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A Man's Unconscious Phantasy of Pregnancy in the Guise of
Traumatic Hysteria—A Clinical Contribution to Anal Erotism¹

By Michael Joseph Eisler

PART I

In 1908, Freud in his 'Character and Anal Erotism' drew attention to the impulses included under the description analerotic, and to their great significance in the development of the Ego factor of the personality; since then the limits of this theme have been extended ever further in the steadily accumulating investigations of many authors, and its fundamental importance made manifest. Such work could apparently only be carried through in the teeth of manifold resistances, on the part not only of the outsider but also of the student of analysis himself, because the psychic constellations concerned are subject to the most diverse transformations; for similar reasons wherever they are found, the solution of the most outstanding problems of the psycho-analytic treatment is concerned. It will suffice only to allude to the results, for they are intimately bound up with the progress of psycho-analysis in the last decade, and are consequently well known. Despite the fertility and wide ramifications embraced in the relevant literature published hitherto, it is

¹ Translated by F. R. Winton.

deficient in one respect, namely *detailed* presentation of the circumstances of anal erotism, so far as they have been elucidated, within the framework of its corresponding clinical entity. Freud alone continues to produce masterly contributions along these lines. I refer to the relevant sections of his papers: 'Bemerkungen über einen Fall von Zwangsneurose' (Sammlung kleiner Schriften zur Neurosenlehre, 3. Folge) and 'Aus der Geschichte einer infantilen Neurose' (Sammlung kleiner Schriften zur Neurosenlehre, 4. Folge.)²

In both expositions he lets one realize vividly the laborious path of analysis; the new discoveries are seen in the process of being made, and one may guess against what resistances they have been evolved. The following case, which proved to be a severe neurosis erected upon fixation of the anal-erotic components, is to be presented clinically in accordance with this method. I need hardly add that the material examined, which was obtained during the course of some seven months, is certainly lacking in completeness and has not always served to make theoretical relationships clear; meanwhile, however, the treatment had achieved on the one hand recovery of the patient, and on the other a stage at which some significant correlations and discoveries could be established. With due regard to the special features of the case, I will now let the description of the course of the analysis follow. The actual structure of the neurosis naturally only became evident at the conclusion of the treatment; nevertheless in the interests of lucidity I shall not adhere strictly to the chronological method of record, but leaven this with elements of the subsequent synthesis. This is inevitable in any presentation in which elegance is an aim.

J. V., aged thirty-one years, a tramway employee, gave the following account of the onset of his illness. Two and a half years ago he fell off the step of his car at full speed, and was bruised on the head, forearm and loin. All the injuries affected the left side. He lost consciousness, and was conveyed from the scene of the accident to the surgical side of a hospital. In the meantime he regained consciousness, and it was at once evident that the injuries were slight, and only that to the head would

² Between these come the theoretically most important two essays: 'Die Disposition zur Zwangsneurose' (*Internat. Zeitschr. f. Psa.*, 1913) and 'ber Triebumsetzungen insbesondere der Analerotik' (*Internat. Zeitschr. f. Psa.*, 1916), to which I shall refer later. Likewise I would emphasize the pertinent work of Jones from the point of view of its wealth in casuistic and other material

need stitching, those to the forearm and side being but skin abrasions. No sort of internal injury was supposed to exist at that time. During his stay at the hospital, the doctor in charge of his treatment also had the injured parts X-rayed with negative results. Three weeks after admission, he left hospital cured. He again took up his work and after a short time felt quite fit. Some weeks later pains set in beneath the first rib on the affected side occurring at first rarely, but soon more frequently, until they partook of the character of regular attacks. They took place at short intervals, about fortnightly, lasted fourteen to sixteen hours, and passed off again. During an attack he felt a boring pain in the left side 'as if a solid object was trying to emerge', afterwards he was exhausted and required rest. However the intervals between attacks passed without the appearance of any particular phenomena, excepting a slight stitch in the side which occurred along with any considerable excitement. In time the condition became more and more obstinate and intolerable. He had often to neglect work, and sought out all the various hospitals, where they were eventually baffled by his complaints. Toward the end of the second year of his illness, he had lost consciousness in three consecutive acute attacks, and they sent him on to the neurological department. On the strength of the negative findings of surgeons and physicians, a diagnosis of Traumatic Hysteria was made. As such, the case was submitted to psycho-analytic treatment.

At the outset of the course, before the history of the case could be written down in any detail, all the signs of a stormy transference set in and engaged my whole attention; it was only later shown that the explanation lay in his many years of previous treatment and experiences with other doctors. I must confess that I found the behaviour of the patient at this time very strange, and the possibility of a mistaken diagnosis just passed through my mind. At the very beginning of analysis, he performed two peculiar actions, of which the first was relatively intelligible, but the second seemed completely nonsensical. Soon after the beginning of the first hour he stood up without any particular occasion, and said he had felt exactly as if the couch had rolled off with him. Obviously it was an attempt to escape from his unaccustomed situation and the presence of the physician. When at length I had persuaded him to lie down again, he was incapable of producing coherent ideas. At the close of the hour, on my departure, he

remained standing awhile and stared at me with protruding throat and eyes widely dilated. He gave the impression of one demented; long after, I was able to find the explanation of this evanescent 'symptomatic act', which I shall take up at its proper place in the record. Some days later he introduced a fresh and quite unambiguous symptomatic act, which allowed the first insight into his unconscious mental life: he rose from the couch, made an awkward turning movement, and fell back again flat on his face with his legs dangling. This indirect expression of his passive homosexual attitude towards the doctor he attributed to a sudden fainting fit. Its intensity and the form it took at so early a stage of the analysis had its own particular significance. The same attitude also found expression in the dreams of this introductory period. Once he dreamed of a fight with a lion that bit him in the left shoulder; and again, he was quarrelling with a younger brother who wanted to shoot him down. In a third dream he was trying to enter the royal train (it was a few weeks after the revolution) but was surrounded by soldiers who threatened him with a dreadful punishment which they did not name. Lastly he dreamed a scene from his military training, in which a superior dug him in the ribs in fun. Most important in all these dreams, which succeeded one another as it were according to programme and undisguisedly represented the passive homosexuality of the dreamer, was the progressive demolition of the unconscious phantasies underlying them. The reaction which at first took so violent, almost archaic-mythical, a form of expression, became finally transformed into slight facetiousness. Very little material actually recollected was however gleaned from these dreams. Here, as in the case of the symptomatic act, the patient seemed at once to admit all and to conceal all. As before he maintained reserve with respect to the demands of analysis, and was little inclined to communicate his thoughts freely. It could not well be a question of resistance nor of misunderstanding in regard to the treatment, for he had already accommodated himself to the guiding rules of analysis in accordance with the complex of his unconscious constellation. I can now only refer to his behaviour as somewhat 'close', but I shall go into this more fully later.

The transition to a gentler and at once more rational transference was accomplished by a new series of dreams, which according to their content belonged to the well-known type of

flying-dreams. He was flying alone in the open, or in a room full of onlookers, and in this way took a narcissistic delight in his body, determined by regression of feeling. In connection with these dreams too, only scarce memories could be collected; they were not related to his real environment, but served purely as an expression of the tension current within him. Neither this nor the first type of dream occurred again during the many months of analysis; I must therefore regard them as a means of compensation or adaptation to the treatment.

After such diverse interludes, I was at last able to induce a thoroughgoing discussion of the circumstances which formed the occasion of his falling ill. Nevertheless the results of this must be postponed in favour of the characterology of the patient as hitherto established. Taken together, both thereafter constituted the actual programme of work of the analysis.

