In connection with the later dream, in which the female symbol was replaced by the male one, he remembered a particular event which had occurred a short time before the dream. Riding on the estate one day, he passed a peasant who was lying asleep with his little boy beside him. The latter woke his father and said something to him, whereupon the father began to abuse the rider and to pursue him till he rode off hastily. There was also a second recollection, that on the same estate there were trees that were quite white, spun all over by caterpillars. We can see that he took flight from the realization of the phantasy of the son lying with his father, and that he brought in the white trees in order to make an allusion to the anxiety-dream of the white wolves on the walnut-tree. It was thus a direct outbreak of dread of the feminine attitude towards men against which he had at first protected himself by his religious sublimation and was soon to protect himself still more effectively by the military one.

It would, however, be a great mistake to suppose that after the removal of the obsessional symptoms no permanent effects of the obsessional neurosis remained behind. The process had led to a victory for the faith of piety over the rebelliousness of critical research, and had had the repression of the homosexual attitude as its necessary condition. Lasting disadvantages resulted from both these factors. His intellectual activity remained seriously impaired after this great defeat. He developed no zeal for learning, he showed no more of the acuteness with which at the tender age of five he had criticized and dissected the doctrines of religion. The repression of his overpowerful homosexuality, which was accomplished during the anxiety-dream, reserved that important impulse for the unconscious, kept it directed towards its original aim, and withdrew it from all the sublimations to which it is susceptible in other circumstances. For this reason the patient was without all those social interests which give a content to life. It was only when, during the analytic treatment, it became possible to liberate his shackled homosexuality that this state of affairs showed any improvement; and it was a most remarkable experience to see how (without any direct advice from the physician) each piece of

homosexual libido which was set free sought out some application in life and some attachment to the great common concerns of mankind.

7: Anal Erotism and the Castration Complex

I must beg the reader to bear in mind that I obtained this history of an infantile neurosis as a by-product, so to speak, during the analysis of an illness in mature years. I have therefore been obliged to put it together from even smaller fragments than are usually at one's disposal for purposes of synthesis. This task, which is not difficult in other respects, finds a natural limit when it is a question of forcing a structure which is itself in many dimensions on to the two-dimensional descriptive plane. I must therefore content myself with bringing forward fragmentary portions, which the reader can then put together into a living whole. The obsessional neurosis that has been described grew up, as has been repeatedly emphasized, on the basis of a sadistic-anal constitution. But we have hitherto discussed only one of the two chief factors – the patient's sadism and its transformations. Everything that concerns his anal erotism has intentionally been left on one side so that it might be brought together and discussed at this later stage.

Analysts have long been agreed that the multifarious instinctual impulses which are comprised under the name of anal erotism play an extraordinarily important part, which it would be quite impossible to overestimate, in building up sexual life and mental activity in general. It is equally agreed that one of the most important manifestations of the transformed erotism derived from this source is to be found in the treatment of money, for in the course of life this precious material attracts on to itself the psychical interest which was originally proper to faeces, the product of the anal zone. We are accustomed to trace back interest in money, in so far as it is of a libidinal and not of a rational character, to excretory pleasure, and we expect normal people to keep their relations to money entirely free from libidinal influences and regulate them according to the demands of reality.

In our patient, at the time of his later illness, these relations were disturbed to a particularly severe degree, and this fact was not the least considerable element in his lack of independence and his incapacity for dealing with life. He had become very rich through legacies from his father and uncle; it was obvious that he attached great importance to being taken for rich, and he was liable to feel very much hurt if he was undervalued in this respect. But he had no idea how much he possessed, what his expenditure was, or what balance was left over. It was hard to say whether he ought to be called a miser or a spendthrift. He behaved now in this way and now in that, but never in a way that seemed to show any consistent intention. Some striking traits, which I shall further discuss below, might have led one to regard him as a hardened plutocrat, who considered his wealth as his greatest personal advantage, and who would never for a moment allow emotional interests to weigh against pecuniary ones. Yet he did not value other people by their wealth, and, on the contrary, showed himself on many occasions unassuming, helpful, and charitable. Money, in fact, had been withdrawn from his conscious control, and meant for him something quite different.

I have already mentioned (p. 186) that I viewed with grave suspicion the way in which he consoled himself for the loss of his sister, who had become his closest companion during her latter years, with the reflection that now he would not have to share his parents' inheritance with her. But what was perhaps even more striking was the calmness with which he was able to relate this, as though he had no comprehension of the coarseness of feeling to which he was thus confessing. It is true that analysis rehabilitated him by showing that his grief for his sister had merely undergone a displacement; but it then became quite inexplicable why he should have tried to find a substitute for his sister in an increase of wealth.

He himself was puzzled by his behaviour in another connection. After his father's death the property that was left was divided between him and his mother. His mother administered it, and, as he himself admitted, met his pecuniary claims irreproachably and liberally. Yet every discussion of money matters

that took place between them used to end with the most violent reproaches on his side, to the effect that she did not love him, that she was trying to economize at his expense, and that she would probably rather see him dead so as to have sole control over the money. His mother used then to protest her disinterestedness with tears, and he would thereupon grow ashamed of himself and declare with justice that he thought nothing of the sort of her. But he was sure to repeat the same scene at the first opportunity.

Many incidents, of which I will relate two, show that, for a long time before the analysis, faeces had had this significance of money for him. At a time when his bowel as yet played no part in his complaint, he once paid a visit to a poor cousin of his in a large town. As he left him he reproached himself for not giving this relative financial support, and immediately afterwards had what was 'perhaps the most urgent need for relieving his bowels that he had experienced in his life'. Two years later he did in fact settle an annuity upon this cousin. Here is the other case. At the age of eighteen, while he was preparing for his leaving-examination at school, he visited a friend and came to an agreement with him on a plan which seemed advisable on account of the dread which they shared of failing in the examination.[29] It had been decided to bribe the school servant, and the patient's share of the sum to be provided was naturally the larger. On the way home he thought to himself that he should be glad to give even more if only he could succeed in getting through, if only he could be sure that nothing would happen to him in the examination – and an accident of another sort really did happen to him[30] before he reached his own front door.

We shall be prepared to hear that during his later illness he suffered from disturbances of his intestinal function which were

29. The patient informed me that his native tongue has no parallel to the familiar German use of *'Durchfall'* as a description for disturbances of the bowels. [The German word *'Durchfall'* means literally 'falling through'; it is used in the sense of 'failing', as in an examination, and also of 'diarrhoea'. Editor's note.]

30. This expression has the same meaning in the patient's native tongue as in German. [The German idiom refers euphemistically to the excretory processes. Editor's note.]

very obstinate, though various circumstances caused them to fluctuate in intensity. When he came under my treatment he had become accustomed to enemas, which were given him by an attendant; spontaneous evacuations did not occur for months at a time, unless a sudden excitement from some particular direction intervened, as a result of which normal activity of the bowels might set in for a few days. His principal subject of complaint was that for him the world was hidden in a veil, or that he was cut off from the world by a veil. This veil was torn only at one moment – when, after an enema, the contents of the bowel left the intestinal canal; and he then felt well and normal again.[31]

The colleague to whom I referred the patient for a report upon his intestinal condition was perspicacious enough to explain it as being a functional one, or even psychically determined, and to abstain from any active medicinal treatment. Moreover, neither this nor dieting were of any use. During the years of analytic treatment there was no spontaneous motion – apart from the sudden influences that I have mentioned. The patient allowed himself to be convinced that if the intractable organ received more intensive treatment things would only be made worse, and contented himself with bringing on an evacuation once or twice a week by means of an enema or a purgative.

In discussing these intestinal troubles I have given more space to the patient's later illness than has been my plan elsewhere in this work, which is concerned with his infantile neurosis. I have done so for two reasons: first, because the intestinal symptoms were in point of fact carried forward from the infantile neurosis into the later one with little alteration, and secondly, because they played a principal part in the conclusion of the treatment.

We know how important doubt is to the physician who is analysing an obsessional neurosis. It is the patient's strongest weapon, the favourite expedient of his resistance. This same doubt enabled our patient to lie entrenched behind a respectful indifference and to allow the efforts of the treatment to slip past him for years together. Nothing changed, and there was no way

31. The effect was the same whether he had the enema given him by someone else or whether he managed it himself.

of convincing him. At last I recognized the importance of the intestinal trouble for my purposes; it represented the small trait of hysteria which is regularly to be found at the root of an obsessional neurosis. I promised the patient a complete recovery of his intestinal activity, and by means of this promise made his incredulity manifest. I then had the satisfaction of seeing his doubt dwindle away, as in the course of the work his bowel began, like a hysterically affected organ, to 'join in the conversation', and in a few weeks' time recovered its normal functions after their long impairment.

I now turn back to the patient's childhood – to a time at which it was impossible that faeces could have had the significance of money for him.

Intestinal disorders set in very early with him, and especially in the form which is the most frequent and, among children, the most normal – namely, incontinence. We shall certainly be right, however, in rejecting a pathological explanation of these earliest occurrences, and in regarding them only as evidence of the patient's intention not to let himself be disturbed or checked in the pleasure attached to the function of evacuation. He found a great deal of enjoyment (such as would tally with the natural coarseness of many classes of society, though not of his) in anal jokes and exhibitions, and this enjoyment had been retained by him until after the beginning of his later illness.

During the time of the English governess it repeatedly happened that he and his Nanya had to share that obnoxious lady's bedroom. His Nanya noticed with comprehension the fact that precisely on those nights he made a mess in his bed, though otherwise this had ceased to happen a long time before. He was not in the least ashamed of it; it was an expression of defiance against the governess.

A year later (when he was four and a half), during the anxiety period, he happened to make a mess in his knickerbockers in the day-time. He was terribly ashamed of himself, and as he was being cleaned he moaned that he could not go on living like that. So that in the meantime something had changed; and by following up his lament we came upon the traces of this something. It turned out that the words 'he could not go on living

like that' were repeated from someone else. His mother had once[32] taken him with her when she was walking down to the station with the doctor who had come to visit her. During this walk she had lamented over her pains and haemorrhages and had broken out in the same words, 'I cannot go on living like this', without imagining that the child whose hand she was holding would keep them in his memory. Thus his lament (which, moreover, he was to repeat on innumerable occasions during his later illness) had the significance of an identification with his mother.

There soon appeared in his recollection what was evidently, in respect both of its date and of its content, a missing intermediate link between these two events. It once happened at the beginning of his anxiety period that his apprehensive mother gave orders that precautions were to be taken to protect the children from dysentery, which had made its appearance in the neighbourhood of the estate. He made enquiries as to what that might be; and after hearing that when you have dysentery you find blood in your stool he became very nervous and declared that there was blood in his own stool; he was afraid he would die of dysentery, but allowed himself to be convinced by an examination that he had made a mistake and had no need to be frightened. We can see that in this dread he was trying to put into effect an identification with his mother, whose haemorrhages he had heard about in the conversation with her doctor. In his later attempt at identification (when he was four and a half) he had dropped any mention of the blood; he no longer understood himself, for he imagined that he was ashamed of himself and was not aware that he was being shaken by a dread of death, though this was unmistakably revealed in his lament.

