

HYSTERICAL PHANTASIES AND THEIR RELATION TO BISEXUALITY - (1908)

We are all familiar with the delusional imaginings of the paranoid, which are concerned with the greatness and the sufferings of his own self and which appear in forms that are quite typical and almost monotonous. We have also become acquainted, through numerous accounts, with the strange performances with which certain perverts stage their sexual satisfaction, whether in idea or reality. Nevertheless, it may be new to some readers to hear that quite analogous psychical structures are regularly present in all the psychoneuroses, particularly in hysteria, and that these latter - which are known as hysterical phantasies - can be seen to have important connections with the causation of the neurotic symptoms.

A common source and normal prototype of all these creations of phantasy is to be found in what are called the day-dreams of youth. These have already received some, though as yet insufficient, notice in the literature of the subject.¹ They occur with perhaps equal frequency in both sexes, though it seems that while in girls and women they are invariably of an erotic nature, in men they may be either erotic or ambitious. Nevertheless the importance of the erotic factor in men, too, should not be given a secondary rating; a closer investigation of a man's day-dreams generally shows that all his heroic exploits are carried out and all his successes achieved only in order to please a woman and to be preferred by her to other men.² These phantasies are satisfactions of wishes proceeding from deprivation and longing. They are justly called 'day-dreams', for they give us the key to an understanding of night-dreams - in which the nucleus of the dream-formation consists of nothing else than complicated day-time phantasies of this kind that have been distorted and are misunderstood by the conscious psychical agency.³

These day-dreams are cathected with a large amount of interest; they are carefully cherished by the subject and usually concealed with a great deal of sensitivity, as though they were among the most intimate possessions of his personality. It is easy to recognize a person who is absorbed in day-dreaming in the street, however, by his sudden, as it were absent-minded, smile, his way of talking to himself, or by the hastening of his steps which marks the climax of the imagined situation. Every hysterical attack which I have been able to investigate up to the present has proved to be an involuntary irruption of day-dreams of this kind. For our observations no longer leave any room for doubt that such phantasies may be unconscious just as well as conscious; and as soon as the latter have become unconscious they may also become pathogenic - that is, they may express themselves in symptoms and attacks. In favourable circumstances, the subject can still capture an unconscious phantasy of this sort in consciousness. After I had drawn the attention of one of my patients to her phantasies, she told me that on

¹ Cf. Breuer and Freud (1895), Pierre Janet (1898, 1), Havelock Ellis (1899), Freud (1900a), Pick (1896).

² Havelock Ellis (1899) is of the same opinion.

³ Cf. The Interpretation of Dreams (1900a)

one occasion she had suddenly found herself in tears in the street and that, rapidly considering what it was she was actually crying about, she had got hold of a phantasy to the following effect. In her imagination she had formed a tender attachment to a pianist who was well known in the town (though she was not personally acquainted with him); she had had a child by him (she was in fact childless); and he had then deserted her and her child and left them in poverty. It was at this point in her romance that she had burst into tears.

Unconscious phantasies have either been unconscious all along and have been formed in the unconscious; or - as is more often the case - they were once conscious phantasies, day-dreams, and have since been purposely forgotten and have become unconscious through 'repression'. Their content may afterwards either have remained the same or have undergone alterations, so that the present unconscious phantasies are derivatives of the once conscious ones. Now an unconscious phantasy has a very important connection with the subject's sexual life; for it is identical with the phantasy which served to give him sexual satisfaction during a period of masturbation. At that time the masturbatory act (in the widest sense of the term) was compounded of two parts. One was the evocation of a phantasy and the other some active behaviour for obtaining self-gratification at the height of the phantasy. This compound, as we know, was itself merely soldered together.¹ Originally the action was a purely auto-erotic procedure for the purpose of obtaining pleasure from some particular part of the body, which could be described as erotogenic. Later, this action became merged with a wishful idea from the sphere of object-love and served as a partial realization of the situation in which the phantasy culminated. When, subsequently, the subject renounces this type of satisfaction, composed of masturbation and phantasy, the action is given up, while the phantasy, from being conscious, becomes unconscious. If no other mode of sexual satisfaction supervenes, the subject remains abstinent; and if he does not succeed in sublimating his libido - that is, in deflecting his sexual excitation to higher aims -, the condition is now fulfilled for his unconscious phantasy to be revived and to proliferate, and, at least as regards some part of its content, to put itself into effect, with the whole force of his need for love, in the form of a pathological symptom.

