

**W.H.R.Rivers**



*Instinct and  
the Unconscious*

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# Preface

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This book has two parts. The first gives the substance of lectures delivered in the Psychological Laboratory at Cambridge in the summer of 1919, and repeated in the spring of the present year at the Phipps Clinic of the Johns Hopkins Medical School, Baltimore, under the direction of Professor Adolf Meyer. The second part consists of appendices in which are republished occasional papers written as the result of clinical experience gained during the war. A few alterations have been made in these, chiefly in order to bring the terminology into line with that adopted in the body of the book, and in the second Appendix the original paper has been amplified. A few of the opinions expressed in these appendices differ in some respects from those of the lectures, but have been left as originally stated because they present alternative points of view which may possibly be nearer the truth than those adopted as the result of later deliberation.

The general aim of the book is to put into a biological setting the system of psycho-therapy which came to be generally adopted in Great Britain in the treatment of the psycho-neuroses of war. This system was developed in the main at the Maghull Military Hospital under the direction of Dr. R.G. Rows, to whom I owe my introduction to this branch of medicine and my thanks for much help and guidance when serving under him as medical officer.

My thanks are also due in especial measure to Dr. W. H. Bryce, who was in charge of Craiglockhart War Hospital while I was working there. That hospital gave an unrivalled opportunity for gaining experience of the psycho-neuroses of war, and any use that I was able to make of that opportunity, [p. vi] in spite of serious difficulties, is due to the never-failing help and encouragement of Dr. Bryce.

I am greatly indebted to the Medical Research Committee (now the Medical Research Council) for the assistance which made it possible for me to work at Maghull and with the Royal Air Force. I am glad also to express my thanks to the Medical Department of the R.A.F. for the opportunity of acquiring experience in the varied psychological problems presented by Aviation in time of war, and to my colleagues in that Force for their help in making use of this experience.

I am indebted for permission to publish the appendices to the editors of the *Lancet* and *Psychoanalytic Review*, to the Royal Society of Medicine, the National Committee of Mental Hygiene of the United States, the Medical Research Council, and the Medical Department of the Royal Air Force.

W.H.R. RIVERS.

St. John's College, Cambridge, July 15, 1920.

# I. Introduction

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In the secondary title of this book I have indicated that one of its main aims is to give a biological view of the psycho-neuroses. My purpose is to bring functional disorders of the mind and nervous system into relation with the concepts concerning their normal mode of working, which are held by the biologist and the physiologist. It will, I hope, help my readers to understand this purpose if I sketch briefly the conditions out of which this aim arose, and the general lines of the process by which the study of a certain group of the psycho-neuroses has led me to the views here set forth.

One of the most striking features of the war from which we have recently emerged -- perhaps its most important feature from the medical point of view -- has been the enormous scale on which it produced those disturbances of nervous and mental function which are grouped together by the physician under the heading of psycho-neurosis. The striking success in coping with the infectious diseases, which in all other recent wars have been far more deadly than the weapons of the enemy, shows that modern medicine was prepared for this aspect of the war, and had ready for use the main lines of treatment which would take the sting from these scourges of warfare. Surgery also was forewarned and forearmed for its task of dealing with the wounds inflicted by modern weapons. Any increase in the deadly power of these weapons is due to the greater number they can reach rather than to the greater

deadliness of the injuries they inflict upon the individual. Though surgery has made great advances during [p. 2] the war, these are only developments for which the surgeon was prepared and involved no radical alteration in his outlook.

The case is very different when we turn to the field presented by psycho-neurosis. Though the Russo-Japanese war might have led physicians to expect psycho-neurosis on an extensive scale, the medical administration of our own and other armies was wholly unprepared for the vast extent and varied forms in which modern warfare is able to upset the higher functions of the nervous system and the mental activity of those called upon to take part in it. Moreover, before the war, the psycho-neuroses had interested few practitioners of medicine. Common as these disorders are in civil life, they are left almost without notice in medical education, while those who had paid special attention to the subject were torn asunder by fierce differences of opinion, not only concerning the nature of these disturbances of nervous and mental function, but also in regard to the practical measures by which they might be treated or prevented. The outbreak of the war found the medical profession with no such common body of principles and measures as those which enabled Medicine and Surgery to deal so successfully with the more material effects of warfare upon the human organism.

