

amendment. Dr. Federn's amendment was passed by a majority, after considerable discussion (Drs. Jones, Simmel, Radó, Eitingon, Sachs, Eder, Hitschmann).

Dr. Eitingon thanked the members for electing him and undertook to summon a meeting of the Board at the earliest opportunity.

Dr. Abraham desired, without interfering with the autonomy of the Branch Societies, to discuss the conditions of membership in the separate societies. He said that the lack of uniform conditions led to difficulties, for instance when a member went to live in a country where the conditions of the Branch Societies were more rigid. This specially concerned the American Societies, which refused to admit anyone to membership who was not a physician.

Dr. Oberndorf explained the point of view of the American Societies. The strictness of the American law against quack treatment, as well as certain unfortunate experiences in connection with American candidates for membership, who wished in this way to be able to set up an illegitimate practice, made it necessary to exclude persons other than physicians. Such persons, however, were entitled to attend the scientific meetings as guests. This decision of the American Society gave rise to a long debate. Dr. Stern and Dr. Glueck held that the American rule was necessary, but most of the other speakers pointed out the importance of non-medical psycho-analysis (analysis in its application to education and the mental sciences) and regarded the American restriction to physicians as a scientific retrogression. Dr. Ferenczi was even of opinion that this decision was contrary to the statutes. Other speakers, including Dr. Ophuijsen, Dr. Alexander and Dr. Liebermann, while emphasizing the autonomy of the separate societies and the necessity for taking local conditions into consideration, objected to the decision in question as inexpedient. In general, the meeting was of opinion that the work of the newly created International Board would automatically bring about an increasing similarity in the conditions of membership in the societies, but that, until this happened, the societies should take each other's points of view into consideration.

Dr. Abraham in conclusion pointed to the example of Berlin, where the wording of the statutes has left it possible for exceptions to be made, e.g. 'in general only physicians will be admitted' or some such words. He asked the Americans to give a similar form to their decision. Dr. Eder proposed that candidates who desire to train in psycho-analysis abroad should be warned before their training begins that it does not in itself give them the right subsequently to become members of the Society in their native land. The resolution was adopted.

Dr. van Ophuijsen proposed that the article with reference to *Beirat* should be removed from the statutes of the Association and that instead a treasurer and two assessors should be co-opted to the General Committee. The President, Secretary and Treasurer should be resident in the same

place. He desired to leave for the consideration of the new Committee a number of further proposals for alterations in the statutes. His resolution was adopted.

Dr. Abraham reported that the Swiss Society desired to reintroduce the practice of discussion of the scientific papers read at the Congress. He referred to the unfortunate results which had attended this plan before and advocated the retaining of the present scheme for our Congresses drawn up by Professor Freud.

After some remarks by Dr. Reich and Dr. Sachs a resolution by Dr. Jones was adopted that the present plan should be retained but that in the programme of each scientific meeting half an hour should be allowed for any discussion which might arise.

Dr. Federn suggested that there should be a system of circulating books amongst the different societies.

Dr. van Emden having been voted into the chair by right of seniority, on Dr. Jones's proposal Dr. Karl Abraham was unanimously re-elected President of the Association.

Dr. Abraham thanked the members for electing him and asked Dr. Eitingon once more to take on the office of General Secretary. To the new office of Treasurer he nominated Dr. Karl Müller-Braunschweig and as assessors to the Committee Dr. Eduard Hitschmann and Dr. J. H. W. van Ophuijsen. All these proposals were unanimously adopted.

Dr. Abraham proposed that the next Congress should be held at the beginning of September, 1927. His proposal was adopted.

Dr. Jones invited the next Congress to meet in England, while Dr. Federn suggested that it should be held at some place, to be decided on later, on the Adriatic Coast (Abbazia, Laurana, Brioni or Venice). If this suggestion were adopted the Vienna Society would assist the Italian Society in organizing the Congress.

When the question was put to the vote the majority decided for Dr. Federn's proposal.

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Frankfurt-am-Main, Germany
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reviewed in this JOURNAL (Vol. VI, p. 353) in one volume. It has now been revised and issued separately. The range it covers will be seen from the following list of chapter headings:

I. Belief and Superstition; II. Magic; III. Animism; IV. The Relations between Magic and Animism; V. Omens; VI. The Mind of the Wizard; VII. Totemism; VIII. Magic and Science.

