

On the Origin of the "Influencing Machine" in Schizophrenia

I

The following considerations are based upon a single example of the "influencing machine" complained of by a certain type of schizophrenic patient. Although in this particular case the structure of the machine differs materially, to the best of my knowledge, from all other varieties of apparatus of this sort, it is hoped that the present example will nevertheless facilitate psychoanalytic insight into the genesis and purpose of this delusional instrument.

My example is a variant—a very rare variant—of the typical influencing machine. The objection can of course be made that it is rash to draw general conclusions from the study of a single case, and that generalizations, to be regarded as scientifically valid, should be based on a larger mass of material. My justification is that I have simply not encountered any further case material in support of my conclusions, and that to the best of my knowledge psychiatric literature contains no descriptions of individual cases of the influencing machine phenomenon, such as would make my paper superfluous. There exist only general descriptions of the apparatus, and its regular features and functions are given only as perfunctory clinical illustrations. Clinical psy-

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The "Influencing Machine" in Schizophrenia 187

chiatry, interested only in general descriptions, lays no stress upon the significance of individual symptoms for the study of the dynamics of psychoses. Psychiatry has not hitherto sufficiently investigated the origin, the meaning, and the purpose of a symptom, because, not employing the psychoanalytical method, it does not even postulate such problems. Yet in principle, it is permissible to derive general conclusions from exceptional types. Variants and mixed forms stimulate inquiry into general types. The conformity of typical cases may have the ultimate effect of an impenetrable barrier, while a deviation from type, on the other hand, may be a window in the wall through which a clear view is to be obtained.

Deviations from the rule and ambiguous types compel the assumption that a given phenomenon may be of diverse origin. It is only when an unexpected departure from the accustomed occurs that one feels the necessity of investigating the uniformity which had previously characterized the phenomenon or at least had seemed to do. Inquiry into extraordinary causative factors has often stimulated inquiry into those ordinarily encountered.

It is to be hoped only that the example taken as a basis for the following conclusions will prove to justify them, and that the origin and significance of this variant example have been correctly conceived and formulated.

II

The schizophrenic influencing machine is a machine of mystical nature. The patients are able to give only vague hints of its construction. It consists of boxes, cranks, levers, wheels, buttons, wires, batteries, and the like. Patients endeavor to discover the construction of the apparatus by means of their technical knowledge, and it appears that with the progressive popularization of the sciences, all the forces known to technology are utilized to explain the functioning of the apparatus. All the discoveries of mankind, however, are regarded as inadequate to explain the marvelous powers of this machine, by which the patients feel themselves persecuted.

The main effects of the influencing machine are the following:

1. It makes the patients see pictures. When this is the case, the machine is generally a magic lantern or cinematograph. The pictures are seen on a single plane, on walls or windowpanes, and unlike typical visual hallucinations are not three-dimensional.
2. It produces, as well as removes, thoughts and feelings by means of waves or rays or mysterious forces which the patient's knowledge of physics is inadequate to explain. In such cases, the machine is often called a "suggestion-apparatus." Its construction cannot be explained, but its function consists in the transmission or "draining off" of thoughts and feelings by one or several persecutors.
3. It produces motor phenomena in the body, erections and seminal emissions, that are intended to deprive the patient of his male potency and weaken him. This is accomplished either by means of suggestion or by air-currents, electricity, magnetism, or X-rays.
4. It creates sensations that in part cannot be described, because they are strange to the patient himself, and that in part are sensed as electrical, magnetic, or due to air-currents.
5. It is also responsible for other occurrences in the patient's body, such as cutaneous eruptions, abscesses, and other pathological processes.

The machine serves to persecute the patient and is operated by enemies. To the best of my knowledge, the latter are exclusively of the male sex. They are predominantly physicians by whom the patient has been treated. The manipulation of the apparatus is likewise obscure, the patient rarely having a clear idea of its operation. Buttons are pushed, levers set in motion, cranks turned. The connection with the patient is often established by means of invisible wire leading into his bed, in which case the patient is influenced by the machine only when he is in bed.

However, it is noteworthy that a large number of patients complain of all these ailments without ascribing them to the influence of a machine. Many patients consider the cause of all these alien or hostile sensations of physical or psychic change to be simply an external mental influence, suggestion or telepathic power, emanating from enemies. My own observations and those of other

authors leave no room for doubt that these complaints precede the symptom of the influencing apparatus, and that the latter is a subsequent pathological development. Its appearance, as many observers state, serves the purpose of an explanation for the pathologic changes that are felt as alien and painful and dominate the patient's emotional life and sensations.

According to this view, the idea of the influencing machine originates in the need for causality that is inherent in man; and the same need for causality will probably also account for the persecutors who act not through the medium of an apparatus but merely by suggestion or by telepathy. Clinical psychiatry explains the symptom of an influencing machine as analogous to the ideas of persecution in paranoia (which, it is known, the patient invents in order to justify his delusions of grandeur), and calls it "*paranoia somatica*."

However, there is a group of patients that dispenses completely with any gratification of the need for causality, and complains simply of emotional changes and strange apparitions within the physical and psychic personality, without the intervention of a foreign or hostile power. It is particularly declared by some patients that their visions are not foisted upon them in any way but that, to their great astonishment, they simply see them. There also occur other strange sensations for which there is no evidence of an originator, especially, for instance, the complaint of a loss or change of thoughts and feelings, without the thoughts or feelings being "drained" from them or "foisted" upon them; and of a similar nature are complaints of a change of sensations in the skin, face, and extremities. This group of patients does not complain of influences originating from a foreign, hostile force, but of a feeling of inner estrangement. They become strange to themselves, no longer understand themselves: limbs, face, facial expression, thoughts, and feelings, have become estranged. These symptoms clearly are part of an early stage of dementia præcox, although they may also be observed in advanced stages as well.

In some cases it may be stated with certainty, and in others with strong probability, that the sense of persecution originates from the sensations of change accompanied by a sense of estrangement. These feelings of persecution are ascribed to a foreign, personal interference, "suggestion," or "telepathic influ-

ence." In other cases, the ideas of persecution or influence may be seen entering into the construction of an influencing apparatus. It is necessary to assume, therefore, that the influencing apparatus represents the terminal stage in the evolution of the symptom, which started with simple sensations of change. I do not believe that heretofore the entire sequence in the development of the symptom could have been studied completely from a single case. But I have observed the connection between at least two stages (of which I shall present an example later), and I have no hesitation in maintaining that under especially favorable circumstances it may be possible to observe the entire series of developmental stages in a single patient. Meanwhile, I am in the position of the observer of plasmodia who notes various pathological forms in the blood cells as developmental stages of a continuous cycle of growth, although he is never able to observe in any one blood corpuscle more than a single phase.

Recognition of the various symptoms as stages of a unified developmental process is rendered difficult not merely by inaccurate observation but by other factors as well. Patients conceal single stages behind secondary and correlative symptoms—each patient in accordance with his morbid disposition. Changes of feeling are covered up by a simultaneously or consecutively produced psychosis or neurosis belonging to another clinical group, such as depression, mania, paranoia, compulsion neurosis, anxiety hysteria, or amentia; and these clinical pictures, advancing to the foreground, conceal from the observer the more subtle elements in the development of the delusion of reference. It is, besides, very likely that in many cases not every stage of development reaches consciousness, and that one stage or another runs its course in the unconscious and thus leaves gaps in the conscious psyche. Finally, depending upon the rapidity of the pathological process and upon the individual disposition, some of the stages may be missing altogether.

Ideas of reference in schizophrenia develop equally with or without the influencing apparatus. In but one case¹ have I been able to observe electrical currents in the absence of the influencing apparatus to which those are usually ascribed—in the absence, in fact, of any hostile power whatsoever.

