

## CLINICAL NOTES

### ON THE SEXUAL AETIOLOGY OF THE NEUROSES

Sigmund Freud (1906). 'My Views on the Part Played by Sexuality in the Aetiology of the Neuroses,' *On Psychopathology*, translated by James Strachey, edited by Angela Richards (London: Penguin Books, 1987), pp. 67-81.



These clinical notes summarize the main arguments, observations, and conclusions put forward by Sigmund Freud in a paper that he wrote as early as 1905.

The German version of this paper was published in 1906. English translations by different translators appeared in 1909, 1924, 1953.

This is an important paper because it not only explains clearly what exactly constitutes the 'sexual aetiology of the neuroses,' but how Freud put this idea together in his clinical work.

In the beginning, Freud invoked the term 'sexual aetiology' mainly to describe a class of neuroses that he termed 'neurasthenia.' The term 'neurasthenia' comprises both 'neurasthenia proper' and 'anxiety neurosis.'

During this early period of clinical observation, it appeared that the sexual aetiology of the neuroses was not yet on firm ground.

While it was obvious that it played an important role in a number of cases, it was not clear whether it would play a role in all cases.

What Freud sets out to explain in this case is the fact that *sexual factors are invariably the cause of the neuroses*. Hence the title of the paper in which Freud invokes a strong sense of sexual aetiology.

What is at stake then is the scope of the term 'sexual aetiology' as *an explanatory category within a theory of the neuroses*.

The most important clinical observation that Freud shares with his readers is the sheer frequency with which the 'vita sexualis' is disturbed in the life of neurotic patients.

This paper depicts the causal trajectory that Freud made from starting with a frequency analysis of such disturbances to inferring the 'universal occurrence' of sexual factors in constituting the structure of the neuroses.

So, for instance, both neurasthenia and anxiety neurosis were characterized by libidinal situations in which the patient suffered from bouts of 'unconsummated excitation'.

The patients, needless to say, were not able to work-through this 'unconsummated excitation' on their own.

The sexual noxa in contention in these forms of unconsummated excitation in the patient's life included masturbation, sexual emissions, and coitus interruptus.

Freud thought that this model of insufficient libidinal discharge was mainly relevant in the context of the 'simple neuroses,' but not necessarily the case in the psychoneuroses comprising disorders like hysteria.

It appeared to him that in hysteria, what was causative was more in the form of 'strangulated affects.'

The clinical preoccupation in such cases then was to do away with hysterical affects involved in conversion symptoms through forms of 'abreaction.'

So, while there is an element of unconsummated excitation in both forms of the neuroses, the simple neuroses appear to be more obviously sexual in how they are constituted than the psychoneuroses (where repression makes it more difficult to recognize what is going on).

But a deeper investigation revealed that the mechanisms of causation that were identified in the simple neuroses were at work in the psychoneuroses as well.

So while it was important for a clinician to be able to differentiate between the simple neuroses and the psychoneuroses, the analytic distinction was not reducible to unconsummated libido in the former and undischarged affects in the latter.

*There was libido lurking behind the affects in hysteria as well.*

That is the point at which the scope of the sexual aetiology of the neuroses was able to subsume both the simple neuroses and the psychoneuroses.

This paper then is an attempt on the part of Sigmund Freud to explain what the revised scope of the sexual aetiology of the neuroses consists of in clinical work.

The reason that it took longer to recognize the role played by sexual experiences in the psychoneuroses – as opposed to the simple (or actual) neuroses – is related to the fact that in the simple neuroses, the sexual noxa in question are recent occurrences in the sexual life of the patient.



They are therefore easier to identify. In the psychoneuroses, however, the analyst had to dig deeper to uncover the libido lurking behind the exaggerated affects suffered by hysterics.

That is why Freud differentiates between the forms of ‘contemporary’ aetiology in the simple neuroses and the function of repression in the sexual aetiology of the psychoneuroses.

Freud’s conclusion on this matter took the shape of the following formulation: ‘if the *vita sexualis* is normal, there can be no neurosis.’

These conclusions were however later revised to include the analytic distinction between ‘trauma’ and ‘fantasy.’