At that time his mother, suffering as she was from an abdominal affection, was in general nervous, both about herself and the children; it is most probable that his own nervousness, besides its other motives, was based on an identification with his mother.

32. When this happened was not exactly fixed; but in any case before the anxiety-dream when he was four, and probably before his parents' absence from home.

Now what can have been the meaning of this identification with his mother?

Between the impudent use he made of his incontinence when he was three and a half, and the horror with which he viewed it when he was four and a half, there lies the dream with which his anxiety period began – the dream which gave him a deferred comprehension of the scene he had experienced when he was one and a half (p. 207), and an explanation of the part played by women in the sexual act. It is only another step to connect the change in his attitude towards defaecation with this same great revulsion. Dysentery was evidently his name for the illness which he had heard his mother lamenting about, and which it was impossible to go on living with; he did not regard his mother's disease as being abdominal but as being intestinal. Under the influence of the primal scene he came to the conclusion that his mother had been made ill by what his father had done to her;[33] and his dread of having blood in his stool, of being as ill as his mother, was his repudiation of being identified with her in this sexual scene – the same repudiation with which he awoke from the dream. But the dread was also a proof that in his later elaboration of the primal scene he had put himself in his mother's place and had envied her this relation with his father. The organ by which his identification with women, his passive homosexual attitude to men, was able to express itself was the anal zone. The disorders in the function of this zone had acquired the significance of feminine impulses of tenderness, and they retained it during the later illness as well.

At this point we must consider an objection, the discussion of which may contribute much to the elucidation of the apparent confusion of the circumstances. We have been driven to assume that during the process of the dream he understood that women are castrated, that instead of a male organ they have a wound which serves for sexual intercourse, and that castration is the necessary condition of femininity; we have been driven to assume that the threat of this loss induced him to repress his feminine attitude towards men, and that he awoke from his

33. A conclusion which was probably not far from the truth.

homosexual enthusiasm in anxiety. Now how can this comprehension of sexual intercourse, this recognition of the vagina, be brought into harmony with the selection of the bowel for the purpose of identification with women? Are not the intestinal symptoms based on what is probably an older notion, and one which in any case completely contradicts the dread of castration – the notion, namely, that sexual intercourse takes place at the anus?

To be sure, this contradiction is present; and the two views are entirely inconsistent with each other. The only question is whether they need be consistent. Our bewilderment arises only because we are always inclined to treat unconscious mental processes like conscious ones and to forget the profound differences between the two psychical systems.

When his Christmas dream, with its excitement and expectancy, conjured up before him the picture of the sexual intercourse of his parents as it had once been observed (or construed) by him, there can be no doubt that the first view of it to come up was the old one, according to which the part of the female body which received the male organ was the anus. And, indeed, what else could he have supposed when at the age of one and a half he was a spectator of the scene?[34] But now came the new event that occurred when he was four years old. What he had learnt in the meantime, the allusions which he had heard to castration, awoke and cast a doubt on the 'cloacal theory'; they brought to his notice the difference between the sexes and the sexual part played by women. In this contingency he behaved as children in general behave when they are given an unwished-for piece of information – whether sexual or of any other kind. He rejected what was new (in our case from motives connected with his fear of castration) and clung fast to what was old. He decided in favour of the intestine and against the vagina, just as, for similar motives, he later on took his father's side against God. He rejected the new information and clung to the old theory. The latter must have provided the material for his identification with women, which made its appearance later as a

34. Or so long as he did not grasp the sense of the copulation between the dogs.

dread of death in connection with the bowels, and for his first religious scruples about whether Christ had had a behind, and so on. It is not that his new insight remained without any effect; quite the reverse. It developed an extraordinarily powerful effect, for it became a motive for keeping the whole process of the dream under repression and for excluding it from being worked over later in consciousness. But with that its effect was exhausted; it had no influence in deciding the sexual problem. That it should have been possible from that time onwards for a fear of castration to exist side by side with an identification with women by means of the bowel admittedly involved a contradiction. But it was only a logical contradiction – which is not saying much. On the contrary, the whole process is characteristic of the way in which the unconscious works. A repression is something very different from a condemning judgement.

When we were studying the genesis of the wolf phobia, we followed the effect of his new insight into the sexual act; but now that we are investigating the disturbances of the intestinal function, we find ourselves working on the basis of the old cloacal theory. The two points of view remained separated from each other by a stage of repression. His feminine attitude towards men, which had been repudiated by the act of repression, drew back, as it were, into the intestinal symptoms, and expressed itself in the attacks of diarrhoea, constipation, and intestinal pain, which were so frequent during the patient's childhood. His later sexual phantasies, which were based on a correct sexual knowledge, were thus able to express themselves regressively as intestinal troubles. But we cannot understand them until we have explained the modifications which take place in the significance of faeces from the first years of childhood onward.[35]

I have already hinted at an earlier point in my story that one portion of the content of the primal scene has been kept back. I am now in a position to produce this missing portion. The child finally interrupted his parents' intercourse by passing a stool, which gave him an excuse for screaming. All the considerations which I have raised above in discussing the rest of the content

35. Cf. 'On Transformations of Instinct as Exemplified in Anal Erotism.'

of the same scene apply equally to the criticism of this additional piece. The patient accepted this concluding act when I had constructed it, and appeared to confirm it by producing 'transitory symptoms'. A further additional piece which I had proposed, to the effect that his father was annoyed at the interruption and gave vent to his ill-humour by scolding him, had to be dropped. The material of the analysis did not react to it.

The additional detail which I have now brought forward cannot of course be put on a level with the rest of the content of the scene. Here it is not a question of an impression from outside, which must be expected to re-emerge in a number of later indications, but of a reaction on the part of the child himself. It would make no difference to the story as a whole if this demonstration had not occurred, or if it had been taken from a later period and inserted into the course of the scene. But there can be no question of how we are to regard it. It is a sign of a state of excitement of the anal zone (in the widest sense). In other similar cases an observation like this of sexual intercourse has ended with a discharge of urine; a grown-up man in the same circumstances would feel an erection. The fact that our little boy passed a stool as a sign of his sexual excitement is to be regarded as a characteristic of his congenital sexual constitution. He at once assumed a passive attitude, and showed more inclination towards a subsequent identification with women than with men.

At the same time, like every other child, he was making use of the content of the intestines in one of its earliest and most primitive meanings. Faeces are the child's first *gift*, the first sacrifice on behalf of his affection, a portion of his own body which he is ready to part with, but only for the sake of someone he loves.[36] To use faeces as an expression of defiance, as our

36. I believe there can be no difficulty in substantiating the statement that infants only soil with their excrement people whom they know and are fond of; they do not consider strangers worthy of this distinction. In my *Three Essays on the Theory of Sexuality* I mentioned the very first purpose to which faeces are put – namely, the auto-erotic stimulation of the intestinal mucous membrane. We now reach a further stage, at which a decisive part in the process of defaecation is played by the child's attitude to some object to whom he thus shows himself obedient or agreeable. This relation is one

patient did against the governess when he was three and a half, is merely to turn this earlier 'gift' meaning into the negative. The '*grumus merdae*' [heap of faeces] left behind by criminals upon the scene of their misdeeds seems to have both these meanings: contumely, and a regressive expression of making amends. It is always possible, when a higher stage has been reached, for use still to be made of the lower one in its negative and debased sense. The contrariety is a manifestation of repression.[37]

At a later stage of sexual development faeces take on the meaning of a *baby*. For babies, like faeces, are born through the anus. The 'gift' meaning of faeces readily admits of this transformation. It is a common usage to speak of a baby as a 'gift'. The more frequent expression is that the woman has 'given' the man a baby; but in the usage of the unconscious equal attention is justly paid to the other aspect of the relation, namely, to the woman having 'received'[38] the baby as a gift from the man.

The meaning of faeces as *money* branches off from the 'gift' meaning in another direction.

The deeper significance of our patient's early screen memory, to the effect that he had his first fit of rage because he was not given enough presents one Christmas, is now revealed to us. What he was feeling the want of was sexual satisfaction, which he had taken as being anal. His sexual researches came during the course of the dream to understand what they had been prepared for finding before the dream, namely, that the sexual act solved the problem of the origin of babies. Even before the dream he had disliked babies. Once, when he had come upon a small unfledged bird that had fallen out of its nest, he had taken it for a human baby and been horrified at it. The analysis showed that all small animals, such as caterpillars and insects,

that persists; for even older children will only allow themselves to be assisted in defaecating and urinating by particular privileged persons, though in this connection the prospect of other forms of satisfaction is also involved.

37. In the unconscious, as we are aware, 'No' does not exist, and there is no distinction between contraries. Negation is only introduced by the process of repression.

38. The word '*empfangen*' in the German means both 'received' and 'conceived'. (Editor's note.)

that he had been so enraged with, had had the meaning of babies to him.[39] His position in regard to his elder sister had given him every opportunity for reflecting upon the relation between elder and younger children. His Nanya had once told him that his mother was so fond of him because he was the youngest, and this gave him good grounds for wishing that no younger child might come after him. His dread of this youngest child was revived under the influence of the dream which brought up before him his parents' intercourse.

To the sexual currents that are already known to us we must therefore add a further one, which, like the rest, started from the primal scene reproduced in the dream. In his identification with women (that is, with his mother) he was ready to give his father a baby, and was jealous of his mother, who had already done so and would perhaps do so again.

In a roundabout way, since both 'money' and 'baby' have the sense of 'gift', money can take over the meaning of baby and can thus become the means of expressing feminine (homosexual) satisfaction. This was what occurred with our patient when – he and his sister were staying at a German sanatorium at the time – he saw his father give his sister two large bank notes. In imagination he had always had suspicions of his father's relations with his sister; and at this his jealousy awoke. He rushed at his sister as soon as they were alone, and demanded a share of the money with so much vehemence and such reproaches that his sister, in tears, threw him the whole of it. What had excited him was not merely the actual money, but rather the 'baby' – and sexual satisfaction from his father. And he was able to console himself with this when, in his father's lifetime, his sister died. The revolting thought which occurred to him when he heard the news of her death in fact meant no more than this: 'Now I am the only child. Now father will have to love me only.' But though his reflection was in itself perfectly capable of becoming conscious, yet its homosexual background was so intolerable that it was possible for its disguise in the shape of the most sordid avarice to come as a great relief.

Similarly, too, when after his father's death he reproached his

39. Just as vermin often stand for babies in dreams and phobias.

mother so unjustifiably with wanting to cheat him out of the money and with being fonder of the money than of him. His old jealousy of her for having loved another child besides him, the possibility of her having wanted another child after him, drove him into making charges which he himself knew were unwarranted.