This observation was made in the case of a thirty-four year old

man, Josef H., an inmate of insane asylums at frequent intervals throughout his life. He felt electrical currents streaming through him, which entered the earth through his legs; he produced the current within himself, declaring with pride that that was his power! How and for what purpose he did this he refused to disclose. Upon discovering these currents in himself for the first time, he was (he admitted) somewhat astonished, but he soon came to the conclusion that this manifestation had a special significance—that the currents served a mysterious end, regarding which he refused any information.

I shall now cite another instance, a singular case of "*paranoia somatica*," having, as will later be seen, a significance of its own in substantiating the developmental process which I have assumed. The same example has already been cited by Freud in another connection. Miss Emma A. felt herself influenced by her lover in a singular manner; she maintained that her eyes were no longer properly placed in her head but were entirely twisted out of position, and this she attributed to the fact that her lover was an evil, deceitful person who twisted eyes. At church one day she suddenly felt a thrust, as if she were being moved from her place, which had its cause in the fact that her lover disguised himself,* and that he had already ruined her and made her as evil as himself.

This patient did not merely feel herself persecuted and influenced; hers was a case of being influenced by identification with the persecutor. If we take into consideration the view held by Freud and myself that in object-choice the mechanism of identification precedes the cathexis proper by projection, we may regard the case of Miss Emma A. as representing the stage in the development of the delusion of reference preceding the projection (namely, on to a distant persecutor in the outer world). The identification is obviously an attempt to project the feelings of the inner change on to the outer world. It constitutes a bridge between the feelings of an inner change without external cause and the attribution of these changes to the power of an external person, a kind of intermediary position between the feeling of

*This patient's words, "Sich verstellt"—taken literally, mean "moves himself from one place to another."—TRANSLATOR.

self-estrangement and the delusion of reference. This rounds out especially well, and substantiates psychoanalytically, the concept of the development of the symptom, up to its crystallization in the influencing machine. We are here concerned with the discovery, or rather the invention, of a hostile object; but for the intellectual process it is unimportant whether the objects observed are hostile or friendly, and the psychoanalyst, at least, will certainly have no objection to the equating of love and hate in this instance. Among the illustrations that may be given of the various forms or stages of the delusion of reference, the case of Staudenmayer (whose autobiography was presented before the Vienna Psychoanalytic Society some years ago) may be mentioned.

Staudenmayer—who, if I am not mistaken, was declared to be a paranoiac and is at any rate considered to be one by me—described his sensations during his bowel movements from the beginning of the movement to its conclusion, and attributed every single peristaltic motion coming to his awareness to the activity of special demons allegedly located in the intestines and entrusted with the performance of each separate motion.

We may now summarize and describe schematically the phenomena that in some cases appear to be produced by the influencing machine and that in other cases occur without it.

1. We note, first, simple sensations of inner change, in the beginning devoid of, and later accompanied by, a sense of estrangement, without awareness of an originator. The sensations are of changes in the psychical and physical functions within various parts of one's own body. In many cases this stage of the illness probably occurs at a very early age, before puberty. Since at this age no exact reports can be obtained on inner conditions, and since, in addition, pathological changes are not infrequently compensated by infantile peculiarities of character, such as naughtiness, aggressiveness, concealed fantasies, masturbation, seclusiveness, dullness and so forth, this stage either remains unrecognized or else is misnamed. It is only at puberty, when special adjustments to the environment are required of the individual, who is compelled to relinquish all crude expressions of his abnormality, that the illness comes to the surface; it is at this time, too, that further development of symptoms is stimulated.

2. Feelings of inner change in the form of abnormal sensations, with awareness of an originator,—in this instance the patient himself (case Josef H.).
3. Feelings of inner change accompanied by awareness of an originator, who, although existing within the patient, is nevertheless not the patient himself (case Staudenmayer).
4. Feelings of inner change accompanied by hallucinatory projection of the inner occurrence to the external world, without awareness of an originator; at first, feelings of estrangement are not present, but later on they appear (seeing pictures).
5. Feelings of inner change accompanied by awareness of an external originator as a result of identification (case Emma A.).
6. Feelings of inner change accompanied by projection of the inner occurrence to the outer world and belief in an originator produced by the paranoid mechanism (causing pictures to appear, influencing by suggestion, hypnotism, electricity, producing or draining off thoughts and feelings, effecting bodily motions, weakening potency, producing erection, seminal emissions, and so forth).
7. Feelings of inner change attributed to the workings of the influencing machine manipulated by enemies. At first, the enemies are usually unknown to the patient and only vaguely discerned by him; later on he is able to make them out, knows who they are, and enlarges their circle after the pattern of the paranoid conspiracy. Similarly, the patient is at first completely unable to explain the construction of the influencing apparatus, but familiarizes himself with it gradually.

Having solved the relation between ideas of reference and the influencing apparatus, we may proceed to an examination of the latter without reference to its effects.

It is not necessary to discuss the magic lantern which produces pictures or images, because its structure harmonizes perfectly with the function attributed to it, and because it does not reveal any error of judgment beyond the fact of its nonexistence. This rational superstructure is absolutely impenetrable. We must, at the start, use structures less solidly built, the walls of which reveal gaps through which it is possible to look inside.

(a) The ordinary influencing machine has a very obscure construction; large parts of it are completely unimaginable. In cases where the patient believes he understands the construction of the

apparatus well, it is obvious that this feeling is, at best, analogous to that of a dreamer who has a feeling of understanding, but has not the understanding itself. This characteristic may be discovered whenever an accurate description of the apparatus is demanded of the patient.

(b) The apparatus is, as far as I know, always a machine; and a very complicated one.

The psychoanalyst cannot for a moment doubt that this machine must be a symbol—a view recently emphasized by Freud in one of his lectures, in which he stated that the complicated machines appearing in dreams always represent the genitalia. Having studied machine dreams analytically over a long period of time, I can fully confirm Freud's statement; I may add, moreover, that the machines always stand for the dreamer's own genitalia and that the dreams are of a masturbatory character. I can state further that these dreams are dreams of escape, of the type described in my paper on alcoholic delirium.² In this paper it is shown that whenever an urge to masturbate, or rather a readiness to ejaculate semen, leads to a dream fantasy which is favorable to discharge, another fantasy is hastily substituted, by means of which a new state of inhibition is induced momentarily, and the ejaculation of semen is made difficult if not impossible. The dream reacts to the repudiated wish for discharge with a successive alteration of symbols.

The machine dream possesses an analogous mechanism, except that the introduction of single components of the machine is not accompanied by the simultaneous disappearance of the other components for which they are substituted, the new components being simply added to the old ones. This is how the hopelessly complex machine originates. In order to strengthen the inhibition, the symbol has been made complex, instead of being displaced by another one; but the result is the same. Each complexity draws the attention of the dreamer to himself, rouses his intellectual interest, reciprocally weakens his libidinal interest, and effects in this manner inhibition of instinct.

In machine dreams the dreamer awakens, more often than not, with his hand on his genitalia, after having dreamed of manipulating the machine. It may, therefore, be assumed that the influencing apparatus is a representation of the patient's genitalia projected to the outer world, analogous in origin to the machine in

dreams. The frequent complaint of the schizophrenic that the apparatus causes erection, drains off semen, and weakens potency only confirms this view. At any rate, the analogy of the symptom to a dream production, as well as the accessibility of the symptom to psychoanalytic dream interpretation is a step beyond the rationalizations and the demand for causal connections that underlie the usual clinical interpretation of the influencing machine in schizophrenia. I can now present my example, which will not only strengthen our hypothesis, but will enlarge it materially.