In accordance with the general materialistic tendency of medicine the first stage of this branch of the medical history of the war was to ascribe the psycho-neuroses of warfare to the concussions of shell-explosion, an attitude

crystallised in the unfortunate and misleading term "shell-shock" which the general public have now come to use for the nervous disturbances of warfare. It soon became clear, however, that the great majority of the functional nervous disorders of warfare are not traumatic in the strict sense, but occur in pronounced forms either in the complete absence of any physical shock, or after exposure to shell explosions of a kind very unlikely to have caused physical injury. It became evident that the shell-explosion or other event which forms the immediate antecedent of the illness is only the spark which sets into activity a morbid process for which the mental stresses and strains of warfare have long prepared the ground. Once it is recognised that the essential [p. 3] causes of the psycho-neuroses of warfare are mental, and not physical, it becomes the task of the physician to discover the exact nature of the mental processes involved, and the mechanisms by which these processes are so disordered as to produce the vast diversity of forms in which the morbid state appears.

In civilian practice cases of psycho-neurosis fall into two chief groups set up by very different conditions. One of these groups, usually called traumatic neurasthenia, is especially known as the sequel of railway accidents, and since this form of neurosis closely resembles that due to warfare, our knowledge of war-neurosis might have advanced more rapidly if this had been taken as a guide. Owing, however, to its comparative rarity, the traumatic form of psycho-neurosis was less known than that arising out of the stresses and strains of ordinary life. Progress in our knowledge of this second group was hindered by wide

differences of opinion concerning the nature of the factors to which its various forms are due. Many failed to recognise that, though the essential pathology of war-neurosis must be the same as that of civil practice, the factors concerned in this pathology might be very different.

The situation was especially complicated by the existence of a definite theory of psycho-neurosis which, though it succeeded in bringing into a co-ordinated scheme the vast diversity of form in which functional nervous and mental disorders become manifest, had yet not merely failed to meet with general acceptance, but was the subject of hostility exceptional even in the history of medicine. This hostility was almost entirely due to the fact that the author of the theory, Sigmund Freud of Vienna, found the essential cause of every psycho-neurosis in some disturbance of sexual function. Further, the process of psycho-analysis, which formed Freud's chief instrument, of inquiry, led him to the view that these disturbances of sexual function often went back to the first few years of life and implied a sexuality of the infant which became an especial ground for the hostility and ridicule of his opponents. At the beginning of the war the medical profession of this and other countries [p. 4] was divided into two sharply opposed groups; one, small in size, which accepted the general principles of Freud, either in their original form or as modified by Jung and other disciples; the other, comprising the vast majority of the profession, who not merely rejected the stress laid upon the sexual, but in setting this aside refused to attend to many features of Freud's scheme

which could hardly have failed to appeal to them if they had been able dispassionately to face the situation.

Among the laity Freud's views met with a greater interest and a wider acceptance. In some cases this acceptance was founded on observations furnished by the study of dreams or of such, occurrence of everyday life, as had been so ably used by Freud to support his scheme, but inability to study the main line of evidence upon which the Freudian system was based prevented the interest of these students from being more than that of the amateur.

The frequency of the psycho-neuroses of war brought the subject within the reach of many who had hitherto taken no special interest in this branch of medicine, while in other cases, those whose interest had hitherto been of an amateur kind were now brought into contact with clinical material by which they were enabled to test in detail the Freudian doctrine of psycho-neurosis. The opportunity thus afforded to independent and unbiassed [sic] workers had certain definite results. Freud's work, in so far as it deals with psycho-neurosis, has two main aspects. As in every scheme of a pathological kind we can distinguish between the conditions or causes of the morbid process and the mechanisms by which these conditions produce the manifestations or symptoms of disease. In the heat engendered by differences of opinion concerning the conditions of psycho-neurosis, the pathological mechanisms had been neglected and had aroused little interest, a neglect which is readily intelligible, for few will find it worth while to study the details of a structure resting on foundations they reject.

The first result of the dispassionate study of the psycho-neuroses of warfare, in relation to Freud's scheme, was to show that in the vast majority of cases there is no reason to suppose [p. 5] that factors derived from the sexual life played any essential part in causation, but that these disorders became explicable as the result of disturbance of another instinct, one even more fundamental than that of sex—the instinct of self-preservation especially those forms of it which are adapted to protect the animal from danger. Warfare makes fierce onslaughts on an instinct or group of instincts which is rarely touched by the ordinary life of the member of a modern civilised community. War calls into activity processes and tendencies which in its absence would have lain wholly dormant.

