The Freudian Cut

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From a historical perspective, psychoanalysis had multiple beginnings. Many would argue that it all began with Breuer's case of Anna O., or perhaps with Freud's subsequent reading of the case history, which first introduced the non-hierarchical structure of the "talking cure." Some would argue that it was the interpretation of dreams that lay the ground for the onset of psychoanalysis proper. By providing the emerging practical method with its much more elaborate double, a self-organised material dynamic called the "dream-work," psychoanalysis was able to develop the unique concept of the unconscious – the concept which has ever since served as its underlying theoretical basis. Others would perhaps suggest that psychoanalysis was only possible after it had first introduced its own theory of sexuality and thereby abolished the clear distinction between the pathological and the normal – not so much by normalising the pathological but rather by pathologising the norm.

Arguments for choosing one alternative over another may be quite convincing; one could even say that some of the alternatives are relatively more credible than others. In the final analysis, however, it is reasonable to argue that a decision on this matter is strictly impossible – not only because none of the mentioned options involve all the necessary elements, be they theoretical or practical, but also because the decision itself rests on a retrospective illusion of linear development, which disregards the emphatically retroactive nature of the way psychoanalysis was formed. Returning to Freud was not a Lacanian, but a Freudian invention.[1]

Freud was by no means a speculative idealist who at a certain point in time arrived at the idea of psychoanalysis and then applied it in practice. Psychoanalysis could only have emerged by disentangling itself from the existing therapeutic practices, not by directly criticising their theoretical foundations but by finding new solutions where the falseness of theory was translated into failures of practice. That being so, the beginning of psychoanalysis is nothing but a multitude of beginnings, a series of interconnected Freudian gestures that pushed psychoanalysis far enough so that it could continue to develop in and of itself. What we should strive to give a name to, then, is not a historical point in time, but something more like a structural beginning, the germ cell in the case history of psychoanalysis, so to say, which organised its advancement and continues to do so. What we should be searching for is, properly speaking, the disposition of psychoanalysis, the non-historical formation of its

trajectory – or, one could argue, *the Freudian cut*. However, in order to avoid the trap of transforming Freud into a proto-Lacanian, we will take a slightly less common approach. Instead of looking where in Freud we could discern the traces of his most faithful follower, we will insist on his complete autonomy, and rather follow the shift in Freudian thought that not only opened the space for the much later Lacanian conceptual intervention but also already determined its essential features.

In contrast to the above-mentioned attempts that focus on locating the most significant events in the historical timescale, formulating the origin of the trajectory of psychoanalysis is a matter of *construction*, understood in the precise psychoanalytic sense. It is in the very last of the five great case histories, i.e. the "Wolf-Man," that Freud introduced the idea of the primal scene, an ahistorical event that can only be constructed but is nevertheless more real than all the given facts:

> Let it be clearly understood that this last attempt at an explanation on the part of those who take the view opposed to mine results in the scenes from infancy being disposed of far more fundamentally than was announced to begin with. What was argued at first was that they were not realities but fantasies. But what is argued now is evidently that they are phantasies not of the patient but of the analyst himself, who forces them upon the person under analysis on account of some complexes of his own. An analyst, indeed, who hears this reproach, will comfort himself by recalling how gradually the construction of this phantasy which he is supposed to have originated came about, and, when all is said and done, how independently of the physician's incentive many points in its development proceeded; how, after a certain phase of the treatment, everything seemed to converge upon it, and how later, in the synthesis, the most various and remarkable results radiated out from it; how not only the large problems but the smallest peculiarities in the history of the case were cleared up by this single assumption. And he will disclaim the possession of the amount of ingenuity necessary for the concoction of an

> occurrence which can fulfil all these demands. (Freud "From the History", 52)

What characterises the primal scene is precisely the objective, non-arbitrary necessity by which it is imposed. It is not at the analyst's disposal to concoct such an event, as Freud put it. It is not his or her subjective decision to construct the primal scene; it is the process of analysis itself that demands that the unnameable real, upon which all of its elements converge, be articulated – yet in such a manner that it makes any subjective interpretation impossible.