The patient is Miss Natalija A., thirty-one years old, formerly a student of philosophy. She has been completely deaf for a great number of years, due to an ulcer of the ear, and can make herself understood only by means of writing. She declares that for six and a half years she has been under the influence of an electrical machine made in Berlin, though this machine's use is prohibited by the police. It has the form of a human body, indeed, the patient's own form, though not in all details. Her mother, likewise the patient's male and female friends, are also under the influence of this machine or of similar machines. Of the latter she gives no explanation, describing only the apparatus to which she herself is subjected. She is certain that for men there is a masculine machine representing the masculine form and for women a female one. The trunk (torso) has the shape of a lid, resembling the lid of a coffin and is lined with silk or velvet. Regarding the limbs two significant explanations are given. At the first interview she described them as entirely natural parts of the body. A few weeks later these limbs were not placed on the coffin lid in their natural form, but were merely drawn on it in two dimensions, in the position they would occupy in the natural state of the body. She cannot see the head—she says that she is not sure about it and she does not know whether the machine bears her own head. She has practically nothing to report about the head. The patient does not know definitely how this machine is to be handled, neither does she know how it is connected with her; but she vaguely thinks that it is by means of telepathy. The outstanding fact about the machine is that it is being manipulated by someone in a certain manner, and everything that occurs to it happens also to her. When someone strikes this machine, she feels the blow in the corresponding part of her own body. The ulcer (lupus) now pres-

ent on her nose was first produced on the nose of the machine, and some time later the patient herself became afflicted with it. The inner parts of the machine consist of electric batteries, which are supposed to represent the internal organs of the human body. Those who handle the machine produce a slimy substance in her nose, disgusting smells, dreams, thoughts, feelings, and disturb her while she is thinking, reading or writing. At an earlier stage, sexual sensations were produced in her through manipulation of the genitalia of the machine; but now the machine no longer possesses any genitalia, though why or how they disappeared she cannot tell. Ever since the machine lost its genitalia, the patient has ceased to experience sexual sensations.

She became familiar with the apparatus, about which she had previously heard, through all kinds of occurrences, especially through conversation among people, that is, through auditory hallucinations. The man who utilizes the apparatus to persecute her, her rejected suitor, a college professor, is prompted by jealousy. Very soon after she had refused his courtship she felt that he was trying by means of suggestion to bring about a friendship between his sister-in-law, her mother, and herself, his obvious purpose being to use this influence to make her accept him. When, however, suggestion failed, he subjected her to the influence of the machine; not only she herself but also her mother, her physicians, her friends, all those who had her welfare at heart, came under the influence of this diabolical apparatus, with the result that the physicians submitted a mistaken diagnosis to her, the apparatus deluding them into diagnosing other ailments than those with which she was afflicted. She could no longer get along with her friends and relatives, arousing everyone's animosity, and feeling compelled to run away. It was impossible to obtain any further details from the patient. On her third visit she became inaccessible and only stated that the analyst, too, was under the influence of the apparatus, that he had become hostile to her, and that they could no longer understand each other.

This case provides a definite reason for believing that the influencing machine represents a stage in the development of a symptom which can also appear without this stage, as a delusion of reference. The patient clearly stated that her persecutor had recourse to the apparatus only when his attempt to influence her

by suggestion failed. The fact that she seems to have previously heard about the machine is also enlightening. This vague recognition obviously awakened in the patient old familiar sensations that she had experienced before she was subjected to the apparatus; this is analogous to the well-known fact that persons in a state of infatuation have the feeling of having always known the beloved one—in reality they are merely rediscovering one of their old libidinal imagos. We shall hear later in how remote a past she had first experienced sensations similar to those caused by the influencing apparatus.

The peculiar construction of the machine substantiates our assumptions to a great extent, especially with regard to the significance of the machine as a projected symbol of the genitalia. We may add that the apparatus represents not only the patient's genitalia but obviously, her whole person. It represents the projection of the patient's body on to the outer world. At least, the following results are unquestionably obtained from the patient's report: the apparatus is distinguished above all by its human form, easily recognized despite many non-human characteristics. In form it resembles the patient itself, and she senses all manipulations performed on the apparatus in the corresponding part of her own body and in the same manner. All effects and changes undergone by the apparatus take place simultaneously in the patient's body, and *vice versa*. Thus, the apparatus loses its genitalia following the patient's loss of her genital sensations; it had possessed genitalia for as long a period as her genital sensations had lasted.

Applying the technique of dream interpretation to this case, it may be said that the patient's inability to provide any detailed description of the head of the apparatus, and especially her inability to decide whether it was her own head or not, proves conclusively that it is her own head. We know from analytic observations that the person not recognized in a dream is actually the dreamer himself. In my analysis of the *Dream of the Clinic*,³ it was clear that the dreamer meant herself when she dreamt of a person whose head she could not see.

A further detail in the description of the apparatus—namely, that the lid is lined with silk or velvet—may substantiate this opinion. Women very frequently describe in such terms the feel-

ings evoked by caressing their own skin. That the intestines appear in the form of batteries is only of slight significance here, although it will assume a profounder meaning later on. This superficial interpretation may be associated with the information given directly or indirectly to school children to the effect that the viscera resemble a very complicated machine. In our case the tendency seems to be towards a verbal interpretation of this infantile conception. This conclusion regarding its ontogeny is arrived at with the help of the description given by the patient of her influencing apparatus.

At the very beginning the patient reported that the limbs of the apparatus appeared in their natural form and position. Several weeks later, she declared that the limbs were drawn on the lid. This is obviously a manifestation of the progressive distortion undergone by the apparatus, which, consequently, eventually loses all human characteristics and becomes a typical, unintelligible, influencing machine. First the genitalia, then the limbs are eliminated in this process. The patient, to be sure, is unable to report how the genitalia are removed. She states, however, that the limbs are removed in the following manner: they lose their three-dimensional human form and flatten to a two-dimensional plane. It would not have been surprising if after a lapse of several weeks, the patient had declared that the apparatus did not possess any limbs at all. Nor would it have been astonishing had she stated that the apparatus had never had any limbs. A failure to recall the developmental stages of the apparatus has obviously the same significance as that of forgetting the origin of dream pictures. It is not too bold a conclusion to draw that the coffin lid of the machine is a product of such successive distortions and that originally it had represented a human being—namely, the patient herself.

Psychoanalytic experience brings to light the causative factors in such distortion. Underlying every distortion of a psychic phenomenon there is a defense mechanism which has as its aim the protection of the conscious ego against the appearance or reappearance of undisguised fantasies. The patient obviously seeks not to recognize herself in the influencing machine and therefore in self-protection she divests it of all human features; in a word, the less human the appearance of the delusion, the less does she

recognize herself in it. The origin of this rejection will be examined later.

When the influencing machine of Miss Natalija A. first came to my attention, it was in a special stage of development; I was fortunate, moreover, in observing the machine in the process of development as concerned the limbs, and also in obtaining specific information from the patient herself regarding the genitalia. I assume that this process will end with the production of the typical influencing apparatus known to clinical observation, but I cannot affirm that this apparatus will pass through all the stages of development to the very end. It is very possible that it will stop at a middle point, without proceeding further.

III

In the meantime, we may consider a second hypothesis that may have suggested itself to the reader. It must be taken into consideration that, notwithstanding all that has been said above, the influencing machine of Miss Natalija A. may be merely an inexplicable exception to the general rule. The complex, unintelligible machine as fantastically described and interpreted by other patients would perhaps first have to be studied and defined before an explanation of Miss N.'s influencing machine could be undertaken. For want of other material at hand to substantiate our hypothesis, except the machine dream, we shall start with the assumption that the influencing apparatus is a projection of the patient's genitalia. In presenting this second hypothesis together with, or in lieu of, the first, I realize how much indulgence is exacted of the reader, and I should not be surprised if I were reproached with levity or legerdemain. I myself was unpleasantly surprised to discover that this second hypothesis was probably as valid as the first, and that in consequence both became improbable or worthless, since their content differs and each leads to quite a different theory. Fortunately, another theory suggests itself which brings into immediate harmony both interpretations of the influencing apparatus. This problem will be touched upon again towards the end of this paper.

Attention may be called now to a symptom in schizophrenia, which I have named "loss of ego boundaries." This symptom is

the complaint that "everyone" knows the patient's thoughts, that his thoughts are not enclosed in his own head, but are spread throughout the world and occur simultaneously in the heads of all persons. The patient seems no longer to realize that he is a separate psychical entity, an ego with individual boundaries. A sixteen-year-old patient in the Wagner-Jauregg Clinic indulged in gay laughter whenever she was asked for her thoughts. Catamnesis revealed that for a long while when being questioned, she had believed I had been jesting; she knew that I must be familiar with her thoughts, since they occurred at the same time in my own head.