To the author the great problem of the origin of man is how he became a social or political animal. The explanation he gave in the former book was that at first men were sociable 'because they lived by hunting as a pack, and as a pack they had their customs and leaders determined by personal superiority'. The question then arises: What kept man a social animal after hunting ceased to be the chief means of livelihood? The present book attempts to answer this question.

The answer given is 'through beliefs in magic and animism (here called superstition)'. Carveth Read contravenes Wundt's view that magic proceeded from animism, and considers that the two originated independently. Nor does he agree with Frazer that magic developed into religion, for he thinks that this also had a separate origin, which he does not discuss.

A clinical psychologist will miss in this book above all a due appreciation of the dynamics of the beliefs that are described so interestingly. There is throughout no reference to psycho-analysis or to Freud, omissions which are especially striking in the discussion of ghosts and totemism.

The book contains a mass of useful material and is written in the author's well-known attractive style. But he would be the first to admit that it does not speak the last word on the subject.

E. J.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY THE
GENERAL SECRETARY, DR. M. EITINGON

I. *Announcement of the International Training Commission*

In accordance with the decision taken at the Homburg Congress, every Branch Society of the International Psycho-Analytical Association is to select a Training Committee, to consist of not more than seven members. Dr. M. Eitingon, President of the International Training Commission, has up till now received the following reports with reference to the carrying out of this resolution:

Training Committee of the Berlin Psycho-Analytical Society: Drs. Abraham, Eitingon (*President*), Frau Horney, Müller-Braunschweig (*Secretary*), Radó, Sachs and Simmel. (Elected at the General Meeting on January 27, 1925.)

Training Committee of the British Psycho-Analytical Society: Dr. Bryan, Mr. Flügel, Drs. James Glover, Ernest Jones and Rickman.

Training Committee of the Hungarian Psycho-Analytical Society: Drs. Ferenczi (*President*), Hermann, Hollós, Frau Kovács, Lévy and Roheim. (Elected in October, 1925.)

Training Committee of the Dutch Psycho-Analytical Society: Professor Dr. Jellgersma, F. P. Muller, Dr. van Ophuijsen. (Elected on October 17, 1925.)

Training Committee of the New York Psycho-Analytical Society: Drs. Ames, Blumgart, Kardiner, Meyer, Oberndorf (*President*), Polon and Williams.

Training Committee of the Vienna Psycho-Analytical Society: Drs. Bernfeld (*Vice-President*), Frau Deutsch (*President*), Fräulein Freud (*Secretary*), Drs. Hitschmann, Nunberg, Reich, Reik. (Elected in January, 1925, and October, 1925.)

II. *Reports of the Branch Societies*

BERLIN PSYCHO-ANALYTICAL SOCIETY

Third and Fourth Quarters, 1925

September 29, 1925. Short communications:

- a. Dr. Van Emden (guest of the Society): Notes on a patient influenced by the idea of riding.
- b. Dr. Hárník: A neurotic parallel to *The Portrait of Dorian Grey*.
- c. Dr. Sachs: A problem of psycho-analytic therapy.
- d. Dr. Boehm: An analysis concluded in sixty-seven sittings.

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At this point it would be interesting to consider to what extent unconscious wishes may have some influence on theoretical discussions and differences of opinion. This, however, exceeds the scope of the present communication, which is brought forward as an illustration of a highly rationalized resistance, i.e. a resistance expressed by a theoretical interest in analytic processes.

THE SOURCES OF NEUROTIC ANXIETY:
A CONTRIBUTION TO THE THEORY OF PSYCHO-ANALYTIC
THERAPY

BY
WILHELM REICH

VIENNA

From the point of view of causal psycho-therapy, the first task of psycho-analysis is to bring into consciousness the meaning of neurotic anxiety, both manifest and larval; only when this has been done are we in a position to influence the sources of anxiety, which, as Freud has shown, is derived, in the last event, from instinctual energy. This therapeutic modification merely implies a fresh orientation of the instincts in the sense that the latter are regulated in a way more adapted to the requirements of reality. Nevertheless various sources of neurotic anxiety can be distinguished by reference to their dynamic power. Permanent cure, which is the ultimate aim of all psycho-analysis, can only be brought about by successful modification of the most important dynamic sources of anxiety. Etiologically speaking, the significance of sources of anxiety can be judged by their mutual relations: one would regard as secondary those sources of anxiety which (1) become pathogenic for the first time during the neurotic processes of regression and repression, and of which (2) the dynamic force is mainly borrowed from other sources.