In the specific case of the Wolf-Man, a patient marked by strongly ambivalent character traits, the primal scene itself had to be "structured like the Wolf-Man." According to Freud, the patient's psyche was characterised by three fundamental traits: a) "his tenacity of fixation," b) "his extraordinary propensity to ambivalence," and c) "his power of maintaining simultaneously the most various and contradictory libidinal cathexes, all of them capable of functioning side by side" (Freud "From the History", 118-19). In order to produce a material record of the formation of the subject's disposition, then, the primal scene had to be structured in such way that it corresponded to the above-mentioned traits – yet in a different register. Wolf-Man's tenacity of fixation found its echo in the inherent retroactivity (or better, *Nachträglichkeit*, "afterwardsness") inscribed within the primal scene itself. His propensity to ambivalence was presented as originating in the more structural ambivalence of the active and the passive. And lastly, his ability to maintain simultaneously the contradictory libidinal cathexes, turned out to be the consequence of the oscillation between the identification with the father and the mother in the observer of the primal scene.

How, then, are we to formulate what we termed the disposition of psychoanalysis? How are we to construct the real of psychoanalysis, the point upon which everything psychoanalysis has produced thus far converges? How can we grasp the irreversible trajectory of psychoanalysis, its singular path created in Freud, which remains open for, or even requires, post-Freudian modifications but nevertheless prevents these modifications from essentially reshaping the very idea of psychoanalysis?

There is a single hypothesis, a single question that psychoanalysis has been dealing with from the very beginning – a question that not only has never been posed but one that in fact *had to remain implicit*, were it to become its truly fundamental question. The question that progressively produced the disposition of psychoanalysis, i.e. the irreversible trajectory on which it has been situated ever since, is the following: *Is it possible to intervene into the*

irreversible? Is it in any way possible to intervene into a sequence that appears to have been locked in, predestined to unwind? Is it possible to modify a sequence that, in its very essence, is irreversible, and should as such be resistant to any intervention whatsoever?

Following our assertion, psychoanalysis would be defined in a double sense: on the one hand, as a practical endeavour of intervening into the irreversible, and, on the other, as a theoretical attempt at developing the conceptual background of such intervention. If we take the assertion seriously, the consequences thereof are quite severe: any psychoanalytic project attempting to escape this framework, attempting to find a way around this fundamental question, could no longer deserve to be called psychoanalysis. It could still be of some value, for sure. It could even produce better results, but essentially it would become something else, to put it bluntly. How, then, is one to understand this action-phrase? What exactly would it mean "to intervene into the irreversible"?

There is a first possible reading, a weak one. A successful intervention into a certain irreversible process in this view amounts to the latter's *negation*. What appeared to be *irreversible* is suddenly transformed into something *reversible*. The sequence that we thought was completely determined and completely autonomous, has now been modified in its essential feature, enabling us to regain control over its dynamics. It is, of course, not necessary that the process in question suddenly stops or simply vanishes. What matters, in this view, is that after our intervention, it becomes a normal systemic process, no longer marked by an uncanny, over-autonomous trait.

Although this reading might seem intuitive, there is a slight problem with it. If we claim that something irreversible has suddenly become reversible, we are actually saying that what we now claim to be reversible, i.e. susceptible to our own intervention, previously had only *appeared* to be irreversible. Consequently, the success of our intervention would only be an ostensible success, even a false success. By doing so, we would no doubt reduce the extension of the concept, i.e. the extent of existing autonomous irreversible processes. However, we would in no sense – to use Mallarmé – 'touch' the dimension of irreversibility as such. What we were able to make reversible had only been apparently irreversible. The residual part of the irreversible dimension, however, would be left absolutely unaffected.

Considering this, I would like to propose a second reading, one that is more faithful, so to speak, to the concept of irreversibility. If a certain sequence is recognised as being objectively irreversible, there is no way of bringing it to a halt. In no way can we transform it into its opposite – all the less so if we maintain an external position in relation to it. Hence, the only way of producing an effective intervention into the irreversible requires the initial

affirmation of the latter – nothing less but also *nothing more*. That something is in principle irreversible does not by itself imply that there is nothing one can do about it. Our intervention is not *a priori* impossible; it requires, however, that we somehow enter the sequence and modify it from within. Put differently, only by affirming the concept of irreversibility can we think the possibility of intervening into a specific irreversible sequence. As we will demonstrate below, this is precisely what Freud, in the end, arrived at.

