce the same miracles. Suggestion is the transference of an emotion (Bleuler). This transference of emotion destroys the emotions of the parapathy, which serve as the nucleus of the symptom formation. The emotion may also be faith in and love for the physician. Upon this rests the favorable results which various neurologists obtained with narcosis after adequate suggestive preparation. It depends, to a certain extent, upon the personality of the physician whether he obtains his result through fear or through love and faith.

I have chosen the latter course and have always fared very well with it. In the end I have been able to cure every case who had not been spoiled in advance by too long treatment received from some one else. I practically never employed psychoanalysis (in the war-parapathies), usually only hypnosis

or fascination, also suggestion in the waking state, whose technique is very simple.

In general, one can say that almost every hospital patient is hypnotizable. But this only holds true for patients in military hospitals, where the physician, through his authority as a superior officer, finds favorable preliminary conditions. In private practice the situation is by no means so favorable.

I would also like to set forth a fact which only the smallest number of neurologists are aware of: *Healthy persons are easiest to hypnotize.* There are certain parathies which are not amenable to hypnosis. Among these I would count the obsessional parathy, in its severe forms, and the anxiety-parathy. I have also observed that hypnosis is obtained more easily in the presence of many persons, *e.g.*, in a hospital ward, than under four eyes. This depends upon the circumstance that all these patients fear something might happen which would be very painful to them. A hysterical woman will fear sexual abuse and, for this reason in itself, will be unable to fall asleep when she is alone with the physician. Yes, she is liable to manufacture a sexual assault in hypnosis, although none had taken place, because she already entered the physician's office with a complete fantasy of an assault. *Therefore, it is advisable, on general principle, to decline hypnosis in the absence of a witness.*

In general, I can confirm the favorable results which Nonne reports in the war-parathies and would also like to emphasize that I was, at all times, even successful in hypnotizing foreign patients with the aid of an interpreter. All that is necessary is to learn beforehand how to say in the foreign tongue: "Now you will at once go to sleep!" Or only the imperative: "Sleep!" To be sure, hypnosis is easier when one speaks the language of the person to be hypnotized. But, in opposition to the opinion of Wagner-Jauregg, I would like to set forth that Slavic patients in particular—even if one cannot speak their language—can very easily be placed under deep hypnosis.

Only a single case in my hospital, among 800 hypnoses, was refractory. It concerned a well-marked malingerer, who later on was easily unmasked. Hysteria, however, is not simulation!

It is not a pretext to be ill; it is a flight into sickness, it is the result of "unconscious" forces.

My technique was the most simple one imaginable. I only gaze at the patient for a few seconds and say very energetically: "Go to sleep!" As a rule, he was already prepared by the nurses and other patients. A most favorable therapeutic atmosphere was created. Deaf mutes were allowed to observe several hypnoses. Then I gazed sharply at them and uttered a few words. Without exception, in the stage of "fascination," they repeated the words after me and the case was soon cured.

In some cases hypnosis secures excellent results. I use it as an adjuvant *wherever I want to dispense with analysis, which I only reserve for the severe cases. The psychotherapist must not be one-sided and must prepare a special plan of attack for every case.* He must individualize. There are cases in whom a result will be obtained with the dialectics of Dubois (persuasion); others who are suitable for hypnosis. *I reserve analysis for cases who cannot be cured by any other procedure; who require a long course of reëducation.*

The question now arises: What cases are suitable for psychoanalysis? What are the limitations of analysis?

Originally, Freud's field of activity was very narrow. He only considered hysteria and the obsessional parapathy psychogenic disorders curable with psychotherapy. He differentiates the "*actual parapathies*," which arise from an injurious form of sexual life occurring in the present, from the real "*psychoparapathies*,"³ which can be traced to repression. The "*actual-parapathies*" are neurasthenia, anxiety-parapathy and certain forms of hypochondria. The anxiety-parapathy arises from coitus interruptus or some other injurious form of sexual life. So-called neurasthenia, according to Freud, is a sharply-defined disease-picture. Its symptomatology comprises: pressure in the head, spinal irritation, dyspepsia with flatulence and constipation, paræsthesias, deficient potency, and depression. According to Freud, this neurasthenia is the result of excessive masturbation. "Neurasthenia can always be traced to a condition of the nervous system which is acquired through excessive masturbation or arises spontaneously through an aggregate of pollutions. In the anxiety-parapathy, one regularly discovers