Freud was the first to show that sexual abstinence or inadequate gratification are an immediate source of anxiety.¹ This 'actual anxiety' is related to a damming-up of somatic libido and disappears when this pathogenic factor is eliminated. Moreover, he found that anxiety can arise when the moral ego is not completely successful in suppressing a libidinal excitation: the repressed impulse returns in the form of anxiety. The latter is an ego-anxiety and is a reaction to the claims of instinct. Since every sexual repression brings about a blockage of somatic libido, actual anxiety is the core of all neurotic anxieties. The situation is complicated by the fact that Freud²

¹ 'The justification for detaching from neurasthenia a particular syndrome: the anxiety-neurosis' (1894), *Collected Papers*, Vol. I.

² *Introductory Lectures*.

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regards the anxiety occurring at birth as the prototype of all later anxieties. We owe it to Rank³ that more attention is now paid to birth-anxiety, but it is a matter for investigation whether birth-anxiety can be regarded as the primary source of anxiety. In contrast to this view, Adler⁴ considers that anxiety is due solely and simply to suppression of aggressive tendencies. Experimental evidence of the accuracy of Freud's views on actual anxiety is to be found in the fact that ligation of the vasa deferentia sets up acute anxiety owing to increase of internal secretions.⁵ Nevertheless, there is much clinical evidence in favour of the existence of an 'aggression-anxiety', and on the whole experience of numerous neurotic conditions goes to show that birth-anxiety is, dynamically speaking, the most important source of anxiety. We must therefore consider the interrelations of these best-known sources of anxiety, viz. libido-congestion, the trauma of birth and suppressed aggression.

As we know, most neuroses commence with developmental inhibition during the Oedipus phase of genital organization. This may result either in a fixation at the stage of incestuous (genital) object-love or in a regression to earlier stages of development during which latent fixation-points had been established, though they had subsequently been passed through (Freud). In the former case a hysteria develops, in the latter an obsessional neurosis or some allied condition. Now the libido not only remains firmly anchored to the specific fixation-point but strives to attain a permanent position typical of other neurotic formations. Thus the adhesiveness of libido together with the strength of fixations determine typical forms of illness, whilst the additional factor of lability gives rise to mixed forms. Adhesiveness can be related to the repetition-compulsion which obtains emphatic expression through the pleasure-principle.⁶ Nevertheless this condition of lability is not arbitrary: it appears to be governed on the basis of certain correlations between the component impulses. They are expressed by a sort of superimposed arrangement of the meanings of the anxiety and of its sources, which arrangement is peculiar to each case. In the

³ *Das Trauma der Geburt*, Internationaler Psychoanalytischer Verlag, 1924.

⁴ 'Über neurotische Disposition', *Jahrbuch für psychoanalytische Forschung*, 1909: *Der Nervöse Charakter*, 2 Aufl., 1919.

⁵ Federn: Lecture delivered at the Seventh Psycho-analytical Congress, Berlin, 1922.

⁶ Reich, 'Zur Triebenergetik', *Zeitschrift für Sexualwissenschaft*, 1923.