In this way, unconscious phantasies are the immediate psychological precursors of a whole number of hysterical symptoms. Hysterical symptoms are nothing other than unconscious phantasies brought into view through 'conversion'; and in so far as the symptoms are somatic ones, they are often enough taken from the circle of the same sexual sensations and motor innervations as those which had originally accompanied the phantasy when it was still conscious. In this way the giving up of the habit of masturbation is in fact undone, and the purpose of the whole pathological process, which is a restoration of the original, primary sexual satisfaction, is achieved - though never completely, it is true, but always in a sort of approximation.

¹ Cf. Freud, Three Essays (1905d).

Anyone who studies hysteria, therefore, soon finds his interest turned away from its symptoms to the phantasies from which they proceed. The technique of psycho-analysis enables us in the first place to infer from the symptoms what those unconscious phantasies are and then to make them conscious to the patient. By this means it has been found that the content of the hysteric's unconscious phantasies corresponds completely to the situations in which satisfaction is consciously obtained by perverts; and if anyone is at a loss for examples of such situations he has only to recall the world-famous performances of the Roman Emperors, the wild excesses of which were, of course, determined only by the enormous and unrestrained power possessed by the authors of the phantasies. The delusions of paranoics are phantasies of the same nature, though they are phantasies which have become directly conscious. They rest on the sado-masochistic components of the sexual instinct, and they, too, may find their complete counterpart in certain unconscious phantasies of hysterical subjects. We also know of cases - cases which have their practical importance as well - in which hysterics do not give expression to their phantasies in the form of symptoms but as conscious realizations, and in that way devise and stage assaults, attacks or acts of sexual aggression.

This method of psycho-analytic investigation, which leads from the conspicuous symptoms to the hidden unconscious phantasies, tells us everything that can be known about the sexuality of psychoneurotics, including the fact which is to be the main subject-matter of this short preliminary publication.⁶

Owing, probably, to the difficulties which the unconscious phantasies meet with in their endeavour to find expression, the relationship of the phantasies to the symptoms is not simple, but on the contrary, complicated in many ways.¹ As a rule - when, that is, the neurosis is fully developed and has persisted for some time - a particular symptom corresponds, not to a single unconscious phantasy, but to several such phantasies; and it does so not in an arbitrary manner but in accordance with a regular pattern. At the beginning of the illness these complications are, no doubt, not all fully developed.

For the sake of general interest I will at this point go outside the framework of this paper and interpolate a series of formulas which attempt to give a progressively fuller description of the nature of hysterical symptoms. These formulas do not contradict one another, but some represent an increasingly complete and precise approach to the facts, while others represent the application of different points of view: (1) Hysterical symptoms are mnemonic symbols of certain operative (traumatic) impressions and experiences.

(2) Hysterical symptoms are substitutes, produced by 'conversion', for the associative return of these traumatic experiences.

(3) Hysterical symptoms are - like other psychical structures - an expression of the fulfilment of a wish.

(4) Hysterical symptoms are the realization of an unconscious phantasy which serves the fulfilment of a wish.

(5) Hysterical symptoms serve the purpose of sexual satisfaction and represent a portion of the subject's sexual life (a portion which corresponds to one of the constituents of his sexual instinct).

(6) Hysterical symptoms correspond to a return of a mode of sexual satisfaction which was a real one in infantile life and has since been repressed.

(7) Hysterical symptoms arise as a compromise between two opposite affective and instinctual impulses, of which one is attempting to bring to expression a component instinct or a constituent of the sexual constitution, and the other is attempting to suppress it.