If we decide to posit that the question of a possible intervention into the irreversible is the fundamental question of psychoanalysis, it is important to note the extremely peculiar nature of this question. Had it been formulated directly, in advance and ever been posed in its definitive form, it would by necessity be misinterpreted. It would necessarily lead to the wrong conclusion – the one given by the first reading of the formula. This reading misidentifies the problem in question by confusing the concept of irreversibility with the concept of objective determinism. In order to be brought to its proper meaning, in order to become a fundamental question of psychoanalysis, it had to be somewhat "ill-posed" – to paraphrase Beckett. It had to be formulated inadequately, or better, it had to remain an impossible question, *almost imperceptible*, present only in the process of being formulated in the guise of its opposite.

Hence, historically speaking, psychoanalysis could only emerge as a practice driven by the opposite ambition – marked precisely by the ambition to undo the symptoms generated in the patient's history. It could thus emerge as a practice of undoing the very cause of the symptoms by travelling back in time. In other words, psychoanalysis could only begin as a practice, driven by the conviction that it is somehow possible to reverse the arrow of time.

In the "Preliminary Communication" to the *Studies on Hysteria*, dating from 1893, we find one of the best articulations of this viewpoint:

> [T]he causal relation between the determining psychical trauma and the hysterical phenomenon is not of a kind implying that the trauma merely acts like an *agent provocateur* in releasing the symptom, which thereafter leads an independent existence. We must presume rather that the psychical trauma – or more precisely the memory of the trauma – acts like a foreign body which long after its entry must continue to be regarded as an agent that is still at work; and we find the evidence for this in a

> highly remarkable phenomenon which at the same time lends an important *practical* interest to our findings.
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> For we found, to our great surprise at first, that *each individual hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked and in arousing its accompanying affect, and when the patient had described that event in the greatest possible detail and had put the affect into words*. Recollection without affect almost invariably produces no result. The psychical process which originally took place must be repeated as vividly as possible; it must be brought back to its status *nascendi* and then given verbal utterance. Where what we are dealing with are phenomena involving stimuli (spasms, neuralgias and hallucinations) these re-appear once again with the fullest intensity and then vanish for ever. Failures of function, such as paralyses and anaesthesias, vanish in the same way, though, of course, without the temporary intensification being discernible. (Breuer and Freud, "Preliminary Communication", 6-7; emphasis original)

At this early stage, or rather pre-stage, of psychoanalysis, the abreaction of the affect, its translation into speech, not only eradicated the symptom, but at the same time eradicated, or better, deactivated its cause. What in Freud's view made this undoing possible was the direct and still present link between both of them. The symptom, as he accentuated, has no independent existence; its existence is strictly due to the peculiarly insistent presence of its cause. Without the ambition of undoing the past, psychoanalysis could never have emerged. However, the possibility of an intervention into the past cause that would deactivate it for good, leaves us with some practical as well as theoretical difficulties.

We are all quite familiar with one part of the story. What at first seemed to be a complete triumph of the cathartic method was soon revealed to be merely an apparent triumph. The symptom that disappeared was soon replaced by another, and this second one by another, and so on. The reason for this failure, the reason why *ungeschehenmachen* – i.e., the illusion of objective undoing – is nothing but wishful thinking, is explained well by the

concept of repetition compulsion, Freud articulated in later years This needs no further discussion within the given scope of this article.