This analysis of the meaning of faeces makes it clear that the obsessive thoughts which obliged him to connect God with faeces had a further significance beyond the disparagement which he saw in them himself. They were in fact true compromise-products, in which a part was played no less by an affectionate current of devotion than by a hostile current of abuse. 'God – shit' was probably an abbreviation for an offering that one occasionally hears mentioned in its unabbreviated form. 'Shitting on God' or 'shitting something for God' also means giving him a baby or getting him to give one a baby. The old 'gift' meaning in its negative and debased form and the 'baby' meaning that was later developed from it are combined with each other in the obsessional phrase. In the latter of these meanings a feminine tenderness finds expression: a readiness to give up one's masculinity if in exchange for it one can be loved like a woman. Here, then, we have precisely the same impulse towards God which was expressed in unambiguous words in the delusional system of the paranoic Senatspräsident Schreber.

When later on I come to describing the final clearing up of my patient's symptoms, the way in which the intestinal disorder had put itself at the service of the homosexual current and had given expression to his feminine attitude towards his father will once again become evident. Meanwhile we shall mention a further meaning of faeces, which will lead us on to a discussion of the castration complex.

Since the column of faeces stimulates the erotogenic mucous membrane of the bowel, it plays the part of an active organ in regard to it; it behaves just as the penis does to the vaginal mucous membrane, and acts as it were as its forerunner during the cloacal epoch. The handing over of faeces for the sake of (out of love for) someone else becomes a prototype of castration; it is the first occasion upon which an individual parts with a

piece of his own body[40] in order to gain the favour of some other person whom he loves. So that a person's love of his own penis, which is in other respects narcissistic, is not without an element of anal erotism. 'Faeces', 'baby' and 'penis' thus form a unity, an unconscious concept (*sit venia verbo*) – the concept, namely, of 'a little one' that can become separated from one's body. Along these paths of association the libidinal cathexis may become displaced or intensified in ways which are pathologically important and which are revealed by analysis.

We are already acquainted with the attitude which our patient first adopted to the problem of castration. He rejected castration, and held to his theory of intercourse by the anus. When I speak of his having rejected it, the first meaning of the phrase is that he would have nothing to do with it, in the sense of having repressed it. This really involved no judgement upon the question of its existence, but it was the same as if it did not exist. Such an attitude, however, could not have been his final one, even at the time of his infantile neurosis. We find good subsequent evidence of his having recognized castration as a fact. In this connection, once again, he behaved in the manner which was so characteristic of him, but which makes it so difficult to give a clear account of his mental processes or to feel one's way into them. First he resisted and then he yielded; but the second reaction did not *do away with* the first. In the end there were to be found in him two contrary currents side by side, of which one abominated the idea of castration, while the other was prepared to accept it and console itself with femininity as a compensation. But beyond any doubt a third current, the oldest and deepest, which did not as yet even raise the question of the reality of castration, was still capable of coming into activity. I have elsewhere[41] reported a hallucination which this same patient had at the age of five and upon which I need only add a brief commentary here.

'When I was five years old, I was playing in the garden near

40. It is as such that faeces are invariably treated by children.

41. '*Fausse Reconnaissance* (*"Déjà Raconté"*) in Psycho-Aanalytic Treatment'.

my nurse, and was carving with my pocket-knife in the bark of one of the walnut-trees that come into my dream as well.[42] Suddenly, to my unspeakable terror, I noticed that I had cut through the little finger of my (right or left?) hand, so that it was only hanging on by its skin. I felt no pain, but great fear. I did not venture to say anything to my nurse, who was only a few paces distant, but I sank down on the nearest seat and sat there incapable of casting another glance at my finger. At last I calmed down, took a look at the finger, and saw that it was entirely uninjured.'

After he had received his instruction in the Bible story at the age of four and a half he began, as we know, to make the intense effort of thought which ended in his obsessional piety. We may therefore assume that this hallucination belongs to the period in which he brought himself to recognize the reality of castration and it is perhaps to be regarded as actually marking this step. Even the small correction [see footnote] made by the patient is not without interest. If he had a hallucination of the same dreadful experience which Tasso, in his *Gerusalemme Liberata*, tells of his hero Tancred, we shall perhaps be justified in reaching the interpretation that the tree meant a woman to my little patient as well. Here, then, he was playing the part of his father, and was connecting his mother's familiar haemorrhages with the castration of women, which he now recognized, – with the 'wound'.

His hallucination of the severed finger was instigated, as he reported later on, by the story that a female relation of his had been born with six toes and that the extra one had immediately afterwards been chopped off with an axe. Women, then, had no penis because it was taken away from them at birth. In this manner he came, at the period of the obsessional neurosis, to accept what he had already learned during the dream but had at

42. Cf. 'The Occurrence in Dreams of Material from Fairy-Tales'. In telling the story again on a later occasion he made the following correction: 'I don't believe I was cutting the tree. That was a confusion with another recollection, which must also have been hallucinatorily falsified, of having made a cut in a tree with my knife and of *blood* having come out of the tree.'

the time rejected by repression. He must also have become acquainted, during the readings and discussions of the sacred story, with the ritual circumcision of Christ and of the Jews in general.

There is no doubt whatever that at this time his father was turning into the terrifying figure that threatened him with castration. The cruel God with whom he was then struggling – who made men sinful, only to punish them afterwards, who sacrificed his own son and the sons of men – this God threw back his character on to the patient's father, though, on the other hand, the boy was at the same time trying to defend his father against the God. At this point the boy had to fit into a phylogenetic pattern, and he did so, although his personal experiences may not have agreed with it. Although the threats or hints of castration which had come his way had emanated from women,[43] this could not hold up the final result for long. In spite of everything it was his father from whom in the end he came to fear castration. In this respect heredity triumphed over accidental experience; in man's prehistory it was unquestionably the father who practised castration as a punishment and who later softened it down into circumcision. The further the patient went in repressing sensuality during the course of the development of the obsessional neurosis,[44] the more natural it must have become to him to attribute these evil intentions to his father, who was the true representative of sensual activity.

His identification of his father with the castrator[45] became important as being the source of an intense unconscious hostility towards him (which reached the pitch of a death-wish) and of a sense of guilt which reacted against it. Up to this point, however, he was behaving normally – that is to say, like every neu-

43. We already know this as regards his Nanya, and we shall hear of it again in connection with another woman.

44. For evidence of this see pp. 231–3.

45. Among the most tormenting, though at the same time the most grotesque, symptoms of his later illness was his relation to every tailor from whom he ordered a suit of clothes: his deference and timidity in the presence of this high functionary, his attempts to get into his good books by giving him extravagant tips, and his despair over the results of the work however it might in fact have turned out.

rotic who is possessed by a positive Oedipus complex. But the astonishing thing was that even against this there was a counter-current working in him, which, on the contrary, regarded his father as the one who had been castrated and as calling, therefore, for his sympathy.

When I analysed his ceremonial of breathing out whenever he saw cripples, beggars, and such people, I was able to show that that symptom could also be traced back to his father, whom he had felt sorry for when he visited him as a patient in the sanatorium. The analysis made it possible to follow this thread even further back. At a very early period, probably before his seduction (at the age of three and a quarter), there had been on the estate an old day-labourer whose business it was to carry the water into the house. He could not speak, ostensibly because his tongue had been cut out. (He was probably a deaf mute.) The little boy was very fond of him and pitied him deeply. When he died, he looked for him in the sky.[46] Here, then, was the first of the cripples for whom he had felt sympathy, and, as was shown by the context and the point at which the episode came out in the analysis, an undoubted father-surrogate.

In the analysis this man was associated with the recollection of other servants whom the patient had liked and about whom he emphasized the fact that they had been either sickly or Jews (which implied circumcision). The footman, too, who had helped to clean him after his accident at four and a half, had been a Jew and a consumptive and had been an object of his compassion. All of these figures belong to the period before his visit to his father at the sanatorium, that is, before the formation of the symptom; the latter must therefore rather have been intended to ward off (by means of the breathing out) any identification with the object of the patient's pity. Then suddenly, in connection with a dream, the analysis plunged back into the prehistoric period, and led him to assert that during the copulation in the primal scene he had observed the penis disappear,

46. In this connection I may mention some dreams which he had, later than the anxiety-dream, but while he was still on the first estate. These dreams represented the scene of coition as an event taking place between heavenly bodies.

that he had felt compassion for his father on that account, and had rejoiced at the reappearance of what he thought had been lost. So here was a fresh emotional impulse, starting once again from the primal scene. Moreover, the narcissistic origin of compassion (which is confirmed by the word itself) is here quite unmistakably revealed.

8: Fresh Material from the Primal Period – Solution

It happens in many analyses that as one approaches their end new recollections emerge which have hitherto been kept carefully concealed. Or it may be that on one occasion some unpretentious remark is thrown out in an indifferent tone of voice as though it were superfluous; that then, on another occasion, something further is added, which begins to make the physician prick his ears; and that at last he comes to recognize this despised fragment of a memory as the key to the weightiest secrets that the patient's neurosis has veiled.

Early in the analysis my patient had told me of a memory of the period in which his naughtiness had been in the habit of suddenly turning into anxiety. He was chasing a beautiful big butterfly with yellow stripes and large wings which ended in pointed projections – a swallow-tail, in fact. Suddenly, when the butterfly had settled on a flower, he was seized with a dreadful fear of the creature, and ran away screaming.

This memory recurred occasionally during the analysis and called for an explanation; but for a long time none was to be found. Nevertheless it was to be assumed as a matter of course that a detail like this had not kept its place in his recollection on its own account, but that it was a screen-memory, representing something of more importance with which it was in some way connected. One day he told me that in his language a butterfly was called *'babushkd'*, 'granny'. He added that in general butterflies had seemed to him like women and girls, and beetles and caterpillars like boys. So there could be little doubt that in this anxiety-scene a recollection of some female person had been aroused. I will not hide the fact that at that time I put forward the possibility that the yellow stripes on the butterfly had re-

minded him of similar stripes on a piece of clothing worn by some woman. I only mention this as an illustration to show how inadequate the physician's constructive efforts usually are for clearing up questions that arise, and how unjust it is to attribute the results of analysis to the physician's imagination and suggestion.

Many months later, in quite another connection, the patient remarked that the opening and shutting of the butterfly's wings while it was settled on the flower had given him an uncanny feeling. It had looked, so he said, like a woman opening her legs, and the legs then made the shape of a Roman V, which, as we know, was the hour at which, in his boyhood, and even up to the time of the treatment, he used to fall into a depressed state of mind.

This was an association which I could never have arrived at myself, and which gained importance from a consideration of the thoroughly infantile nature of the train of association which it revealed. The attention of children, as I have often noticed, is attracted far more readily by movements than by forms at rest; and they frequently base associations upon a similarity of movement which is overlooked or neglected by adults.

After this the little problem was once more left untouched for a long time; but I may mention the facile suspicion that the points or stick-like projections of the butterfly's wings might have had the meaning of genital symbols.

One day there emerged, timidly and indistinctly, a kind of recollection that at a very early age, even before the time of the nurse, he must have had a nursery-maid who was very fond of him. Her name had been the same as his mother's. He had no doubt returned her affection. It was, in fact, a first love that had faded into oblivion. But we agreed that something must have occurred at that time that became of importance later on.