(8) Hysterical symptoms may take over the representation of various unconscious impulses which are not sexual, but they can never be without a sexual significance.

¹ The same is true of the relation between the 'latent' dream-thoughts and the elements of the 'manifest' content of a dream. See the section of my Interpretation of Dreams which deals with the 'dream-work'.⁷

Among these various definitions the seventh brings out the nature of hysterical symptoms most completely as the realization of an unconscious phantasy; and the eighth recognizes the proper significance of the sexual factor. Some of the preceding formulas lead up to these two and are contained in them.

This connection between symptoms and phantasies makes it easy to arrive from a psycho-analysis of the former at a knowledge of the components of the sexual instincts which dominate the individual, as I have demonstrated in my Three Essays on the Theory of Sexuality. In some cases, however, investigation by this means yields an unexpected result. It shows that there are many symptoms where the uncovering of a sexual phantasy (or of a number of phantasies, one of which, the most significant and the earliest, is of a sexual nature) is not enough to bring about a resolution of the symptoms. To resolve it one has to have two sexual phantasies, of which one has a masculine and the other a feminine character. Thus one of these phantasies springs from a homosexual impulse. This new finding does not alter our seventh formula. It remains true that a hysterical symptom must necessarily represent a compromise between a libidinal and a repressing impulse; but it may also represent a union of two libidinal phantasies of an opposite sexual character.

I shall refrain from giving examples in support of this thesis. I have found from experience that short analyses, condensed into extracts, can never have the convincing effect which they are designed to produce. And on the other hand, accounts of fully analysed cases must be left for another occasion.

I will therefore content myself with stating the following formula and explaining its significance:

(9) Hysterical symptoms are the expression on the one hand of a masculine unconscious sexual phantasy, and on the other hand of a feminine one.

I must expressly state that I cannot claim the same general validity for this formula as I have done for the others. As far as I can see, it applies neither to all the symptoms of a given case nor to all cases. On the contrary, it is not hard to adduce cases in which the impulses belonging to the opposite sexes have found separate symptomatic expression, so that the symptoms of heterosexuality and those of homosexuality can be as clearly distinguished from each other as the phantasies concealed behind them. Nevertheless, the condition of things stated in the ninth formula is common enough, and, when it occurs, important enough to deserve special emphasis. It seems to me to mark the highest degree of complexity to which the determination of a hysterical symptom can attain, and one may therefore only expect to find it in a neurosis which has persisted for a long time and within which a great deal of organization has taken place.¹

The bisexual nature of hysterical symptoms, which can in any event be demonstrated in numerous cases, is an interesting confirmation of my view that the postulated existence of an innate bisexual disposition in man is especially clearly visible in the analysis of psychoneurotics.² An exactly analogous state of affairs occurs in the same field when a person who is masturbating tries in his conscious phantasies to have the feelings both of the man and of the woman in the situation which he is picturing. Further counterparts are to be found in certain hysterical attacks in which the patient simultaneously plays both parts in the underlying sexual phantasy. In one case which I observed, for instance, the patient pressed her dress up against her body with one hand (as the woman), while she tried to tear it off with the other (as the man). This simultaneity of contradictory actions serves to a large extent to obscure the situation, which is otherwise so plastically portrayed in the attack, and it is thus well suited to conceal the unconscious phantasy that is at work.

In psycho-analytic treatment it is very important to be prepared for a symptom's having a bisexual meaning. We need not then be surprised or misled if a symptom seems to persist undiminished although we have already resolved one of its sexual meanings; for it is still being maintained by the - perhaps unsuspected - one belonging to the opposite sex. In the treatment of such cases, moreover, one may observe how the patient avails himself, during the analysis of the one sexual meaning, of the convenient possibility of constantly switching his associations, as though on to an adjoining track, into the field of the contrary meaning.

¹ Sadger (1907) has recently discovered this formula independently in his own psycho-analyses. He, however, maintains that it has general validity.

² Cf. my Three Essays.