obsessional neurosis, for example, although anxiety is not a characteristic feature, yet one sometimes meets with hysterical and manic-depressive symptoms. Analysis shows that very often the libido has pressed forward from anal-sadistic fixation towards new genital cathexis of objects, stimulated the development of hysterical anxiety and retreated to the obsessional position which it reinforces. It may even go so far as to activate in waves an oral-melancholic position; miscarriage of the forward genital movement is followed by oral mechanisms of introjection. Many hysterical cases react in an analogous way during analysis: an acute exacerbation of genital anxiety occurs followed by a temporary regression to anal sadism: the obsessional elements are reinforced or transitory obsessional symptoms appear. That the obsessional symptom serves to bind genital anxiety can be seen in cases where, after resolution of the obsessional symptoms but before recovery takes place, anxiety-hysteria is developed. This is a new edition of the anxiety-hysteria experienced in childhood; cathexis of the genital stage again at first stimulates anxiety. In contrast to this one finds with hysteria of the oral type (particularly with cases of bronchial asthma) that when, stimulated by removal of repression, any advance is made to the genital stage, miscarriage of this attempt is reacted to by an acutely reinforced desire for the intra-uterine position and by acute birth-anxiety. This is entirely in keeping with the development of the libido in such cases: the child had arrived at genital object-love, experienced frustration and attempted to overcome this by an anxiety-hysteria reaction, subsequently reactivating his oral position and longing for return to the intra-uterine position which represents in phantasy protection from external danger. Generalizing from this, we may say that the retreat of libido from a genital position which is invested with anxiety to an intra-uterine phantasy takes place to some extent in all neuroses. This explains why in a cross-section of most neuroses one observes this intra-uterine longing together with anxiety: a longitudinal section, however, shows that their activation is not the cause but a result of regression and repression.⁷ They have of course led secondarily to the formation of special symptoms in which the wish for incest plays a part. The intra-uterine phantasy acquires an incestuous

⁷ This is clear, for instance, during analytic treatment: interpretation of the desire to return into the mother's womb is accepted with incomparably greater willingness than that of incestuous desires.

meaning and, especially amongst women, the phantasy arises of having coitus with the father whilst in the mother's womb. Is not then anxiety concerning the mother's womb, upon which Rank has insisted so much, derived for the most part from the horror of incest? A similar question is suggested by Rank's assumption that the dread of castration is ultimately connected with anxiety concerning the mother's genital—a reminder, that is, of the trauma of birth. How could the child come to develop this anxiety-idea at the actual birth? If, however, the child later on perceives the maternal genital and through comparison with the male genital invests the former with anxiety, then surely this is castration-anxiety. Even although birth-anxiety is ontogenetically earlier and although anxiety possibly derives its usual content (choking, darkness, narrow space, etc.) in consequence from the process of birth, nevertheless from the dynamic point of view birth is a secondary source of anxiety, becoming operative as a result of pathogenic regression. It could only operate as a primary source of anxiety when post-natal development has come up against crude external obstacles, as, for example, serious difficulties at the oral phase.

Longing for return to the mother's body is therefore a manifestation of flight without defence; this is expressed as a character-trait by extreme childish passivity. In contrast to this, the obsessional character expresses flight from genital incest-conflict together with aggressive action as a defence. Sadistic activity predominates in the man, aggressive masculinity in the woman. In the early stages of analysis one can observe how each advance towards genital object-love in the transference is held up by the incest-barrier and by castration-anxiety, giving rise to increase of aggressive impulses. This increase may either precede an acute development of anxiety or may occur subsequently, in which case it gives the impression of being true conscience-anxiety. The sequence of action and reaction is roughly as follows: advance towards genital love—dread of castration—defence against this danger by means of active aggression (active castration)—increase of castration-dread and conscience-anxiety—renewed defence, or again powerful repression of masked aggression followed by depression. It depends on the strength of the anal libido, which predisposes to passivity, whether (phallic) aggression is converted into anal masochism. This is quite in keeping with Federn's view⁸ that there is a special affinity, on the one hand, between genital

⁸ Federn, 'Beiträge zur Analyse des Sadismus und Masochismus', *Internationale Zeitschrift für Psychoanalyse*, 1913-14.

erotism and sadism and, on the other, between anal erotism and masochism. Speaking dynamically, we may say that phallic erotism is a necessary condition for the manifest continuance of sadism, whilst anal erotism demands its conversion into (anal) masochism. Should castration-anxiety be converted into the wish to be castrated, or should dread of punishment turn into need for punishment, or again sadism change to masochism, we find that, in place of an attempt to cling to genital positions or to reactivate them, a tendency becomes manifest to desert genital positions altogether and retreat to the intra-uterine position or to some closely related fixation. Genital anxiety then figures much less prominently in the neurotic picture. Masochistic wishes occasionally result from anxiety; their fulfilment gratifies the need for punishment (Reik, Alexander) and relieves the genital anxiety by an imaginary self-castration. When a masochistic patient gains courage through analysis to countenance a return of sadism, genital anxiety is reawakened. Both conditions are a sign of recovery. We shall show elsewhere that the ultimate course of the destructive instincts and the severity of the super-ego depend on the nature of erotogenic fixation. One might say roughly that any further development of the Freudian theory of structure of personality must be preceded by a detailed clinical organization of ego-psychology by way of the sexual theory. If we regard the relation of the sexual instincts to the destructive instincts as the fundamental problem of ego-psychology, then an investigation of the sources of energy of aggression-anxiety promises to contribute some preliminary fundamental elucidation.