We are familiar with this infantile stage of thinking, in which a strong belief exists that others know of the child's thoughts. Until the child has been successful in its first lie, the parents are supposed to know everything, even its most secret thoughts. Later on, in the event that the child has been caught lying, this conception may be formed again, now caused by the feeling of guilt. The striving for the right to have secrets from which the parents are excluded is one of the most powerful factors in the formation of the ego, especially in establishing and carrying out one's own will. The developmental stage observed in the above-mentioned case falls into this period, in which the child does not yet sense this right to privacy and does not yet doubt that the parents and educators know everything.⁴

The symptom with the content that "thoughts are given to them," the patients deduce subsequently from their belief that others know their thoughts. This must be attributed to the infantile impressions originating in an earlier period in life, when the child knows nothing through its own efforts but obtains all its knowledge from others: how to make use of its limbs, its language, its thoughts. At that period all is "given to" the child, all joy and all sorrow, and it is difficult to evaluate what share the child itself has in its accomplishments.⁵ The sudden discovery that it is able to accomplish a task without the help of others is greeted by the child with a great deal of surprise and excitement. It is probable, therefore, that this symptom represents a regression to this particular stage of infancy. But this special period of infancy presents a problem: How far back does it go? What causes the formation of the ego and, as a reaction to the outer world, the ego bound-

aries, and what arouses the realization of individuality, of self, as a distinct psychical unit?

Theoretically we cannot assume that the ego begins to take form earlier than the time of object finding. The latter comes with gratification and renunciation of instinctual drives, whereas an awareness of the outer world, independent of the infant's drives and desires, is established only gradually. It is hardly possible that the sex instincts should have a greater influence upon the development of this awareness than the drive to be nourished. To be sure, the sex instincts will soon take on a special significance which must not be underestimated. But for the time being, it should be stated that there is a stage when no objects of the outer world exist, and therefore there is no realization that one has an ego. At that period there nevertheless exist desires and drives, and a specific urge to obtain mastery over whatever stimulates the sex organs is observable. The developmental stage that precedes the stage of object finding has been recognized as that of *identification*. This became evident from the analysis of neurotics, in whom the inability to obtain possession of objects of gratification, or to reach goals of pleasure, was seen to be due to their identification with the objects. The neurotic himself simply stands for what attracts him in the outer world; he has not found his way to the outer world and, therefore, is unable to develop an adequate ego in his stunted, exclusively libidinal relationships. This peculiar organization of libido has been termed narcissistic. The libido in such cases has been directed towards the neurotic's own personality; it is attached to his own ego and not to the objects of the outer world. Observations and theoretical considerations, especially those of Freud, have led to the assumption that this libido organization characterizes the beginning of psychical development, the "objectless" period, and that, at any rate, this libido organization must be considered a correlate, if not a cause, of the "objectlessness." This organization of libido corresponds also to the stage of intellectual development in which the person considers all the sensory stimuli he receives as endogenous and immanent. At this stage of development the psyche does not yet perceive that intervals of time and space exist between the object from which the stimulus emanates and the sensory response.

The next stage of development is then that of an outward projection of the stimulus and the attributing of this stimulus to a distant object, hence a stage of distancing and objectivation of the intellect, and along with this a transfer of libido to the discovered, or rather, self-created, outer world. As a safeguard to this psychical achievement, and as a kind of critical authority for objectivation, there is evolved at the same time the faculty of distinguishing between objectivity and subjectivity, an awareness of reality, which enables the individual to recognize his inner experiences as distinct from the outer stimuli—in other words, to regard inner experiences as internal and not to confuse them with the objects of sensory response.

This correlative developmental process, however, is apt to meet with inhibitions. There are inhibitions from the intellectual side, or as we say, from the ego—the chief weapon of which is the intellect—and there are inhibitions that arise from the transference of libido in various stages of development, and with various results depending upon the relation of the ego to the libido. These points of inhibition are called, after Freud, fixation-points. In most cases the factor that causes ego disturbances seems to lie in lesions of the libido. Thus, it is clear from Freud's interpretation that paranoia is a reaction to repressed homosexuality. The prohibition against finding an object for the homosexual drive, which results in an inhibition of the transference of homosexual libido organization, should be recognized as originating from within and remaining within. This projection is a defensive measure of the ego against the renounced homosexual libido that emerges with onrushing force out of repression. Libidinal inhibition leads to intellectual inhibition, which may be manifested in impaired judgment, or in insanity. An internal psychical process due to displacement and projection is mistaken for an external one, which leads to more or less marked "affective weakness of judgment," with the accompanying reactions of the psyche quantitatively and qualitatively determined by the morbid process.

We may say that in the case of an impaired libido organization, the ego finds itself facing the task of mastering an insane outer world, and hence behaves insanely.⁶

In the neuropsychoses that usually appear in later life, with a history of previous relative psychic health, it is not difficult to

observe that the impairment of the ego is caused by an impairment of the libido. However, in cases of psychosis that develop gradually and insidiously, beginning with earliest infancy, we may assume not so much a successive impairment of libido and ego as a correlative inhibition, primarily, of the entire development of the individual. The one group of instinctual drives does not develop normally, and this is paralleled by an arrest of the functions of the other group of drives and by a simultaneous development of secondary relations, which are to be regarded as attempts at self-cure and at adaptation to the functional disturbance by means of compensations and overcompensations. Furthermore, there occur regressions on the part of functions which have developed normally but which, whenever there is a marked discordance between the diseased and the normal portions of the psyche, abandon their normal level and retreat, for the purpose of adaptation, to the lower level of the impaired functions. During this retreat, there may arise various temporary or permanent symptom formations of different clinical types; and from these develop all mixed psychotic formations. The existence of these partial processes and their great variety with regard to levels of regression at a given moment requires careful consideration. In considering inhibitions of instinctual drives we must constantly keep in mind that all inhibited drives are capable of being transformed into, or being discharged as, anxiety. To quote Freud, "It may be said that, in a certain theoretical sense, symptoms are formed only in order to forestall an otherwise inevitable development of anxiety."

IV

We have learned from Freud that the projection of the homosexual libido in paranoia is to be regarded as a defensive measure of the ego against an inopportune and socially reprehensible sexual urge pressing from the unconscious. Is it possible to regard the projection of the patient's own body in the case of Miss Natalija as an analogous situation? Naturally, the projection would have to subserve the defense of that libido which belongs to the patient's own body, and which has become either too extensive or too inopportune in its demands for the patient to be able to

tolerate it as her own. It is also necessary to assume that this projection pertains only to the libido of the body and not to the libido of the psychic ego, as well, that, moreover, the libido of the psychic ego⁷ has facilitated the defense against the bodily libido because it was, so to speak, ashamed of it. That a projection mechanism has been chosen for the purpose of defense—a mechanism belonging to the primary functioning of the ego in the process of object finding—gives us reason to believe that we are here dealing with a libido position which is coëval with the beginnings of intellectual object finding and which is achieved either by regression or by the persistence of a vestigial phenomenon (*Resterscheinung*—Freud), which has been for years and up to the onset of the illness effectively compensated or concealed. In regressions, however, there is always an effort to reach the formerly uninhibited libido positions. In paranoia, regression reaches a stage when homosexual object choice has not yet come under the prohibition of the ego and there is free homosexual libido which is only later subjected to repression at the behest of the cultural demands of the ego.

The libido directed towards a person's own self, which the ego tries to get rid of by projecting its own body, naturally, is characteristic of a period when it was still free from conflict with the demands of other love-objects. This period must coincide with the developmental stage of the psyche in which object finding still occurs within the individual's own body, and when the latter is still regarded as part of the outer world.

