

## Otto Rank answers Freud on Anxiety, 1926

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### *The Anxiety Problem*

LADIES AND GENTLEMEN, -- Closely connected with the problem of the neuroses, indeed almost identical with it, is the problem of anxiety -- which might be designated as the nuclear problem [*Kernproblem*] of the neurosis. Freud's attempt to solve the neurosis as a libido problem must be considered unsatisfactory. While Freud interpreted neurotic anxiety in the so-called "actual neuroses" as a result of libido repression, and from that developed his "castration theory," I later attempted in *The Trauma of Birth*, using an incidental reference of Freud's, to deduce the anxiety affect genetically from the birth experience [*Geburtserlebnis*].<sup>1</sup>

My decisive step beyond Freud was linking the physiological birth anxiety, which was all that Freud had in mind, to the separation from the mother as a trauma of great *psychological* importance.<sup>2</sup> I would now like to show how this conception may be introduced historically, as well as systematically, into the development of psychoanalysis and at the same time I shall prepare the way for the genetic psychology that follows from my new orientation in *The Trauma of Birth* and develop it further. Finally, I would like to discuss Freud's position in relation to my anxiety theory.

In a projected (but unpublished) monograph on the anxiety problem, I began with the Freudian supposition "that, under certain conditions, anxiety takes the place of libido; indeed, in place of every repressed affect, anxiety may appear." It is obvious then that the most important task is to recognize and explain how it takes place and what happens therewith. At that time, I ventured the guess that libido is not converted into anxiety, but that libido (gratification) covers up anxiety and when libido is repressed (denied), anxiety

again appears. But even during, or along with, the libido-gratification, anxiety never quite disappears for those in whom it was not properly mastered by the ego, but was only "concealed." In such cases, this shows that libido gratification itself may be accompanied or followed by anxiety; for example, the neurasthenic anxiety about the consequences of masturbation or the "actual-neurotic" anxiety regarding infection, pregnancy, or adultery that creates moral conflicts during intercourse. We now know that while this anxiety may appear under the above mentioned conditions, it does not originate there primarily and is only attached to them secondarily. This shows the inappropriateness of such a neurotic "covering up" of anxiety by libido instead of its being utilized in the ego.

In *Inhibitions, Symptoms and Anxiety* [S.E., 20], Freud gives up his theory of the conversion of libido into anxiety, since he is now compelled to admit that anxiety is not, as previously supposed, "newly created in repression; it is *reproduced* as an affective state in accordance with an already existing mnemonic image" [S.E., 20:93]. He goes back to his earlier statement that in man this is the process of birth [S.E., 20:133]. What he will not accept is my own contribution -- namely, the association of this reproduction of affect with the *separation from the mother* -- although in one place he recognizes "the discovery of this extensive concatenation" as of "undoubted merit" [S.E., 20:151].

Freud's contradictory presentation may be explained from the fact that it is very difficult for him to give up his concept of anxiety as castration anxiety or to bring it into harmony with the theory of birth anxiety. He admits that castration anxiety is not "the sole motive force of the defensive processes which lead to neurosis" [S.E., 20:143] and he limits its pathogenic significance to the phobias [S.E., 20:122]. Whereas in hysteria it is the loss of the love object that conditions the anxiety, in the obsessional neurosis it is fear of the superego [S.E., 20:143]. On the other hand, his critical discussion of his own cases of phobias of animals ("Little Hans" and the "Wolf Man") leads to the result that, in

them, the "genital excitations" (tenderness and fear) are expressed in "the language belonging to the superseded transitional phase between the oral and sadistic organizations of the libido" [S.E., 20:105]. Freud tries here to save the castration theory by comprehending these sadistic oral expressions as "substitutes by distortion for the idea of being castrated by their father" [S.E. 20:108]. With what justification is not stated, but the purpose of saving the castration theory is just as unmistakable as it is unsuccessful, since it makes use of an arbitrary "interpretation."

If Freud, while writing his work in the summer of 1925, could have used my genetic [i.e., object-relations] theory, then he would have understood not only the primary relation of the sadistic-oral "language" to the *mother object*, but he would also have been able to put the castration anxiety, which relates only to the later (genital) Oedipus stage, in its proper place. In neglecting the genetic relation between the (oral) mother level, and the (genital) father level, Freud "interprets" the one as a "substitute distortion" for the other; and, at the same time, has to give up his new concept of anxiety as a *reproduction* and so looks for an *actual cause* for the castration anxiety at the genital level.