The patient gave one the impression of a self-confident and methodical man, working with a view to consolidation of his circumstances. Several changes of occupation, which I shall describe more closely below, had enabled him steadily to improve his standard of living; and taking an energetic part in aims common to his rank for the time being, he was yet able to further his own interests. He was now the leader of his group of workers in social and political questions, and his words carried weight. At the same time, he showed great moderation in his views, and was good at propagating them among his fellows. In such wise he had found it possible to sublimate a great part of his homosexual libido and hold it in equilibrium. Herein moreover his marked conceit was rooted. He appeared to be gifted as a speaker; his style tended towards expletives and pithy expression, and he could turn a phrase with most amusing effect. However, he thought thoroughly sensibly, and every action evidently followed mature consideration. Men of his sort have no true sense of style, they are deficient in the observational factor of the process of thought, and may be said to think by action. He showed moreover an insatiable desire for education, but in the absence of suitable authoritative guidance he had become self-taught, and so combined some originality with considerable oddity. Thus for years he had kept copies of everything that interested him, and so had collected a manuscript library. From time to time he would transfer these notes—poems, newspaper articles on various

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³ Cf. Ernest Jones: 'Anal-erotic character traits.' *Papers on Psycho-Analysis*, 2nd. Ed., p. 664.

subjects, and so on,—to new volumes: he would as it were make cleaner what was already clean. His attitude towards money was entirely rational; at one point only could anal erotism be detected: he disliked soiled notes and either passed them on to his wife, or despite his thrift spent them without adequate cause. He enjoyed memorizing passages that suited him; and even though he failed to understand genuine lyrical verse, he thoroughly appreciated the emotional variety, partly because it was rhymed. Moreover he kept a sort of diary, in which actual dates of general importance were noted; he had no talent whatever for personal outpourings. In addition to copying, he liked drawing up accounts and balance sheets. Everything connected with this business of writing was kept in perfect order, it was all at his fingers ends, and created an immense impression in his simple surroundings. Sublimated anal erotism evident in all this was further betrayed by a material interest in the physical processes of life,³ and also by his efforts in diverse ways permanently to establish himself. Most particularly did biological questions stimulate his interest, and especially that of evolution. Information in this field had been gleaned partly from popular literature, and partly by unofficial visits, facilitated by the staff, to appropriate scientific institutions. The earliest incitements in this direction dated from boyhood, the child's impressions of the farmyard, and could be traced back step by step to typical infantile curiosity. Rearing of domestic animals and still more of fowls had had a particular fascination for him. He related how for a time, as a boy, he had really cared about the business of hatching, to which interest numberless hen's and bird's eggs had been sacrificed. Later each time he had changed his calling, he had seriously thought of taking to the country and carrying on fowl breeding on a large scale. To all appearances this desire was so strong in him that he was sure one day to realise it. In the meantime he had to be content with pet singing birds, of which he kept several in the house, and which he fed and looked after himself. The remainder of his ornithological hobbies found play in neighbouring woods. At the time of the analysis, for several weeks, he would visit the habitat of a wood-pecker and watch it with obvious enjoyment, knocking in order to entice its insect prey. All the

³ Cf. Ernest Jones: 'Anal-erotic character traits.' Papers on Psycho-Analysis, 2nd. Ed., p. 664.

peculiarities described, and to be developed further, can at once be recognised as representatives, disguised and so compatible with consciousness, of such of the patient's complexes as appeared, if not pathogenic, at least exaggerated.

Along with these enquiries the family history came to light, but I will confine myself here only to its most essential points. He came of peasants, as an eldest child, and they still lived on the farm where he had been brought up. Eight of the fourteen children of the marriage were alive. The youngest, a seven year old sister, had some relation to the patient's neurosis; likewise the eldest sister, a girl of twenty-four, whose way of living he judged most harshly without adequate cause. We found that his sexual researches had been very active at the time of her birth. He had noted enviously how tenderly they anticipated her arrival; a screen-memory involved the wish for her death. Later too, he had felt no more gently towards her, and by unconscious identification with the father, had constantly found something to criticise. On a visit to his parents during treatment he turned her suitor out of the house. The significance of the youngest sister was cleared up only at the climax of the treatment. He had no very strong feelings about his brothers, in relation to whom he rather fancied himself as the first-born; to one only, who had been drowned in adolescence, was his attitude of any consequence. He had lent him the money to bathe, and so for a time felt partly guilty of his death. He was then sixteen years old. This memory still contributed to the feelings he experienced as driver in accidents involving others.

Very vivid memories of earliest years were centered round the grandparents, who had lived at home with them. The respect shown to them by the grown-ups had intensified their consequence in the eyes of the child. He told of his grandmother that she had taken his mother's place in the house during the latter's frequent lying up with child, and had insisted on great tidiness; he was said to have inherited this character trait from her. He had been told that at nine months he had been making his first attempts to walk, or rather to crawl (he had developed very precociously), when his grandmother had unintentionally stepped on his thumb—he had already given up sucking it. So in his memories it fell to the woman to be the first disturber of the pursuit of pleasure. She too was supposed to have uttered the first castration threats. A

particular memory was connected with her toothless mouth, namely that she had carefully collected the teeth she had lost, and preserved them under her bolster. I shall raise this again later and now mention only that it is striking that my patient possessed not a single upper incisor. Memories of the grandfather were recalled less vividly, although the earliest phenomena of transference of a specialised kind (not the above-mentioned impersonal kind) indicated him, and most probably he had been the patient's first narcissistic love-object. Robust and energetic to a great age, he had headed the family as farmers, and had managed the concern according to his own judgment. His presence had put even the father into the shade, and later had made an almost undisturbed, even comradely relationship possible with his son. Actually the patient always behaved towards his father as he had seen the latter behave toward the grandfather. A memory of childhood exhibited him as rescuer of the six-year-old boy from attack by a maddened bull. Another memory recalled him as priding himself as cheesemaker; he was said always to have been able to scent whether a cheese had been made by himself or his wife, which had given rise to jocular references at table. Both father and grandfather had been distinguished by a rigid sense of justice, which the patient took as symbol of independent manliness worthy of imitation. His standpoint in this respect was, as we shall find, rooted yet more deeply.

Unfortunate economic circumstances had persuaded the parents to send him at fourteen years as apprentice to a baker. When he had fully learned his craft, he had gone to the town and worked for some years under a number of employers. He had then been influenced by a favourable opportunity to make his first change of occupation; he had become laboratory assistant at a chemist's. We were able to establish that he had obviously enjoyed both these occupations; as baker he had particularly liked kneading clean dough; there moreover he had learned cookery and the preparation of dishes; in the laboratory he had worked with zest among aromatic and scented fluids. This work too he had deserted for tram-service, following disappointment in love. For the first few years he had been a driver, and had had several street accidents. One had made a very deep impression upon him, when he had run over a man in the dark, who had been literally cut in two by the car. Later he had obtained a post

as conductor. When not yet twenty-four years old he had married a girl, to whom he had previously paid attentions, but whom he had temporarily left in consequence of a quarrel. The marriage was childless although he had longed for a child from its first days.