sexual influences which have the factor of restraint and incomplete gratification in common, like: coitus interruptus, abstinence in the presence of lively libido, so-called frustrated excitement.⁴ The phobias, too, were originally classified by Freud with the "actual parapathies." He contested their psychic derivation. In his essay on the anxiety-parapathy is found the following passage: "In the phobias of the anxiety-neurosis, however, the affect is: 1. lacking in variety, is constantly that of anxiety; 2. does *not* arise from a repressed idea, but, upon psychological analysis, *proves to be irreducible as well as not amenable to psychotherapy*. Therefore, the mechanism of *substitution* does not hold good for the phobias of the anxiety-neurosis."⁵

As long as I was a member of the narrower Freudian circle I fought these views very energetically. I contested the existence of actual parapathies without a psychic basis, and was the first to abandon the assumption that all anxiety-parapathies are physically determined and not amenable to psychotherapy. The first case of agoraphobia whom I observed was a cashier in a large bank. I was able to show that he played with the thought of absconding to America with a large, defrauded sum of money; that he was under the domination of an unconscious "idée fixe" in the sense of Janet, who, with fair precision, had recognized these unconscious processes. After a disclosure of this criminal thought in one session and after the patient gave up his position as a cashier, the agoraphobia vanished without further analysis. The second case was that of a woman who could only leave the house when escorted by her husband. I discovered that her husband was absolutely impotent, that she struggled with temptations, that she required the escort of her husband as a protection against her obtrusive, unconscious ideas of being seduced. I advanced the thesis: "*Every parapathy arises from a psychic conflict.*" I succeeded in demonstrating a conflict in numerous cases of so-called "neurasthenia" and "anxiety-parapathy," hence the *unbroken psychogenic origin of all parapathies*—in opposition to Freud. At first Freud doubted my diagnosis. He said my anxiety-parapathies were hysterias. But I was able to point out to him that he himself had made the diagnosis of "anxiety-parapathy"

before the cases were psychically investigated by me. Then he brought forward the motion that I call these psychically determined cases, "*anxiety-hysteria*," and those cases without psychic motivation, "*anxiety-parapathy*." I made this "*sacrificio dell' intelletto*" *against my own convictions*.

Now Freud seems ready to admit the psychic origin of the "*actual-parapathies*," as I would gather from the very instructive and comprehensive little book of Hitschmann.⁶

The analysis must strive to reach its goal in the shortest possible time. It can be most rapidly effective in the actual-parapathies. Actual-parapathies are cases in which the conflict is of recent origin. A girl who was shamefully and unpleasantly abandoned by her lover after three years of courtship and then became ill with depressions only requires the psychotherapy of comforting words. Here an energetic analysis, even though the case were a very severe one, would be superfluous, under certain conditions injurious. The same holds true for all parapathies released by an actual conflict. The situation is different in the parapathies in which the conflict rests upon exaggerated ambition, upon a dissonance between desire and capability. Here psychoanalysis must already be combined with psychopedagogics. The physician must constantly correct the patient's faulty attitude.

The anxiety-parapathies offer a good prognosis; they are curable in from four to six weeks. A third of all cases of obsessional parapathy remain refractory, and require somewhat longer periods of treatment. Here psychoanalysis is the only possible method, because it is the only one which enters into the psychogenesis of the disorder.

Brilliant results in psychic impotence can often be already obtained through simple verbal suggestion, often through a shorter or longer analysis, never with hypnosis. Frigidity in women, on the other hand, is somewhat more difficult to cure, but likewise represents a good field for analysis.

The various forms of hysteria require longer treatment, up to six months. Stammering is curable in the shortest time. The results are excellent.

With epilepsy, one also obtains amazing results. I was the first to explain and to treat this disorder psychotherapeutically.

But I know of no more difficult task and would only entrust it to very skilled and experienced analysts.

I have only mentioned a small number of disorders which are curable psychotherapeutically and psychoanalytically. Among the easiest belong cases of headache (so-called neurasthenic or hysterical headache), pressure in the head, inability to work, absent-mindedness, neuralgias, puzzling rheumatic pains, asthma of nervous origin, obstipation, tics, writer's cramp, vaginismus, nervous gastric disorder, cardiac-parapathies, etc., . . . in short, all disorders with a psychogenic (parapathic) component. (For a detailed discussion see my book, *Conditions of Nervous Anxiety*.)