This meta-psychological distinction had not yet been developed when Freud made his first set of observations on the differences between the simple neuroses and the psychoneuroses.

The significance of this distinction is that in most (though not all) of these neuroses, the causative factor was not sexual trauma in the actual sense.

More often than not *even the fantasy of a trauma or a sexual encounter could be pathogenic for a subject predisposed to neurosis.*

Freud's point is *not* that sexual traumas are not traumatic.

Freud's point is that *both sexual traumas and sexual fantasies can constitute the cause of the neuroses.*

In fact, in most cases of neurosis, sexual fantasies from the oedipal matrix are itself enough to constitute a pathological reaction on the part of the subject.

So the problem of the sexual aetiology is based on *how* the neurotic subject reacts to either a sexual trauma or a sexual fantasy. Both can be equally traumatic if the subject is not able to work-through the sexual aspects.

That is why the scope of the term 'sexual aetiology' was invoked both for the simple neuroses *and* the psychoneuroses.

The Freudian model of primal repression is related to the repression of sexual fantasies in the oedipal matrix.

However if repression is more than required to fend off thoughts incompatible with the subject's ego and its ideals; then, the subject might suffer a neurosis in his pubertal years, or as a young adult, when he has to handle a greater quantity of libido than usual.

There is wide-spread misunderstanding on what repression is. Freud's point was not that it is possible to describe a model of the subject without repression.

There is necessarily a 'structural' dimension in primal repression.

That is why Jacques Lacan's invocation of the symbolic interpretation of the Oedipus complex in the work of the structural anthropologist Claude Lévi-Strauss is important.

It is not possible to find a subject who is not subject to primal repression; such a subject is likely to be either perverse or a psychotic.

Freud is clinically preoccupied then with *the severity of repression rather than with the fact of repression.*

So when Freud points out that a condemning judgement is better than severe forms of repression, he is not saying that it is possible to describe a model of subjectivity that is devoid of repression.

Freud is merely saying that it is easier for a grown up adult to work-through the promptings of an oedipal fantasy than for a child who seeks recourse to repression which functions as a structural necessity in the early years.

However, if there is failure in primal repression, or if repression proper is not able to repress the secondary derivatives of the repressed; then, the subject will experience the forms of dysfunctional behaviour that constitutes a neurosis.

Such neurotic subjects are trying to come to terms with the 'return of the repressed.'

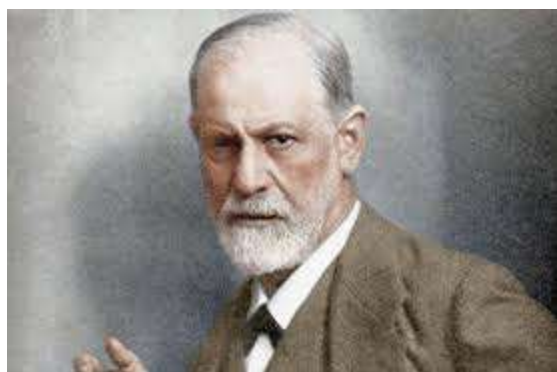
The Freudian model of 'normality' involves successful repression – not an avoidance of repression altogether since that will lead to a psychosis. Primal repression is also a way of *uniting the component instincts of the sexual drive* in the direction of the 'reproductive function.'

Neuroses then are related to excessive repression; the perversions are related to the subject's inability to unite the components of the sexual drive. Freud elsewhere describes the perversions as the 'negative' of the neuroses.

The main difference is that neurotics suffer at the level of fantasy what perverts experience or act upon at the level of reality.

Freud also explains that neurotic fantasy constitutes the source of the patient's symptoms. These symptoms represent the sex life of the patient.

A significant encounter with a pervert or an act of perversion can trigger off a latent neurosis in the subject.



That is why the encounter with the *jouissance* of the cruel captain was traumatic for the rat man in Freud's best-known case on obsessional neurosis.

What is at stake in analysis then is to reconstruct the genealogy of the patient's symptoms until the analyst and the patient are able to identify the sexual factors (both real *and* imagined) that constitute the aetiology of the neurosis.

It is because the real and the imagined are implicated in each other; the factors that constitute the symptom, or the structure of a neurosis, are said to be 'over-determined.'

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