A clearer conception of the neurosis, and especially of its crucial points, became possible with a knowledge of all these events. Neither dreams hitherto related by the patient nor other indications pointed near the direction of the accident described above; on the other hand a displacement of accent soon took place in connection with the traumatic adventure; not the fall from the car, but to my surprise, the X-ray examination at the hospital advanced more and more indubitably into the forefront. Next it appeared that the patient had repeatedly and obstinately demanded to be X-rayed afresh, giving always as a rationalized justification that his disease (namely the pain in the left side) must be of an organic nature. This stereotyped wish eventually aroused one's suspicion, which led to the following discoveries: The X-ray examination originally arranged by the acting surgeon had been, it appears, of great psychical significance to the patient. Exposed to strange proceedings, he was brought into a state of anxious expectancy even by having to undress in the presence of a doctor, but still more by the various preliminary manipulations undertaken by the latter (such as fixing little sandbags to his extremities in order to keep them still). Now the lamp was switched on and began to work with its loud sparking, and for a moment he felt paralysed with fear. He readily admits that the examination itself rather disappointed him. In his anxiety he had been convinced that the doctor intended performing some operation in connection with the examination — 'perhaps suddenly thrusting an instrument into his loin'. However nothing much happened. The mental process associated with this was naturally entirely withdrawn from the patient's consciousness, and proceeded to develop in the unconscious. The whole adventure thus became a nucleus round which a libidinous wish-phantasy, of a passive-homosexual nature, might crystallise. Moreover the assumption seemed probable that the wish to be X-rayed anew represented not only a persistent unconscious instinctive tendency, but at the same time an attempt at abreaction: a repetition might even now demolish the painful affect and tension which had not been abreacted at the time. So

far I could form no sure judgment about the degree of thwarting of libido, or other factors determining this wish. Analysis elucidated this too, when the patient had described in detail his attacks of pain, and included many new particulars.

Already twenty-four hours before these began, great restlessness set in. Ordinary incidents, usually without effect on him, now excited him. He became silent and irritable, especially at home where he treated his wife curtly; the more imminent the approach of the attack, the less could he tolerate her proximity or ultimately even her presence. He accounted for this strange behaviour, most important for the resolution of the neurosis, by the significant parallel that when at hospital, every assistance rendered by a woman had irritated him. Particularly had he refused to let one give him an enema; this operation seemed an impossibility for a woman. A sense of shame will not completely explain this behaviour; I discern here too a passive-homosexual factor. He regarded his illness jealously as an exclusively personal affair. If he happened to be asked how he was, he might become furious and flare up; of this I had opportunity of satisfying myself during analysis. Together with his transformation of mood, he suffered from constipation that was not amenable to any drug. Regularly following such prodromal indications, the pain in the side occurred on the next day, and increased for some hours until the patient could neither stand nor sit. Even lying down he could maintain one position only for few minutes. As soon as the pains reached a climax, he became weak and limp. He then had to lie down on his left side, and it eased him to stuff a small bolster under him. Sometimes he would fall asleep in this position after a short while. The attacks which were accompanied by loss of consciousness, were preceded by buzzing in the head, and seeing black before the eyes. Afterwards he felt pricking in all his limbs, and was temporarily dazed. First he passed wind, and finally the constipation too ceased.

This description which was taken almost word for word from the patient, together with an impressive demonstration of his behaviour during an attack which he reproduced in my presence, drove me at length to the idea, which had formerly passed through my mind but was always suppressed as ridiculous, that if this were all true, the attack could represent nothing but a childbirth; moreover the constipation must be a conversion symptom

of an hallucinated pregnancy, brought into close relationship with the X-ray episode.⁴

By this is of course meant an unrecognisable representation, rearranged by the mechanism of the neurosis, to which analerotic components contributed suitable matter (*partus per anum*). The scene is dominated by a persistent infantile trait. In answer to careful enquiry on the point, the patient told me that when ten years old he had heard the groans and cries of a woman in labour. She was neighbour to the family, and for two whole days was unable to give birth to her child, so that at last the doctor had to deliver her with forceps. He had a vivid recollection of her lying on the bed, and holding her knees drawn up during the pains; he had observed her repeatedly unnoticed through a window. He thought he could remember most clearly seeing the mutilated dead child in a wooden trough. The pain in the loin—a mythological necessity, as it were, of the story of the creation, in which Eve is fashioned from Adam's rib—could later be more closely determined by a group of experiences. Nevertheless I am compelled at this point to drop the thread I had taken up, and to interpolate a short description of a nervous intestinal disturbance which the patient had had years ago, and of which the analysis ran parallel to that of the recent illness.

It was in the early years of his marriage, seven years ago, that he had caught a heavy cold at work, which ran its course with high fever. Connected with it after a wearisome convalescence, a peculiar bowel trouble set in. The exact relation between the cold and bowel trouble could not be established, and had it seems not been clear to the doctor treating him at the time. The recent illness indicated that the neurosis tended to develop in connection with an organic process involving pain, in order to break into activity. This suggested the assumption of a masochistic fixation, for which the analysis contributed a wealth of

⁴ Later when I first told the patient of this state of affairs, with more adequate evidence, he was silent for a time and then replied: 'Dr. K. told my wife much the same thing when she asked him about my condition. He felt he could not fully envisage my complaints; if only I had not been a man he could have understood me more easily.' I must admit that this intuitive confirmation on the part of an unknown colleague, who had thus hit the nail on the head, gave me great satisfaction. Like my predecessor I found of course that this had no effect on the patient at this stage.

further evidence. At first he suddenly felt in the middle of his trip a painful desire to defaecate, and had rapidly to forsake his car. Moreover it always troubled him uselessly, for he could never obtain a motion. Medical treatment was adjusted to the many and changeable complaints and symptoms of the patient, and they tried pretty well everything that one does in the case of bowel disturbance which is not clearly diagnosed. Even a chemical examination of stomach contents was undertaken. The patient's description of this, and a dream following upon it, led at last to the solution of the hitherto unintelligible transient symptomatic acts produced at the beginning of the analysis. In the patient's phantasy, the stomach tube had attained perverse secondary significance (as object of fellatio). His extraordinary behaviour, which quite corresponded to that at a stomach test, the protruded throat, anxiously dilated eyes, etc., was as it were the unconscious consent to a homosexual perversion. This feminine attitude to the doctor was the key to all the symptomatic acts that occurred later too in the course of the cure. From the manifold symptoms of the disease, there crystallised gradually a very obstinate spastic constipation, which we recognise as a hysterical manifestation in Freud's sense. After several months, the continuance of this trouble was endangering the patient's position, and the condition slowly terminated. An extremely effective measure had been suppositories, which, on doctor's orders, were introduced into the rectum. The patient was at the time very satisfied with this treatment. The connection of this spontaneously evaporated monosymptomatic hysteria with the conditions of his life at the time brings out the state of affairs still more clearly. Things happened at work, particularly that he occasionally had run over pedestrians on the streets (among them a boy who fortunately had got caught up in the safety arrangement);⁵ these greatly worried him, wherefore he was already thinking of another change of occupation. The circumstances of his marriage contributed very important motives for illness. As I have already recorded, they had not united without disturbances. For not long previously he had heard by accident that there was an illegitimate child. The

⁵ A veritable birth-saving phantasy. A sadistic trait too is unmistakable, in response to which the sense of pity is aroused. To recover from his fright, by the way, the patient thrashed the boy like a mother punishing him, after he had brought him forth.