In tracing "realistic fear" back to "a fear of a danger which was actually impending or was judged to be real" [S.E., 20:108], doubt is again present as to whether anxiety cannot be newly produced from the economic conditions of the situation and not merely reproduced from the birth situation as an effective signal of danger. Thus the great question still remains whether the anxiety-affect (or affect in general) is *newly produced* or only *reproduced*. Freud attempts to solve this problem by assuming "a transition from the automatic and involuntary fresh appearance of anxiety to the intentional reproduction of anxiety as signal of danger" [S.E., 20:138]. This "transition" however is not very clear because in a certain sense all affects are reproductions, and this

fact -- as Freud himself once hinted -- determines their real nature and explains, I think, their intensity and painfulness.

As I see it, every affect is a "reminiscence" that is renewed -- newly produced -- by actual experiences [*actuellen Erlebnisses*].<sup>3</sup> But this "reminiscence" finally goes back to the first anxiety-affect experienced at birth, as Freud himself indicates in the discussion of real anxiety: "since the danger is so often one of castration," anxiety "appears to us a reaction to a loss, a separation" [*S.E.*, 20:130]. Hence, corresponding to my concept in *The Trauma of Birth*, birth would be the first anxiety experience and the *separation from the mother would be the prototype of castration anxiety*. But since Freud will not give up the castration theory as the pillar of the sexual etiology of the neuroses, he must deny the traumatic character of separation from the mother in parturition, again destroying "the extensive concatenation" discovered by me in his assumption that "birth is not experienced subjectively as a separation from the mother, since the foetus, being a completely narcissistic creature, is totally unaware of her existence as an object" [*S.E.*, 20:130].

I would now like to point out the difficulties of such a position. Freud rightly emphasizes the fact that we know too little about the new-born and its sensations to be able to draw compelling conclusions about it [*S.E.*, 20:135] But the same would be true -- in spite of isolated observations of children and even child analyses -- to a great extent for the *child* itself, in whom hitherto much too much "*adultism*," especially adult sexuality, was projected.

Freud's caution in relation to the sensations of the suckling remains, but is also valid for his assumption that the mother does not represent an object for the new-born. I mean we do not know this absolutely or, rather, it amounts to the same thing as a quibble

over words. For it is certain that the new-born loses something as soon as it is born, indeed even as soon as birth begins, something that we can express in our language in no other way than loss of an object, or if one wants to be more precise, as loss of milieu. It is just the characteristic quality of the birth act, that it is a transitional phenomenon *par excellence*, and perhaps just this determines its traumatic character. *In parturition, one might say, the ego finds its first object only to lose it again immediately -- and this may possibly explain many peculiarities of our psychical life.*

Without such an assumption, or one similar to it, one will not understand correctly as Freud himself admits [*S.E.*, 20:136] the *later* anxiety of the child. For only from the *reproduction* of the severance in birth does it become intelligible why the child -- when it misses the mother -- reacts with anxiety instead of simply longing for the lost object like the adult. Just as little will one be able to understand the longing for the womb -- which is, doubtless, biological (and not merely a search or flight, which it can also be) -- if one does not conceive it in the same sense as an attempt to re-establish an early existing "object relation."

Freud's attempt to sexualize this simple biological state of affairs, in the meaning of his castration theory, does not become more plausible in referring to Ferenczi's genital theory. To conclude "that for a man who is impotent (that is, who is inhibited by the threat of castration) the substitute for copulation is a phantasy of returning into his mother's womb" [*S.E.*, 20:139] may perhaps be occasionally valid in the case of patients in the analytic situation; but, as a general psychological explanation of the universal longing for the womb, also found in the potent, it is unjustifiable -- logically, psychologically, and biologically.

That the penis is an instrument for completely taking possession of the mother at the genital stage, I have myself maintained, just as corresponding to it, castration signifies a separation from the mother in the meaning of birth. That the longing for the womb, however, should be as Freud supposes a substitute for coitus, contradicts even Ferenczi's concept, which goes biologically deeper than Jung's and, in linking to my concept, maintains just the reverse -- namely, that coitus is a (genital) substitute for the biological longing for the womb.