A large field for psychoanalysis is offered by the various parapathies of the sexual life, the sexual paraphilias, which Freud erroneously considers preserved infantilisms and psychogenically of no further determination. According to Freud, the "parapathy is the negative of a perversion." In my experience, the perversions, which I call "paraphilias," are also parapathies. I have fully demonstrated this in the case of homosexuality. Homosexuality is curable by psychoanalysis, although only if the patient evinces a "will-to-recover" and to change his sexual attitude. At all events, numerous results within recent years would justify a psychoanalytic attempt.

In complicated fetishism I have discovered psychogenic roots⁷ which, in part, are quite new. The prognosis is good. The duration of treatment is at least four months in complicated cases, where the estrangement from womanhood is complete and sexual gratification only takes place with the fetish.

I would like to add to the field of psychoanalysis morphinism and cocaineism, dipsomania, disorders which are always psychically conditioned. Also hyperemesis gravidarum, fainting attacks, vertigo, tremor manifestations, paresthesias, muscle spasms, anxiety-parapathies in children, offer a favorable field for psychotherapy.

I would especially like to call attention to favorable results with defiant, spoiled children in so far as we are not dealing with psychopathic inferiority but only a parapathy. Here one immediately produces a miracle if, in addition, one insists upon a separation from the home environment, against which the

parapathy is directed. (As a rule the parents themselves are neuropathic and are in a certain sense to blame for the origin of parapathy.)

Much more difficult is the problem of treating the psychoses. I have had rather encouraging results with melancholia. At the onset, in particular, one can obtain very nice results, whereas the manic cases are on the whole less accessible. During the analysis of manic-depressive cases, a depression usually sets in which is conditioned by a discussion of the painfully-toned complexes.

Paranoia in its early stages is still correctable. Not always, but now and then. Bjerre published such a case; I have two favorable observations of whom one is still not entirely well.⁸ At all events, I would not care to advise any psychotherapist to preoccupy himself too deeply with the treatment of psychoses. Very frequently one sees so-called "affect-psychoses" which are erroneously considered a beginning dementia præcox. They offer a good prognosis, and, with a little skill, can be made capable of working again, whereas a genuine dementia præcox (Schizophrenia of Bleuler) undoubtedly allows its psychic structure to be recognized, but seems to be very slightly amenable to therapy. An attempt at treatment can be ventured, although the family ought to be informed of the doubtfulness of the attempt and the improbability of a result.

Roughly, these are the limitations of psychoanalysis. I would like to advise every psychotherapist, however, to observe each case for a period of one week and only then accept or decline an analysis. There are patients who undoubtedly have a psychogenic parapathy, but are refractory to all forms of psychotherapy. They have become accustomed to a dual life; do not want to know anything about unconscious or preconscious tendencies; understand mental processes, no doubt, in others, but are blind to themselves and ward off every attack upon their mental life. They whine for health. Indeed, already the first period of observation proves that one can make no progress with them. Such cases must be left to their own fate. In other cases, the presumptive parapathy turns out to be a psychosis after ten or fourteen days of treatment. In such cases I inform the family that we are dealing with a psychosis

and decline all further treatment. I will only try it upon the urgent request of the family without promise of a cure or improvement, for otherwise the outbreak of the psychosis will be attributed to psychoanalytic treatment, to which the hostile attitude of the professional psychiatrist contributes in no small degree.

It is urgently desirable that all physicians acquaint themselves with the essential facts of psychotherapy and especially of psychoanalysis. For this purpose chairs for psychotherapy and sexual knowledge are necessary; both could be united under one head. It is to be hoped that in the reorganization of curricula due regard will be given to this.

Present conditions are untenable. It will not do for physicians to be educated in colleges which do not command the most important subjects in medicine. Sexual knowledge and psychotherapy must be represented in all colleges through their own chairs. Students must be taught and examined in these indispensable subjects, so absolutely necessary in practice. The well-being and suffering of countless patients depend upon these measures.

I have never doubted that the parapathies have existed as long as there has been a civilization. They are also found among primitives. They are a reaction to social interdictions.

Potency determines a person's fate. The cure of impotency is the most important or, at any rate, one of the most important problems of the physician. I can only wish that this book will be instrumental in bringing an understanding of the psychogenesis of impotency into the widest medical circles.

Psychotherapy has its claim just like pharmacotherapy. Perhaps it even has a greater future. I hope this book will help to bring this important question into the light of general interest.