patient was deeply hurt by the faithlessness of his bride, and her want of trust in him; with the child itself, a girl, he put up more readily, and later took it to live with them. However he then felt deceived (the jealousy-constellation, with obvious interest in the seducer), and broke off the relationship they had begun. Several months later he first proposed to come to an amicable agreement. His parents were absent from the wedding, which he regretted grievously. His father was temporarily ill, and his mother lay in bed with child—his youngest sister. As her frequent pregnancies are related, as we shall see, to his infantile anal-erotic desires, one could hardly escape the thought that this time too the repressed instinct may have obtained reinforcing contributions from the favourable circumstance, namely the sister's birth. Having embarked on marriage in such modest circumstances, it was necessary to live economically, although, following in the parental footsteps, he strove from the first day to possess a well-established household. Here his systematization came in. Everything was to be done properly, and in order—first establishment, then increase of family. For this reason moreover, the satisfaction of his most ardent wish—to have a child—had at all costs to be postponed. This is the right moment at which to examine this wish more closely: intense narcissistic self-love alone could underlie it, for in phantasy he always thought of having male offspring only. The co-operation of the circumstances thus briefly set, which are yet to appear more sharply defined and determined in relation to the whole, and more especially the thwarted life-wish of the patient, rooted in emotionally toned infantile phantasy, suffice to account for the nervous constipation, which in view of all this, can have only one meaning—the expected child is for the time being not to arrive. Equating child with faeces, natural in unconscious thought,⁶ was frequently demonstrated in this case from dreams. Our patient did not at that time

⁶ Cf. Freud, 'Analyse der Phobie eines fünfjährigen Knaben' ('Lumpftheorie'), Sammlung kleiner Schriften zur Neurosenlehre, 3. Folge, 1913; and 'ber Triebumsetzungen insbesondere der Analerotik.' Ibid., 4, Folge, 1918. I would recount here the following from the history of a young woman. With a strong father fixation as a child, she began to suffer from serious constipation at her sixth year (motions once or twice a week, with great struggles). Then her youngest sister was born, and for a long time she was hostile, but later developed an intense almost maternal tenderness towards her. After the death of this sister, melancholic moods set in. Constipation continued with varying intensity for over twenty years, and after marriage, which was at first childless, it became if anything worse. The condition improved markedly every month during the periods. After birth of her first child there was spontaneous and complete cure. Analytic investigation showed in this case too, that the infantile wish for a child (from the father) had been converted into internal symptoms. Maternity eventually shifted the apparently slight disease.

know that he would be prevented to this day from seeing his wish fulfilled.

Let us now return to the chief symptom of the neurosis, the pain in the loin, the etiology of which I have described as determined by a group of experiences. I shall postpone consideration of its foundation, which is to be sought in anal-erotic wish-phantasies, until I come to the circumstances of childhood and dispositional elements. It might be that these, which were involved in a massive fixation, together with the scene observed at ten years, would alone suffice to direct the patient's labile sexuality into the channel of the neurosis; further occurrences, to which in virtue of his innate disposition he reacted as to traumata, gave the clue. He was once followed by his grandfather, on account of a prank; he fled, but the old man started after him and ultimately caught him. He was less impressed by the thrashing he received, than by the old man's robust legs. Pursuit, and the stitch in the side which followed this running, are closely related in the recollection. A quite analogous if less amusing scene took place somewhat later when he was nine years old. By bad luck, he had knocked out two front teeth of a little girl with a catapult. The injured child's father came along to punish him for the misdeed. He rushed out in terror, and ran away from his pursuer right across an open field. Eventually, when his wind gave out, and exhaustion left him barely conscious, he was overtaken and dealt with. Both these memories of dread of an approaching man were blended with an apparently disconnected experience at fifteen years, which achieved later immense importance on account of the circumstances of the X-ray episode. He caught diphtheria, and was given an injection of antitoxin in the left side⁷ by the doctor treating him. The later homosexual wish-phantasy was

⁷ A person's left side counts as feminine, as is known from many neuroses and folk-psychology. Moreover the male genital organ is usually carried on the left side.

superimposed upon this real stimulus. It follows without doubt that in dealing with the psychical forces which arose in connection with the X-ray examination the patient was gravely impeded in mental adaptability by a high degree of 'complex' sensitivity which had developed from the experiences described. It is in this group therefore that we can recognise the immediate exciting causes of the neurosis. The persistence latently, at fifteen years, of the unduly developed anal-erotic instinct-factor was meanwhile confirmed by a peculiar memory. The patient tells that he could not easily bring himself to defaecate in the open, although it was the everyday custom in the circles to which he belonged. In addition to repressed exhibitionism, one can see clearly in this recollection the reaction against his passive homosexuality.⁸ Furthermore, the fact of onanism having been transiently practised and smoothly given up during puberty, speaks in favour of other instinctive tendencies having remained prominent at this time, and consequently in childhood.

Let us summarise the results of the analysis up to this point. They lead to the inevitable conclusion that the X-ray episode materially disturbed the equilibrium of the patient's libidinous tendencies. So far the state of affairs would seem completely explained. In regard to two questions, however, which arise directly therefrom, satisfactory answers are still to a large extent outstanding. In connection with the first of these, namely the wish-phantasy made active by the neurosis, many indications strengthen the idea that it has to do with an hallucinated (hysterical) pregnancy, with associated representation of parturition in the attack. As to the second, we suspect with some justice, and particularly on account of insight into the patient's character, that anal-erotic tendencies play a part. It was these, then, that constituted the form of the neurosis, i. e. determined the wish-phantasy. Decisive conclusions on these two subjects, which are continually interrelated and supplementary, can be reached only by searching through the conditions of infant life. The material relevant to this was, as in all analyses, not obtained suddenly at a certain stage, but rather was accumulated at various times by eliciting facts, sometimes spontaneously, sometimes requiring careful re-interpretation. The essential achievement of the analysis is involved in

⁸ Boys often amuse themselves by stepping unnoticed behind their playfellow's back for fun to startle him. (Related by the patient.)

this work, both as regards theoretical elucidation, and therapeutically in overcoming the resistances concerned therein.

PART II

One recollection stands out above all in the story of the patient's childhood; it is of an unusual adventure, and as such exercised an influence in later life. This episode had never entirely eluded his consciousness, and cropped up early in the course of treatment. What makes it so remarkable, apart from its content, is the uncommon vividness and accuracy with which every detail had been preserved, although the patient was little more than three years old at the time it happened.⁹ In contrast with other experiences, which are remembered repeatedly during psycho-analytic treatment but only become distinct in the later reproductions, this one was presented immediately on the first occasion without gaps, making the later process of clarification and completion superfluous. I hold that this very circumstance is in favour of its pre-eminent significance in the patient's mental life. It happened as follows. His father was out, and he was playing one day in the kitchen, where his mother was. She was suckling his youngest brother, then about nine months old, and sat at the table on which crockery with relics of breakfast was still present. During play he noticed a fragment of bread left by his father. He stretched over for it holding tight to the edge of the table, and may so have disturbed his mother who was engrossed in thought. She shouted angrily at him, and probably because he would not desist from his intention, she seized a bread-knife lying near by, and hurled it at him. She had aimed her unpremeditated throw well. The blade ran its point through the little brimless felt hat that he was wearing (the usual headgear of Hungarian peasant children), and pierced the skin of the

⁹ Incidentally, the patient's memory reproduces all recollections remarkably vividly; probably the notable sense of reality associated with anal erotism is here a leading factor. I would venture to put forward a corresponding proposition, with due reserve, though founded on a very convincing case. Phantasies that have developed under patronage of an oral fixation of libido exhibit a curiously veiled character. This may be attributable to the yet limited field of action to which mental life is restricted at the corresponding stage of its development.

forehead on the right side. He cried out loudly, but the mother too was horrified by her unintended act, and hurried towards him. She snatched the knife out of the wound, which she quickly washed; she then carried the weeping child into the living room where, as he exactly remembers, she laid him right across the foot of the bed.¹⁰ While he was gradually quieting down, she took the little hat which showed where the knife had cut it, and sewed up the damaged place with red twine, as he can recall to this day. At his mother's request, he kept the whole affair from his father, who never heard anything of it. He continued wearing the mended hat for a long time.