The second part of the problem, however, is perhaps more interesting and less of a Freudian-Lacanian commonplace. One can easily see that despite the more or less effective undoing of what was spontaneously thought to be irreversible, the principal distinction between the reversible and the irreversible dimensions of the subject's psyche remained absolute. Freud shared the initial optimistic viewpoint that particular symptoms produced in the individual were completely abolishable. Moreover, by abolishing the symptom, the direct cause of illness was considered to be undone as well. Hence, the cure, which was achieved by reversing the history of the subject, was considered to be final, ideally having irreversible effect. On the level of the subjective *constitution*, however, there was nothing to be done:

> Where a period of hysterical production, an acute hysterical paroxysm, has been overcome and all that is left over are hysterical symptoms in the shape of residual phenomena, the cathartic method suffices for every indication and brings about complete and permanent successes. A favourable therapeutic constellation of this kind is not seldom to be found precisely in the region of sexual life, owing to the wide oscillations in the intensity of sexual needs and the complications of the conditions necessary in order to bring about a sexual trauma. Here the cathartic method does all that can be asked of it, *for the physician cannot set himself the task of altering a constitution such as the hysterical one. He must content himself with getting rid of the troubles to which such a constitution is inclined and which may arise from it with the conjunction of external circumstances. He will feel satisfied if the patient regains her working capacity.* Moreover, he is not without consolation for the future when he considers the possibility of a relapse. He is aware of the principal feature in the aetiology of the neuroses – that their genesis is as a rule overdetermined, that several factors must come together to produce this result; and he may hope that this convergence will not be repeated at once, even though a few

> individual aetiological factors remain operative. (Freud, "Psychotherapy of Hysteria", 262-3; emphasis added)

So, in cases of hysteria, where the symptoms had already been produced, the situation seemed to be quite clear and the problems, well separated. On the one hand, there was the dimension of apparent irreversibility, the dimension of the possible reversing or undoing of the symptom and its past cause. On the other hand, there was the dimension of the irreversible constitution that the physician had no access to. Accordingly, a clear distinction between the fields of psychology and biology was suggested – the distinction that would subsequently be brought into question by the border concept of drive.[2]

However, when faced with cases of acute hysteria, that is, in cases of hysteria where symptom formation was still fully active during the treatment, the situation was much more intriguing. It is in the very next paragraph from the same text that Freud for the first time managed to isolate the dimension of irreversibility proper. On the basis of this, he would subsequently develop the general structure of psychoanalytic cure:

> Where we meet with an acute hysteria, a case which is passing through the period of the most active production of hysterical symptoms and in which the ego is being constantly overwhelmed by the products of the illness (i.e. during a hysterical psychosis), even the cathartic method will make little change in the appearance and course of the disorder. In such circumstances we find ourselves in the same position as regards the neurosis as a physician faced by an acute infectious disease. *The aetiological factors have performed their work sufficiently, at a time which has now passed and is beyond the reach of any influence; and now, after the period of incubation has elapsed, they have become manifest. The illness cannot be broken off short. We must wait for it to run its course and in the meantime make the patient's circumstances as favourable as possible.* If, during an acute period like this, we get rid of the products of the illness, the freshly generated hysterical symptoms, we must also be prepared to find that those that have been got rid of will promptly be replaced by others. The physician will not be

> spared the depressing feeling of being faced by a Sisyphean task. The immense expenditure of labour, and the dissatisfaction of the patient's family, to whom the inevitable length of an acute neurosis is not likely to be as familiar as the analogous case of an acute infectious disease – these and other difficulties will probably make a systematic application of the cathartic method as a rule impossible in any given case. (Freud, "The Psychotherapy of Hysteria", 263-4; emphasis added)

By discovering one of the key features of irreversible processes, or put differently, faced with a sequence marked by deferred realisation, Freud gained a fundamental insight: not only in the case of acute illness, but universally, the first thing the analyst had to do was to renounce his conviction that he was able to gain access to the cause as such. The primal cause in itself has to be regarded as absolutely autonomous. The fact that the causal relation has been established at a certain point of the patient's history must be regarded as irreversible in the strictest possible sense of the term. The onset of the cause cannot be undone, ever.

The first affirmation of irreversibility, that detached the concept from its apparent equivalent –, from the framework of (biological) determinism and/or fatalism – opened an entirely new path. Once it became clear that the innate constitution was not the only thing to be regarded as irreversible, Freud's project became much more ambitious. What if, under the precondition that I affirm that there is a non-biological dimension, I cannot simply undo, I can nevertheless gain access to the real cause of illness? Under the condition that I renounce the conviction that it is possible to undo the cause, can I nevertheless change something about it? What if the innate constitution is not the true primal cause of the illness? What if, since we are beings of culture, it is not before the first cut, the first intersection of nature and culture, of *physis* and *nomos*, that the cause of the subject's destiny is created?