NOTES

CHAPTER XII

¹ See Freud's *Collected Papers*. English Translation. Hogarth Press, London, 1925.

² A typical dream of a patient suffering from a "time-parapathy": "It is after 1800. I meet Napoleon."

³ *Zentralblatt*, I Bd., Heft I.

⁴ Comp. *Zur Symbolik der Mutterleibspantasie* and *Ein prophetischer Nummerntraum*. *Zentralbl. f. Psych.* Bd. I. u. Bd. II, p. 128.

⁵ Comp. with the chapter *Der Wettlauf des Lebens* in my book, *Der Wille zum Leben*.

⁶ Comp. M. Rosenberg: *Über Störungen der Zeiteinschätzung*. *Zeitschr. f.d.g. Neur. u. Psych.*, Bd. 51, 1919. A. Pick: *Zur Psychopathologie des Zeitsinnes*, *Zeitschr. f. Psychopathologie*, Bd. III, 4 Heft. H. Kien: *Beitrag zur Psychopathologie und Psychologie des Zeitsinnes*, *Zeitschr. f. Psychopathologie*, Bd. III, 3 Heft.

CHAPTER XIII

¹ Intern. *Zeitschr. f. Ärztliche Psychoanalyse*, IV. Jahrg.

² Intern. *Zeitschr. f. Ärztliche Psychoanalyse*, IV. Jahrg.

³ The notion regarding the injuriousness of masturbation often cannot be eradicated from man's consciousness. Within the past few weeks I have been pestered a great deal by a youth who, in the presence of his mother, urgently requested me to have a castration performed upon him on account of masturbation. He can neither exist with the vice, nor master it, and has a habit of telling his mother, always, when he has indulged in "such a dishonorable act." He would not agree to an analysis, and a hypnosis was absolutely unsuccessful. His relationship to his mother was obvious and explained his sense of guilt. All the same, I believe that there is an inherited sense of guilt, as Marcinowski has postulated in his excellent book, *Der Mut zu sich selbst* (Verlag. Otto Salle, Berlin, 1912). "A new-born human being is not a blank sheet of paper, but brings along his ancestor's burden of guilt into the world. That is why the cure and curability of many anxiety conditions is so extraordinarily difficult, because they take root in the millenaries of the past. That is why it is also impossible to trace back a detail to its traumatic sources in life. Furthermore, I must repeatedly point out: The mental life of the child repeats the history of human civilization and, hence, teems with memory material that vaguely and indistinctly whisks past the child's mind or, more properly, the latter past the former. Heredity is memory; a will to continue a once released movement is nothing else. What we experience consciously belongs to the most recent phases of evolution; and must be obtained by a conscious struggle."

⁴ *Psychische Bedingtheit und Psychoanalytische Behandlung Organischer Leiden*. Verlag S. Hirzel, Leipzig, 1918.

⁵ First published in the *Zeitschrift für Sexualwissenschaft. Ein Fall von Analerotik (Priapismus)*. Bd. V. November, 1918.

⁶ It is incorrect to say that women can also be gratified without the male

partner having an orgasm. To be sure, she may have an orgasm, but, in many cases, the woman remains frigid despite the male partner's capabilities, because she awaits his orgasm and perceives its absence as a humiliation. Clever men—like the women—feign an orgasm in order to spare the woman a feeling of depreciation. There are women, however, who can feel the orgasm and are not to be deceived. Their orgasm only occurs simultaneously with that of the man. These are just the women who passionately love their husband both mentally and physically.

⁷ A patient from the United States once showed me a letter written by Benjamin Franklin to a young friend; it is very widely distributed in America and is supposed to circulate among men of pleasure. It contains advice to have dealings with older women exclusively. They understand love better, are very grateful for caresses, incur no expenses, and one is safe against the dangers of conception.

⁸ Masturbation after a cohabitation or pollutions after coitus prove that the man did not find the gratification which is adequate for him. So it was in this case. Our colleague admitted to me that, at that time, he was passionately in love. But it was only love at a distance. He never spoke to the chosen one; only adored her from a distance. Her image, however, hovered through his mind unconsciously and prevented the onset of orgasm.

CHAPTER XIV

¹ This case helps us to understand an observation of Fürbringer: "Recently we observed a peculiar case where a diminution of potency, lasting for some time, appeared acutely as a result of a severe shock associated with profound mental excitation. It concerned a young landowner who had to see his beloved brother inadvertently shoot himself while hunting. Ever since then he no longer has any sexual inclination." Probably the patient had wished for the death of his brother. The impotency was a self-inflicted punishment for this wish.