I must call attention to the fact that in my presentation of the Freudian concept I considered birth anxiety as a physiological reaction and estimated it as a reaction to a danger. When Freud, blinded by the castration theory, emphasizes this moment, he overlooks the fact that the first danger situation in birth is a risk of life (death-anxiety, birth-anxiety) <sup>4</sup> and does not signify the loss of the penis. I meant only that this *physiological* anxiety (independent of the loss of object) in parturition, which is of a highly complex nature, experiences a "*psychical anchoring*" [Rank, 1924, p. 216] in relation to the mother and to the tendency to return to her. In Freud's presentation there is no mention of this emotional anchoring of anxiety (or of a similar assumption) so I really cannot see how he comes from the *physiological* birth anxiety to a *psychical* problem of anxiety at all. For he draws the conclusion "that the earliest phobias of childhood cannot be directly traced back to impressions of the act of birth and that so far they have not been explained" [S.E., 20:136].

Freud indeed admits that the later anxiety at the loss of an object is "psychical," but that is no more than saying that the physiological birth anxiety affect somehow becomes psychical in relation to the object. I posit this *psychical* anxiety in the birth act itself, of which even according to Freud's opinion the new-born is capable, and not first of all in early childhood where it clearly arises at the loss of the mother, thus goes back to

the first separation from her. Freud gives no conclusive reason why anxiety at the loss of an object (*psychical* anxiety) could not just as well have its origin in parturition as later in the small child, where this connection is obvious. It is clear, however, why he does not want to admit the mother in parturition as an object: because -- on account of my birth anxiety theory -- he has given up his theory of anxiety arising from libido privation, he also denies the presence of a libido object in parturition.

In doing so, he overlooks the fact that my presupposition was not at all that anxiety in birth proceeds from the loss of a libido object. (The reaction could only be a longing -- a longing for the womb.) I say rather that anxiety arises from the physiological (life) danger and only "incidentally" is connected with the loss of an object, a connection that is certainly characterized and significant for all of human development, especially for our emotional life. Hence my supposition was that the ego is the place of anxiety. The proposition that libido changes to anxiety I had already *de facto* given up in *The Trauma of Birth* -- where I deduced anxiety not from suppressed libido (loss of object) but from the (physiological) birth anxiety.

Analytic observations and experience have brought me to the conclusion that, in analysis of patients, the libido (wish excitations) as it were, covers up anxiety, i.e., that anxiety temporarily disappears because libido is gratified, but not because a conversion takes place. Freud, on the other hand, from the acceptance of birth anxiety as the source of anxiety in general, draws the logical conclusion that the assumption of such a conversion is no longer necessary. Freud now posits my sundering of the connection between libido and anxiety (originated by him) in parturition, by saying that anxiety even in parturition was not produced from libido -- whereas I maintain that anxiety is not produced from libido at all, but is linked up with the loss of object, as I said, is "psychically anchored."

Since Freud, perhaps for the first time, does not speak in this book from his own analytic experiences, but uses my experiences deductively and critically, he comes to no positive result apart from the one in relation to anxiety. Even before analytic work it was concluded that anxiety was reproduced as a reaction to a danger situation, as it were, a signal of danger. Freud has to admit that the first danger -- and so the prototype of every anxiety affect -- is birth; on the other hand, he cannot deny that the neurotic anxiety that most interests us is anxiety about an unknown danger. "Neurotic danger is thus a danger that has still to be discovered. Analysis has shown that it is an instinctual danger. By bringing this danger which is not known to the ego into consciousness, the analyst makes neurotic anxiety no different from realistic anxiety, so that it can be dealt with in the same way" [*S.E.*, 20:165]. On the other hand, he asserts in another place that "an instinctual demand is, after all, not dangerous in itself; it only becomes so inasmuch as it entails a real external danger, the danger of castration" [*S.E.* 20:126] -- which again is only partially right, for where neuroses arise in our culture, castration is no external danger at all.

Faced with this dilemma, Freud finally says "This anxiety differs in no respect from the realistic anxiety which the ego normally feels in situations of danger, except that its content remains unconscious and only becomes conscious in the form of a distortion" [*ibid.*]. I believe that this distinction is enough to sharply differentiate real anxiety from neurotic anxiety. Besides this, we have to explain why it remains unconscious, just as we need to explain where and how it becomes distorted. For this purpose one has perhaps to understand the anxiety dream, the earlier Freudian explanation of which has fallen to pieces with the giving up of the theory of the conversion of libido into anxiety. In his whole presentation, Freud does not mention the anxiety dream. In the anxiety dream, it is

certainly not a matter of an external danger and yet the anxiety is quantitatively greater than is usually the case in reality.