The ultimate meaning behind aggression-anxiety is the subject's apprehension that he will himself be destroyed because of egoistic and anti-social behaviour. Later on when the destructive instinct has been sublimated by turning against the self in the form of moral inhibitions, aggression-anxiety acquires the additional significance of conscience-anxiety (Freud). Teleologically speaking, aggression-anxiety exists as well as libidinal anxiety. The question is merely whether the source of the anxiety lies in the energy of the destructive instinct, in the same way that the source of sexual anxiety is dammed-up libido. This brings us to the following considerations.

When instinct-ridden character-types control their sadistic impulses, anxiety develops. Superficial consideration would then seem to confirm Adler's view that the energy of the suppressed aggression is the source of the anxiety. The anxiety, however, does not dis-

appear when the impulse is carried into action, in this way differing from actual anxiety which disappears after sexual gratification; on the contrary, it is actually intensified. In this sense the social significance of aggression-anxiety might be held as determining the qualitative difference between it and libidinal anxiety. Investigation of the individual genesis of aggression uncovers its specific relation to the vicissitudes of the libido. Types who in later life exhibit sadistic-aggressive impulses have obtained full sexual gratification in early childhood and their impulsive behaviour was prompted originally by purely libidinal trends. Aggression becomes patent for the first time after forcible suppression of sexual gratification at the hands of parents or parent-substitutes. This brutal frustration of incestuous love was the more severely felt in that the latter had been greatly intensified by actual libido-gratification. Premature introjection of brutal love-objects established an ego-ideal which operates sadistically towards both ego and outer world; aggression is not so much restricted by morality and the capacity for love is overgrown by hate and sadism. In other words: frustration of sexual gratification drives into the foreground aggressive impulses which take on an increasingly sexual colouring through fusion with repressed sexual impulses. Only at this point can they justifiably be designated 'sadism'.

This view of the individual origin of sadism, which is decisively confirmed by the analysis of instinct-ridden psychopaths, can also be abundantly verified by study of the 'instinctually inhibited' neuroses. Every frustration of sexual gratification arouses ambivalence (Graber) and a tendency to acts of sadistic revenge. Whether these are given actual expression, as happens in the instinct-ridden character-types, or whether they result in complete instinctual inhibition, depends on the extent of the identifications, the nature and intensity of the frustrations and the point in time at which the pleasure-ego experienced these frustrations.* Reactions during analytical treatment and during the process of recovery show that the intensity of aggressive trends depends on the existing state of libido-congestion. For example, neurotic women are profoundly stimulated during menstrual periods and react with aggression or depression. Psychiatrists regard this depression as a *direct* consequence of the somatic processes of menstruation and endeavour to alleviate it by means of organotherapy. Analysis shows,

* Reich, *Der triebhafte Charakter*, Internationaler Psychoanalytischer Verlag, 1925.

however, that the aggression is a psychic reaction to the flow of blood from the genital, whilst the depression is due partly to the narcissistic wound and partly to repression of aggressive wishes (sense of guilt). Should the analysis of such cases bring about full capacity for orgasm, menstrual depression gives place to sexual excitability, which is in all probability conditioned by local factors and by factors of inner secretion. Moreover, normally the libido is increased shortly before, during and after menstruation; this does not result in increased aggression, since the absence of the penis has been accepted, sexual desire has been approved by the super-ego, and, in distinction from the neurotic who represses all expectation, the anticipation of gratification through the man does not arouse hate, but rather increases the readiness for love.