The effects of this episode could be traced in many directions, and as an outstanding childhood experience it often led to most important orientations during the course of the analysis. Thus in the first place, one could assume that it had set a term to the brief period of infantile masturbation,¹¹ and was later further involved in castration experiences. We found above, moreover, that the first castration threat hailed from the grandmother, to which he attributed the renunciation of his oral libido. Here the woman comes up a second time as disturber of sexual pleasure. Perhaps in another field the psychic effects of the episode were even deeper and more persistent. It is established without doubt that the patient's narcissistic masculinity was precociously stimulated by the injury to his head. We must not regard this as an innate disposition, such as the anal erotism which is to come up soon, but rather as an accidental *motif*, which however became responsible for the first fixation of libido in the patient's development.¹² Such a state of affairs could be inferred from a number of diverse erotic attributes and character traits in the present condition of the patient. For the sake of completeness I will insert these here. The patient, a vigorous man who knew his mind, and had advanced views and interests, opposed in the most emphatic way any effort towards emancipation on the part of women, whose activities he wanted to see limited strictly to domesticity. He

¹⁰ The place for new-born babes in the village.

¹¹ Cf. Freud, Sammlung kleiner Schriften zur Neurosenlehre, 3. Folge, S. 164, footnote.

¹² The possibility of such fixation on account of 'purely chance happenings in childhood' has already been emphasised by Freud (Vorlesungen zur Einführung in die Psychoanalyse, 1917, S. 418).

warmly denied women any sense of justice (which as a child he had so venerated in his father and grandfather) or capacity for education. Incidentally, he was himself guilty of contributing evidence on the last point, for he had made ineffectual efforts to educate his wife's illegitimate daughter, as well as his youngest sister, whose birth coincided with his first neurotic illness (see above). He attributed the bad results of his efforts, not to his own impatience towards any female creature, but rather to her supposed inferiority. Preoccupation with an idea or illness was ever a welcome opportunity to keep his wife at a distance; nor did he ever let her into the knowledge of the plans and projects he was ceaselessly forging. It has already been stated that his wish for male offspring was determined by narcissism. Other relics of unduly potent infantile narcissism came forward as certain paranoid phantasies, which however only gave evanescent indications, and proved very variable. Of these, I have already mentioned jealousy. It had reference, however, not only to his wife's former love-affair, but developed into delusion-like phantasies of her possible infidelity, for which he wished to atone by murder of the late lover. Surely these phantasies are to be regarded as new editions of similar ones in childhood, in which it was a question of the father and mother. As link may serve his jealous attitude with respect to his eldest sister. In this connection, further, one must mention his aggressiveness, which repeatedly appeared in dreams as ability in debate. A curious episode may have reinforced it. When a conductor on a tram he thought he had once noticed that an old man of impressive appearance, who travelled with him daily and always dropped a small tip in his hand when he took his ticket, expected in consequence servile behaviour. Directly the idea had occurred to him, he unwillingly returned the superfluous money, and gave the traveller to understand he had nothing to expect from him. It is interesting that some days later there was a sort of conversation and reconciliation between them, which introduced them to a friendly relationship. He was partly responsible for this change, and afterwards he even enjoyed being pleasant to the old man. Thus a certain malleability of the patient's narcissism is evident, and leads to the provisional assumption that another prepotent impulse had necessitated its dissolution. Moreover there was a number of other means of expression or

rather regulation of the strengthened narcissism. Such was found in connection with an important dream, in which there were certain saving-phantasies which had to do with various respected individuals. The dream included a scene in which a town was on fire, and in the midst of tremendous upheaval he carried a town councillor from out of a burning house into the open, and as thanks for the rescue heard him utter resignation to an aimless life.¹³ A man who had natural endowments similar to those of the patient, but a finer intellect and more influential rank, would probably have achieved very remarkable and profitable work in life. Such hero phantasies, which, dissociated from reality, nevertheless continued to exist in imagination, could always be traced back to the first love-object, the grandfather, who had once rescued the boy from a mad bull. In the reflector of narcissism, this adventure underwent transformation into its opposite. Another group of phantasies had to do with aversion from the woman's part in the process of reproduction, in which way he reacted analogously to the authors of the Old Testament story. He could never be reconciled to the idea that Nature had left the important operation of actual construction of the body, and carrying it, entirely to woman. Apparently he was running close therein to the chief complex of his neurosis. A further step in such phantasies is the belief in self-creation, which was demonstrably present in the patient.

It has not been possible to present this summary account of his narcissism in more coherent form, because analysis achieved in this respect isolated and disconnected suggestions, rather than definite and final conclusions; further because the psychical equilibrium of the patient himself did not allow him ultimately to penetrate beyond this stage of development. Particularly, as far as these saving and self-creation phantasies are concerned, they are as a rule not associated with the syndrome of hysteria, but belong to complexes of the psychoses. Though the case under treatment may seem strange in regard to the regions of feeling that have won recognition, further understanding can be approached by comparison with cases that belong to the realm of psychiatry. Psycho-analytic

¹³ The dream reminds one of the poignant poetic scene in the Aeneid, which tells how the hero Aeneas carries his father Anchises out of burning Troy. Similarly in other dreams mythological traces could be demonstrated. The patient described this dream as prophetic, and brought it into relation with political events. His tendency to prophesy will be discussed presently.

literature in particular includes a description of a typical case which can be cited as an example for comparison. I refer to the case that has been so critical in determining the etiology of paranoia, namely that of the President of the Senate, Schreber.¹⁴ Here we find told straight out, with little inhibition, and called by name, those repulsive phantasies, foreign to consciousness, which called forth the patient's neurosis, and could only be disinterred with so much labour. Such are the inversion into woman, and fertilisation by divine rays. I would emphasise with Freud that analysis contributed nothing to these phantasies, which must be considered a psychic constellation sui generis, and which are contained in Schreber's own account of his illness. The distinction is to be found in the mechanisms of the types of disease; whereas in hysteria symptoms are formed exclusive of consciousness, in paranoia the diseased processes invade consciousness in the form of delusions. In Schreber's case a firm adhesion of feeling to the father, and the childlessness of his marriage called to life the psychotic process of inversion of his own sex; in this case too, therefore, the most important section of unconscious content is concealed. Further I would just call attention to the far-reaching analogy which obtains between the infantile circumstances in either case (particularly anal erotism), but cannot develop this here. Anyhow the strangeness of the case in hand has thus been placed in its proper perspective, by which means it has surely become more readily credible.¹⁵

The patient's narcissism took a peculiar part in the structure of his dreams, and in this way was divulged a constant preoccupation with his own person and certain internal processes. Fundamentally his hypochondriac fears must be reckoned as belonging here. Nevertheless I would emphasise that none of the narcissistic traits brought forward formed very prominent features, although its strengthened basis could be established by observation. We shall yet discover why these hypothetical derivatives suffered later deviation.

¹⁴ Freud, 'Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia (Dementia Paranoides)', Sammlung kleiner Schriften zur Neurosenlehre, 3. Folge, 1913.

¹⁵ Such phantasies seem at times to be conscious also in obsessional neuroses. Cf. Ernest Jones: 'Einige Fälle von Zwangsneurose'. *Fahrbuch der Psa.*, Bd. IV, S. 574.