This leads to the weighty problem of quantity, and to the "therapeutic" idea of abreaction bound up with it. In the general estimation of my concept [*S.E.*, 20:150-56), Freud does not accept the quantitative moment (intensity of the birth trauma) emphasized by me; yet in another place, he finds it "highly probable that the immediate precipitating causes of primal repressions are quantitative factors such as an excessive degree of excitation and the breaking through of the protective shield against stimuli" [*S.E.*, 20:94]. After a thorough discussion of all problems concerned, however, he comes to the conclusion that "*quantitative* relations -- relations which are not directly observable but which can only be inferred -- are what determine whether or not old situations of danger shall be preserved, repressions on the part of the ego maintained and childhood neuroses find a continuation" [*S.E.*, 20:154]. Everywhere he comes to the incomprehensible quantity-moment as the final conclusion!

Freud will not admit the intensity as conclusive only with regard to the trauma that stands at the beginning -- namely, the birth of the individual -- or, if it is so, it should at least be measurable and demonstrated. The same apparent contradiction of me exists in relation to the abreaction of the trauma, with regard to which Freud expresses doubt [*S.E.*, 20:151]. In further discussion of the problem, where he traces the anxiety reaction back to the danger situation, he comes finally to the conclusion that "Anxiety is therefore on the one hand an expectation of trauma, and on the other a repetition of it in mitigated form" [*S.E.*, 20:166]. This implies the idea of abreaction in the reproduction, by which children seek "to master their experiences psychically" [*S.E.*, 20:167]. He adds, "If this is what is meant by 'abreacting a trauma' we can no longer have anything to urge against the phrase" [*S.E.*, 20:167].

Freud's book is full of contradictions that mainly go back to his resistance to drawing the consequences from the problem raised by me. This problem shatters the foundation pillars of his theory. Above all, the chief support of his libido theory falls: namely, the enigmatic conversion of libido into anxiety. And, with it, the most important mechanism of his ego psychology -- namely, repression -- experiences a marked limitation, since it no longer, as he formerly assumed, causes anxiety, but *vice-versa*, is a consequence of anxiety [S.E., 20:109]. Hence Freud at present makes valid the mechanism of repression *only* in connection with the genital organization of libido [S.E., 20:125, 163], while for other phases and processes that he formerly categorized under repression, he now re-instates "the old concept of 'defense'" [S.E., 20:163].

But this mechanism of defense is again too general a concept and, as a matter of fact, Freud is compelled in the discussion of this theme to refer to special mechanisms -- in particular, to a "procedure, that may be called magical, of 'undoing' what has been done" [S.E., 20:164] by which he carefully avoids using the more appropriate terms proposed before by others. (For a long time, I have used the term "denial," *Verleugnung*).

If Freud finds it "almost humiliating that, after working so long, we should still be having difficulty in understanding the most fundamental facts" [S.E., 20:124], then his resistance against accepting any ideas originating from others is partly to be blamed. If, however, he is finally compelled to consider their value, then he again attempts to refer back to one of his earlier viewpoints and to hold fast to that. This attitude explains to a great extent the difficulties that he still finds in the anxiety problem. For example, he will admit only that my merit is to have called attention to his concept of anxiety as a result of the birth process. "Rank's contention -- which was originally my own -- that the affect of anxiety is a consequence of the event of birth and a repetition of the situation then

experienced, obliged me to review the problem of anxiety once more" [S.E., 20:161]. My own contribution -- *linking this birth anxiety affect with the separation from the mother* - - he cannot accept in spite of the fact that he acknowledges its importance and that it materially influences his conception.

Freud's remark about the birth anxiety affect being the prototype of later anxiety lay buried for twenty years in a footnote, in the second edition of *The Interpretation of Dreams*, and would have led to no further revision of the anxiety problem and, with it, the whole psychoanalytic theory, had I not attempted with my concept of the mother relation in *The Trauma of Birth* to bridge the gulf between the biological and psychological.