In the phantasies of male obsessional cases with sadistic impulses, the symbols used are chiefly phallic in nature, e.g. knife, revolver, hatchet, etc. Nevertheless the impulses do not disappear when their significance has been unmasked: they disappear only when genital object-love has gained the upper hand and has been gratified or sublimated. Even when such patients are potent in the sense of erection, the orgasm is associated with a sense of guilt relating to destructive trends. The dissipation of the orgasm leads once more to an increase of aggressive tendencies, whilst the subsequent repression gives rise to rationalizations of ascetic ideology, e.g. that coitus is a filthy (anal) and bestial (sadistic) practice. The analysis of married couples who are given to quarrelling or actual ill-treatment proves that the main source of difficulty is lack of sexual gratification. The change from happiness to unhappiness in marital relations is preceded by a (at first imperceptible) decrease in genital attraction.

The phlegmatic temperament of eunuchs who have been castrated before puberty shows that when no libidinal contribution is present the aggressive instinct is feeble. Castrated animals such as capons, bullocks, etc., are entirely without aggressiveness. On the other hand, the less frequently bulls and stallions are sexually gratified the more aggressive they become. After coitus their aggression diminishes. If one wishes to keep watchdogs on the alert, they must be tied up without a chance of coitus with stray bitches. The whining and yelping of dogs on the chain has a distinct note of anxiety. Professional athletes whose form of sport gratifies aggressive instincts (boxing, football, etc.) affirm that sexual intercourse diminishes their athletic powers.

This seems to suggest that libido-obstruction is the visible individual source of destructive aggression and that sadism is due to this

relation. It is not yet certain whether any destructive impulse exists without associated sexual trends. Ostensibly non-erotic aggression proves in the long run to be the result of external or internal frustration of sexual gratification. Gratification binds aggression by withdrawing its source of energy. If, as in the case of those castrated in early life, sexual gratification is abolished, no sign of an externally directed aggression appears. Observation of the climacteric and of senile stages of life shows that aggression depends on the state of somatic sources of libido. In the early stages of involution the individual exhibits increased sexual activity ('a wave of activity', H. Deutsch), but later on becomes discontented, quarrelsome and sometimes cruel, until finally in senile involution the biological operation of the destructive instinct is entirely directed inwards. Its dependence on libidinal sources of energy is then confined to a psychic functioning towards external objects.

The biological significance attached by Freud to the destructive instinct suggests that neurotic fear of death is an immediate derivative of the biological tendency to destroy life. As a matter of fact neurotic death-anxiety together with its variants (general anxiety of destruction and anxiety concerning cosmic destruction) are especially pronounced where a sense of guilt, a sign of defused aggressive impulses, prompts to self-destruction. Conscious death-anxiety may represent an endopsychic perception of this tendency. During analysis, however, death-anxiety, no matter how intense it had been, is invariably unveiled as castration-anxiety and a longing for (or anxiety concerning) the intra-uterine position. If the body or the mental self comes to be identified with the genital, there appears either a hypochondriacal anxiety about dying or general anxiety of impending catastrophe. That castration-anxiety and anxiety concerning the womb can be included under death-anxiety was shown by a patient to whom death represented a separation of the body from the soul. The body, which signified unconsciously the penis, disappeared in the womb. 'To be alive is . . . to the ego the same as being loved. . . .'¹⁰

In real danger, too, the ego reacts with mechanisms which are available for the production of death-anxiety. The ego 'sees itself deserted by all the powers of protection and lets itself die. It is,

¹⁰ Freud, *Das Ich und das Es*. H. Deutsch pointed out during a discussion of this point, that the anxiety of dying does not mean anxiety of non-existence but is anxiety concerning *loss* of life which for the unconscious represents nothing but possibilities of pleasure-gain.

moreover, precisely the same situation which arose at the first great anxiety-experience of birth and of infantile longing for one who is absent, namely, separation from the protecting mother'.¹¹ A true unconscious representation of death-anxiety cannot be found during analysis. According to a private communication from Ferenczi it cannot be present as an archaic constituent of the unconscious, since the death-anxiety experienced on dissolution cannot be inherited. Moreover, the idea of death is a purely negative concept and, according to Freud, cannot exist as such in the unconscious. If, however, we cling to the concept of an irreducible, biologically-based death-anxiety, it is clear that this can only be expressed psychically as castration-anxiety or fear of the mother's womb.