The danger-instincts, as they may be called, are not only fundamental, but they are far simpler both in their nature and their effect than the instincts which are concerned in continuing the species or maintaining the harmony of society. The awakening of the danger-instincts by warfare produces forms of psycho-neurosis far simpler than those of civil life, which depend in the main on disturbance of the other two great groups of instinct. The simplicity of the conditions upon which the psycho-neuroses of war depend makes it easier to discern the mechanisms by which these conditions produce their effects. Those who were able to approach the subject without prejudice could not fail to see how admirably adapted are many of the mechanisms put forward by Freud to explain how the conditions underlying a morbid state produce the symptoms through which the state becomes manifest. It seemed as if Freud's

mechanisms might have been obvious to all, or at least might have met with far earlier acceptance, if war-neurosis had been of habitual occurrence and civil neurosis had occurred only as the result of occasional catastrophes. The aim of this book is to consider these mechanisms in their relation to the more normal processes of the animal organism, and especially to the mechanism by which certain parts of experience become so separated from the rest that they are no longer capable of recall to consciousness by the ordinary processes of memory. Psycho-neurosis depends essentially upon the abnormal activity of processes which do not ordinarily enter into consciousness, and the special aim of this book is to consider the general biological function of the process [p. 6] by which experience passes into the region of the unconscious. I shall attempt to show that the main function of psycho-neurosis is the solution of a conflict between opposed and incompatible principles of mental activity. Instinctive processes and tendencies, and experience associated therewith, pass into the unconscious whenever the incompatibility passes certain limits. As indicated in the title, the special aim of the book is to study the relation between instinct and that body of experience we are accustomed to speak of collectively as "the unconscious." In this study the first task is to make as clear as possible the senses in which these terms will be used and this will be the aim of the following chapters.

## II. The Unconscious

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The concept of "the unconscious" in psychology is one which has aroused the liveliest differences of opinion and has been met by bitter opposition. Even those who are ready to accept the vast influence of unconscious factors in psychology may well be appalled by the difficulties of treating the unconscious in a scientific manner and fitting so necessarily hypothetical a factor into the explanation of behaviour. One line of opposition has come from advocates of the older introspective school of psychologists who have found it difficult to fit an unconscious region of the mind into their schemes of description and explanation. The aim of the older psychology was to furnish a rational explanation of human behaviour and endeavour. As the material for such explanation they used almost exclusively the happenings in their own minds, which could be directly, though really only retrospectively, observed, and made this material the basis of constructions whereby they fitted into coherent schemes the infinitely varied experience of the human mind. When their introspective method failed them, and they were driven to assume the existence of factors lying outside those accessible to introspection, they were accustomed to assume subconscious processes, or to speak of psychological dispositions and tendencies, or they would even throw psychology wholly aside, bringing into their schemes of explanation factors belonging to the wholly different order of the material world, and used

physiological processes as links in the chain whereby they connected one psychological happening with another.

Those who adopted subconscious processes as elements of their constructions, viz., processes which only differed from other [p. 8] mental processes in the lesser degree of distinctness and clearness with which they could be observed, paid in this way lip-service to the supposed essential character of consciousness in psychology, but failed to recognise that they were only evading a difficulty by clinging to a simulacrum of the conscious, the existence of which was just as hypothetical as any of the constructions of the thoroughgoing advocates of the unconscious.

Those who spoke of psychological dispositions, or going still further, adopted physiological dispositions in their place, were also positing purely hypothetical factors where those open to direct observation failed them. These measures were only means by which these psychologists and psycho-physiologists escaped from the necessity of facing the difficulties presented by many aspects of animal and human behaviour, and especially those presented in Man by the phenomena of disease.