Then on another occasion he emended this recollection. She could not have had the same name as his mother; that had been a mistake on his part, and it showed, of course, that in his memory she had become fused with his mother. Her real name, he went on, had occurred to him in a roundabout way. He had suddenly thought of a store-room, on the first estate, in which

fruit was kept after it had been picked, and of a particular sort of pear with a most delicious taste – a big pear with yellow stripes on its skin. The word for 'pear' in his language was *'grusha'*, and that had also been the name of the nursery-maid.

It thus became clear that behind the screen-memory of the hunted butterfly the memory of the nursery-maid lay concealed. But the yellow stripes were not on her dress, but on the pear whose name was the same as hers. What, however, was the origin of the anxiety which had arisen when the memory of her had been activated? The obvious answer to this might have been the crude hypothesis that it had been this girl whom, when he was a small child, he had first seen making the movements with her legs which he had fixed in his mind with the Roman V – movements which allow access to the genitals. We spared ourselves such theorizing as this and waited for more material.

Very soon after this there came the recollection of a scene, incomplete, but, so far as it was preserved, definite. Grusha was kneeling on the floor, and beside her a pail and a short broom made of a bundle of twigs; he was also there, and she was teasing him or scolding him.

The missing elements could easily be supplied from other directions. During the first months of the treatment he had told me of how he had suddenly fallen in love in a compulsive manner with a peasant girl from whom, in his eighteenth year, he had contracted the precipitating cause of his later illness. When he told me this he had displayed a most extraordinary unwillingness to give me the girl's name. It was an entirely isolated instance of resistance, for apart from it he obeyed the fundamental rule of analysis unreservedly. He asserted, however, that the reason for his being so much ashamed of mentioning the name was that it was a purely peasant name and that no girl of gentle birth could possibly be called by it. When eventually the name was produced, it turned out to be Matrona, which has a motherly ring about it. The shame was evidently displaced. He was not ashamed of the fact that these love-affairs were invariably concerned with girls of the humblest origin; he was ashamed only of the name. If it should turn out that the affair with Matrona had something in common with the Grusha

scene, then the shame would have to be transferred back to that early episode.

He had told me another time that when he heard the story of John Huss he had been greatly moved, and that his attention had been held by the bundles of firewood that were dragged up when he was burnt at the stake. Now his sympathy for Huss created a perfectly definite suspicion in my mind, for I have often come upon this sympathy in youthful patients and I have always been able to explain it in the same way. One such patient even went so far as to produce a dramatized version of Huss's career; he began to write his play on the day on which he lost the object with whom he was secretly in love. Huss perished by fire, and (like others who possess the same qualification) he becomes the hero of people who have at one time suffered from enuresis. My patient himself connected the bundles of firewood used for the execution of Huss with the nursery-maid's broom or bundle of twigs.

This material fitted together spontaneously and served to fill in the gaps in the patient's memory of the scene with Grusha. When he saw the girl scrubbing the floor he had micturated in the room and she had rejoined, no doubt jokingly, with a threat of castration.[47]

I do not know if my readers will have already guessed why it is that I have given such a detailed account of this episode from the patient's early childhood.[48] It provides an important link between the primal scene and the later compulsive love which came to be of such decisive significance in his subsequent career, and it further shows us a condition upon which his falling in love depended and which elucidates that compulsion.

47. It is very remarkable that the reaction of shame should be so intimately connected with involuntary emptying of the bladder (whether in the day-time or at night) and not equally so, as one would have expected, with incontinence of the bowels. Experience leaves no room for doubt upon the point. The regular relation that is found to exist between incontinence of the bladder and fire also provides matter for reflection. It is possible that these reactions and relations represent precipitates from the history of human civilization derived from a lower stratum than anything that is preserved for us in the traces surviving in myths or folklore.

48. It may be assigned to a time at which he was about two and a half: between his supposed observation of intercourse and his seduction.

When he saw the girl on the floor engaged in scrubbing it, and kneeling down, with her buttocks projecting and her back horizontal, he was faced once again with the posture which his mother had assumed in the copulation scene. She became his mother to him; he was seized with sexual excitement owing to the activation of this picture;[49] and, like his father (whose action he can only have regarded at the time as micturition), he behaved in a masculine way towards her. His micturition on the floor was in reality an attempt at a seduction, and the girl replied to it with a threat of castration, just as though she had understood what he meant.

The compulsion which proceeded from the primal scene was transferred on to this scene with Grusha and was carried forward by it. But the condition upon which his falling in love depended underwent a change which showed the influence of the second scene: it was transferred from the woman's posture to the occupation on which she was engaged while in that posture. This was clear, for instance, in the episode of Matrona. He was walking through the village which formed part of their (later) estate, when he saw a peasant girl kneeling by the pond and employed in washing clothes in it. He fell in love with the girl instantly and with irresistible violence, although he had not yet been able to get even a glimpse of her face. By her posture and occupation she had taken the place of Grusha for him. We can now see how it was that the shame which properly related to the content of the scene with Grusha could become attached to the name of Matrona.

Another attack of falling in love, dating from a few years earlier, shows even more clearly the compelling influence of the Grusha scene. A young peasant girl, who was a servant in the house, had long attracted him, but he succeeded in keeping himself from approaching her. One day, when he came upon her in a room by herself, he was overwhelmed by his love. He found her kneeling on the floor and engaged in scrubbing it, with a pail and a broom beside her – in fact, exactly as he had seen the girl in his childhood.

Even his final choice of object, which played such an impor-

49. This was *before* the dream.

tant part in his life, is shown by its details (though they cannot be adduced here) to have been dependent upon the same condition and to have been an offshoot of the compulsion which, starting from the primal scene and going on to the scene with Grusha, had dominated his love-choice. I have remarked on an earlier page that I recognize in the patient an endeavour to debase his love-object. This is to be explained as a reaction against pressure from the sister who was so much his superior. But I promised at the same time (see pp. 185–6) to show that this self-assertive motive was not the only determinant, but that it concealed another and deeper one based on purely erotic motives. These were brought to light by the patient's memory of the nursery-maid scrubbing the floor – *physically* debased too, by the by. All his later love-objects were surrogates for this one person, who through the accident of her attitude had herself become his first mother-surrogate. The patient's first association in connection with the problem of his fear of the butterfly can now easily be explained retrospectively as a distant allusion to the primal scene (the hour of five). He confirmed the connection between the Grusha scene and the threat of castration by a particularly ingenious dream, which he himself succeeded in deciphering. 'I had a dream,' he said, 'of a man tearing off the wings of an *Espe*.' *'Espe?'* I asked; 'what do you mean by that?' 'You know; that insect with yellow stripes on its body, that stings.'[50] I could now put him right: 'So what you mean is a *Wespe* [wasp].' 'Is it called a *Wespe*? I really thought it was called an *Espe*.' (Like so many other people, he used his difficulties with a foreign language as a screen for symptomatic acts.) 'But *Espe*, why, that's myself: S.P.' (which were his initials). The *Espe* was of course a mutilated *Wespe*. The dream said clearly that he was avenging himself on Grusha for her threat of castration.

The action of the two-and-a-half-year-old boy in the scene with Grusha is the earliest effect of the primal scene which has come to our knowledge. It represents him as copying his father,

50. At this point the following sentence from the original German text has been omitted from the English translation: This must be an allusion to Grusha, the pear with the yellow stripes. [M.G.]

and shows us a tendency towards development in a direction which would later deserve the name of masculine. His seduction drove him into passivity – for which, in any case, the way was prepared by his behaviour when he was a witness of his parents' intercourse.

I must here turn for a moment to the history of the treatment. When once the Grusha scene had been assimilated – the first experience that he could really remember, and one which he had remembered without any conjectures or intervention on my part – the problem of the treatment had every appearance of having been solved. From that time forward there were no more resistances; all that remained to be done was to collect and to co-ordinate. The old trauma theory of the neuroses, which was after all built up upon impressions gained from psychoanalytic practice, had suddenly come to the front once more. Out of critical interest I made one more attempt to force upon the patient another view of his story, which might commend itself more to sober common sense. It was true that there could be no doubt about the scene with Grusha, but, I suggested, in itself that scene meant nothing; it had been emphasized *ex post facto* by a regression from the circumstances of his object-choice, which, as a result of his intention to debase, had been diverted from his sister on to servant girls. On the other hand, his observation of intercourse, I argued, was a phantasy of his later years; its historical nucleus may perhaps have been an observation or an experience by the patient of the administration of an innocent enema. Some of my readers will possibly be inclined to think that with such hypotheses as these I was for the first time beginning to approach an understanding of the case; but the patient looked at me uncomprehendingly and a little contemptuously when I put this view before him, and he never reacted to it again. I have already stated my own arguments against any such rationalization at their proper point in the discussion.

Thus the Grusha scene, by explaining the conditions governing the patient's object-choice – conditions which were of decisive importance in his life – prevents our overestimating the significance of his intention to debase women. But it does more

than this. It affords me a justification for having refused on an earlier page to adopt unhesitatingly, as the only tenable explanation, the view that the primal scene was derived from an observation made upon animals shortly before the dream. The Grusha scene emerged in the patient's memory spontaneously and through no effort of mine. His fear of the yellow-striped butterfly, which went back to that scene, proved that the scene had had a significant content, or that he had been able to attach this significance to its content subsequently. By means of the accompanying associations and the inferences that followed from them, it was possible with certainty to supply this significant element which was lacking in the patient's memory. It then appeared that his fear of the butterfly was in every respect analogous to his fear of the wolf; in both cases it was a fear of castration, which was, to begin with, referred to the person who had first uttered the threat of castration, but was then transposed on to another person to whom it was bound to become attached in accordance with phylogenetic precedent. The scene with Grusha had occurred when the patient was two and a half, but the anxiety-episode with the yellow butterfly was certainly subsequent to the anxiety-dream. It was easy to understand how the patient's later comprehension of the possibility of castration had retrospectively brought out the anxiety in the scene with Grusha. But that scene in itself contained nothing objectionable or improbable; on the contrary, it consisted entirely of commonplace details which gave no grounds for scepticism. There was nothing in it which could lead one to attribute its origin to the child's imagination; such a supposition, indeed, seemed scarcely possible.

The question now arises whether we are justified in regarding the fact that the boy micturated, while he stood looking at the girl on her knees scrubbing the floor, as a proof of sexual excitement on his part. If so, the excitement would be evidence of the influence of an earlier impression, which might equally have been the actual occurrence of the primal scene of an observation made upon animals before the age of two and a half. Or are we to conclude that the situation as regards Grusha was entirely innocent, that the child's emptying his bladder was

purely accidental, and that it was not until later that the whole scene became sexualized in his memory, after he had come to recognize the importance of similar situations?