When Freud compares my own attempt to solve the neurosis problem as an anxiety problem with that of Adler's [S.E., 20:150], he neglects the most decisive mark of distinction. In his theory of inferiority, Adler does not place anxiety, as I do, at the center, but places the organic, thus a quality, at the center. Also, I see a quantitative moment as the decisive etiological factor. And that is finally also the conclusion to which Freud comes in admitting that "quantitative relations" [S.E., 20:154] are decisive, the effect of which I say begins at birth, whereas Freud explains that "they are not directly observable, but ... can only be inferred" [*ibid.*]. So Freud, in his recent book, comes to the same conclusion that I had already drawn in *The Trauma of Birth*: psychoanalysis can give us no specific cause [*Äteologie*] for the neuroses [S.E., 20:152-3]. In my book, I brought the "experimental" proof for this to a certain degree. If one has claimed that such a general human experience as the Oedipus complex -- that is, the relation to the parents -- is the cause [*Ursache*] of the neuroses, why not equally admit birth, this universal experience [*Erlebnis*], to be a cause? In this sense, a critic would be

able to maintain that in *The Trauma of Birth* I reduced psychoanalysis to an absurdity insofar as it vainly sought for a specific cause [*Ursache*] of the neuroses.

When Freud states as one advantage of the birth trauma over other causal factors that it is accessible to direct observation, even to statistics, he is right only to a certain extent. I believe, however, we can spare ourselves from the beginning the work and trouble of such an investigation. For we know, beforehand, that a number of people are born who do *not* later fall into a neurosis. It is just as certain, however, that extreme cases of birth have a decisive influence in the later formation of neurosis. Between these two extremes, there are innumerable transition stages corresponding to the quantitative character of this factor, which are just as little measurable as the other etiological factors (Oedipus Complex, etc.).

What Freud in his discussion of my theory has not valued enough is the second essential part. I have, indeed, shown mainly that it is not merely the intensity of the anxiety experienced at birth -- rather, it is the *psychical anchoring of this affect to the mother* and the loss of this irreplaceable libido-object so important for the ego. In *The Trauma of Birth* I conceived this anxiety anchored in the mother-object, so to say, as the primal-psychical [*Urpsychische*]. One might even say, therefore, that the real etiological factor of the neuroses consists in the fact that we have a psychical life [*wir ein Seelenleben haben*] and just in that -- as in the production of the neuroses -- we differ from the animal, which is likewise capable of physiological anxiety.

This is now the point to limit another of Freud's too far-reaching conclusions. If Freud's earlier anxiety theory was too psychical (repressed libido) then his present concept of anxiety goes to the other extreme and is too biological; for the appearance of the anxiety affect as a signal of danger is perhaps one of the most primitive reactions of

the living being, but certainly provides no viewpoint that can help us further in understanding the neuroses.

If we want to understand these to some extent, then we must keep to the psychical representations of anxiety -- one of which, I have stated in *The Trauma of Birth* (and even much earlier) is guilt-feeling, formerly derived from repressed libido, with which it is certainly later connected. This connection of anxiety with libido, which Freud now wants to deny entirely -- because he can no longer hold to the theory of conversion -- actually exists, if one follows my genetic development from the primary birth anxiety to the guilt-feeling.<sup>5</sup> The only point to which Freud still holds in the linking of libido and anxiety is the castration complex, but this appears to me only as a last attempt to save his earlier libido theory. For the castration theory still implies that anxiety arises from suppressed (forbidden) libido, a mechanism that Freud at the same time has already given up!

On the other hand, with the recognition of birth anxiety as the source of anxiety, an important part of the castration theory has fallen. Castration anxiety can be traced back neither to a real danger situation nor is it, in the Freudian sense, anxiety at the loss of an object. It is simply anxiety in the ego and for the ego [*Angst im Ich und um das Ich.*].

Indeed, Freud now has to admit [*S.E.*, 20:123] that the anxiety theory of castration for the woman has no value -- which quite depreciates the castration complex as the etiological factor in the formation of neuroses. For the man, also, the castration complex has only the significance of a "narcissistic" threat to the ego. The anxiety operative in the neurotic sexual disturbances in the man is -- corresponding to the connection in the woman -- an anxiety of the (feminine) genitals. This is anxiety not because they seem to be "castrated," which may sometimes be the motivation, but is simply anxiety -- such as

neurotic women have of the masculine genitals. That is, it is simply anxiety that becomes *attached* to the sexual organs. I have only attempted to trace this anxiety of the feminine genitals -- which is no castration anxiety -- back to the birth anxiety experienced at the female genitals.