It is noteworthy that the due recognition of the importance of the unconscious and the first comprehensive attempt to formulate a scheme of its organisation and of the mechanisms by which it is brought into relation with the conscious should have come from those whose business it

is to deal with the morbid aspect of the human mind. The necessity for the use of unconscious factors continually arises when dealing with the experience of health, but the opportunities afforded by such experience are usually so fleeting, and the experience itself often so apparently trivial, that they failed to force the psychologist of the normal to face the situation. It was only when unconscious experience had contributed to wreck a life or produce a state with which the physician had to struggle, and then often ineffectually, for months or years that it became impossible to push such experience aside or take any other line than that involved in the full recognition of its existence. It is only the urgent and inevitable needs of the sick that have driven the physician into the full recognition of the unconscious, while it has needed the vast scale on which nervous and mental disorders have been produced in the war to force this recognition upon more than the few specialists to whom it had been previously confined. [p. 9]

In entering upon an attempt to make clear the sense in which the term "unconscious" will be used in this book, I will begin by pointing out one sense in which it will not be used. At any given moment we are only clearly conscious of the experience which is in the focus of attention. This forms only an infinitesimal proportion of the experience which is capable, by being brought into the focus of attention, of becoming conscious with an equal degree of clearness. Again, at any one moment a much larger amount of experience is within the region of the conscious though less clearly, but even the largest amount which can thus I be

brought within the outermost fringe of consciousness at any instant or even within any brief space of time, forms but a very small proportion of that which, with other directions of the attention, could come into the field of consciousness. At any given instant there is a vast body of experience which is not in consciousness because at that instant it is neither the object of attention nor so connected therewith as to occupy consciousness with more or less clearness at the same time. Experience of this kind will not be included within "the unconscious" as the term is used in this book. In so far as the term "the unconscious" applies to experience, it will be limited to such as is not capable of being brought into the field of consciousness by any of the ordinary processes of memory or association, but can only be recalled under certain special conditions, such as sleep, hypnotism, the method of free association, and certain pathological states.

The kind of experience which will form the main subject-matter of this book may best be illustrated by some examples.

A good instance of the unconscious is afforded by the conditions underlying the claustrophobia of a sufferer from war-neurosis, whose case is described in full in Appendix II. as long as he could remember, this patient had been subject to a dread of confined spaces so severe, and producing states so painful and unendurable, that he was debarred from taking part in many of the ordinary occupations of life, or could do so only at the risk of

suffering and discomfort. When his profession as a doctor took him at the age of thirty to the front his specific [p. 10] dread was brought into pronounced activity by the necessity of working in dug-outs, and the strain so produced formed a most important factor in producing a state of anxiety-neurosis. During a course of treatment to discover the origin of his claustrophobia, there came to the patient's consciousness an experience at the age of four in which he had been confined in a narrow passage with no means of escape from a dog by which he was terrified. In spite of attempts, continued over several years, to discover some experience of childhood which could explain his symptoms, this memory of the dog in a passage had wholly failed to appear in consciousness, and was only brought to memory by a special procedure. We have no direct evidence that the incident had been wholly unconscious during childhood, but owing to his prolonged search for such experience at a later period of life, and its total failure to appear in consciousness, we have the most decisive evidence that an arresting experience, one accompanied by an emotional state of the most poignant kind, can lie dormant and evade the most searching attempts to bring it into the field of consciousness. When it was at last recalled, this did not happen through any association of waking life but came in the semi-waking state following a dream. Its coming to consciousness occurred in definite connection with an experience of sleep which we know to furnish conditions especially favourable to emergence from the unconscious.

This patient not only affords conclusive evidence for the existence of experience shut off from consciousness under ordinary conditions, but his case shows that this experience, though inaccessible to consciousness directly, may yet be capable of affecting it indirectly. His dread of confined spaces had so definite a relation to the early experience that the two were undoubtedly connected, while the complete disappearance of his claustrophobia, after bringing the long dormant experience to the surface, affords further, though standing alone, not necessarily conclusive, evidence in the same direction.

Psychological literature contains many similar histories. I take this case of claustrophobia as an example, partly because, having come under my own notice, I am able to estimate its [p. 11] trustworthiness. Still more important is the fact that it was possible to obtain conclusive evidence that the infantile experience had really occurred, and was neither the fancy of the patient nor the result of suggestion on the part of the physician, the latter possibility being especially present when a supposed experience of childhood is discovered by means of hypnotism.

The records of others can never, however, carry the conviction which comes from one's own experience, even though such experience can rarely have the dramatic and conclusive character of my case of claustrophobia. One who wishes to satisfy himself whether or no unconscious experience exists should subject his own life-history to the

severest scrutiny, either aided by another in a course of psycho-analysis or, though less satisfactory and less likely to convince, by a process of self-analysis. It will perhaps be instructive if I give a result of my own self-analysis, which though at present incomplete, has done much to convince me of the reality of the unconscious.