On these issues I can venture upon no decision. I must confess, however, that I regard it as greatly to the credit of psychoanalysis that it should even have reached the stage of *raising* such questions as these. Nevertheless, I cannot deny that the scene with Grusha, the part it played in the analysis, and the effects that followed from it in the patient's life, can be most naturally and completely explained if we consider that the primal scene, which may in other cases be a phantasy, was a reality in the present one. After all, there is nothing impossible about it; and the hypothesis of its reality is entirely compatible with the inciting action of the observations upon animals which are indicated by the sheep-dogs in the dream-picture.

I will now turn from this unsatisfactory conclusion to a consideration of the problem which I have attempted in my *Introductory Lectures on Psycho-Analysis*. I should myself be glad to know whether the primal scene in my present patient's case was a phantasy or a real experience; but, taking other similar cases into account, I must admit that the answer to this question is not in fact a matter of very great importance. These scenes of observing parental intercourse, of being seduced in childhood, and of being threatened with castration are unquestionably an inherited endowment, a phylogenetic heritage, but they may just as easily be acquired by personal experience. With my patient, his seduction by his elder sister was an indisputable reality; why should not the same have been true of his observation of his parents' intercourse?

All that we find in the prehistory of neuroses is that a child catches hold of this phylogenetic experience where his own experience fails him. He fills in the gaps in individual truth with prehistoric truth; he replaces occurrences in his own life by occurrences in the life of his ancestors. I fully agree with Jung[51] in recognizing the existence of this phylogenetic heritage; but I regard it as a methodological error to seize on a phylogenetic

51. *Die Psychologie der unbewussten Prozesse*, 1917. This was published too late for it to have influenced my *Introductory Lectures*.

explanation before the ontogenetic possibilities have been exhausted. I cannot see any reason for obstinately disputing the importance of infantile prehistory while at the same time freely acknowledging the importance of ancestral prehistory. Nor can I overlook the fact that phylogenetic motives and productions themselves stand in need of elucidation, and that in quite a number of instances this is afforded by factors in the childhood of the individual. And, finally, I cannot feel surprised that what was originally produced by certain circumstances in prehistoric times and was then transmitted in the shape of a predisposition to its re-acquirement should, since the same circumstances persist, emerge once more as a concrete event in the experience of the individual.

Room must also be found in the interval between the primal scene and the seduction (from the age of one and a half to the age of three and a quarter) for the dumb water-carrier. He served the patient as a father-surrogate just as Grusha served him as a mother-surrogate. I do not think there is any justification for regarding this as an example of the intention to debase, even though it is true that both parents have come to be represented by servants. A child pays no regard to social distinctions, which have little meaning for him as yet; and he classes people of inferior rank with his parents if such people love him as his parents do. Nor is the intention to debase any more responsible for the substitution of animals for a child's parents, for children are very far indeed from taking a disparaging view of animals. Uncles and aunts are used as parent-surrogates without any regard to the question of debasing, and this was in fact done by our present patient, as many of his recollections showed.

There also belongs in this period a phase, which was obscurely remembered, in which he would not eat anything except sweet things, until alarm was felt on the score of his health. He was told about one of his uncles who had refused to eat in the same way and had wasted away to death while he was still young. He was also informed that when he himself was three months old he had been so seriously ill (with pneumonia?) that his winding-sheet had been got ready for him. In this way they

succeeded in alarming him, so that he began eating again; and in the later years of his childhood he used actually to overdo this duty, as though to guard himself against the threat of death. The fear of death, which was evoked at that time for his own protection, made its reappearance later when his mother warned him of the danger of dysentery. Later still, it brought on an attack of his obsessional neurosis (see p. 232). We shall try below to go into its origins and meanings.

I am inclined to the opinion that this disturbance of appetite should be regarded as the very first of the patient's neurotic illnesses. If so, the disturbance of appetite, the wolf phobia, and the obsessional piety would constitute the complete series of infantile disorders which laid down the predisposition for his neurotic break-down after he had passed the age of puberty. It will be objected that few children escape such disorders as a temporary loss of appetite or an animal phobia. But this argument is exactly what I should wish for. I am ready to assert that every neurosis in an adult is built upon a neurosis which has occurred in his childhood but has not invariably been severe enough to strike the eye and be recognized as such. This objection only serves to emphasize the theoretical importance of the part which infantile neuroses must play in our view of those later disorders which we treat as neuroses and endeavour to attribute entirely to the effects of adult life. If our present patient had not suffered from obsessional piety in addition to his disturbance of appetite and his animal phobia, his story would not have been noticeably different from that of other children, and we should have been the poorer by the loss of precious material which may guard us against certain plausible errors.

The analysis would be unsatisfactory if it failed to explain the phrase used by the patient for summing up the troubles of which he complained. The world, he said, was hidden from him by a veil; and our psychoanalytic training forbids our assuming that these words can have been without significance or have been chosen at haphazard. The veil was torn, strange to say, in one situation only; and that was at the moment when, as a result of an enema, he passed a motion through his anus. He then felt well again, and for a very short while he saw the world

clearly. The interpretation of this 'veil' progressed with as much difficulty as we met with in clearing up his fear of the butterfly. Nor did he keep to the veil. It became still more elusive, as a feeling of twilight, *'ténèbres'*, and of other impalpable things.

It was not until just before taking leave of the treatment that he remembered having been told that he was born with a caul. He had for that reason always looked on himself as a special child of fortune whom no ill could befall.[52] He did not lose that conviction until he was forced to realize that his gonorrhoeal infection constituted a serious injury to his body. The blow to his narcissism was too much for him and he went to pieces. It may be said that in so doing he was repeating a mechanism that he had already brought into play once before. For his wolf phobia had broken out when he found himself faced by the fact that such a thing as castration was possible; and he clearly classed his gonorrhoea as castration.

Thus the caul was the veil which hid him from the world and hid the world from him. The complaint that he made was in reality a fulfilled wishful phantasy: it exhibited him as back once more in the womb, and was, in fact, a wishful phantasy of flight from the world. It can be translated as follows: 'Life makes me so unhappy! I must get back into the womb!'

But what can have been the meaning of the fact that this veil, which was now symbolic but had once been real, was torn at the moment at which he evacuated his bowels after an enema, and that under this condition his illness left him? The context enables us to reply. If this birth-veil was torn, then he saw the world and was re-born. The stool was the child, as which he was born a second time, to a happier life. Here, then, we have the phantasy of rebirth, to which Jung has recently drawn attention and to which he has assigned such a dominating position in the imaginative life of neurotics.

This would be all very well, if it were the whole story. But certain details of the situation, and a due regard for the connection between it and this particular patient's life-history, compel

52. The German word for 'caul' (*'Glückshaube'*), like the corresponding Scots expression 'sely how', means literally 'lucky hood'. (Editor's note.)

us to pursue the interpretation further. The necessary condition of his re-birth was that he should have an enema administered to him by a man. (It was not until later on that he was driven by necessity to take this man's place himself.) This can only have meant that he had identified himself with his mother, that the man was acting as his father, and that the enema was repeating the act of copulation, as the fruit of which the excrement-baby (which was once again himself) would be born. The phantasy of re-birth was therefore bound up closely with the necessary condition of sexual satisfaction from a man. So that the translation now runs to this effect: only on condition that he took the woman's place and substituted himself for his mother, and thus let himself be sexually satisfied by his father and bore him a child – only on that condition would his illness leave him. Here, therefore, the phantasy of re-birth was simply a mutilated and censored version of the homosexual wishful phantasy.

If we look into the matter more closely we cannot help remarking that in this condition which he laid down for his recovery the patient was simply repeating the state of affairs at the time of the 'primal scene'. At that moment he had wanted to substitute himself for his mother; and, as we assumed long ago, it was he himself who, in the scene in question, had produced the excrement-baby. He still remained fixated, as though by a spell, to the scene which had such a decisive effect on his sexual life, and the return of which during the night of the dream brought the onset of his illness. The tearing of the veil was analogous to the opening of his eyes and to the opening of the window. The primal scene had become transformed into the necessary condition for his recovery.

It is easy to make a unified statement of what was expressed on the one hand by the complaint he made and on the other hand by the single exceptional condition under which the complaint no longer held good, and thus to make clear the whole meaning that underlay the two factors: he wished he could be back in the womb, not simply in order that he might then be reborn, but in order that he might be copulated with there by his father, might obtain sexual satisfaction from him, and might bear him a child.

The wish to be born of his father (as he had at first believed was the case), the wish to be sexually satisfied by him, the wish to present him with a child – and all of this at the price of his own masculinity, and expressed in the language of anal erotism – these wishes complete the circle of his fixation upon his father. In them homosexuality has found its furthest and most intimate expression.[53]

This instance, I think, throws light on the meaning and origin of the womb-phantasy as well as that of re-birth. The former, the womb-phantasy, is frequently derived (as it was in the present case) from an attachment to the father. There is a wish to be inside the mother's womb in order to replace her during intercourse – in order to take her place in regard to the father. The phantasy of re-birth, on the other hand, is in all probability regularly a softened substitute (a euphemism, one might say) for the phantasy of incestuous intercourse with the mother; to make use of Silberer's expression, it is an *anagogic* abbreviation of it. There is a wish to be back in a situation in which one was in the mother's genitals; and in this connection the man is identifying himself with his own penis and is using it to represent himself. Thus the two phantasies are revealed as each other's counterparts: they give expression, according as the subject's attitude is feminine or masculine, to his wish for sexual intercourse with his father or with his mother. We cannot dismiss the possibility that in the complaint made by our present patient and in the necessary condition laid down for his recovery the two phantasies, that is to say the two incestuous wishes, were united.

I will make a final attempt at re-interpreting the last findings of this analysis in accordance with the scheme of my opponents. The patient lamented his flight from the world in a typical womb-phantasy and viewed his recovery as a typically conceived re-birth. In accordance with the predominant side of his disposi-

53. A possible subsidiary explanation, namely that the veil represented the hymen which is torn at the moment of intercourse with a man, does not harmonize completely with the necessary condition for his recovery. Moreover it has no bearing on the life of the patient, for whom virginity carried no significance.

tion, he expressed the latter in anal symptoms. He next concocted, on the model of his anal phantasy of re-birth, a childhood scene which repeated his wishes in an archaic-symbolic medium of expression. His symptoms were then strung together as though they had been derived from a primal scene of that kind. He was driven to embark on this long backward course either because he had come up against some task in life which he was too lazy to perform, or because he had every reason to be aware of his own inferiority and thought he could best protect himself from being slighted by elaborating such contrivances as these.