² The second important determination, a "womb-fantasy," is also shown by the anagogic tendency: the rebirth.

³ All persons having fantasies of this type indulge in "womb-fantasies."

⁴ The dream also shows a definite "womb-fantasy."

⁵ Comp. the chapter *Das Imperium der Toten* in my book, *Der Wille zum Leben* (Verlag von Otto Salle, Berlin, 1920).

⁶ The patient quite definitely confirms those symbolic analogies which I set up for the language of the dream: urine, blood, snot, pus, mucus. ("In the dream, all secretions and excretions are synonymous.")

CHAPTER XV

¹ This polemic was eliminated from the second German edition (from which the present English version was made) as superfluous.

² The analysis was recorded in 1922.

CHAPTER XVI

¹ "A fourth combination unites constantly normal sexual impulses with relatively strong ejaculations and markedly reduced orgasm. Such cases are not exactly rare. Repeatedly the complaints of those afflicted, whose disorders of potency were naturally hardly perceived as such by their wives, concentrated upon the agonizing tastelessness of each marital cohabitation, which was followed by great ill-humor. Closer investigation always showed a reduction in the power of erection, which in comparison with former

occasions set in less rapidly, or obeyed the libido less promptly. As a rule, these cases occur in more mature married couples who in general have only slightly marked, irritative, neurasthenic symptoms. Procul negotiis had an unmistakably favorable influence, at times drew forth the happy exuberance of 'former' marital enjoyment until—a relapse into the daily humdrum of married life occurred." (Fürbringer.)

² To be sure, there are women who only come to orgasm when they feel an orgasm in the male partner; the stronger the ejaculation, the stronger the orgasm. In a case where the husband could not secure an ejaculation despite a prolonged coitus, the wife also remained without an orgasm; whereas the ejaculation of her paramour, who had a normal orgasm with an ejaculation within a few minutes, transported her into sexual ecstasy.

³ Interesting material on the relations between fathers and daughters can be found in the brochure of Max Marcuse, *Das Inzest* (Verlag Marhold, Halle).

⁴ This false notion about stimulation by the physician unfortunately is not so very rare. It seems that it is practiced by physicians who are unconsciously homosexual. Only recently I saw a patient who was first treated with a faradic current by a local neurologist (a professor), then massaged to the point of ejaculation. Whereupon he was supposed to visit a prostitute immediately and to utilize the erection obtained in that way. Despite the homosexual stimulation, the result was miserable. The patient naturally lost the erection and remained impotent with the prostitute. His parathiac condition, on the other hand, became worse. Other physicians lead their patient directly to the brothel or procure a woman for him. I can only utter repeated warnings against such practices. They dishonor the physician and injure the patient.

CHAPTER XVII

¹ The "parathiac illusion" already mentioned.

² See my book, *Conditions of Nervous Anxiety*, on the "various forms of transference."

CHAPTER XVIII

¹ In his drama, *Der Ruf des Leben*, Schnitzler utilizes this motive poetically.

² Many men used this line to conquer sexual objects who were very refractory; they were usually successful.

³ Compare with the important discussions on love and falling in love in the first chapter of *Frigidity in Woman*.

⁴ Compare with the chapter *Gefangenensliebe* in my book *Unser Seelenleben in Kriege* (Verlag Otto Salle, Berlin, 1915).

⁵ Compare Wilmshöfer: *Beiträge zur forensischen Beurteilung der Homosexualität im Felde*. Zeitschr. f. Sexualwissenschaft, VI. Band, 10 Heft.

⁶ *Geschlechtliche Verirrungen und Volksvermehrung*. Münchener med. Wochenschrift, 1918, Heft. 5.

⁷ *Ist die Homosexualität körperlich oder seelisch bedingt?* Münchener med. Wochenschrift, 1918, Heft. II.

⁸ Stekel: *Autoerotism and Homosexuality*.

⁹ Paris. Garnier frères (year not given).

CHAPTER XIX

¹ The present analysis was carried out under the direction and assistance of Dr. W. Stekel, whom I sincerely thank for referring the case to me.

For the discovery of the "impregnation-fantasy," in particular, we are indebted to the intuition of Dr. Stekel.—H. S.