On a theoretical level, the crucial step in this direction can be seen in the way Freud progressively established a distinction between two terms that he usually used as equivalents: 'constitution' and 'disposition.' While in the original edition of *Three Essays* from 1905, he sometimes uses the combined term "constitutional disposition," in the parts that were added in 1915 – in the year of his metapsychological tremor, so to speak – one can observe a delicate and yet, all the more significant conceptual shift. The trigger that produced the minimal distinction between constitution and disposition, however, was a third term – the accidental:

> It is not easy to estimate the relative efficacy of the constitutional and accidental factors. In theory one is always inclined to overestimate the former; therapeutic practice emphasizes the importance of the latter. It should, however, of no account be forgotten that the relation between the two is a co-operative and not a mutually exclusive one. *The constitutional factor must await experiences before it can make itself felt; the accidental factor must have a constitutional basis in order to come into operation.* To cover the majority of cases we can picture what has been described as a 'complemental series', in which the diminishing intensity of one factor is balanced by the increasing intensity of the other; there is, however, no reason to deny the existence of extreme cases at the two ends of the series. (Freud, "Three Essays", 239-240)

As Freud says, "the constitutional factor must await experiences before it can make itself felt; the accidental factor must have a constitutional basis in order to come into operation." The second part of this brilliant assertion is self-evident but the first is truly ground-breaking. The fact that constitution depends on the accidental in order to make itself felt indicates the inherent lack of natural constitution. By no means does the assertion imply a simple negation of the constitutional factor. By stating the inherent non-effectiveness of constitution in itself, it implies something even more significant. It deprives constitution of its essentialist autonomy, and thereby modifies its ontological status. It should come as no surprise that Freud in the very next paragraph draws the full consequences of this gesture:

> We shall be in even closer harmony with psycho-analytic research if we give a place of preference among the accidental factors to the experiences of early childhood. The single aetiological series then falls into two, which may be called the dispositional and the definitive. *In the first the constitution and the accidental experiences of childhood interact in the same manner as do the disposition and later traumatic experiences in the second*. All the factors that impair sexual development show

> their effects by bringing about a regression, a return to an earlier phase of development. (Freud "Three Essays", 240)

By establishing a minimal difference between the two concepts, the first becomes strictly obsolete. Constitution remains nothing but a presupposition, while disposition, by being situated on the frontier between *physis* and *nomos*, paradoxically becomes the sole representative of natural causality.

On a practical level, as discussed in his papers on the analytic technique, Freud pursues the line, enabled by the above-mentioned insight. In his 1914 paper, *Remembering, Repeating and Working-Through*, one can clearly see the full consequences of acknowledging the irreversible character of the cause of the patient's illness. In the first step, one has to reject the temptation to treat it as something external to analysis:

> We have only made it clear to ourselves that the patient's state of being ill cannot cease with the beginning of his analysis, and that we must treat his illness, not as an event of the past, but as a present-day force. This state of illness is brought, piece by piece, within the field and range of operation of the treatment, and while the patient experiences it as something real and contemporary, we have to do our therapeutic work on it, which consists in a large measure in tracing it back to the past.
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> Remembering, as it was induced in hypnosis, could not but give the impression of an experiment carried out in the laboratory. Repeating, as it is induced in analytic treatment according to the newer technique, on the other hand, implies conjuring up a piece of real life. (Freud "Remembering, Repeating and Working-Through", 151-2)

Abolishing the line of separation between the patient's real life and the analytic treatment, requires an additional step. The analytic situation is not only a part of real life and as such, as real as real life, but, it also replaces real life. It abolishes the significance of real life – just as disposition replaced constitution. The concept which condensed this shift is that of *transference neurosis*:

> Provided only that the patient shows compliance enough to respect the necessary conditions of the analysis, we regularly succeed in giving all the symptoms of the illness a new transference meaning and in replacing his ordinary neurosis by a 'transference-neurosis' of which he can be cured by the therapeutic work. The transference thus creates an intermediate region between illness and real life through which the transition from the one to the other is made. The new condition has taken over all the features of the illness; but it represents an artificial illness which is at every point accessible to our intervention. It is a piece of real experience, but one which has been made possible by especially favourable conditions, and it is of a provisional nature. (Freud "Remembering, Repeating and Working-Through", 154)

A lengthier and even more telling formulation can be found in the *Introductory Lectures*:

> We must not forget that the patient's illness, which we have undertaken to analyse, is not something which has been rounded off and become rigid but that it is still growing and developing like a living organism. The beginning of the treatment does not put an end to this development; when, however, the treatment has obtained mastery over the patient, what happens is that the whole of his illness's new production is concentrated upon a single point – his relation to the doctor. Thus the transference may be compared to the cambium layer in a tree between the wood and the bark, from which the new formation of tissue and the increase in the girth of the trunk derive. When the transference has risen to this significance, work upon the patient's memories retreats far into the background. Thereafter it is not incorrect to say that we are no longer concerned with the patient's earlier illness but with a newly created and transformed neurosis which has taken the former's place. *We*

> *have followed this new edition of the old disorder from its start, we have observed its origin and growth, and we are especially well able to find our way about in it since, as its object, we are situated at its very centre.* All the patient's symptoms have abandoned their original meaning and have taken on a new sense which lies in a relation to the transference; or only such symptoms have persisted as are capable of undergoing such a transformation. But the mastering of this new, artificial neurosis coincides with getting rid of the illness which was originally brought to the treatment – with the accomplishment of our therapeutic task. (Freud "Introductory Lectures", 444; emphasis added)

In these couple of lines, Freud makes it very clear: the condition of any intervention into the patient's illness is to create a new, artificial version of it, in which the analyst is present from the very start – not as an observer but as a material element of its very structure. Moreover, what is abolished therein is not only a clear distinction between the analyst and the analysand – together they form, one could argue, the collective subject of the analytic situation – but also a clear distinction between what is conscious and what is unconscious. In the case of neurotics, as Freud writes in the *Introductory Lectures*,

> the dissension is between two powers, one of which has made its way to the stage of what is preconscious or conscious while the other has been held back at the stage of the unconscious. For that reason the conflict cannot be brought to an issue; the disputants can no more come to grips than, in the familiar simile, a polar bear and a whale. *A true decision can only be reached when they both meet on the same ground.* To make this possible is, I think, the sole task of our therapy. (Freud "Introductory Lectures", 433; emphasis added)

Although, in the Freudian framework, the underlined phrasing suggests a process of replacing the unconscious with the conscious, the obverse reading seems to be more appropriate. The concrete procedure of the analytic treatment relies precisely on translating

whatever remains of the conscious into the unconscious. Or, to be more precise, what psychoanalysis is all about is establishing a situation that works without this distinction.

A genuine intervention into the irreversible is only possible in a situation where this distinction is *once more not yet* inaugurated. What it amounts to is not a revision of a multitude of repressions but a revision of the primal repression. Only in the analytic situation that condenses and at the same time dissolves all the patient's social bonds can a subject appear which *once more has not yet been*. This subject re-does what cannot be undone by separating himself or herself from the analyst. It was the Freudian cut that made it possible for psychoanalysis to enter the space where *once again there was no cut yet*. All the ways in which this can still be possible are a legitimate subject of discussion in psychoanalysis. The basic disposition, however, has been fixed by Freud.