Whether we know how this happens or not, or even whether this attempt to explain is right or wrong, seems to me for the moment unimportant. It relates, however, to a fact that one may observe in analysis and which also becomes theoretically intelligible through the assumption of the primal anxiety at birth: there is an anxiety of the female genitals that is no castration anxiety, but which I have explained from the biological tendency to go back to the womb along with its inhibition through the anxiety reaction experienced at parturition.

If *The Trauma of Birth* has a fault it is certainly not that which was ascribed to the book in analytic circles, namely, that it is too radical in wanting to put new concepts in place of the old. Freud's presentation implicitly contains the reproach that I have not been radical enough because he is not afraid to draw further consequences from my insight. When Freud states [*S.E.*, 20:150] that my book stands on analytic, that is, Freudian ground, he is right insofar as I still try to bring my own experiences into harmony with his libido theory. But I am less embarrassed by this attempt to save the libido theory -- since, according to the criticism of the conservative analysts, I have not succeeded in doing so. Moreover, Freud, by his final change, now wants to place my concept on psychoanalytic ground, which he himself, in consequence of further pursuit of my views, has already left. Freud has rightly found the weak point in my presentation, the desire to save the libido theory, but this criticism has at the same time compelled him to give up his libido theory -- a step that I did not trust myself to make completely in *The Trauma of Birth*, although Freud himself and others sensed it.

A second place where Freud, in criticizing my concept, was compelled to give up his own idea is the theory of repression. Freud reproaches me: in tracing the child's anxiety back to the birth trauma, "Rank dwells, as suits him best, now on the child's recollection of its *happy* intra-uterine existence, now on its recollection of the *traumatic* disturbance which interrupted that existence -- which leaves the door wide open for arbitrary interpretation" [*S.E.*, 20:136]. Yet he seems to overlook the fact that he thus denies not only the justification of "interpretation" in general but also the doctrine of repression on which the entire principle of interpretation rests. For, according to Freud's formulation, the essence of repression makes up the affect-conversion so frequently manifesting itself in the presentation of the opposite -- which we cancel through "interpretation." If, as Freud thinks, my interpretation of the child's anxiety is methodologically unjustifiable, then the doctrine of repression and the technique of interpretation based on it fall together. In the first work written directly under the influence of my birth trauma concept, which has the ominous title "*Der Untergang des Ödipuscomplexes*,"<sup>6</sup> Freud has actually put forward the assumption that the old wish excitation, which had played such a great role in the wish-fulfillment theory, do not continue to live on in the unconscious but are *annihilated* [see Freud's footnote, *S.E.*, 20:142].

This leads to a third, still more important, point, which is of decisive significance for the whole libido theory and the therapy of the neuroses. This point Freud scarcely touches in his presentation yet, in discussion with me, he brought it up as an objection. I considered all the child's *positive* and *negative* feelings as originally directed to the *mother*, and assumed that they are only later displaced to the brothers and sisters and father (or other persons). In criticizing this concept, Freud again goes back to his earlier assumption ("On Narcissism," 1914) that all libidinal object cathexes are sent out newly

from the ego and are again also taken back into the ego. If this is right -- and I think it is to a further degree than Freud assumes, because it concerns all affect excitations -- then also the doctrine of the transference falls, which I have already intimated in my technical works by emphasizing the "analytic situation."<sup>7</sup> I have there linked transference with the more general problem that large parts of the psychoanalytic theory are simply projections from the analytic situation back into a historical (eventually, even prehistorical) past.

In his recent *Autobiography* (1925) Freud says that the seduction phantasies -- which patients so frequently report from their childhood and which he, in the beginning, thought really had occurred -- were only expressions and representations of the Oedipus complex.<sup>8</sup> He obviously does not yet see that they arise in the analytic situation, related definitely to himself, thus were newly produced by the ego of the patient placed again back into an infantile situation, and were not "transferred."

In *The Trauma of Birth*, I tried to avoid this source of error by starting the reverse way -- from the analytic situation -- and said that, in it, definite birth anxiety reactions occur, from which one must first investigate how far they can be taken historically (as reproductions), and how far they are produced by the analytic situation itself.