² For discretion's sake the name is restored slightly altered with a retention of its characteristic elements.

³ Comp. Stekel *Der Nervöse Magen*. Verlag Paul Knepler, Wien.

⁴ It is to be assumed that that is incorrect.

⁵ The exclamation point was placed here by the patient himself.

⁶ Actually, for other reasons, which will become clear later.

⁷ Take note of the name.

⁸ The patient learned this expression from Dr. Stekel, who discovered the "impregnation-fantasy" after hearing a description of the attack.

⁹ For a report of a similar "impregnation-fantasy" see case IV, p. 479. O. H. Boltz: *Some Factors which Determine a Schizophrenic Reaction in Males*. Journal of Nervous and Mental Disease. Nov. 1926.

¹⁰ Occasionally a nap.

CHAPTER XX

¹ Called *Neophobia* by Richet.

² The epileptic genius, Dostojewsky, also seems to have tasted sweet human blood in his attacks. At last the long suppressed chapter from *The Possessed* has been published. It contains a horrible description of the rape of a child. The Russian poet also planned to depict *The Life of a Great Sinner* (see the English edition: *Stavrogin's Confession and the Plan of "The Life of a Great Sinner"*). Hogarth Press, Richmond, 1922.

³ Verlag von Marcus & Weber, Bonn, 1920.

⁴ Jakob Kläsi: *Beitrag zur Differentialdiagnose zwischen angeborener und hysteriform erworbener Homosexualität*. Zeitschrift f.d.g. Neur. u. Psych, Band L. II, Heft 1/3.

⁵ It happens again and again that these "mother's boys" suddenly beat up their mothers. (Episodes of this nature are observed now and then in cases of dementia præcox. In this mental disorder, fixation upon the mother is a commonly observed symptom.—*The Translator*.)

⁶ Schiller: *The Diver*. Translated by Sir Edward Bulwer Lytton, Bart. In *The Poems and Ballads of Schiller*. William Blackwood & Sons, Edinburgh and London, 1852.

⁷ He displays that hypertrophic ambition which men with a small penis so often evince. They want to become great at all costs and, in life, often attain a great deal—like short people, the hunchbacks, and ugly persons. They want to be "big" and in their erotic life, too, generally show an almost pathological striving to secure for their love objects the highest orgasm. In many cases, as we have already pointed out, we are only dealing with an imaginary inferiority. At any rate, in "Sentiment d'incomplétude," the small penis plays a great rôle. It is interesting to know that a post-mortem examination upon Napoleon revealed strikingly small, infantile, undersized genitals.

⁸ It represents the fifth component of his homosexuality.

CHAPTER XXI

¹ I consider a bad conscience that profound illness to which man had to succumb under the pressure of that most fundamental of all changes which he has ever experienced, to wit, that change occurring when he finally found himself incarcerated in the constraint of peace and society. The same thing that must have taken place in aquatic animals, when they were compelled either to become terrestrials or be destroyed, happened to these savages, happily adapted to the wilderness, to war, to roving, and adventure,—at one

stroke all their instincts were worthless and "for sale." Henceforth, they had to walk and "support themselves," though formerly they were supported by the water: A dreadful weight rested upon them. In performing the simplest functions they felt awkward; in this new, strange world they no longer had their old leaders; the unconscious, automatic, reliable instincts were reduced to thought, deduction, calculation, the combination of cause and effect; these unfortunates had to resort to "consciousness," to their poorest and most blundering organ! I do not believe the earth was ever beset with such misery, such plumbean displeasure. For all that, however, the old instincts did not immediately cease to express their demands! It was only difficult and seldom possible to conform with their wishes. In the main, they had to seek new, *as it were, subterraneous gratifications*. All instincts which do not discharge themselves outwardly, *turn inwardly*. That is what I call the *intensification* (*Verinnerlichung*) of man: with that, there first arises, in man, what one later calls his "soul." The entire inner world, originally meager, as if placed in a frame between two membranes, diverged and ascended, acquired depth, width and height in proportion to the degree to which man's instincts became *inhibited* outwardly. Those terrible bulwarks, with which the State protected itself against the old instincts of freedom—punishment above all belongs to these bulwarks—brought it to pass that all those instincts of free, roving, primitive man turned inwards, *became turned against man himself*. The hostility, the cruelty, the pleasure in pursuit, in aggression, in variation, in destruction—everything that becomes turned against the possessors of such instincts: that is the origin of a "bad conscience." That man, from lack of external enemies and resistances, wedged into an oppressive narrowness and the regularity of custom who impatiently lacerated, persecuted, gnawed, perturbed and mistreated himself; this animal lashing itself wound against the bars of its cage and whom one wants "to tame"; this bereft one, consumed with longing for the wastes, who also had to create for himself an adventure, a torture-chamber, an uncertain and dangerous wilderness; this fool, this yearning and desperate prisoner, became the inventor of a "bad conscience." With him, however, the greatest and most dismal disease was introduced from which humanity has this very day not recovered, the *suffering of humanity on account of humanity, on account of oneself*: in consequence of a violent separation from an animal past, a jump and a plunge, as it were, into new situations and requisites for life, a declaration of war against the old instincts upon which, till then, his strength, pleasure, and fertility rested."