I am intentionally differentiating between object choice and object finding. By the former, I mean only libidinal cathexis; by the latter, the intellectual awareness of this cathexis. An object is *found* by the intellect, and *chosen* by the libido. These processes may occur either simultaneously or in sequence, but for my purpose they are to be regarded as distinct.

The projection of one's body may, then, be traced back to the developmental stage in which one's own body is the goal of the object finding. This must be the time when the infant is discovering his body, part by part, as the outer world, and is still groping for his hands and feet as though they were foreign objects. At this time, everything that "happens" to him emanates from his own body; his psyche is the object of stimuli arising in his own

body but acting upon it as if produced by outer objects. These *disjecta membra* are later on pieced together and systematized into a unified whole under the supervision of a psychic unity that receives all sensations of pleasure and pain from these separate parts. This process takes place by means of identification with one's own body. The ego, thus discovered, is cathected with the available libido; in accordance with the psychic nature of the ego, narcissism develops; and, in accordance with the function of individual organs as sources of pleasure, autoeroticism results.

But if the psychoanalytic theories previously employed are correct, this object finding within one's own organs, which can be regarded as parts of the outer world only by projection, must be preceded by a stage of identification with a narcissistic libido position,⁸ and it is necessary to assume two successive stages of identification and projection.

The projection which participated in the object finding within one's own organs would, then, be the second phase of the preceding stage, although the part that depends upon the postulated identification has still to be discovered.

I am, then, assuming the existence of these two successive phases of identification and projection in object finding and object choice within one's own body.

I do not run counter to psychoanalytic conceptions in contending that the individual comes into the world as an organic unity in which libido and ego are not yet separated, and all available libido is related to that organic unity, which does not deserve the name "ego" (i.e., a psychical self-protective organization) any more than does the cell. In this situation the individual is equally a sexual and an individual being, simultaneously performing ego and reproductive functions, like the cell that takes nourishment up to the time when it divides. This stage of the newly born child is biological up to the time of conception, but must be regarded as psychological from the time when—at an indeterminable stage of foetal life—cerebral development takes place. From the point of view of libido, we may say that the newly born child is a sexual being. I am in accord with Freud's assumption that the individual's first renunciation is the renunciation of the protection of the mother's body imposed upon the libido and accompanied by that expression of anxiety, the birth-cry. However, once this first trauma

is over and no discontent arises to bring the infant into a clash with himself and with the environment, he is in complete possession of his own libido and knows nothing of the outer world, not even that part of the world which he will soon discover within himself. It is this stage of identity that precedes the first projection for the purpose of object finding within one's own body. This stage did not come about because of that psychic activity which may be called identification, but is present from the beginning. Nevertheless the result is the same as in actively established identity—absolute self-satisfaction, no outer world, no objects. Let us designate this stage as the innate narcissistic one. In this situation the libido is directed outward, first cathects the subject's own body by the indirect way of projection, and returns by way of self-discovery to the ego. In the meantime, the ego has undergone a decided alteration under the influence of these first psychic stirrings, which one may call experience, and is now again cathected by libido. Let us call this stage, acquired narcissism. The latter finds a considerable quantity of innate narcissism already present and is superimposed on it. The condition of innate narcissism normally remains attached for all time to the organs and their functions, and is in constant conflict with the various further stages of ego development which, with the assistance of anxiety and judgment, take place under the aegis of all the faculties that have been gradually acquired in the meantime. The struggle is carried on, at first, chiefly in the sphere of excretory functions and of the autoerotic sources of pleasure, since these are the spheres that give rise to the greatest difficulties in the individual's relation to the environment. Nevertheless, we must definitely understand that throughout life the ego develops with constant shiftings in the narcissistic libido position, that man in his struggle for existence is constantly compelled to find and recognize himself anew, and that the acquisition of narcissism is immanent in culture and is conceivable only on the basis of intact inborn narcissism that serves as a source of nourishment and regeneration. This constant struggle centering about the self occurs in various degrees in relation to various instinctual drives; it concerns homo- and hetero-sexuality and every libido component in different degrees at different times, and provokes various reactions, compensations, superstructures and eliminations. These secondary psy-

chical formations then enter again into combination and produce insoluble dynamic, qualitative, relative and modal relations, resulting in a great variety of character types and symptoms. The development both of the ego and of the libido—so far as concerns either alone or in their relation to each other—may become arrested and may set up goals of regression at as many points as there are primary, secondary, tertiary (etc.) factors of relationship and development. The entire problem is further complicated by the elements of time and space and so made insoluble. Let us suppose that the projection of one's own body is a pathological repetition of that psychical stage when the individual was endeavoring to discover his body by means of projection. It would not be too much to say that just as the projection in normal primary development has been successful because the innate narcissistic libido position had to be renounced under the attack of outer stimuli, so also pathological projection takes place because there has developed an accumulation of narcissistic libido analogous to the primary narcissism, though here anachronistic, regressive or fixated, but resembling it in character in so far as it isolates the individual from the outer world. Hence, projection of one's own body may be regarded as a defense against a libido position corresponding to the end of foetal existence and the beginning of extrauterine development. Freud, indeed, has not hesitated to declare, in his *Introductory Lectures*, that psychological problems are to be traced back to intrauterine existence.

These considerations may be used as a starting point for the explanation of various schizophrenic symptoms. Is it not possible that catalepsy, *flexibilitas cerea*, corresponds to the stage when man senses his own organs as foreign, as not belonging to himself, and as being dominated by an outside force? A similar instance is the symptom of having one's limbs moved by someone. This symptom reproduces especially well the situation in which one's own body becomes strange and, so to speak, part of an outer world dominated by outer forces. May we not say that catatonic stupor, which represents a complete rejection of the outer world, is a return to the uterus? May not these severest catatonic symptoms be the ultimate refuge of a psyche that has given up even the most primitive ego functions and has retreated *in toto* to the foetal and nursing stages, because it cannot use in the present state

of its libido even the simplest ego functions that maintain the relation to the outer world? The catatonic symptom, the negativistic stare of the schizophrenic, is nothing else than a renunciation of the outer world expressed in "organ language." Does not also the "nursing reflex" in the terminal stages of general paralysis indicate such a regression to infancy?"

The psychic correlate of *flexibilitas cerea* and of that stage in which man regards himself as a part of the outer world, lacks consciousness of his own volition and of his own ego boundaries, is the feeling that everyone knows and is in possession of the thoughts of the patient. In the period here duplicated pathologically there are indeed no thoughts, but even thoughts are subjected, as already stated above, to the same process of being regarded at first as coming from the outer world before they are accounted among the functions of the ego. Thoughts must first be assimilated into the consciousness of ego-unity before they can be an automatic ego-function; and this cannot occur before the intellect has advanced to the stage of memory perceptions. Freud has taught that this, too, is a later process, and that it is preceded by the stage of hallucinations of memory pictures, that is, a stage when the perceptions actually appear in the outer world and are not regarded as internal occurrences. Moreover, this stage of hallucinatory perceptions, in itself representing a kind of objectivation, object finding and object choice, also belongs to the first period of life. The regression, of course, does not occur equally in all psychical faculties and relationships. The capacity for thinking with memory perceptions is still intact, but the libido is already degraded to the nursing stage and sets up a relation with the thinking faculty as it exists. The consciousness of personality has been lost, and this loss is shown in the patient's inability to locate his intact psychical inventory. The patient who declares that his thoughts and feelings are in all people's minds merely declares, in words and concepts derived from the memory-reserve of a later developmental stage, that his libido finds itself at the stage when it is still identical with the outer world, still has no ego-boundaries set up against the outer world, and his libido is now compelled therefore to renounce the normal intellectual object relations in so far as these depend upon the degraded libido position.

These feelings and this mode of expression depend upon the

intactness of the psyche's ability to operate with memory perceptions. This faculty, too, may undergo regression.¹⁰ In this case the patient hallucinates. The libido has retreated behind the stage of identification, the intellect no longer shows how to establish a relation to the outer world, even by means of identification. The psyche is approaching closer and closer to the mother's womb.