I turn now to the element of disposition in this many-sided neurosis, and this concealed its actual formation; it is the analerotic component instinct, the enormous development of which was disclosed step by step by the analysis. To this it was that the libido had reverted which had become dissociated from its object, and so formed the group of hysterical symptoms with which we are familiar. In very early days, perhaps directly after the abrupt curtailment of oral libido, which however, as we shall see, was yet to levy tribute, anal erotism set in, in the guise of a well-marked zest for excretion. Although memory stopped short of this point, it may be taken as established on many grounds that the impulse first sought satisfaction in the act of defaecation, more especially in view of the bowel disturbance seven years ago which underwent spontaneous resolution. Indirect evidence for this could be drawn from several of the character traits already brought forward. I shall here describe two, the presence of which I have been unable to discover in psycho-analytic literature, and beg that they should be interpolated at the appropriate point in Ernest Jones' excellent essay, 'The Anal-Erotic Character Traits'. The patient evinced a peculiar attitude towards time, far exceeding rational limits. He was not only precise and punctual, so that he made use of every available moment, but was inclined to do two things concurrently, such as reading at meals or in the lavatory, or concentrated thinking on a walk, etc. This typical character trait, which might be named after Caesar's historical peculiarity, can be directly traced to the pleasurable tendency of the child to perform the major and minor operations contemporaneously. And actually in this case, urethral erotism could be shown to exist in connection with anal erotism. Below, I shall again call attention to this characteristic in connection with the analysis of his death phantasies. He associated this characteristic—to do two things at the same time—with the urgent impulse to do anything he undertook 'completely', from which a thoroughly virile and effective behaviour in life ensued. This last trait also explains his strong inclination for 'complete', i.e. unused, things, such as clothes. People of such a kind are ashamed, for instance, to wear mended garments. The voluptuous interest in the act of defaecation was later more vigorously assimilated and worked up into peculiarities of character than that in the excreta themselves, which would rather indicate inertia of libido. Several

reminiscences were available in this connection. Primarily the stools became objects, exquisite to look at, to which the very value of a member of the body was attributed. It is the auto-erotic stage of development of this component instinct, in which but few associations have any influence. One gains the impression that the injury to the head alluded to was followed by a marked augmentation of anal erotism, determined partly by the turning away from the mother, and partly by the sexual enquiries that soon set in. All his childish fancies and experiences were grouped about this impulse, which like a magnet attracted all psychical activities within its sphere of influence. Sexual curiosity was directed in the first instance to the frequent pregnancies and parturitions of his mother; and, in consequence of his massive dispositional tendencies, he lighted on the infantile phantasy of identity of child with faeces. This phantasy is to this day closely bound up in the patient's memory with the conception of fertility of faeces, actually in a form that I would term a 'seed complex' (*Fruchtkern* complex).¹⁶ A favourite occupation was to examine his own and adult's stools to see if any fruit-stones might be embedded in them. He made a note of situations in which he had left stools lying, and on one occasion discovered with intense wonder how a living shoot had sprouted from a cherry stone during the next spring. He was amazed that such a stone could still grow after the great heat to which he imagined it had been exposed in the bowel.¹⁷ Furthermore, he now took to the habit of swallowing fruit complete with stone, until at sixteen, when a painful mishap occurred, a pointed plumstone hurting his rectum during defaecation. The case of the extruded cherry-stone was not an isolated one; in the yard of the family farm stood a tree which bloomed thanks to a similar chance, and was therefore called in joke by the father 'the filthy plum tree'. Only a few years ago, he heard in a letter from home that they had had to fell this particular tree. The significance of the seed-complex is evident moreover in other inclinations. Thus for example in the preparation of plum-fool he has the stones cooked up with the rest, and than revels in the sweetened product. Again, he collects apricot stones, dries and skins them after breaking them open in hot

¹⁶ Just as in eastern poetry and thought the pomegranate counts as a symbol of fertility on account of its abundance of seed.

¹⁷ These are obviously phantasies of puberty, referred to childhood.

water, so that he can relish them contemplatively during the course of the winter. Further he knows a number of cookery recipes, and enjoys playing at the art of cooking (anal erotism, and identification with the mother).¹⁸ An extraordinary accident enabled me to discover how powerful an influence this complex was still exerting on his mental experience. He was accompanying me for a short way, the cherry season being in full swing, when I noticed that while speaking or listening—we were discussing a matter in which he was interested—he continually deviated to the right or left in order to step on cherry stones thrown away in the street. I called his attention to this symbolic action, whereupon he told me that this had been his habit for years, and boasted that it was not so easy for a stone to evade his keen eye. This activity did not disturb his being occupied in other ways at the same time (compare his so-called Caesarean capacity described above). He gave as a reason that he had once slipped on such a stone and wanted to avoid a similar mishap. Beneath this rationalization lay concealed those infantile death-wishes concerning his brothers and sisters, which the symbolic act disclosed; for the stones always represented small children in his unconscious thoughts. This hostility was quite openly experienced when he was six, when his eldest sister was born. The patient could remember vividly how they had looked forward to her arrival with immense expectations. Further the idea of dead children could be found counting as faecal symbols in his dreams.¹⁹

In this connection, I would mention the patient's flatus complex, which co-existed along with the coprophilic impulses. Though its influence was not as comprehensive as Ernest Jones has shown it to be in cases of obsessional neurosis,²⁰ nevertheless it was strikingly present. It could be traced back to the grandfather, who was without scruples in this respect, and aroused the respectful belief in the boy that such behaviour was a privilege of the head of the family. Whenever the grandfather broke wind he swore in

¹⁸ Cf. Ernest Jones, 'Einige Fälle von Zwangsneurose'. *Fahrbuch der Psa.*, Bd. IV, S. 568.

¹⁹ I shall give an example of this later.

²⁰ Ernest Jones: loc. cit. Ernest Jones has established the far-reaching character of this complex in his monograph 'Die Empfängnis der Jungfrau Maria durch das Ohr', *Fahrbuch der Psa.*, Bd. VI, 1914.

fun, saying 'now go to the devil'. When the small boy was a nuisance, he would address him very similarly, cursing him gently. The complex could be recognised in occasional instances in later life. When a school-boy, he eagerly collected money, in order to be able to buy a toy steam engine. The complex appears as reaction-formation as fear of thunder and lightning (Brontophobia). Later it was expressed as interest in weather and its changes. I remarked in connection with the saving-phantasies (the dream of the fire) that he was inclined to imagine he possessed a certain prophetic talent, and this can now be readily correlated with the flatus-complex. He always gave as surest evidence in favour of this that he always knew exactly when a guest was coming (guest = child = faeces = flatus).

An equally highly pleasurable sense of smell held sway along with anal erotism. No reaction in the form of hypersensitivity to scents has however yet appeared corresponding to its extensive infantile development. Excreta never disgusted him, but the smell of a carcass did so, and made him lose his appetite. How intimately the childish death-phantasies were related to this sense may be illustrated by two examples. He notices the smell of dead bodies even outside the house, should chance direct him to the proximity of such a place. He was once enabled, through the good offices of a friend, to visit an autopsy chamber, where he saw an incision which had been begun on the corpse of a woman. The fatty abdominal wall had already been divided in the mid-line. For two years after, he was unable to enjoy fat beef. He avoided mutton altogether, on account of its strong smell.

For the sake of completeness I shall now proceed with the analytic revelations with regard to his sadistic tendencies, supplementing the occasional examples already adduced. These were of so powerful development that two methods were employed in the process of their adaptation. A portion was transformed into masochism—the Ego serving as object of the sadistic impulse—and becoming bound up, as we have frequently noticed, with the tremendous anal-erotic complexes he thus became passive. A no less significant portion could however not avail itself of this outlet, and persisted actively as pity, a reaction-formation to the instinct.²¹ This contributed as a factor in the first neurotic illness, seven years ago; he was then incapable of bearing the sight of

²¹ Freud: 'Triebe und Triebschicksale', etc.

a person run over. Anyhow, he finds it intolerable to see animals die, and especially their failing glance, and people tortured by pain (the memory of childbirth observed as a child).