I am one of those persons whose normal waking life is almost wholly free from sensory imagery, either visual, auditory, tactile or of any other kind. Through the experience of dreams, of the half-waking, half-sleeping state, and of slight delirium in fever, I am quite familiar with imagery, especially of a visual kind, which, so far as I can tell, corresponds with that of the normal experience of others. I am able to recognise also that in the fully waking state I have imagery of the same order, but in general it is so faint and fragmentary that the closest scrutiny is required for its detection. It is clear to me that if it were not for my special knowledge and interest I should be wholly ignorant of its existence. On looking back in my life I am aware that my mental imagery was more definite in youth, and I can remember the presence at that period of fairly vivid visual imagery in connection with certain kinds of experience, especially of an emotional kind.

Some years ago, as part of an examination into my memories of childhood, I discovered that I had a more definite knowledge of the topography of the house I left at the age of five than of [p. 12] any of the many houses I have lived in since. I can make a plan of that house far more

detailed, based on memories clearer to myself, than I can make of houses in which I have lived far longer and at times of life when one might expect more permanent and vivid memories. Moreover, I can even now obtain visual images of the early house more clear and definite than any I usually experience, while other memories of my first five years bring with them imagery more definite than accompany the memories of later life. I have concluded, and I think I am justified in doing so, that before the age of five my visual imagery was far more definite than it became later and was perhaps as good as that of the average child.

For some time I explained the loss of imagery of which I am the subject as part of a process by which I had become especially interested in the abstract. I supposed that my imagery had faded for lack of the attention and interest which would have kept it active, even if they had not promoted its development into the instrument which imagery has become in the mental life of the majority of human beings. It is only during the last year or two that I have discovered an aspect of my early experience which has led me to revise this earlier opinion. This discovery is that my knowledge of the house I left when five years old is strictly limited to certain parts of it, and that the rest of the building is even more inaccessible to memory than any of the houses in which I have lived since. So far as I remember the house had three floors. I can remember, and even now image fairly vividly, every room, passage and doorway of the ground-floor. I can in imagination go downstairs into a kitchen in a basement and I can go

upstairs towards the upper door, but when I reach the top of the stairs I come to the absolutely unknown, an unknown far more complete than is the case with any house occupied more recently, where I have some idea of the topography, though this is inexact and vague. For more than two years I have been attempting, by means which have succeeded in evoking other early experience, to penetrate into the mysterious unknown of the upper storey. Though I have recalled many incidents of my early life which took place on the [p. 13] ground-floor, in the basement, in the regions before and behind the house, no event of any kind which happened in the upper storey has ever come to my consciousness. Now and then, when in the half-waking, half-sleeping state, peculiarly favourable in my experience to the recovery of long-forgotten events, I have had the sense that something is there, lying very near emergence into consciousness. But I have not yet succeeded in penetrating the veil which separates me from all knowledge of my life in that upper storey.

The evidence for the existence of unconscious experience which is provided by these memories of my infancy is, of course, incomplete, in that I have not yet discovered the nature of the unconscious experience and have even no certain guarantee that it exists. The feature of the experience which impresses me -- I cannot expect it to have an equal influence on others -- is the completeness of the blank in my mind in connection with that upper storey. I fail to explain that blank by any mechanism provided by differences in the effect of interest on memory. A

psychologist of the old school would probably say that we tend especially to remember the striking and unusual, and that it is therefore natural that my memories of the upper storey, where I probably passed most of my life at that time, should be less vivid than those of the lower parts of the house, which I visited less often. This might well explain a different degree of distinctness of memory, but it cannot explain the completeness of the blank left by the memories of the upper storey. Another line which might be taken is that, at any rate during the year before I left the house, I lived on the ground-floor during the day and only visited the upper floor at night when tired. But even if such a reason were valid, it cannot explain the completeness of the blank. Moreover, such explanations seem to be put out of court by the fact that when I recall memories of houses lived in later, I find no such difference between upper and lower storeys. Though my memories of later houses are more vague than the early memory, they are quite as definite for the upper as for the lower parts of the buildings.