All this would be very nice, if only the unlucky wretch had not had a dream when he was no more than four years old, which signalized the beginning of his neurosis, which was instigated by his grandfather's story of the tailor and the wolf, and the interpretation of which necessitates the assumption of this primal scene. All the alleviations which the theories of Jung and Adler seek to afford us come to grief, alas, upon such paltry but unimpeachable facts as these. As things stand, it seems to me more probable that the phantasy of re-birth was a derivative of the primal scene than that, conversely, the primal scene was a reflection of the phantasy of re-birth. And we may perhaps suppose, too, that the patient, at a time only four years after his birth, may after all have been too young to be already wishing to be born again. But no, I must take this last argument back; for my own observations show that we have rated the powers of children too low and that there is no knowing what they cannot be given credit for.[54]

54. I admit that this is the most delicate question in the whole domain of psychoanalysis. I did not require the contributions of Adler or Jung to induce me to consider the matter with a critical eye, and to bear in mind the possibility that what analysis puts forward as being forgotten experiences of childhood (and of an improbably early childhood) may on the contrary be based upon phantasies created on occasions occurring late in life. According to this view, wherever we seemed in analyses to see traces of the after-effects of an infantile impression of the kind in question, we should rather have to assume that we were faced by the manifestation of some constitutional factor or of some disposition that had been phylogenetically maintained. On the contrary, no doubt has troubled me more; no other uncertainty has been more decisive in holding me back from publishing my

9: *Recapitulations and Problems*

I do not know if the reader of this report of an analysis will have succeeded in forming a clear picture of the origin and development of the patient's illness. I fear that, on the contrary, this will not have been the case. But though on other occasions I have said very little on behalf of my powers in the art of exposition, I should like in the present instance to plead mitigating circumstances. The description of such early phases and of such deep strata of mental life has been a task which has never before been attacked; and it is better to perform that task badly than to take flight before it – a proceeding which would moreover (or so we are told) involve the coward in risks of a certain kind. I prefer, therefore, to put a bold face on it and show that I have not allowed myself to be held back by a sense of my own inferiority.

The case itself was not a particularly favourable one. The advantage of having a wealth of information about the patient's childhood (an advantage which was made possible by the fact that the child could be studied through the medium of the adult) had to be purchased at the expense of the analysis being most terribly disjointed and of the exposition showing corresponding gaps. Personal peculiarities in the patient and a national character that was foreign to ours made the task of feeling one's way into his mind a laborious one. The contrast between the patient's agreeable and affable personality, his acute intelligence and his nice-mindedness on the one hand, and his completely unbridled instinctual life on the other, necessitated an excessively long process of preparatory education, and this made a general perspective more difficult. But the patient

conclusions. I was the first – a point to which none of my opponents have referred – to recognize both the part played by phantasies in symptom-formation and also the 'retrospective phantasying' of the late impressions into childhood and their sexualization after the event. (See my *Interpretation of Dreams* and 'Notes upon a Case of Obsessional Neurosis'.) If, in spite of this, I have held to the more difficult and more improbable view, it has been as a result of arguments such as are forced upon the investigator by the case described in these pages or by any other infantile neurosis – arguments which I once again lay before my readers for their decision.

himself has no responsibility for that feature of the case which put the severest obstacles in the way of any description of it. In the psychology of adults we have fortunately reached the point of being able to divide mental processes into conscious and unconscious and of being able to give a clearly-worded description of both. With children this distinction leaves us almost completely in the lurch. It is often embarrassing to decide what one would choose to call conscious and what unconscious. Processes which have become the dominant ones, and which from their subsequent behaviour must be equated with conscious ones, have nevertheless not been conscious in the child. It is easy to understand why. In children the conscious has not yet acquired all its characteristics; it is still in process of development, and it does not as yet fully possess the capacity for transposing itself into verbal images. We are constantly guilty of making a confusion between the phenomenon of emergence as a perception in consciousness and the fact of belonging to a hypothetical psychical system to which we ought to assign some conventional name, but which we in fact also call 'consciousness' (the system *Cs*). This confusion does no harm when we are giving a psychological description of an adult, but it is misleading when we are dealing with that of a young child. Nor should we be much assisted here if we introduced the 'preconscious'; for a child's preconscious may, in just the same way, fail to coincide with an adult's. We must be content, therefore, with having clearly recognized the obscurity.

It is obvious that a case such as that which is described in these pages might be made an excuse for dragging into the discussion every one of the findings and problems of psychoanalysis. But this would be an endless and unjustifiable labour. It must be recognized that everything cannot be learnt from a single case and that everything cannot be decided by it; we must content ourselves with exploiting whatever it may happen to show most clearly. There are in any case narrow limits to what a psychoanalysis is called upon to explain. For, while it is its business to explain the striking symptoms by revealing their genesis, it is not its business to explain but merely to describe the psychical mechanisms and instinctual processes to which

one is led by that means. In order to derive fresh generalizations from what has thus been established with regard to the mechanisms and instincts, it would be essential to have at one's disposal numerous cases as thoroughly and deeply analysed as the present one. But they are not easily to be had, and each one of them requires years of labour. So that advances in these spheres of knowledge must necessarily be slow. There is no doubt a great temptation to content oneself with 'scratching' the mental surface of a number of people and of replacing what is left undone by speculation – the latter being put under the patronage of some school or other of philosophy. Practical requirements may also be adduced in favour of this procedure; but no substitute can satisfy the requirements of science.

I shall now attempt to sketch out a synthetic survey of my patient's sexual development, beginning from its earliest indications. The first that we hear of it is in the disturbance of his appetite; for, taking other observations into account, I am inclined, though with due reservations, to regard that as a result of some process in the sphere of sexuality. I have been driven to regard as the earliest recognizable sexual organization the so-called 'cannibalistic' or 'oral' phase, during which the original attachment of sexual excitation to the nutritional instinct still dominates the scene. It is not to be expected that we should come upon direct manifestations of this phase, but only upon indications of it where disturbances have been set up. Impairment of the nutritional instinct (though this can of course have other causes) draws our attention to a failure on the part of the organism to master its sexual excitation. In this phase the sexual aim could only be cannibalism – devouring; it makes its appearance with our present patient through regression from a higher stage, in the form of fear of 'being eaten by the wolf'. We were, indeed, obliged to translate this into a fear of being copulated with by his father. It is well known that there is a neurosis in girls which occurs at a much later age, at the time of puberty or soon afterwards, and which expresses aversion to sexuality by means of anorexia. This neurosis will have to be brought into relation with the oral phase of sexual life. The erotic aim of the

oral organization further makes its appearance at the height of a lover's paroxysm (in such phrases as 'I could eat you up with love') and in affectionate relations with children, when the grown-up person is pretending to be a child himself. I have elsewhere given voice to a suspicion that the father of our present patient used himself to indulge in 'affectionate abuse', and may have played at wolf or dog with the little boy and have threatened as a joke to gobble him up (p. 195). The patient confirmed this suspicion by his curious behaviour in the transference. Whenever he shrank back on to the transference from the difficulties of the treatment, he used to threaten me with eating me up and later with all kinds of other ill-treatment – all of which was merely an expression of affection.

Permanent marks have been left by this oral phase of sexuality upon the usages of language. People commonly speak, for instance, of an 'appetizing' love-object, and describe persons they are fond of as 'sweet'. It will be remembered, too, that our little patient would only eat sweet things. In dreams sweet things and sweetmeats stand regularly for caresses or sexual gratifications.

It appears, moreover, that there is an anxiety belonging to this phase (only, of course, where some disturbance has arisen) which manifests itself as a fear of death and may be attached to anything that is pointed out to the child as being suitable for the purpose. With our patient it was employed to induce him to overcome his loss of appetite and indeed to overcompensate for it. A possible origin of this disturbance of his appetite will be found, if we bear in mind (basing ourselves on the hypothesis that we have so often discussed) that his observation of copulation at the age of one and a half, which produced so many deferred effects, certainly occurred before the time of these difficulties in his eating. So we may perhaps suppose that it accelerated the process of sexual maturing and consequently did in fact also produce *immediate* effects, though these were insignificant in appearance.

I am of course aware that it is possible to explain the symptoms of this period (the wolf anxiety and the disturbance of appetite) in another and simpler manner, without any reference

to sexuality or to a pregenital stage of its organization. Those who like to neglect the indications of neurosis and the interconnections between events will prefer this other explanation, and I shall not be able to prevent their doing so. It is hard to discover any cogent evidence in regard to these beginnings of sexual life except by such roundabout paths as I have indicated.

In the scene with Grusha (at the age of two and a half) we see the little boy at the beginning of a development which, except perhaps for its prematureness, deserves to be considered normal; thus we find in it identification with his father, and urethral erotism representing masculinity. It was also completely under the sway of the primal scene. We have hitherto regarded his identification with his father as being narcissistic; but if we take the content of the primal scene into account we cannot deny that it had already reached the stage of genital organization. His male genital organ had begun to play its part and it continued to do so under the influence of his seduction by his sister.

But his seduction gives the impression not merely of having encouraged his sexual development but of having, to an even greater extent, disturbed and diverted it. It offered him a passive sexual aim, which was ultimately incompatible with the action of his male genital organ. At the first external obstacle, the threat of castration from his Nanya, his genital organization, half-hearted as it still was, broke down (at the age of three and a half) and regressed to the stage which had preceded it, namely to that of the sadistic-anal organization, which he might otherwise have passed through, perhaps, with as slight indications as other children.

The sadistic-anal organization can easily be regarded as a continuation and development of the oral one. The violent muscular activity, directed upon the object, by which it is characterized, is to be explained as an action preparatory to eating. The eating then ceases to be a sexual aim, and the preparatory action becomes a sufficient aim in itself. The essential novelty, as compared with the previous stage, is that the receptive passive function becomes disengaged from the oral zone and attached to the anal zone. In this connection we can hardly

fail to think of biological parallels or of the theory that the pregenital organizations in man should be regarded as vestiges of conditions which have been permanently retained in several classes of animals. The building up of the instinct for research out of its various components is another characteristic feature of this stage of development.

The boy's anal erotism was not particularly noticeable. Under the influence of his sadism the affectionate significance of faeces gave place to an aggressive one. A part was played in the transformation of his sadism into masochism by a sense of guilt, the presence of which points to developmental processes in spheres other than the sexual one.

His seduction continued to make its influence felt, by maintaining the passivity of his sexual aim. It transformed his sadism to a great extent into the masochism which was its passive counterpart. But it is questionable whether the seduction can be made entirely responsible for this characteristic of passivity, for the child's reaction to his observation of intercourse at the age of one and a half was already preponderantly a passive one. His sympathetic sexual excitement expressed itself by his passing a stool, though it is true that in this behaviour an active element is also to be distinguished. Side by side with the masochism which dominated his sexual impulsions and also found expression in phantasies, his sadism, too, persisted and was directed against small animals. His sexual researches had set in from the time of the seduction and had been concerned, in essence, with two problems: the origin of children and the possibility of losing the genitals. These researches wove themselves into the manifestations of his instinctual impulses, and directed his sadistic propensities on to small animals as being representatives of small children.

We have now carried our account down to about the time of the boy's fourth birthday, and it was at that point that the dream brought into deferred operation his observation of intercourse at the age of one and a half. It is not possible for us completely to grasp or adequately to describe what now ensued. The activation of the picture, which, thanks to the advance in his intellectual development, he was now able to understand, operated

not only like a fresh event, but like a new trauma, like an interference from outside analogous to the seduction. The genital organization which had been broken off was reestablished at a single blow; but the advance that was achieved in the dream could not be maintained. On the contrary, there came about, by means of a process that can only be equated with a repression, a repudiation of the new element and its replacement by a phobia.