This does not quite conclude the account of the sphere of anal-erotic tendencies. They were able to make considerable contributions to an organ which is inherently responsive in this direction, namely the mouth. His phantasies indicating oral libidofixation suggested not only a surprisingly extensive distribution, but were also capable of interpretations from several aspects; and their critical introduction into the general scheme of the neurosis caused no little trouble. The pregnancy phantasy served as a sign-post. When he was hardly more than five years old a curious selective inhibition of appetite appeared, having reference particularly to strong smelling dishes, and this reached a real idiosyncrasy persisting to this day in the case, for instance, of onions. He cannot stand them in any form, and if by chance a minute speck of onion comes into contact with his gums, he reacts with violent and repeated retching. I could only understand this irresistible distaste when I heard where the patient laid emphasis in describing it. The Hungarian for the plant is literally 'onion-germ' (*hagymacsir*). Evidently the notion of something alive included in this conception had a mighty effect in bringing about the formation of the idiosyncrasy. Its unconscious basis appeared to be an infantile phantasy of oral fertilisation, which is constantly to be found supplementing anal birth theories. In this connection, therefore, must be taken the patient's presuming the origin of his illness to be due to swallowing something unpalatable or harmful (a splinter of enamel from a saucepan). He is afraid moreover of being poisoned (a familiar dream symbol of pregnancy: in one of his dreams a fungus appeared as penis symbol). A year after the onset of the idiosyncrasy to onions, our patient discovered that he had a peculiar ability as a function of his stomach which may be described as chewing the cud. He could easily swallow buttons or small marbles, such as children use for toys, and then regurgitate them into his mouth. After a satisfying meal he could even bring up chunks of meat that he had gulped down whole, piece by piece, in order by degrees to give them a subsequent chewing. Water that he had drunk, could be spurted back in a stream. Such infantile inclinations concealed in part tendencies to coprophagia (buttons and marbles are exquisite faeces-symbols),

but in part too they show that an incredibly generalised anal erotism has transformed the oral zone to a secondary cloaca.²² It was only after all these things had been made clear that I arrived at a final explanation of a communication made by the patient long before. He had told how in the early months of his recent illness he had decided, without much consideration, to have his upper incisors extracted one by one, because he could no longer tolerate their foul smell. But during the process he fainted with pain. I vaguely guessed that these faints were causally related to the repeated losses of consciousness following the pain in the loin, but I could at first not find my way about the muddle of complaints, memories, interpretations, and so on. Here again the dominant pregnancy phantasy was a decisive factor. Tooth-extraction, which counts as a well-known symbol of parturition in women's dreams, must have the same significance in this case; and the forceps delivery observed as a child contributed an intermediate idea.²³ At the beginning of his hysteria, therefore, the patient attempted to rid himself of his diseased fancies by a sacrifice in the oral direction. The tooth extraction moreover was to be a substitute for the operation unavailingly anticipated at the X-ray performance, and to effect an outlet for the concomitant damming back of libido. Nevertheless the neurosis was the stronger, and found here another motive for its establishment. It is of interest to note the direction it took in that it first achieved transient expression in primordial form. Thus the archaic conception of oral birth is most impressively represented in the biblical story of Jonah, where the hero is spat forth by a whale.

In describing the introductory phase of the treatment I called attention to one of the patient's character traits, which I could not then explain. I take this opportunity of interpolating the explanation at a point at which the trait became intelligible to me. The resistance which sooner or later appears in every analysis, as an inevitable consequence of treatment, is of course rooted in different sources from case to case, and must therefore be resolved independently each time. The factor of resistance that arises from the nature of the disease is often sufficiently equalised by the

²² Cf. Ernest Jones, 'Einige Fälle von Zwangsneurose', *Fahrbuch der Psa.* Bd. IV, S. 596.

²³ To this may be added the grandmother's collection of her teeth, and the injury to the little girl with the catapult.

good-will of patients, who thoroughly grasp the seriousness and unbearable character of their illness; if actual provocation is present, it becomes important to recognise this as it arises, and to follow it with close attention. There is however a particular kind of resistance which must be regarded as constitutional, and despite intimate relation with the case of illness in hand it merits a certain independent interest. It appears at an earlier age than does the disease, and plays a prominent part in the life of every healthy individual. Our patient's behaviour was markedly reserved, and as it appeared in the foreground, this provided many a tough problem in the analysis. It always seemed likely to be related to anal-erotic tendencies, and ultimately this association proved to be very intimate. Consider how great an effort has to be devoted to the education particularly of the anal sphincter in the case of every child; one must admit then that a psychic constellation may well arise as a reaction to the pleasure-toned activity of this occlusive muscle in consequence of its decadence along with that of infantilism, and that its energy will depend on its exact source. In a very penetrating study Ernest Jones²⁴ has established the relation between the capacity to hate and the early and forced conquest of control over sphincters; without attempting to tackle the question of this significant relationship, which leads us into pathology, I would record my belief that in describing behaviour by the word 'reserved' (*Verschlossenheit*) we reveal just such a relationship. The example of the patient is particularly instructive in this respect in view of the way in which we found that just the mechanical process of defaecation had been vigorously transmuted into character traits. I do not intend to pursue the connection here, and will therefore not discuss the psychological problem of this reserved behaviour. Nevertheless I would mention that this characteristic ranks above many analerotic configurations as regards importance and extent; it appears more amenable to change, and admits of greater malleability in later life than do the others. It not only embraces its opposite together with the whole series of intermediate steps, but is also intimately related to important mental characters. Thus we recognise proud, modest, self-conscious, spiteful, etc., varieties of reserved behaviour in connection with each of which a corresponding

²⁴ Hate and Anal Erotism in the Obsessional Neurosis', Papers on Psycho-Analysis, 1918, p. 540.

psychological type may be formulated.²⁵ The dissimulation of the paranoiac is probably a pathological derivative of reserved behaviour.

I return once more to the prominent part played by anal erotism in this case, since its relation to the other component instincts is noteworthy on account of a particular circumstance. It appeared that the former could draw to some extent on their cooperation, and direct the libidinous complement which they could contribute. I will summarise then in a few sentences what has previously been said. The oral instinct was traced down to a stage at which it became more comprehensible from a phylogenetic point of view. 'Observationism' was entirely attached to the anal-erotic object, similarly exhibitionism, the presence of which was demonstrated by a memory of puberty, shame at carrying out defaecation in the open. The olfactory component need hardly be mentioned, as its association in this connection is almost universal. Even urethral-erotism is closely related to its partner in excretory delights. Finally, we found that the expression of sadism was moulded on anal erotism, partly by inversion as masochism, partly by reaction-formation as pity. In consequence of its pre-eminence, the anal-erotic instinct irresistably permeated its fellows. The case is a model of penetration of individual instincts by a predominant component instinct, which is present in every neurosis, and determines the configuration of infantile character. This dynamic process is moreover of importance in another connection, namely in relation to the narcissistic phase of libido development. Freud holds that at this stage all component instincts have already achieved object-choice, but the object as yet coincides with the Ego.²⁶ If now, as in the case of our patient, the anal-erotic component retains throughout its undue prominence, it may, even with an appropriate disposition only, which was here however reinforced by the injury to the head, prevent the normal breaking through beyond narcissism. Such we have witnessed. It would seem that the whole process is not restricted in its application to this case, but is typical, since we interpolate a sadistical-anal-erotic

²⁵ A less definite variety belongs to urethral-erotism, and this is probably expressed in less material form, a characteristic common to everything psychical that is rooted in this component instinct.