Furthermore, may not perhaps "picture-seeing in planes" represent a stage of the development of the visual sense still earlier than the hallucinatory stage?

V

I have stated that narcissistic self-discovery and self-choice repeat themselves with every new acquisition of the ego, to this effect, that, under the guidance of conscience and judgment, each new acquisition is either rejected, or cathected with libido and attributed to the ego. Let us call this narcissism, psychic narcissism, and let us contrast it with the organic narcissism that guarantees in the unconscious the unity and functioning of the organism. There is nothing new in calling attention to the great dependence of physical health, and even of life itself, upon what is called love of life, or in the reminder that one can actually die of a "broken heart," and that, as Ostwald mentions in his book on *Great Men*, university professors emeritus often die soon after they have been absolved of their duties, even when they have previously been in the best of health. They die, not of old age, but because they lose the love of life when they can no longer perform the duties they have loved. Freud tells of a famous musician who succumbed to his illness because of the discontinuance of his creative work.

We must assume that the libido flows through the entire body, perhaps like a substance (Freud's view), and that the integration of the organism is effected by a libido tonus, the oscillations of which correspond to the oscillations of psychic narcissism and object libido.¹¹ Upon this tonus depends the resistance to illness and death. Love of life has saved many a man who was given up by physicians as incurable.

Whenever there occurs an influx of organic narcissism to a given organ as a site of predilection,¹² there may also occur a con-

sciousness of organ relations and organic functions which in normal life are relegated to an unconscious and vegetative role. Analogously, objects cathected by psychic narcissism and object love come to consciousness wherever the cathexis has reached a sufficient degree of strength. This influx of libido directs attention to the organ and provides the consciousness of a transformation of the organ or its functions, i.e., the feeling of estrangement. This is the mechanism described by Freud as hypochondria. This influx of libido is followed by the turning away of the ego from the organ pathologically overcharged with libido, or from its functions; that is, by estrangement.¹³ This is to be considered a defensive measure against the anxiety associated with hypochondria. The feeling of strangeness is a defense against libidinal cathexis, no matter whether it concerns objects of the outer world, one's own body, or its parts. Of course, the estrangement does not cause the giving up of the unconscious libido position. The estrangement is not a destructive force but merely a denial of the pathological cathexis; it is an instance of the ostrich tactics of the ego, which may be very easily reduced *ad absurdum*, and which must ultimately be supplanted by other or more effective measures of defense.

When, in paranoia, the feeling of estrangement no longer affords protection, the libidinal drive towards the homosexual object is projected on to the latter and appears, by a reversal of direction, as aggression towards the loving one (the patient himself) in the form of a sense of persecution. Strangers become enemies. The enmity is a new and more energetic attempt at protection against the rejected unconscious libido.

The narcissism organ libido in schizophrenia may undergo a similar transformation. The estranged organ—in our case, the entire body—appears as an outer enemy, as a machine used to afflict the patient.

We are, then, compelled to distinguish three principal stages in the history of the "influencing machine":

1. The sense of internal alteration produced by the influx of libido into a given organ (hypochondria).
2. The feeling of estrangement produced by rejection, whereby the pathologically altered organs or their functions are so to

speak denied and eliminated as something alien to the wholly or partially sound organs and functions accepted by the ego.

3. The sense of persecution (*paranoia somatica*) arising from projection of the pathological alteration on to the outer world,
 - (a) by attribution of the alteration to a foreign hostile power,
 - (b) by the construction of the influencing machine as a summation of some or all of the pathologically altered organs (the whole body) projected outward. It is to be noted that among these organs the genitals take precedence in the projection.

The assumption of an influx of libido into specific organs in the physiological sense of the word should receive proper consideration. On the basis of this assumption transient swellings of organs often observed in schizophrenia without inflammation and without an actual œdema may be interpreted as equivalents of erection, produced like erections of the penis and clitoris by an overflow of secretion resulting from libidinal charging of organs.¹⁴

VI

It is not at all surprising that the hostile apparatus is handled by persons who to an objective observer cannot but appear as love objects—suitsors, lovers, physicians. All these persons are associated with sensuousness, deal with the body, and demand a transfer of libido to themselves. This is what actually occurs in normal situations. But the narcissistic libido, whenever too strongly fixated, cannot but regard this demand made by love objects as inimical, and looks upon the object as an enemy. It is to be noted, however, that another group of love objects—mother, the patient's present physician, close friends of the family—are not counted among the patient's persecutors but among the persecuted, compelled to share his fate in being subjected to the influencing machine. In contrast to paranoia, the persecuted and not the persecutors are organized into a passive conspiracy, and this conspiracy is of passive nature. Of this phenomenon the following explanation may be offered:

It is noteworthy that the persecutors are all persons who live at some distance from the patient, whereas the persecuted belong to the closest circle of acquaintanceship and—including the phy-

sicians who are imagos of the father and hence also family members—represent a kind of constantly present family. Now, the family members are those love objects who because of their presence from the beginning of the patient's life are subjected to the narcissistic object choice by identification. To these persons our patient still applies this form of object choice in so far as she subjects them to her own fate, identifying herself with them. Normally, the demand for transfer of libido with respect to members of the family is not felt either as requiring the overcoming of any great distance or any substantial sacrifice of narcissism. In establishing an identification with these persons the patient follows a well-trodden path, which does not appear sufficiently inimical to the patient to force her to revolt against the cathexis of these objects and to regard them as hostile. It is different with lovers and suitsors. These threaten a narcissistic position with their substantial demands for object libido and are, therefore, repulsed as enemies. The fact that these persons are spatially distant evokes a feeling of distance on the part of the libido. The transfer of libido *par distance* is felt as an extraordinarily strong demand for the acknowledgement of an object position, as a demand for self-denial. This also holds for normal conditions. Spatial distance separating the beloved threatens the object libido; it even leads people ultimately to withdraw themselves and give up the object. To have to love at a distance is a difficult task, only unwillingly performed. Our patient, however, cannot simply give up her love objects in a normal way, because she has not cathected them normally. To those demanding much from her she can only react with the paranoid mechanism; to those demanding less, only with identification. I do not know why the persons who work the influencing machine are in my observations exclusively male. This may be due to faulty observation or to chance. Further investigations must clarify this point. However, that heterosexual objects can appear as persecutors in contradiction to Freud's theory of the exclusively homosexual genesis of paranoia, may be explained by the fact that the influencing machine corresponds to a regressive psychic stage in which the important distinction is not between the sexes but between narcissistic and object libido, and every object demanding a transfer of libido is regarded as hostile irrespective of its sex.

VII

After this long digression—which, I hope, will not be regarded as superfluous—we may return to the question of how even the ordinary, clinically familiar, influencing machine in its typical form can be a projection of the patient's body, as was true in the case of Miss Natalija. The answer should not be difficult to discover. If we do not want to assume that the machine has been established by successive substitutions of the parts of the patient's idea of his own body picture ("*wie Fuchs aus alopex*"),¹⁵ and if we make use, instead of the genitality of the machine, as previously established, to explain the typical influencing machine, we may avail ourselves of the following considerations:

The regression of libido to the early infantile stage determines the re-transformation of the meanwhile genitally centralized libido into the pregenital stage, in which the entire body is a libidinal zone—in which the entire body is a genital. Such fantasies are also found in cases of narcissistically strongly cathected, sexually extremely infantile, neurosis. I have myself observed such cases. The fantasy originates in the intrauterine (mother's body) complex and usually has the content of the man's desire to creep completely into the genital from which he came, refusing to content himself with any lesser satisfaction. The entire individual is in this case a penis. Further, the road of identification with the father (the penis of the father) is overdetermined in the symptom formation of male patients. The symptom is also to be conceived as regression to a stage of diffuse narcissistic organ libido and is in most cases associated with genital impotence. The genital, too, is renounced.¹⁶ The same situation is revealed by the lack of genitalia in the influencing machine of Miss N. The intrauterine fantasy and the identification¹⁷ with mother probably find expression in the dome-like lid of the trunk which perhaps represented the patient's mother during pregnancy. The enclosed batteries are perhaps the child, which is the patient herself. The fact that the child is equated with the batteries, that is, with a machine, lends further support to the supposition that the person feels himself to be a genital, and this all the more because the machine's lack of genitalia stands for the pregenital—in a certain sense, non-genital stage.