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[1] Freud's own return to Freud often took the shape of him repeating the mistakes he had, in theory, already recognised as such. In this view, the famous Dora case gives us a most telling example. First conceived as an application of dream theory to analytic practice (the first version of the title being "Dreams and Hysteria"), the case ended as a repetition of Breuer's failure. In Dora's case, Freud too mistook the analysand's leaving the analysis to be motivated by her own private reasons. Only retrospectively was he able to recognise that it was not Ida Bauer – a name which in fact condensed Freud's two "significant others" (Ida was the first name of Wilhelm Fliess's wife, Bauer is reminiscent of Breuer) – but strictly "Dora" who left the analysis, so to speak. Put differently, he, too, failed to recognise, soon enough, the phenomenon of transference: "I have been obliged to speak of transference, for it is only by means of this factor that I can elucidate the peculiarities of Dora's analysis. Its great merit, namely, the unusual clarity which makes it seem so suitable as a first introductory publication, is closely bound up with its great defect, which led to its being broken off prematurely. I did not succeed in mastering the transference in good time. Owing to the readiness with which Dora put one part of the pathogenic material at my disposal during the treatment, I neglected the precaution of looking out for the first signs of transference, which was being prepared in connection with another part of the same material – a part of which I was in ignorance" (Freud, "Fragment of an Analysis" 118).

[2] "If now we apply ourselves to considering mental life from a *biological* point of view, an 'instinct' [a 'drive'] appears to us as a concept on the frontier between the mental and the somatic, as the psychical representative of the stimuli originating from within the organism and reaching the mind, as a measure of the demand made upon the mind for work in consequence of its connection with the body" (Freud "Instincts and their Vicissitudes", 121-2). In the preface to the fourth edition of the *Three Essays on the Theory of Sexuality*, written in 1920, one can clearly see how, in Freud's view, all the authors who did not want to abandon the initial hesitation of psychoanalysis to interfere with the issues supposedly pertaining to the domain of biology, effectively abandoned psychoanalysis: "The purely psychological theses and findings of psycho-analysis on the unconscious, repression, conflict as a cause of illness, the advantage accruing from illness, the mechanisms of

the formation of symptoms, etc., have come to enjoy increasing recognition and have won notice even from those who are in general opposed to our views. That part of the theory, however, which lies on the frontiers of biology and the foundations of which are contained in this little work is still faced with undiminished contradiction. It has even led some who for a time took a very active interest in psycho-analysis to abandon it and to adopt fresh views which were intended to restrict once more the part played by the factor of sexuality in normal and pathological mental life" (Freud, "Three Essays", 133).

Works Cited

Breuer, Josef, and Sigmund Freud. "On the Psychical Mechanism of Hysterical Phenomena: Preliminary Communication." *The Standard Edition of the Complete Psychological Works of Sigmund Freud II*. London: The Hogarth Press and the Institute of Psycho-Analysis, 2001 [1893]. 1-18. Print.

Freud, Sigmund. "The Psychotherapy of Hysteria." *The Standard Edition of the Complete Psychological Works of Sigmund Freud II*. London: The Hogarth Press and the Institute of Psycho-Analysis, 2001 [1895]. 253-305. Print.

--, "Fragment of an Analysis of a Case of Hysteria." *The Standard Edition of the Complete Psychological Works of Sigmund Freud VII*. London: The Hogarth Press and the Institute of Psycho-Analysis, 2001 [1905]. 1-122. Print.

--, "Three Essays on the Theory of Sexuality". *The Standard Edition of the Complete Psychological Works of Sigmund Freud VII*, London: The Hogarth Press and the Institute of Psycho-Analysis, 2001 [1905]. 123-245. Print.

--, "Remembering, Repeating and Working-Through (Further Recommendations on the Technique of Psychoanalysis)." *The Standard Edition of the Complete Psychological Works of Sigmund Freud XII.* London: The Hogarth Press and the Institute of Psycho-Analysis, 2001 [1914]. 145-156. Print.

--, "Instincts and Their Vicissitudes." *The Standard Edition of the Complete Psychological Works of Sigmund Freud XIV*. London: The Hogarth Press and the Institute of Psycho-Analysis, 2001 [1914]. 109-140. Print.

--, "Introductory Lectures on Psychoanalysis (Part III)." *The Standard Edition of the Complete Psychological Works of Sigmund Freud XVI*. London: The Hogarth Press and the Institute of Psycho-Analysis, 2001 [1916-1917]. Print.

--, "From the History of an Infantile Neurosis." *The Standard Edition of the Complete Psychological Works of Sigmund Freud* XVII. London: The Hogarth Press and the Institute of Psycho-Analysis, 2001 [1918(1914)]. 1-122. Print

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