Thus the sadistic-anal organization continued to exist during the phase of the animal phobia which now set in, only it suffered an admixture of anxiety-phenomena. The child persisted in his sadistic as well as in his masochistic activities, but he reacted with anxiety to a portion of them; the conversion of his sadism into its opposite probably made further progress.

The analysis of the anxiety-dream shows us that the repression was connected with his recognition of the existence of castration. The new element was rejected because its acceptance would have cost him his penis. Closer consideration leads us to some such conclusion as the following. What was repressed was the homosexual attitude understood in the genital sense, an attitude which had been formed under the influence of this recognition of castration. But that attitude was retained as regards the unconscious and set up as a dissociated and deeper stratum. The motive force of the repression seems to have been the narcissistic masculinity which attached to the boy's genitals, and which had come into a long-prepared conflict with the passivity of his homosexual sexual aim. The repression was thus a result of his masculinity.

One might be tempted at this point to introduce a slight alteration into psychoanalytic theory. It would seem palpably obvious that the repression and the formation of the neurosis must have originated out of the conflict between masculine and feminine tendencies, that is out of bisexuality. This view of the situation, however, is incomplete. Of the two conflicting sexual impulses one was ego-syntonic, while the other offended the boy's narcissistic interest; it was on *that* account that the latter underwent repression. So that in this case, too, it was the ego that put the repression into operation, for the benefit of one

of sexual tendencies. In other cases there is no such conflict between masculinity and femininity; there is only a single sexual tendency present, which seeks for acceptance, but offends against certain forces of the ego and is consequently repelled. Indeed, conflicts between sexuality and the *moral* ego trends are far more common than such as take place within the sphere of sexuality; but a moral conflict of this kind is lacking in our present case. To insist that bisexuality is the motive force leading to repression is to take too narrow a view; whereas if we assert the same of the conflict between the ego and the sexual tendencies (that is, the libido) we shall have covered all possible cases.

The theory of the 'masculine protest', as it has been developed by Adler, is faced by the difficulty that repression by no means always takes the side of masculinity against femininity; there are quite large classes of cases in which it is masculinity that has to submit to repression by the ego.

Moreover, a juster appreciation of the process of repression in our present case would lead us to deny that narcissistic masculinity was the sole motive force. The homosexual attitude which came into being during the dream was of such overwhelming intensity that the little boy's ego found itself unable to cope with it and so defended itself against it by the process of repression. The narcissistic masculinity which attached to his genitals, being opposed to the homosexual attitude, was drawn in, in order to assist the ego in carrying out the task. Merely to avoid misunderstandings, I will add that all narcissistic impulses operate from the ego and have their permanent seat in the ego, and that repressions are directed against libidinal object-cathexes.

Let us now leave the process of repression, though we have perhaps not succeeded in dealing with it exhaustively, and let us turn to the boy's state when he awoke from the dream. If it had really been his masculinity that had triumphed over his homosexuality (or femininity) during the dream-process, then we should necessarily find that the dominant trend was an active sexual trend of a character already explicitly masculine. But there is no question of this having happened. The essentials of the sexual organization had not been changed; the sadistic-

anal phase persisted, and remained the dominant one. The triumph of his masculinity was shown only in this: that thenceforward he reacted with anxiety to the passive sexual aims of the dominant organization – aims which were masochistic but not feminine. We are not confronted by a triumphant masculine sexual trend, but only by a passive one and a struggle against it.

I can well imagine the difficulties that the reader must find in the sharp distinction (unfamiliar but essential) which I have drawn between 'active' and 'masculine' and between 'passive' and 'feminine'. I shall therefore not hesitate to repeat myself. The state of affairs, then, after the dream, may be described as follows. The sexual trends had been split up; in the unconscious the stage of the genital organization had been reached, and a very intense homosexuality set up; on the top of this (virtually in the conscious) there persisted the earlier sadistic and predominantly masochistic sexual current; the ego had on the whole changed its attitude towards sexuality, for it now repudiated sexuality and rejected the dominant masochistic aims with anxiety, just as it had reacted to the deeper homosexual aims with the formation of a phobia. Thus the result of the dream was not so much the triumph of a masculine current, as a reaction against a feminine and passive one. It would be very forced to ascribe the quality of masculinity to this reaction. The truth is that the ego has no sexual currents, but only an interest in its own self-protection and in the preservation of its narcissism.

Let us now consider the phobia. It came into existence on the level of the genital organization, and shows us the relatively simple mechanism of an anxiety-hysteria. The ego, by developing anxiety, was protecting itself against what it regarded as an overwhelming danger, namely, homosexual satisfaction. But the process of repression left behind it a trace which cannot be overlooked. The object to which the dangerous sexual aim had been attached had to have its place taken in consciousness by another one. What became conscious was fear not of the *father* but of the *wolf*. Nor did the process stop at the formation of a phobia with a single content. A considerable time afterwards the wolf was replaced by the lion. Simultaneously with sadistic impulses

against small animals there was a phobia directed towards them, in their capacity of representatives of the boy's rivals, the possible small children. The origin of the butterfly phobia is of especial interest. It was like a repetition of the mechanism that produced the wolf phobia in the dream. Owing to a chance stimulus an old experience, the scene with Grusha, was activated; her threat of castration thus produced deferred effects, though at the time it was uttered it had made no impression.[55]

It may truly be said that the anxiety that was concerned in the formation of these phobias was a fear of castration. This statement involves no contradiction of the view that the anxiety originated from the repression of homosexual libido. Both modes of expression refer to the same process: namely, the withdrawal of libido by the ego from the homosexual wishful impulse, the libido having then become converted into free anxiety and subsequently bound in phobias. The first method of statement merely mentions in addition the motive by which the ego was actuated.

55. The Grusha scene was, as I have said, a spontaneous product of the patient's memory, and no construction or stimulation by the physician played any part in evoking it. The gaps in it were filled up by the analysis in a fashion which must be regarded as unexceptional, if any value at all is attached to the analytic method of work. The only possible rationalistic explanation of the phobia would be the following. There is nothing extraordinary, it might be said, in a child that was inclined to be nervous having had an anxiety attack in connection with a yellow-striped butterfly, probably as a result of some inherited tendency to anxiety. (See Stanley Hall, 'A Synthetic Genetic Study of Fear', 1914.) In ignorance of the true causation of his fear, this explanation would proceed, the patient looked about for something in his childhood to which he would connect it; he made use of the chance similarity of names and the recurrence of the stripes as a ground for the construction of an imaginary adventure with the nursery-maid whom he still remembered. When, however, we observe that the trivial details of this event (which, according to this view, was in itself an innocent one) – the scrubbing, the pail and the broom – had enough power over the patient's later life to determine his object-choice permanently and compulsively, then the butterfly phobia seems to have acquired an inexplicable importance. The state of things on this hypothesis is thus seen to be at least as remarkable as on mine, and any advantage that might be claimed for a rationalistic reading of the scene has melted away. The Grusha scene is of particular value to us, since in relation to it we can prepare our judgement upon the less certain primal scene.

If we look into the matter more closely we shall see that our patient's first illness (leaving the disturbance of appetite out of account) is not exhausted when we have extracted the phobia from it. It must be regarded as a true hysteria showing not merely anxiety-symptoms but also phenomena of conversion. A portion of the homosexual impulse was retained by the organ concerned in it; from that time forward, and equally during his adult life, his bowel behaved like a hysterically affected organ. The unconscious repressed homosexuality withdrew into his bowel. It was precisely this trait of hysteria which was of such great service in helping to clear up his later illness.

We must now summon up our courage to attack the still more complicated structure of the obsessional neurosis. Let us once more bear the situation in mind: a dominant masochistic sexual current and a repressed homosexual one, and an ego deep in hysterical repudiation of them. What processes transformed this condition into one of obsessional neurosis?

The transformation did not occur spontaneously, through internal development, but through an outside influence. Its visible effect was that the patient's relation to his father, which stood in the foreground, and which had so far found expression in the wolf phobia, was now manifested in obsessional piety. I cannot refrain from pointing out that the course of events in this part of the patient's history affords an unmistakable confirmation of an assertion which I made in *Totem and Taboo* upon the relation of the totem animal to the deity.[56] I there decided in favour of the view that the idea of God was not a development from the totem, but replaced it after arising independently from a root common to both ideas. The totem, I maintained, was the first father-surrogate, and the god was a later one, in which the father had regained his human shape. And we find the same thing with our patient. In his wolf phobia he had gone through the stage of the totemic father-surrogate; but that stage was now broken off, and, as a result of new relations between him and his father, was replaced by a phase of religious piety.

The influence that provoked this transformation was the

56. *Totem and Taboo* (1912–13).

acquaintance which he obtained through his mother's agency with the doctrines of religion and with the Bible story. This educational measure had the desired effect. The sadistic-masochistic sexual organization came slowly to an end, the wolf phobia quickly vanished, and, instead of sexuality being repudiated with anxiety, a higher method of suppressing it made its appearance. Piety became the dominant force in the child's life. These victories, however, were not won without struggles, of which his blasphemous thoughts were an indication, and of which the establishment of an obsessive exaggeration of religious ceremonial was the result.

Apart from these pathological phenomena, it may be said that in the present case religion achieved all the aims for the sake of which it is included in the education of the individual. It put a restraint on his sexual impulsions by affording them a sublimation and a safe mooring; it lowered the importance of his family relationships, and thus protected him from the threat of isolation by giving him access to the great community of mankind. The untamed and fear-ridden child became social, well-behaved, and amenable to education.

The chief motive force of the influence which religion had on him was his identification with the figure of Christ, which came particularly easily to him owing to the accident of the date of his birth. Along this path his extravagant love of his father, which had made the repression necessary, found its way at length to an ideal sublimation. As Christ, he could love his father, who was now called God, with a fervour which had sought in vain to discharge itself so long as his father had been a mortal. The means by which he could bear witness to this love were laid down by religion, and they were not haunted by that sense of guilt from which his individual feelings of love could not set themselves free. In this way it was still possible for him to drain off his deepest sexual current, which had already been precipitated in the form of unconscious homosexuality; and at the same time his more superficial masochistic impulsion found an incomparable sublimation, without much renunciation, in the story of the Passion of Christ, who, at the behest of his

divine Father and in his honour, had let himself be ill-treated and sacrificed. So it was that religion did its work for the hard-pressed child – by the combination which it afforded the believer of satisfaction, of sublimation, of diversion from sensual processes to purely spiritual ones, and of access to social relationships.