The construction of the influencing apparatus in the form of a machine therefore represents a projection of the entire body, now wholly a genital.

The fact that the machine in dreams is nothing but a representation of the genital raised to primacy in no way contradicts the possibility that it is in schizophrenia a symbol of the entire body conceived as a penis, and hence a representative of the pregenital epoch. The patient has indeed not lost the ideational content of his past life. The picture of the genital as a representation of sexuality has been retained in the psychical apparatus. It is therefore used as a means of representation, a mode of expression, a language in which phenomena existing prior to this means of expression are communicated. Here the genital is merely a symbol of a sexuality older than the symbolism and than any means of social expression. The picture, then, is in the language of the later genital period nothing but: "I am sexuality." But the context is, "I am wholly a genital." This test has of course to be translated into the language suited to the actual libido conditions.

It is possible that the ordinary influencing apparatus in the form of the machine owes its existence simply to the fact that its early stages were not formed gradually, because the pathological process seized too precipitately upon remote phases of existence. It is also possible that the early stages were not noticed by observers and not reported by the patient, or not recognized and evaluated as early stages. Thus the connection between the influencing apparatus of Miss N. and the ordinary influencing machine has been lost to science.

But the contradiction between the two concepts—on the one hand, that the machine form of the influencing apparatus originated through successive distortions of the influencing apparatus that represents the projection of the body, and, on the other hand, that the machine form of the influencing apparatus represents, like the machine in a dream, a projection of the genitalia, is now abolished. The evolution by distortion of the human apparatus into a machine is a projection that corresponds to the development of the pathological process which converts the ego into a diffuse sexual being, or—expressed in the language of the genital period—into a genital, a machine independent of the aims of the ego and subordinated to a foreign will.¹⁸ It is no longer subor-

dinated to the will of the ego, but dominates it. Here, too, we are reminded of the astonishment of boys when they become aware for the first time of erection. And the fact that the erection is shortly conceived as an exceptional and mysterious feat, supports the assumption that erection is felt to be a thing independent of the ego, a part of the outer world not completely mastered.

Notes

1. At the Belgrade Neuropsychiatric Division.
2. Tausk, Victor: *On the Psychology of the Alcoholic Occupation Delirium*.
3. Tausk, Victor: *Short Contributions to the Interpretation of Dreams: The Use of Clothes and Colors in Building Up the Dream Picture*. Miss N. dreams: I am seated on an upper bench in the surgical amphitheatre. Below a woman is being operated on. She lies with her head towards me, but I cannot see the head, as it seems to be concealed by the lower benches. I see the woman only from her chest down. I see both thighs and a heap of white towels and linens. I see nothing else clearly.
 Analysis of the dream reveals that the dreamer sees herself as the woman operated on. A few days before the night of the dream, the dreamer called on a young physician who made advances to her. On this occasion she was reclining on a couch. The physician raised her skirts and while he operated "below," she perceived the heap of white underclothes overhead. Just as much as she saw of herself in this situation, she sees of the woman in the dream, and the woman's head remains invisible to her in the same way as she could not see her own head in the actual situation. According to Freud, the "woman without a head" in a dream represents the mother. The basic reason for this interpretation will not be discussed here, but will be treated in another section of this paper.
4. This would fall into the period before the first successful lie, which occurs very early in infancy. Lies fabricated in the first year of life are nothing unusual; they can be observed especially in children who resist the regular elimination of bodily wastes which, by means of grimaces, gestures and inarticulated words, they mislead the training person into believing that they have had satisfactory evacuation. The educator who allows herself to be deceived by the child must ultimately look to divine guidance in order to keep the child within the truth, when the latter, to gain forbidden pleasure, begins to enjoy the practice of lying. Very soon the time arrives when recourse to the highest authority of omniscience becomes necessary. The introduction of the omniscient God in the educational system becomes, indeed, a necessity, since, de facto, children learn to lie from parents

and upbringers, who by misrepresentations and unkept promises make the child obey and teach him to disguise his true purposes. In order to safeguard the success of education, teachers cannot but transfer the power of omniscience to God—an authority which they themselves have abandoned. The incomprehensible nature of this deity precludes the possibility of practicing deception on him. Nevertheless, many children do not submit even to this authority, continually test their God with regard to his omniscience, and not infrequently actually succeed in unmasking him as a phantom of the dethroned parental, specifically paternal, power.

5. In the discussion of this paper at the Vienna Psychoanalytic Society, Freud emphasized that the infant's conception that others knew its thoughts has its source in the process of learning to speak. Having obtained its language from others, the infant has also received thoughts from them; and the child's feeling that others know his thoughts as well as that others have "made" him the language and, along with it, his thoughts, has therefore, some basis in reality.
6. The cases in which inhibition endangers the intellect primarily are to be attributed to dementia.
7. The projection of the libido position of the psychic ego produces the symptoms of simple paranoia, the mechanism of which was discovered by Freud. In what follows we shall omit from consideration the fact that ego-libido is necessarily homosexual in its strivings, that is, attracted by the sex which the ego itself represents. We shall describe briefly only one mechanism, which appears to be out of harmony with object-libido and which is exemplified by the symptomatology of our patient, Miss Natalija.

The patient reports: After she had rejected her suitor, she felt that he suggested that her mother and she strike up a friendship with his sister-in-law, so that the patient might be more amenable to a later proposal on his part. What appears here as suggestion on the suitor's part is nothing more than the projection of the patient's own unconscious inclination to accept the proposal of marriage. She had rejected the proposal not without inner conflict and had vacillated between accepting and rejecting her suitor. She gave realization in action to the rejection, while she projected her inclination to accept the proposal on to the object of her conflicting desires and made it appear as the sensory effect of an influence on the part of the object, or in other words as her symptom.

The patient was ambivalent towards her suitor, and projected one side of the conflict, the positive libidinal one, while manifesting in action the negative side, the rejection, because this procedure was in conformity with her ego. The choice, which in this instance has projection as its outcome, may in other cases be the reverse one. Here I am merely calling attention to the mechanism of partial projection of ambivalent tendencies.

A special contribution to the subject of the projection mechanism, which also made me aware of this principle, was made by Dr. Helene Deutsch in her discussion of this paper at the Vienna Psychoanalytic Society. A schizophrenic patient had the feeling that her friends always laid down their work when she herself began to work and that they sat down whenever she stood up; in brief, that others were always performing the opposite of what she herself was doing. The patient merely felt this; she could not possibly see it, since she was blind. Dr. Deutsch regarded the symptom as a projection of one of two tendencies present in every one of her patient's actions—namely, the tendency to do and the tendency not to do. This interpretation was confirmed by cases presented by other discussers. On this occasion Freud proposed the formulation that it is ambivalence that makes the projection mechanism possible. Once expressed, this thesis appears self-evident. It has a corollary in another contention of Freud's, to the effect that ambivalence produces repression. This has as its natural consequence the formulation mentioned, above, since only what is repressed is projected, in so far as boundaries between the unconscious and the conscious still obtain. The entire problem furnishes special justification for Bleuler's term "schizophrenia," and at the same time corroborates Pötzl's views discussed in note 13.

The present paper shows how, albeit unconsciously, I had been demonstrating Freud's formulation.

8. Freud has already indicated in his paper on the Schreber biography, that the libido in schizophrenia is located at a stage even earlier than autoeroticism. I arrive at the same conclusion by a different route, and I take the liberty of presenting this fact as proof of the correctness of Freud's contentions.
9. Many patients are actually aware of this regression to infancy and to the embryonic stage—the latter, though, only as a threat of further illness. A patient said to me: "I feel that I am constantly becoming younger and smaller. Now I am four years old. Shortly, I shall get into diapers and then back into mother."