The two cases I have given are examples of the experience of [p. 14] early life which has become inaccessible to consciousness. This period of life is especially apt to afford occasions for experiences to become unconscious, but the passing of experience into the unconscious may happen at any age, and its occurrence has been brought to notice very widely by the experience of war. One of the most frequent features of the nervous disturbances of war has been the complete blotting out of the memories of certain

events, the obliteration usually extending considerably beyond the event which furnished its special occasion. In some cases, where the loss of memory for a period of the soldier's life has been produced by physical shock accompanied by complete unconsciousness, as in cerebral concussion, the obliteration has been complete, and the case does not come within the scope of this book, for there is no evidence that any experience exists capable of being again brought to consciousness. In many cases, however, in which the obliteration is due to mental shock or other physical factors, the experience which is inaccessible to the consciousness of the subject under the usual conditions of memory has been recovered in the hypnotic state or by the method of free association or has expressed itself, usually in a distorted form, in dreams. In such cases soldiers have lost the entire memory of their lives from some moment preceding a shock or severe strain until they have found themselves in hospital, perhaps weeks later, although during at least part of the intervening time they may have been to all appearance fully conscious and may even have distinguished themselves by actions on the field of which they have no recollection. Although these memories may remain for months or years quite inaccessible to memory when approached by the ordinary channels, they may be brought to the surface by means of hypnotism or by the method of free association.

In a case of a somewhat different kind under my care a soldier had lost all memory of his life from a day in July when he was training in England until the following

January when he found himself in hospital in Egypt, having no recollection whatever of his service in various parts of England, of the voyage to Egypt, or of his life in Egypt before going to hospital. The memory [p. 15] of this period was not recovered until more than a year later following the disclosure of a painful experience in his life which had a definite connection with his amnesia.

In cases such as these the loss of memory forms part of the complex group of changes which make up the state we call psycho-neurosis. There is reason to believe that many of the manifestations or symptoms of this state are due to the activity of the experience which has become unconscious, just as the dread of my claustrophobic patient has been ascribed to the unconscious experience of which he was the subject at the age of four. The effects which can be thus ascribed, at any rate in part, to the unconscious experience of war, fall into two main groups. There are, on the one hand, general changes in personality, and changes in tastes, in likes and dislikes, in preferences and prejudices, while on the other hand, there are specific dreads or other morbid experiences of waking or sleeping life, such as nightmares, hallucinations or morbid impulses, which can be more or less directly ascribed to the activity of the unconscious experience. In such cases we have definite evidence, not merely for the existence of unconscious experience, but for its activity, or capacity for activity, in this unconscious state.

I will conclude this chapter by considering a way in which

the term "unconscious" is often used which I shall endeavour to avoid. If an idea springs spontaneously into the mind without obvious antecedents in consciousness we are accustomed to speak of this mode of appearance as unconscious. Again, when a person behaves in a manner which corresponds to something taking place in the mind of another person, but is not wholly, or perhaps not at all, determined by anything in the mind of the behaver, we regard the behaviour as due to the suggestion of the second person and we are accustomed to speak of this process of suggestion as unconscious. In these instances the antecedent of the thought or behaviour may, and probably does, come from the unconscious, in the sense already proposed, either of the person who experiences the thought or of the person by whom the behaviour is suggested, but it is a question whether it is convenient to use the term "unconscious " for the [p. 16] process by which the thought or the behaviour is promoted. It is only necessary to point out that in such a case we are speaking of a change being set up in consciousness unconsciously to see how unsatisfactory is this usage and how little relation there is between the use of the word "unconscious" in this sense and that in which I propose that it shall be used. I shall not, therefore, call such processes as I have mentioned unconscious, but shall make use of a special term to denote them and shall speak of them as "unwitting." When a thought or feeling comes into the mind without antecedents in consciousness so that we suppose it to have come from the unconscious, I shall not speak of the thought as having arisen unconsciously but unwittingly.

Similarly, I shall speak of the process of suggestion as taking place unwittingly and not unconsciously, leaving open how far the source of the suggested thought or behaviour is in the "unconscious" as the term will be used in this book.

# III. Suppression

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In the last chapter I have attempted to make clear the sense in which I shall speak of "the unconscious" in this book. I have illustrated its nature by three kinds of example; one taken from a definitely pathological state dependent on an experience of early life; the second derived from my own history, also derived from the unconscious experience of early life, but one which may be regarded as coming within the limits of normal psychology; while the others are taken from cases of psycho-neurosis in which the experience which has become unconscious is made up of the events and memories of warfare. I have now to consider how such experience becomes and remains unconscious.