The opposition which he at first offered to religion had three different points of origin. To begin with, there was, in general, his characteristic (which we have seen exemplified already) of fending off all novelties. Any position of the libido which he had once taken up was obstinately defended by him from fear of what he would lose by giving it up and from distrust of the probability of a complete substitute being afforded by the new position that was in view. This is an important and fundamental psychological peculiarity, which I described in my *Three Essays on the Theory of Sexuality* as a susceptibility to 'fixation'. Under the name of psychical 'inertia' Jung has attempted to erect it into the principal cause of all the failures of neurotics. I think he is wrong in this; for this factor has a far more general application and plays an important part in the lives of the non-neurotic as well. Great mobility or sluggishness of libidinal cathexes (as well as of other kinds of energic cathexes) are special characteristics which attach to many normal people and by no means to all neurotics, and which have hitherto not been brought into relation with other qualities. They are, as it were, like prime numbers, not further divisible. We only know one thing about them, and that is that mobility of the mental cathexes is a quality which shows striking diminution with the advance of age. This has given us one of the indications of the limits within which psychoanalytic treatment is effective. There are some people, however, who retain this mental plasticity far beyond the usual age-limit, and others who lose it very prematurely. If the latter are neurotics, we make the unwelcome discovery that it is impossible to undo developments in them which, in apparently similar circumstances, have been easily dealt with in other people. So that in considering the conversion of psychical energy no less than of physical, we must make use

of the concept of an *entropy*, which opposes the undoing of what has already occurred.

A second point of attack was afforded by the circumstance that religious doctrine is itself based upon a by no means unambiguous relation to God the Father, and in fact bears the stamp of the ambivalent attitude which presided over its origin. The patient's own ambivalence, which he possessed in a high degree of development, helped him to detect the same feature in religion, and he brought to bear on that feature those acute powers of criticism whose presence could not fail to astonish us in a child of four and a half.

But there was a third factor at work, which was certainly the most important of all, and to the operation of which we must ascribe the pathological products of his struggle against religion. The truth was that the mental current which impelled him to turn to men as sexual objects and which should have been sublimated by religion was no longer free; a portion of it was cut off by repression and so withdrawn from the possibility of sublimation and tied to its original sexual aim. In virtue of this state of things, the repressed portion kept making efforts to forge its way through to the sublimated portion or to drag down the latter to itself. The first ruminations which he wove round the figure of Christ already involved the question whether that sublime son could also fulfil the sexual relationship to his father which the patient had retained in his unconscious. The only result of his repudiation of these efforts was the production of apparently blasphemous obsessive thoughts, in which his physical affection for God asserted itself in the form of a debasement. A violent defensive struggle against these compromises then inevitably led to an obsessive exaggeration of all the activities which are prescribed for giving expression to piety and a pure love of God. Religion won in the end, but its instinctual foundations proved themselves to be incomparably stronger than the durability of the products of their sublimation. As soon as the course of events presented him with a new father-surrogate, who threw his weight into the scale against religion, it was dropped and replaced by something else. Let us further bear in

mind, as an interesting complication, that his piety originated under the influence of women (his mother and his nurse), while it was a masculine influence that set him free from it.

The origin of this obsessional neurosis on the basis of the sadistic-anal organization confirms on the whole what I have said elsewhere on the predisposition to obsessional neurosis. The previous existence, however, of a severe hysteria in the present case makes it more obscure in this respect.

I will conclude my survey of the patient's sexual development by giving some brief glimpses of its later vicissitudes. During the years of puberty a markedly sensual, masculine current, with a sexual aim suitable to the genital organization, made its appearance in him; it must be regarded as normal, and its history occupied the period up to the time of his later illness. It was connected directly with the Grusha scene, from which it borrowed its characteristic feature – a compulsive falling in love that came on and passed off by sudden fits. This current had to struggle against the inhibitions that were derived from his infantile neurosis. There had been a violent revulsion in the direction of women,[57] and he had thus won his way to complete masculinity. From that time forward he retained women as his sexual object; but he did not enjoy this possession, for a powerful, and now entirely unconscious, inclination towards men, in which were united all the forces of the earlier phases of his development, was constantly drawing him away from his female objects and compelling him in the intervals to exaggerate his dependence upon women. He kept complaining during the treatment that he could not bear having to do with women, and all our labours were directed towards disclosing to him his unconscious relation to men. The whole situation might be summarized in the shape of a formula. His childhood had been marked by a wavering between activity and passivity, his puberty by a struggle for masculinity, and the period after he had

57. The German *Durchbruch zum Weib*, which emphasizes the positive and active, might be translated *breakthrough to the woman*. This sentence would then read: 'With a violent breakthrough to the woman, he had at last won his way to complete masculinity.' (M.G.)

fallen ill by a fight for the object of his masculine desires. The precipitating cause of his neurosis was not one of the types of onset which I have been able to put together as special cases of 'frustration',[58] and it thus draws attention to a gap in that classification. He broke down after an organic affection of the genitals had revived his fear of castration, shattered his narcissism, and compelled him to abandon his hope of being personally favoured by destiny. He fell ill, therefore, as the result of a *narcissistic* 'frustration'. This excessive strength of his narcissism was in complete harmony with the other indications of an inhibited sexual development: with the fact that so few of his psychical trends were concentrated in his heterosexual object-choice, in spite of all its energy, and that his homosexual attitude, standing so much nearer to narcissism, persisted in him as an unconscious force with such very great tenacity. Naturally, where disturbances like these are present, psychoanalytic treatment cannot bring about any instantaneous revolution or put matters upon a level with a normal development: it can only get rid of the obstacles and clear the path, so that the influences of life may be able to further development along better lines.

I shall now bring together some peculiarities of the patient's mentality which were revealed by the psychoanalytic treatment but were not further elucidated and were accordingly not susceptible to direct influence. Such were his tenacity of fixation, which has already been discussed, his extraordinary propensity to ambivalence, and (as a third trait in a constitution which deserves the name of archaic) his power of maintaining simultaneously the most various and contradictory libidinal cathexes, all of them capable of functioning side by side. His constant wavering between these (a characteristic which for a long time seemed to block the way to recovery and progress in the treatment) dominated the clinical picture during his adult illness, which I have scarcely been able to touch upon in these pages. This was undoubtedly a trait belonging to the general character of the unconscious, which in his case had persisted into processes that had become conscious. But it showed itself only in

58. 'Types of Onset of Neurosis'.

the products of affective impulses; in the region of pure logic he betrayed, on the contrary, a peculiar skill in unearthing contradictions and inconsistencies. So it was that his mental life impressed one in much the same way as the religion of Ancient Egypt, which is so unintelligible to us because it preserves the earlier stages of its development side by side with the end-products, retains the most ancient gods and their attributes along with the most modern ones, and thus, as it were, spreads out upon a two-dimensional surface what other instances of evolution show us in the solid.

I have now come to the end of what I had to say about this case. There remain two problems, of the many that it raises, which seem to me to deserve special emphasis. The first relates to the phylogenetically inherited schemata, which, like the categories of philosophy, are concerned with the business of 'placing' the impressions derived from actual experience. I am inclined to take the view that they are precipitates from the history of human civilization. The Oedipus complex, which comprises a child's relation to his parents, is one of them – is, in fact, the best known member of the class. Wherever experiences fail to fit in with the hereditary schema, they become remodelled in the imagination – a process which might very profitably be followed out in detail. It is precisely such cases that are calculated to convince us of the independent existence of the schema. We are often able to see the schema triumphing over the experience of the individual; as when in our present case the boy's father became the castrator and the menace of his infantile sexuality in spite of what was in other respects an inverted Oedipus complex. A similar process is at work where a nurse comes to play the mother's part or where the two become fused together. The contradictions between experience and the schema seem to supply the conflicts of childhood with an abundance of material.

The second problem is not far removed from the first, but it is incomparably more important. If one considers the behaviour of the four-year-old child towards the re-activated primal scene,[59]

59. I may disregard the fact that it was not possible to put this behaviour into words until twenty years afterwards; for all the effects that we traced

or even if one thinks of the far simpler reactions of the one-and-a-half-year-old child when the scene was actually experienced, it is hard to dismiss the view that some sort of hardly definable knowledge, something, as it were, preparatory to an understanding, was at work in the child at the time.[60] We can form no conception of what this may have consisted in; we have nothing at our disposal but the single analogy – and it is an excellent one – of the far-reaching *instinctive* knowledge of animals.

If human beings too possessed an instinctive endowment such as this, it would not be surprising that it should be very particularly concerned with the processes of sexual life, even though it could not be by any means confined to them. This instinctive factor would then be the nucleus of the unconscious, a primitive kind of mental activity, which would later be dethroned and overlaid by human reason, when that faculty came to be acquired, but which in some people, perhaps in every one, would retain the power of drawing down to it the higher mental processes. Repression would be the return to this instinctive stage, and man would thus be paying for his great new acquisition with his liability to neurosis, and would be bearing witness by the possibility of the neuroses to the existence of those earlier, instinct-like, preliminary stages. The significance of the traumas of early childhood would lie in their contributing material to this unconscious which would save it from being worn away by the subsequent course of development.

I am aware that expression has been given in many quarters to thoughts like these, which emphasize the hereditary, phylogenetically acquired factor in mental life. In fact, I am of opinion that people have been far too ready to find room for them and ascribe importance to them in psychoanalysis. I consider that they are only admissible when psychoanalysis strictly observes the correct order of precedence, and, after forcing its way through the strata of what has been acquired by the individual, comes at last upon traces of what has been inherited.[61]

back to the scene had already been manifested in the form of symptoms, obsessions, etc., in the patient's childhood and long before the analysis. It is also a matter of indifference in this connection whether we choose to regard it as a primal *scene* or as a primal *phantasy*.

60. I must once more emphasize the fact that these reflections would be vain if the dream and the neurosis had not themselves occurred in infancy.

61. I will once more set out here the chronology of the events mentioned in this case history.

Born on Christmas Day.

$1\frac{1}{2}$ *years old:* Malaria. Observation of his parents copulating; or observation of them when they were together, into which he later introduced a phantasy of them copulating.

Just before $2\frac{1}{2}$: Scene with Grusha.

$2\frac{1}{2}$: Screen memory of his parents' departure with his sister. This showed him alone with his Nanya and so disowned Grusha and his sister.

Before $3\frac{1}{4}$: His mother's laments to the doctor.

$3\frac{1}{4}$: Beginning of his seduction by his sister. Soon afterwards the threat of castration from his Nanya.

$3\frac{1}{2}$: The English governess. Beginning of the change in his character.

4: The wolf dream. Origin of the phobia.

$4\frac{1}{2}$: Influence of the Bible story. Appearance of the obsessional symptoms.

Just before 5: Hallucination of the loss of his finger.

5: Departure from the first estate.

After 6: Visit to his sick father.

8: } Final outbreaks of the obsessional neurosis.
10: }

It will have been easy to guess from my account that the patient was a Russian. I parted from him, regarding him as cured, a few weeks before the unexpected outbreak of the Great War [1914]; and I did not see him again until the shifting chances of the war had given the Central European Powers access to South Russia. He then came to Vienna and reported that immediately after the end of the treatment, he had been seized with a longing to tear himself free from my influence. After a few months' work a piece of the transference which had not hitherto been overcome was successfully dealt with. Since then the patient has felt normal and has behaved unexceptionably, in spite of the war having robbed him of his home, his possessions, and all his family relationships. It may be that his very misery, by gratifying his sense of guilt, contributed to the consolidation of his recovery.