²⁶ Die Disposition zur Zwangsneurose', Sammlung kleiner Schriften zur Neurosenlehre, 4. Folge, S. 118.

as penultimate stage of development, intermediate between narcissistic and genital stages.²⁷ It all tends to show how significant anal erotism is in the general development of the mind.

Every neurosis—or hysteria—may be regarded in a sense as an attempt to cope auto-erotically with ideas that have become inaccessible to consciousness because of their dissociation from reality;²⁸ in our patient they took the form of homosexual wish-phantasies, and we may infer therefore from their consequences, namely the group of symptoms of the disease, that the anal-erotic component too, which might have contributed to the assimilation of such wishes, remained under the sway of narcissism. The antagonism, which at bottom is the antagonism between libido and Ego, has achieved consequence in another direction, namely that of the castration-complex. It may be assumed, *a priori*, that a passive-homosexual wish in a neurosis only realises itself when the individual's narcissism is adapted to it. In what way then does renunciation of penis and masculinity come about? It has long been supposed to have to do with co-operation of constitutionally determined anal erotism. In a very important paper²⁹ Freud has indicated the fundamental features of the mechanism. It is primarily the interest in faeces (faeces = the first 'part of the body' which has to be renounced) which later becomes transferred to the penis. If the former was very potent, it is able by itself, by working up various impressions, including the castration-threat, to lead to the idea that the penis is similarly something detachable from the body. This idea approaches certainty directly the child's sexual investigations lead to the discovery that women lack a penis. Our patient could have discovered this when he was six years old, when his eldest sister was born. If we take into account his pre-occupation with anal-erotic phantasies current at that time, we may take it that the absolutely typical thoughts described above exercised his mind. I should like to call attention to two facts which I have noticed in the analytical treatment of this subject. It is surely not chance that most faeces-symbols are also castration-symbols—such as, nails, hair, teeth, etc.—and this

²⁷ Freud: 'Triebe und Tribschicksale', etc.

²⁸ Freud: Vorlesungen zur Einführung in die Psychoanalyse, 1917, S. 424.

²⁹ 'ber Triebumsetzungen, insbesondere der Analerotik', Sammlung kleiner Schriften zur Neurosenlehre, 4. Folge, 1918.

circumstance by itself indicates that there are powerful common influences at work. More important still do I find the second fact, which may, I suppose, be observed in every case of unconscious passive homosexuality. In such there are as a rule no indications of any psychical reaction against the threatened castration, and one gets the impression that they easily adapt themselves to the possibility of a loss of penis. This result is again to be ascribed to the undue power of the anal-erotic tendency, which seems to seize upon an experience with traumatic effect on the child's mind, and work it up in such a direction. It follows that in general the business of auto-erotism in childhood is not only preparatory, but constructive in its widest sense.

I would not conclude discussion of the anal-erotic symptom-complex without noting the patient's typical dreams, which provided sometimes difficult, but always valuable matter for analytic efforts. Like the other symptoms, they made their appearance as expressions of an almost inaccessible layer of the unconscious, and their interpretation, where indeed this was possible, was met with violent resistances and incredulity. Moreover they were extraordinarily polished and well proportioned, which I attributed to an innate ability in productions of phantasy. The patient's grandfather and father had been excellent *raconteurs* of fairy-tales, and they treasured and carried on to the next generation the fine Hungarian folk-lore. And this may explain why many a symbol played so active a part not only in dreams, but in other unconscious products of this neurosis (seed and tooth symbolism, etc.). It was just by means of these dreams that I was ultimately enabled to circumvent the resistances, and to penetrate to the actual pathological phantasies of the neurosis. Nevertheless, I am under the impression that it was more actual experiences linked together like a chain than the power of the dream symbolism that eventually forced the patient to insight, and to relinquishing his ineffective infantile libido-position. This is perhaps best illustrated by examples, the explanation of which is involved in the whole history of the case, but I will limit myself here to the reproduction of two very fine examples of his dreams.

Dream I. He was ascending a hill, on which stood a ruin. At the top he lay down in the shade and gazed far and wide over the country, till he fell asleep from weariness. Later, he was woken by a bald old man leaning on a stick, looking at him. He

felt as if he had woken him by touching him with the stick or his hand. The old man asked him then why he was frittering away his day, when he might have been doing something useful. As he actually had no plans, he asked the old fellow for advice. The latter pointed with his stick towards the ruin and said, therein was situated a well, down which he was just to climb and percuss its walls. If he found a hollow place, he was to open it, and he would get the reward for his labours. While he was considering the words of the old man, the latter disappeared. He followed the advice, stepped into the well, and discovered a secret chamber filled with jugs, old armour, and coins. All the objects were deeply smothered in mildew.

Dream II. An unknown friend invited him to come to his farm.³⁰ There he showed him first the stabling, where one could see animals for breeding arranged in splendid order, and labelled according to name and pedigree. In a small niche, separated off, he saw a great number of hens' eggs covered with straw. He took up a strikingly large bean-shaped sample, and examined it with the greatest astonishment, since there were isolated letters on it, which were becoming clearer and clearer. On his friend's return, he hastily replaced the egg. They then went out into the yard, where animals reminiscent of rats were being reared in a pen-like enclosure. They gave out an intolerable odour. The whole farm was on a ridge; below lay a deserted churchyard with a meadow in its middle. Under a tree he saw a grave fallen in, and a chapel near it. He went in to this with his friend, and to the right and left of the gangway were placed children's coffins, and on their lids could be seen modelled and painted, figures representing the dead. He stepped through a glass door to the inner chamber, where stood the adult's coffins. As he turned round by chance, and looked back through the glass door, he saw that the dead children were dancing; directly they saw him however, they lay down again in their places. He was startled, and could not believe his eyes, and therefore tried again. Every time he found the children dancing and lying down again as soon as he looked at them. In the meantime the friend had disappeared, and he was seized with intense dread since he could only emerge in to the open through that gangway.

³⁰ The dream heralded the phase of his first understanding of his own disease. The unknown one is doubtless the doctor.

The analysis was rich in such dreams, in which I had to recognise very typical projections of his anal-erotic phantasies. These by themselves allowed a certain view to be taken of the diagnosis, and this was more and more confirmed, finding secure support from the actual memories.

I will now attempt a brief survey of the case. At the beginning of analytic treatment, the case appeared one of hysteria due to shock. Gradually it became evident that not the actual accident, but an unimportant experience in hospital treatment (X-ray episode), the significance of which had been reinforced by important experiences in childhood and puberty, undoubtedly counted as the immediate determining motive of the illness. It was the business of the symptom that arose from this to indulge a passive homosexual wish-phantasy, and at the same time the neurosis mobilised a multitude of anal-erotic memory-traces which took the lead in giving shape to the symptom. A memory became operative in the attack, namely that of the childbirth observed in childhood, which, ranking as an outstanding experience, had already in its time led to powerful repression of allied memory-traces (his own mother's frequent childbirths) of even earlier years. These actual infantile experiences were closely bound up with the predominant activity of one of the component instincts. The immense contribution of anal erotism to the patient's sexual constitution was discovered, and by ascertaining piecemeal its former and current derivatives, the libidinous fixations and their transmutations into character traits, we eventually obtained access on the one hand to the elementary sources from which the neurosis derived its energy, and on the other achieved the gradual dissolution of the repressions that had been pathogenic. Although the dispositional factor of the libido had remained sufficiently prominent to contend against normal sexual development, the other symptoms of the disease had become so unbearable that they compelled him to show the necessary patience and endurance to put the analytic treatment through to its end, and this made a satisfactory result possible. The peculiar psychical material that came to light must stand as evidence of the degree of thoroughness with which I treated the case.