Some have attempted to depreciate the theoretical and therapeutical importance of the birth trauma, and of the womb regression, by considering it to be valid only as a flight tendency. Apart from the fact that I myself emphasize the regressive character of the longing for the womb, and set up the prevention or weakening of the birth reproduction as the therapeutic aim, this objection could be raised against all the material coming up in analysis. Indeed, I might say, and will follow it up elsewhere,<sup>9</sup> that the whole analytic situation and analysis can and must be conceived as phenomena of regression. Is not the "Oedipus complex" a flight from the real sexual adjustment, and the castration anxiety a

flight from the Oedipus complex? Even the birth situation, which one has already fortunately overcome in the sense of the consoling mechanism as I brought out in *The Trauma of Birth*, can be a flight from "castration" -- indeed from every adjustment (in Jung's sense) -- and the intrauterine situation, finally, a flight from the painful danger of birth!

One might consider the whole from another viewpoint -- namely, the *genetic* -- by which a new insight is given into therapy. Although the concepts of libido and anxiety, of object and ego, mingle at the psycho-physiological juncture of birth, we still want to guard ourselves against the desire to solve all these problems in this place of origin. Not only for lack of statistical investigation of the newborn, but also from theoretical and practical grounds, we must go back to the analysis of adults in order to understand more about our impulses and mental life. Children had long been observed without the "Oedipus complex," or even without clear expression of their sexuality having been recognized. This is valid all the more for the less clear expressions of the infant or the newborn. *The long years spent in the most careful observations of the newborn could not help us to decide the question when the mother is first valued as an "object."* And even if we should find clues for this, they would help us little in understanding the adult's normal object choice or the neurotic's difficulties in adjustment.

On the other hand, I hope to show how a genetic study of the adult's object choice throws light on the very beginning of object relations in the newborn, and that we must work *genetically* to understand the object relation, in general -- which primarily is simply a problem of the ego and its first relation to the mother. This problem of the relation of the ego to the object, and to reality, represents the essential theme of my genetic psychology, which I am now constructing on the results of the analytic method of investigation.



## Notes

[Read before the New York School of Social Work, October, 1926]

<sup>1</sup> In a footnote added to the second (1909) edition of *The Interpretation of Dreams*, Freud wrote that "the act of birth is the first experience of anxiety [*Angsterlebnis*], and thus the source and prototype of the affect of anxiety" (*S.E.*, 4: 400-401; italics deleted).

<sup>2</sup> In *The Trauma of Birth* Rank wrote: "Thus, with the birth trauma and the fetal condition preceding it, we have at last made tangible the much disputed border of the psychophysical, and from this we understand not only anxiety, that primal symptom of mankind, but also conversion, as well as the entire life of the affects and impulses, which take root in the psychophysical" (1924, p. 190).

<sup>3</sup> Rank here is offering a twist on Freud's principle, enunciated in the Wolf-Man case, of *Nachträglichkeit* -- "deferred action" (*S.E.*, 17:47). By the time he wrote *Will Therapy*, however, Rank concluded that living fully in the present cannot be a reminiscence or repetition. "The neurotic," he said, "lives too much in the past anyway, that is, to that extent he actually does not live. He suffers, as Freud himself said, from reminiscence, not because through his libidinal id he is fixated on the past but because he clings to it, *wants* to cling to it in order to *protect* himself from experience [*Erleben*], the emotional surrender to the present" (1929-31, p. 27; italics added). "This, then is the New, which the patient has *never experienced* before" (*ibid.*, 65; italics added).

<sup>4</sup> As the epigram to the published German version of this lecture, Rank quoted Thomas Hobbes (in English): "I and fear are born twins." Rank believed that primal anxiety is an existential given, which is "brought" into the world at birth: "The discovery that the freeing or satisfaction of sexuality does not necessarily do away with fear but

often increases it," he said in *Will Therapy*, "and the observation that the infant experiences fear at a time when there can be no question of outer threats of any kind, have made the sexual origin of fear, and its derivation from the outside, untenable" (1929-31, p. 122).

In "The Claims of Psycho-Analysis to Scientific Interest" (1913), Freud had written that "A child who produces instinctual repressions spontaneously is thus merely repeating a part of the history of civilization. What is to-day an act of internal restraint was once an external one, imposed, perhaps, by the necessities of the moment" (*S.E.*, 13:188-89). In a similar vein, he asserted in "Thoughts for the Times on War and Death" (1915): "In the last resort it may be assumed that every internal compulsion which makes itself felt in the development of human beings was originally -- that is, in the *history of mankind* -- only an external one" (*S.E.*, 14:282; his italics).