² *Psychische Bedingtheit und psychoanalytische Behandlung organischer Leiden*. Verlag S. Hirzel, Leipzig, 1917.

³ *The Beloved Ego*. K. Paul, Trench, Trubner & Co., Ltd., 1921.

CHAPTER XXII

¹ Appeared first in the *Zentralblatt für Psychoanalyse*, III. Band. 1913.

² Sometimes the physician will receive a gift from grateful patients upon their departure. Naturally that has deep significance. Photographs are very common; now and then trinkets which are readily understood symbolically. On one occasion, I received the "Ring of the Nibelungen" from one of my most intelligent patients. Symbolically he gave me his greatest treasure, his Rheingold, his parathy. He made me master of his disorder.

³ Freud: *Ratschläge für den Arzt bei der psychoanalytischen Behandlung*. *Zentralblatt f. Psychoanalyse*, II Band.

⁴ *Darstellung der Neurose im Traume*. *Zentralblatt für Psychoanalyse*, III. Band, I. Heft.

⁵ It is important to discover the "primitive-reactions."

⁶ I refer to the detailed history of a case of impotency (case 106), where this struggle continues for six years and, with my help, the patient ultimately triumphed over his first physician.

⁷ Freud: *Collected Papers*, vol. III, p. 473. English translation. Hogarth Press: London, 1925.

⁸ Described in detail in my brochure: *Der Wille zum Schlaf*.

⁹ *Reminiscences of Otto Ludwig*. From his posthumous work, published by Cordelia Ludwig (Leipzig, Eugen Diederichs, 1903).

¹⁰ Refers to the hard hearing of the physician who misses what is most important.

¹¹ Adler: *The Neurotic Constitution*. English translation by Glueck and Lind. p. 165. Moffat, Yard & Co., 1917.

¹² Case 110, in the 4th German edition.

¹³ Comp. w. the chapter on *Der Verräter* (The Traitor) in my book, *Unser Seelenleben im Kriege*. Verlag Otto Salle, Berlin.

¹⁴ Recently I experienced an amusing incident with a typical Judas, a physician. Of this own accord he wanted to read my book, *Conditions of Nervous Anxiety*, and reported daily that he had to read something else. In that way, as in coming a few minutes too late and leaving promptly, he manifested his independence. One day he reported that he greatly enjoyed reading Jones' *Essay on Hamlet*, to which the excellent translation contributed in no small degree. It turned out that he confounded a colleague, Tausk, who had often attacked and criticized my method of investigation, with Tausig, the translator. He admitted thinking that Tausk was called Tausig. He also had thoughts of suddenly leaving me and consulting Freud, and a wish to be treated by Tausig played a great rôle in his "Judas-fantasies."

CHAPTER XXIII

¹ Compare with the chapter, *Der Wille zur Unterwerfung*, in my book, *Unser Seelenleben im Kriege* (Berlin, Otto Salle).

² Compare with my lecture, *Der Wille zum Schlaf*. (J. F. Bergman, Wiesbaden.)

³ Now called "transference-parapathies."

⁴ Freud: *Sammlung kleiner Schriften zur Neurosenlehre*. Bd. I, p. 187.

⁵ Freud: *Sammlung kleiner Schriften zur Neurosenlehre*. Bd. I, p. 67.

⁶ Hitschmann: *Freud's Neurosenlehre*, 2 Auflage, 1913.

⁷ Stekel: *Zur Psychologie und Therapie des Fetischismus*, Zbl. f. Psychoanalyse, Bd. 4, 1914.

⁸ This case finally made a complete recovery.



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