The first process to be considered is that by which experience becomes unconscious. I shall speak of this process as suppression. Writers on the unconscious often use "repression" for the process in question, but I propose to reserve this term for the process by which we wittingly endeavour to banish experience from consciousness. It seems that this process of witting repression may be one means of producing suppression, that experience wittingly repressed may, at any rate under certain conditions, succeed in becoming suppressed and inaccessible to the general body of consciousness. But there is little doubt that this is only one of the ways in which suppression occurs,

and that more often it takes place wholly without the intervention of volition, especially when it occurs as the result of some physical or mental shock. We are still in much uncertainty concerning the exact mechanism by which suppression occurs, but there is reason to believe that in the majority of [p. 18] cases it takes place without conscious effort, or according to the terminology I propose to use, unwittingly. There is even some reason to believe that suppression only follows witting repression, when conditions of some other kind favourable to suppression are present. One of the chief aims of this book is to discover the nature and biological significance of the mechanism of suppression.

One line of inquiry which may be used to this end is the comparison of suppression with the ordinary process of forgetting. Suppression is only one form of forgetting -- a form in which the forgetting is especially complete -- and light should be thrown upon the nature of suppression by a general study of the process by which we forget. Formerly psychologists were especially concerned with the process by which we remember, but they have gradually been coming to recognise that the more important problem is to discover how and why we forget. It is one of the many merits of Freud[1] that he has thrown much light on this problem and with a wealth of examples has illustrated the complex nature of forgetting in the ordinary course of daily life. According to him forgetting is not a passive process, dependent on lack of interest and meaning, or varying with the intensity of an impression, but is an active process in

which some part of the mental content is suppressed. The content which is thus suppressed does not disappear because it is uninteresting or unimportant; on the contrary, it is usually of very special interest and has a very definite meaning. It is suppressed because the interest and meaning are of a kind which arouse pain or discomfort and, if present in consciousness, would set up activities which would be painful or uncomfortable. Active forgetting is thus a protective process or mechanism, one by which consciousness is protected from influences which would interfere with the harmony essential to pleasure or comfort. The examples of the unconscious which were recorded in the last chapter are only pronounced examples of a similar process. Just as we tend to forget an appointment which seems likely to be the occasion of a quarrel or forget to write a letter [p. 19] which involves the undertaking of an unpleasant responsibility, so we may suppose that the painful experience of my claustrophobic patient was forgotten because the memories of the passage and the dog were so painful as to interfere with his happiness. The completeness of the suppression may have been due to the fact that the interference with the comfort of the child was so great as seriously to disturb his health. In the case of my own experience it is not possible to say why the memory of the upper floor has been forgotten, since I do not yet know the nature of the suppressed experience, but we can be fairly confident that it was of an unpleasant kind and was forgotten because the memory of it interfered with my comfort and happiness. The memories which disappear in war-neurosis are always of happenings

so distressing that the most painful emotions arise when the happenings are recalled. The conclusion to which we are led both by the experience of everyday life and by the analysis of pathological and semi-pathological states is that there is no difference in nature between the forgetting of the [sic] unpleasant experience of ordinary life, often quite trivial in character, and such examples of complete and life-long suppression as those which I have chosen to illustrate the nature of the unconscious.

If these two kinds of forgetting are essentially alike, if they furnish the two ends of a continuous series, a study of the forgetting of everyday life should provide a means of understanding the suppression which occurs in pathological states. If we attempt such a study the first point which may be noticed is that the active forgetting of everyday life is not voluntary and intentional, but is essentially a process which takes place unwittingly. If we try to forget an appointment which we expect to lead to a quarrel, or try to forget a letter undertaking an unpleasant responsibility, we should not succeed. We should probably only fix these duties the more firmly in our memories. It is characteristic of the active forgetting of which Freud has provided such a wealth of examples[2] that it occurs spontaneously. In such instances as I have given, we do not know that [p. 20] we have forgotten. It is only when we are reminded of the missed appointment, or the overdue letter, that we become aware of the lapse. In other cases, as when we forget the name or address of a correspondent to whom