Rank maintained that anxiety and repression cannot be derived from the outside -- either from mother or father, ontogenetically or phylogenetically. *Angst*, he wrote in *Will Therapy*, is at once a fear of life and a fear of death: "The inner fear, which the child experiences [*erlebt*] in the birth process (or perhaps even brings with it?) has in it already both elements, fear of life and fear of death [*der Lebensangst und der Todesangst*], since birth on the one hand means the end of life (former life) on the other carries also the fear of the new life [*die Angst vor dem neuen Leben mit sich bringt*]. The stronger the emphasis on the one or the other of these two fear components in the birth act itself still seems to me to contain the empirical meaning of the birth trauma for the later fate of the individual" (1929-31, p.122).

"Birth fear," continued Rank, "remains always more universal, cosmic as it were, loss of connection with a greater whole, in the last analysis with the All [*letzten Endes*

*dem All*] while the castration fear is symbolic of the loss of an important part of the ego, which however is less than the whole [*weniger als das Ganze*], that is, is partial" (*ibid.*, p.124).

<sup>5</sup> See "The Genesis of the Guilt Feeling" [10].

<sup>6</sup> See "Development of the Ego" [6].

<sup>7</sup> The therapist, in Rank's view, is fully implicated on a moment-by-moment basis in the analytic situation. While Rank appears to be dismissing transference, what he really was rejecting was the idea of transference by spontaneous combustion, a doctrine current in the mid-twenties among orthodox analysts. According to this doctrine, transference arises solely due to the infantile "intrapsychic" condition of the patient: the presence of the observing therapist is unrelated to the emergence of transference. This is a one-person psychology, which denies the inescapable conflict of wills between therapist and patient, I and Thou, Thou and I. For Rank, therapists cannot be passive interpreters of patients without "disturbing" what they are looking at, just as quantum physicists are not observers of electrons but part of the experiment: *participant* observers. The physicist is inextricably entangled with the "object" of observation. By 1930, in *Psychology and the Soul*, Rank was already drawing on Bohr's theory of complementarity, first published in 1928, to support his idea of a two person "relationship therapy" rather than a one person "interpretive therapy" (Rank 1930b, pp. 173-74). It is an emotional experience in the "here and now" (Rank 1929-31, p. 39) relationship with an empathic therapist that is more important for healing than interpretations that claim to uncover the repressed "truth" about infancy, make the unconscious conscious, or provide insight into "intrapsychic" conflicts.

In the mid-fifties, Anna Freud cautiously offered, what she called, "technically subversive thoughts" about the real relationship between analyst and patient: "With due respect for the necessary strictest handling and interpretation of the transference, I still feel that somewhere we should leave room for the realization that analyst and patient are also two people, of equal adult status, in a real relationship to each other. I wonder whether our -- *at times complete* -- neglect of this side of the matter is not responsible for some of the hostile reactions which we get from our patients, and which we are apt to ascribe to true transference only. But these are technically subversive thoughts and ought to be handled with care" (A. Freud 1954, p. 373; italics added). It is only within the last fifteen years or so, under the influence of Heinz Kohut's self-psychology and certain object-relations theorists, that analysts have been willing to consider an empathic relationship in the "here and now" as healing (Meissner 1991, pp. 182-183).

<sup>8</sup> In this work Freud wrote: "When, however, I was at last obliged to recognize that these scenes of seduction had never taken place, and that they were only phantasies which my patients had made up or which I myself had perhaps forced on them, I was for some time completely at a loss ... I had in fact stumbled for the first time upon the *Oedipus complex*, which was later to assume such an overwhelming importance, but which I did not recognize as yet in its disguise of phantasy" (*S.E.*, 20:34; his italics).

<sup>9</sup> "It is paradoxical," said Rank in *Will Therapy*, "that the analytic therapy which is finally to free the individual from the fixation on the past, in its whole method and theory should strive for opposite, namely in every single psychic act [*seelischen Akt*] and in the entire experience [*Gesamterleben*] not only to bind the individual to the past but, as it were, to make him past, by interpreting him on the historical level of the infantile Oedipus complex" (1929-31, p. 35). In other words, under the theoretical premises of classical analysis, the adult patient is "made infantile [*infantiliesiert wird*]" (*ibid.*). Over

fifty years later Edgar Levenson, pleading for an interpersonal approach to therapy, criticized modern psychoanalysts for still conceptualizing the patient as an adult “stuck with an incorporated infant, like a fishbone in the craw of his maturity” (quoted in Mitchell 1988, p. 170).