Dr. Helene Deutsch, during the discussion of this paper, reported the case of a thirty-one year old female schizophrenic who wet and soiled her bed and stated as her justification that "they were making a baby of her."

On the same occasion Freud, referring especially to the influencing machine of Miss Natalija, and to the interchangeability of sexuality and death, called attention to the significance of the mode of burial of Egyptian mummies. To place the mummy in a case resembling the human body suggests the idea of the return to "mother earth," the return to the mother's body in death. Freud's reference shows how as a compensation for the bitterness of death, men take for granted the bliss of existence in the uterus. The fantasy of return to

the uterus is, then, an atavistic one, a preformed fantasy, and as such it may be added to the "primal fantasies" postulated by Freud. This fantasy appears symptomatically in schizophrenia as the pathological reality of the regressing, disintegrating psyche. The mummy returns to the mother's body by physical, and the schizophrenic by psychical death. ("*Mutterleibphantasie*"—an expression, as far as I know, first used by Gustav Grüner.)

10. For further discussion of this subject, see Freud: *Metapsychologische Ergänzung zur Traumlehre*. Int. Ztschr. f. Psa. VI, 1916/1917. (Translated in *Coll. Papers* 4, 137–52.) This work appeared while the present paper was in proofs. I am pleased to be able to refer to the many points of agreement between my contentions and Freud's in his paper, of which I had no knowledge at the time.
11. Melancholia is the illness, the mechanism of which consists in the disintegration of psychic narcissism, in the renunciation of love for the psychic ego. Melancholia, in pure culture, is the paradigm of the dependence of the organic upon the psychic narcissism. The separation of libido from the psychic ego, i.e., the rejection and condemnation of the *raison d'être* of the psychic person, brings with it the rejection of the physical person, the tendency to physical self-destruction. There occurs a consecutive separation of the libido from those organs which guarantee the functioning and the value of the physical individuality, a separation by means of which the organs' function is impaired or given up. Hence appetite is lost, constipation occurs, menstruation ceases, and potency is lost—all as a result of unconscious mechanisms. This failure of function is to be traced to the destruction of the respective organic libido positions which are essentially vegetative, i.e., unconscious; it is thus to be strictly differentiated from the conscious, deliberate suicidal tendency expressed in refusal of nourishment or in activities inimical to life.

Melancholia is the persecution psychosis without projection; its structure is due to a specific mechanism of identification. (Further discussion on this point in my paper *Diagnostic Considerations Concerning the Symptomatology of the So-Called War Psychoses*. While this paper was in proof, Freud's article *Trauer und Melancholie* [translated in *Coll. Papers* IV, 152–173] appeared, to which I refer in this connection.)
12. This involves the Freudian principle of the erotogenicity of organs, that is, of the erotogenic zones.
13. Dr. Otto Pötzl suggested on a certain occasion (I do not remember whether it was in connection with a thesis of his own or as an addendum to theories of others) that the catatonic state is an expression of the patient's inability to apportion his motor impulses disintegrated by the split of his volition into agonistic and antagonistic elements, so that a purposeful action may again be performed. (In Meyrinck's story, *Der Fluch der Kröte* ["The Curse of the Toad"],

the milliped is unable to move a limb the moment he focusses his attention upon the activity of any one of his thousand legs.)

Pötl's conception is in harmony with the psychoanalytic theory that the regressive narcissistic libido undergoes a pathological division with the cathexis of the individual functions of the psyche and the organs, so that the agonistic and antagonistic portions of the purposefully directed antithetical pair of forces are brought into the reach of awareness by the disturbance of the equilibrium between their respective libido quantities and are deprived of automatic functioning. This would be a special case of hypochondria and estrangement related to the antithetical pairs of forces with their respective specific consequences.

Pötl's view does not contradict the assumption that the outer world may be eliminated as a result of regressive narcissistic libido, and it actually allows the application of the theory of hypochondria to further special points in the psycho-physical make-up of men. Pötl's concept even suggests the hypothesis that there was in the life of man a period—a not definitely determinable one, it is true, and perhaps only potential—in which the activity of the antagonistic pair of forces was still automatic and had to be discovered and learned by the person himself as if from an alien outer world. This period may well be present in ontogenesis only as an "engram" of phylogenetic stages which comprised the origin of the now complex motor organs from the simplest, single-tracked active formations. Regression in schizophrenia would then be traceable to those "engrams" of the oldest era of the race, and the theory would demand that these phylogenetic traces of function retain their capacity for being reactivated. We must not shrink from this hypothesis. It provides us with another idea to use in investigating problems in schizophrenia, perhaps this remarkable disease consists in just this—that the phylogenetic vestiges of function retain in many individuals an extraordinary capacity for being reactivated. Psychoanalysis would have to make room for this conception, since psychoanalysis has already in many instances uncovered the roots of symptoms in the history of the species. From this it may perhaps be possible, via ontogenesis, to proceed to an explanation of the mysterious "electrical currents" complained of by patients. This paræsthesia may once have been a sensation that accompanied the first nerve and muscle functions. It is perhaps a reminiscence of the sensation of the newly born being who enters the strange air of the external world out of the comfortable covering of the mother's womb, or for whom the latter is replaced by its first garments. The bed he first lay in, is perhaps that one which comes to the patient's consciousness when he feels himself, while lying in bed, electrified by invisible wires.

14. These psychological assumptions are strongly supported from the organological standpoint by a report made some years ago by Fauser

at Stuttgart on the presence of sexual secretion in the blood of dementia præcox patients, as demonstrated by Abderhalden's dialytic method. New and important findings in this connection are to be expected from Steinach's experiments. When the present paper was completed, there appeared in the *Münchener mediz. Wochenschrift*, No. 6, 1917, under the title *Umstimmungen der Homosexualität durch Austausch der Pubertätsdrüsen* ("Transformations of Homosexuality by Exchange of Puberty Glands"), a very interesting and significant article by Steinach and Lichtenstern, which realized these expectations. After the completion of this paper there also appeared in the *Internationale Zeitschrift f. ärztl. Psa.* Volume IV, 1917, an article by S. Ferenczi, *Von Krankheits- und Patho-neurosen* ("Disease- or Patho-Neuroses," in *Further Contributions to the Theory and Technique of Psychoanalysis*, p. 78–89. London, 1926) in which the assumption of the libidinal cathexis of individual organs in the sense above described appears to be applied with notable success.

15. "Like fox from alopecy"—a student parody on etymological derivations consisting of the stringing together of rhyming and nearly rhyming words. —TRANSLATOR.
16. This renunciation of the genitalia is felt by the male schizophrenic as a loss of virility, which is "drained off" from him, or else as a direct transformation into a woman, corresponding to the infantile notion of boys that there is only one kind of genital, namely their own, and that those of women are the result of castration and really represent a loss of the genital. The castration complex is often combined with the infantile identification of semen with urine resulting from urethral eroticism. I have observed an attack of castration anxiety while catheterizing a schizophrenic who refused to empty his bladder. He maintained that I was practicing coitus with him by means of the catheter and that I had emptied him of all his semen. Thus his retention of urine appears as a refusal to yield semen, representing his virility. The patient's playing with excrement is explicable by the narcissistically rooted conception that feces and urine are parts of the body. Coprophagia is not inhibited by the thought that the excreta are nothing else than the body from which they come.
17. The proof of this identification derived from symbolic language has already been given in the dream of "the woman without a head," note 3.
18. Indeed, the machines produced by man's ingenuity and created in the image of man are unconscious projections of man's bodily structure. Man's ingenuity seems to be unable to free itself from its relation to the unconscious. [See Hanns Sachs' *The Delay of the Machine Age, The Psychoanalytic Quarterly*, Vol. 2, 1933.]