As Freud has shown, a sense of guilt is a special form of anxiety, dread of the father who is loved yet punishes; the latter is introjected and continues to function in the ego as the rigour of conscience. Important clinical observations do not, however, permit us to equate the need for punishment with an unconscious sense of guilt. Not all guilt-feeling impels to self-punishment: fundamentally the latter is an attempt to free oneself from the pangs of conscience. It originates in the pleasure-ego, which under cover of morality renders masochistic submission to the super-ego (i.e. father). In many cases the punishment is directed solely against an introjected object.

To come back to the starting-point of our investigation: what part do the various sources of anxiety play in the process of analytic cure? Although not prejudiced in favour of the new, we have found in theory that the intensity of birth-anxiety and aggression-anxiety depend on the existing state of libido-congestion. This is confirmed by the fact that there is a variation in temporary as well as permanent reactions to liberation from different varieties of anxiety. Successful analytic solution of any neurosis leads to the abandonment both of longing for the mother's womb and of aggression, or else these are subordinated to other impulses or again they are sublimated. Genital sexuality, on the other hand, preserves its sexual aim, abandoning only the incestuous love-object. The question arises why liberation from anxiety automatically produces in one case a stronger forward drive of instinct and in the other a renunciation? We are inclined to presuppose that this result is a therapeutic success without considering why the same therapeutic process, viz. liberation from anxiety, should produce such

¹¹ Freud, *loc. cit.*

opposite results. It is by no means obvious why it should. Further experience, however, shows us: (1) that longing for the mother's womb and aggression persist in spite of analytical understanding so long as castration-anxiety is not analysed (refractory cases), or that the partly freed libido after a feeble movement towards the genital position retreats to earlier fixation-points (relapse); (2) cases which remain permanently free from symptoms, in spite of the fact that they have not been completely analysed. In such instances analysis has dealt with genital fixations from the outset and has succeeded in resolving them before the transference-situation could be complicated by deeper fixations. The fact that genital libido was freed from anxiety brought about an automatic abrogation of other wishes.¹² For all practical purposes, relief of libido-congestion by orgasm abolishes the tendency to regress. (3) If genital primacy has never been fully attained in childhood, the 'attraction of the womb' or the tendency to pre-genital gratification persists in spite of analysis of all sources of anxiety.¹³

Hence genital object-love is the most powerful counter to the destructive instinct, to pregenital masochism, to the desire to return to the womb and to punishment by the super-ego. Genital gratification relieves libido-congestion, which is the core of every neurotic anxiety and binds the destructive instinct, which now finds partial discharge in the male by phallic sadism and in the female by vaginal masochism. The ascendancy of the 'life-preserving' Eros over the destructive instincts is the objective justification of our therapeutic labours. The individual source of the life-instinct is the somatic sexual apparatus: an analogous individual source of the death-instinct cannot at the present time be indicated. 'Primary masochism' (Freud) is a purely hypothetical source of the death-instinct; it can only be observed clinically as 'secondary masochism' which, being a turning of sadism against the self (Freud), has an erotic source of energy. We may assume the existence of a biological death-instinct

¹² Permanent cure by means of palliative psycho-therapy, which is sometimes reported, probably depends on overcoming genital inhibition by suggestion. Spontaneous cure of hysteria, e.g. after marriage, can be explained in this way. The real problem is here the means by which the sense of guilt is overcome.

¹³ Reich, 'Über Genitalität', *Internationale Zeitschrift für Psychoanalyse*, 1924; and 'Über die chronische hypochondrische Neurasthenie', *Ibid.*, 1926.

to explain the destructive instinct, but that is a question for natural philosophy. One may also regard the death of the individual as a victory over the sources of Eros in the individual: the climacteric coincides with the beginning of senile involution; some insects die after the nuptial flight.

The problem why somatic libido-congestion appears in the particular form of anxiety can in the meantime only be answered by speculation, a method to which we have no desire to resort. At this juncture we must forgo the attempt to correlate the clinical basis of psycho-analysis, that is, the theory of repression and of libido-congestion, with its speculative superstructure, the hypothesis of death-instincts. Withal the attempt to clarify therapeutic aims has brought us back to the beginnings of psycho-analytic research, to the theory of libido-congestion and 'actual anxiety'.